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Comments on the Navajo Healing Project

These articles from the Navajo Healing Project illustrate the strengths of a methodology that is becoming more prevalent in anthropological research. This method uses research teams that combine anthropologists from outside the community being studied with researchers who are from the community itself or members of the same ethnic population. Team research has meant that the Navajo Healing Project can examine a much broader range of healing traditions throughout the reservation than has been possible in the past. This study included four teams that interviewed 95 healers from three healing traditions (Traditional Navajo religion, the Native American Church [NAC], Pentecostal Christianity) and 84 patients of these healers. The teams were located in different parts of the reservation (Tuba City, Tsaile, Shiprock, and the Gallup area). In addition to conducting a series of visits and interviews with each healer, the teams followed the patients of several healers in each site. They attended healing events for these patients and also interviewed them, one interview taking place three months after the observed healing intervention. The result is undoubtedly a rich database that is only touched on in these articles, but one that will be further explored in the project's future publications. Only team research could have elucidated such a complex and multi-layered set of experiences in these three healing traditions.

In addition, the inclusion of Navajo researchers has meant that frameworks more compatible with Navajo categories can evolve as the research progresses. This is perhaps most dramatically seen in the chart used by David H. Begay and Nancy Cottrell Maryboy to describe Sister Grace's experience of illness and healing (see Figure 2, Begay and Maryboy). The chart is divided into directional quadrants representing four types of healing systems, and a circle anchors the quadrants, just as the four cardinal directions and the circle organize Navajo cosmology and the Traditional Navajo *hataal* or "sing" within the hogan. Likewise, Elizabeth Lewton and Victoria Bydone present their analysis of the three healing traditions using the Navajo principle *sq'ah naaghái bik'eh hózhó*. This phrase is roughly translated "in old age walking the trail of beauty," but its meaning can also be approximated through the English terms *long life*, *happiness*, *blessing*, and *well-being*. Although researchers on this project could have paid closer attention to the actual categories being used in Navajo to interpret illness and healing, members of the team are moving in this direction in the second phase of the project (Csordas, personal communication). Storck, Csordas, and Strauss have already examined

Navajo terms relating to depression and concluded that there is no Navajo term that fully corresponds to the symptom cluster Western medicine has defined as depression; Navajos often say of someone manifesting such symptoms that he or she is *yínít* (worried, sad, or distraught) or *doo bahats'íid da* (lonely and sick). Future publications will explore the linguistic challenges posed by both ethnographic and diagnostic (psychiatric) interviews and the different ways healers and patients discussed symptoms and healing issues.

The Blending of Religious Traditions

The most important theme that runs through these papers is the extent to which the three healing traditions cross-fertilize each other. Forty years ago, anthropologists might have said that this reinforces the notion that Navajo culture is “integrative,” that is, that it draws elements from other cultural traditions with whom Navajos have contact and pulls them into an overall Navajo pattern (see Vogt 1961). Today, non-Navajo researchers are more likely to emphasize the ways in which Navajos are active agents in shaping their responses to everyday problems and the changing world around them. For example, Maureen Schwarz (in press) has shown how Navajos utilize traditional beliefs and views of the cosmos, its origins, and structure to deal with contemporary health problems like cancer, the hanta virus, and alcoholism. Members of the Navajo Healing Project take this analysis one step further and show how many Navajos are drawing on two or more traditions as well as Western medicine to deal with illness, depression, alcoholism, and other problems that signal a lack of well-being or harmony.

John Garrity mentions that some Navajo *hataalii* (chanters) have also become NAC road men (and consider the Peyote Way the last and most recent chant). Conversely, some NAC road men are including Traditional diagnostic practices such as “listening” and “stargazing” into their own repertoire of healing practices and are conducting peyote meetings that correspond in function to Traditional ceremonies like the Blessingway or Shootingway. There is less overlap between evangelical Christianity and either Traditional Navajo religion or the NAC, since these evangelical sects expressly discourage (and even prohibit) members from utilizing the healing practices of these two non-Christian traditions. However, as the three cases of depression described by Storck, Csordas, and Strauss illustrate, Navajos may draw on all three traditions at different times during their lives. Eleanor, interviewed when she was 64, was active in the Christian Church as a young woman, but at the time of her interview had participated in a Shootingway ceremony and, more recently, in an NAC meeting at Easter time. Her husband was both a *hataalii* and a road man. Rita, age 47 at the time of her interview, was raised in the Traditional healing system, but her second husband was a road man in the NAC. Her diagnosis with cancer brought her into a Christian prayer group, but she continued in her plan to have a Traditional Blessingway ceremony conducted during her cancer treatment. Jimmy, who was 62, had been a leader in the NAC for 40 years, but had had a Protection prayer ceremony performed for him a few weeks before his interview.

The most comprehensive case of the blending of several religious traditions is that of Sister Grace, the subject of the article by Begay and Maryboy. Sister Grace's mother was a Choctaw from Mississippi who converted to Catholicism, and her father was a Navajo who was very active in the NAC beginning in the

1930s. She joined a Catholic order after high school and was away from the reservation for 18 years. During the 1980s and 1990s, she began to use alternative therapies and also began healing others through prayer. After she developed serious heart problems she turned to both the NAC and Navajo Traditional religion. Begay and Maryboy argue that her approach to religion is one of “holistic synthesis.”

Theorizing the Connection between Traditions

These articles raise a number of questions concerning the way in which Navajos draw on these three traditions, questions that go unanswered but that pose important areas for future research. While several articles discuss “synthesis,” it is not clear how Navajo concepts and Western ones are actually being blended, expanded and reshaped, or intermixed. Several articles suggest that Navajo concepts may have been transformed in the process of applying them to new situations. Garrity argues that an “ethos of power” motivates Navajo healing. “Navajos do not seek harmony and beauty, as much as they seek control of power as the means to attain harmony, or more accurately, pleasant conditions.” As Garrity paraphrases the words of Gary Witherspoon (1977:75–77), “Navajo ritual is not designed to control the elements directly; it is designed to control the Holy People who are the inner forms and controlling agents of these elements.” Navajo ritual involves bringing elements under control by ritual compulsion (an idea proposed by Gladys Reichard 1944:5–8). In contrast, as Aberle argues, the NAC draws on notions of “transcendent” rather than “immanent power” (1991:195). Rather than animals, plants, minerals, and “nature” being endowed with power, God is above all, controls all, and rules both man and nature. Garrity seems to be saying, on the one hand, that both the NAC and Christianity include a sense of power based more on individualism, a morality of personal conscience, and a relationship with a personal God who transcends man. On the other, he implies that all three traditions rely on notions of immanent sacred power (the power of the *Diyin Diné’é* or Holy People, the power of Peyote medicine, or the power of Jesus and the Holy Spirit). It is not clear if Garrity is arguing that the two types of power are now merged in some way for adherents of the Traditional religion and the NAC or if “transcendent” power has replaced the more Traditional notion of “immanent power.”

Of course, the reverse could be true—that Navajos are interpreting NAC and Christian forms of power according to Traditional notions of “immanence”; that is, one needs to control disease-causing elements or the mind through ritual and prayer, acts that compel sickness to dissipate. In this view, Navajo concepts provide the framework in all three traditions. Elizabeth Lewton and Victoria Bydone follow a similar kind of logic in their article, emphasizing how Navajo concepts may provide the overall framework for interpreting all three traditions. They argue that *sa’ah naaghái bik’eh hózhó* provides a basic orientation for the self within an environment where balance or harmony is the desired state. The Navajo concept of *k’é*, or the solidarity and compassion that defines one’s relation to kin, also is a crucial aspect of all three healing systems. In discussing the NAC and Christian traditions, Lewton and Bydone suggest that some Navajo concepts may become more inclusive (e.g., the widening of place identification beyond the Four Sacred Mountains to all Indian land, the inclusion of all NAC participants in the categories of

kin covered by the terms *brother* and *sister*, the incorporation of Christians into a "church family" based on principles of *k'é*).

Yet there also seem to be important Western concepts that patients use to describe their approach to healing. Although Begay and Maryboy utilize Navajo directions to conceptualize Sister Grace's view of healing, at the center is the "heart." The idea of the heart as central to the person, the physical body, and one's being is very Western, in contrast to Navajo emphasis on knowledge and thinking (Witherspoon 1977:32–34). Lewton and Byone emphasize the importance of confession and forgiveness in the Christian tradition, yet suggest that these concepts are often placed side by side with Navajo notions of "right thinking" (*hózhó ntséskees*). The notion of "walking in beauty" (*hózhó naashá*) is seen as parallel to living "according to the Holy Spirit."

These essays suggest tantalizing ways in which Navajo and Western concepts of body, personhood, power, and healing are related, but much still needs to be done to sort out the exact nature of the synthesis. For some Navajos this may involve the use of a Navajo framework in new contexts, while for others it may mean a transformation of Navajo concepts into Western ones, and for still others, a parallel, side-by-side juxtaposition or mixing.

Theorizing Healing Processes

Finally, I want to emphasize that the Navajo Healing Project points us toward new approaches to the healing process. Derek Milne and Wilson Howard discuss the role of diagnoses, focusing on a Navajo healer who conducts diagnoses within the NAC yet often prescribes a Traditional ceremony to remedy an illness. Helena, in her diagnosis of her niece Deborah, emphasized the importance of confession, and Deborah's admission of her thoughts of suicide and her anger thus provided a route to healing. Both healer and patient saw this narrativization or "naming the sources of suffering" as "like therapy." Such an analysis argues against the separation of diagnosis and healing and points to new insights into the parallels between Western psychotherapy and Navajo healing.

As a whole, the Navajo Healing Project has treated illness and healing as a process rather than an event. The case materials presented in the articles by Milne and Howard, Begay and Maryboy, and Storck, Csordas, and Strauss all suggest that patients have ongoing chronic problems and that they continually take an active role in finding healing processes that will bring them back to a state of harmony or well-being. Also, healers and patients do not separate physical from mental problems as is often done in Western medicine. The article on "Depressive Illness and Navajo Healing" by Storck, Csordas, and Strauss emphasizes this point. Rita's diagnosis of cancer (a so-called physical event) was accompanied by two periods of "being down and depressed and crying a lot" (an emotional or psychological disorder in Western terms). Jimmy reported weakness, fainting spells, and skin rashes as well as a feeling of being "worn out" (diagnosed by the psychiatric interviewer as mild depression).

In sum, these articles give us new insights into the ways in which Navajo approaches to healing are changing at the beginning of the new millenium. As more and more Navajos face debilitating illnesses such as cancer, heart disease, depression, and diabetes in addition to the difficulties and successes of everyday life, they

are drawing on three religious healing traditions as well as Western medicine, sometimes separately and sometimes in combination. These articles constitute a fruitful beginning, a first step in elucidating the new dynamics of these healing traditions. As these researchers continue to listen to their subjects and analyze the ways patients and healers talk about their illness experiences and their healing practices, we can expect more subtle and complex understandings to emerge.

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