

QUALITATIVE STUDY OF THE USE OF TRADITIONAL HEALING BY ASTHMATIC NAVAJO FAMILIES

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Abstract: Despite increasing prevalence of asthma among American Indians and/or Alaska Natives, little is known about their use of traditional healing in its management. A convenience sample of 24 Navajo families with asthmatic members (n=35) was interviewed between June 1997 and September 1998. While 46% of families had previously used traditional healing, only 29% sought traditional healing for asthma. Use of traditional healing was unrelated to use of biomedical therapies, hospitalizations, or emergency services. Practical factors and questions about the nature and origins of asthma were the primary considerations determining use of traditional medicine. Little conflict between traditional healing and biomedical treatment was reported. The use of traditional healing for asthma is influenced by beliefs about the disease and factors specific to the individual, including their local social, economic, and cultural context.

As evidence has accumulated that effective self-management reduces frequency of asthma exacerbations and costs of medical care (National Asthma Education and Prevention Program [NAEPP], 1997) asthma patients and their families have assumed an increasingly important and independent role in their own treatment. At the same time, the use of complementary or alternative medicine (CAM) has become widespread and more accepted, particularly for chronic conditions such as asthma (Andrews et al., 1998; Davis, Gold, Hackman, Stern, & Gershwin, 1998; Eisenberg et al., 1993; Elder, Gilchrist, & Minz, 1997; Hackman, Stern, & Gershwin, 1996). This trend has raised questions about the concurrent use of multiple medical systems and the extent to which they constitute competing alternatives to biomedical therapies. A lack of qualitative accounts, however, has limited

the extent to which patterns of use and any potential conflicts can be understood in their local social, cultural, and economic context. In addition, the use of traditional healing for asthma in populations characterized by the presence of both biomedicine and indigenous healing systems has been little studied.

This study examines use of traditional or indigenous medicine among a population of American Indian asthmatics. In the United States, asthma-related morbidity and mortality is increasing most rapidly among minority populations (Mannino et al., 1998). Although early studies found a low prevalence of asthma among American Indians and/or Alaska Natives, recent figures suggest that asthma is increasing among these populations as well. For example, asthma-related hospitalizations among the Navajo increased between 1979 and 1989, particularly in children aged 1-4 (Hisnanick, Coddington, & Gergen, 1994). Despite its growing importance in this population, little is known about how Navajos select among possible treatment options, and how the use of traditional healing impacts medication use and asthma management. This is of particular interest given the wide range of alternative healing systems available to the Navajo, including the Native American Church, Christian faith healing, and Navajo traditional healing, as well as biomedical care provided by the Indian Health Service (Csordas, 1999; Csordas, 2000; Levy, 1983; Lewton & Bydone, 2000; Milne & Howard, 2000).

This study focused on the use of Navajo traditional healing, which has been extensively described in both the anthropological and medical literature (Coulehan, 1980; Kluckhohn & Leighton, 1974; Porvaznik, 1967; Reichard, 1990; Wyman, 1936; Wyman & Kluckhohn, 1938). Briefly, traditional healing addresses the afflictions resulting from a loss of harmony brought about by "general etiologies," such as spiritual violations or unfortunate events or encounters (Porvaznik, 1967). The concept of general etiologies is used to suggest that an etiological agent does not necessarily lead to the development of the same disease in each individual or each instance. Diseases are traditionally identified with reference to their causes rather than their symptoms, and are thought to follow a personal, rather than a natural, history (Levy, 1983; Milne & Howard, 2000). Traditional treatment usually begins with a visit to a diagnostician, such as a hand-trembler, to determine the cause of the illness (Milne & Howard, 2000; Wyman, 1936). With the guidance of a medicine man or singer, the individual and his or her family work backwards to identify the contaminating event or behavior causing the illness, and attempt to restore harmony through ceremonies (Milne & Howard, 2000; Wyman, 1936). By removing obstacles to healing, traditional ceremonies allow the body to recover on its own, returning to its natural state of harmony and health (Coulehan, 1980). In a cross-sectional study of 300 Navajo adults presenting to an IHS facility, approximately two-thirds had consulted a traditional healer at least once in their lifetime, and 39% had used a Native healer during the last year (Kim & Kwok, 1998). Rates of use of traditional healing for Navajo children are unknown.

Although previous studies have examined barriers to seeking traditional healing among the Navajo (Kim & Kwok, 1998), little research has examined qualitatively the factors Navajo and their families consider when deciding whether or not to consult a traditional healer. Kim and Kwok (1998) report that while the type of complaint significantly impacted the decision to use a Native traditional healer, neither satisfaction with biomedical care, nor patient ratings of their own compliance, correlated with use of Native healers (Kim & Kwok, 1998). This study explores in detail the factors influential in the decision to use traditional healing when biomedical alternatives exist, including the decision not to use traditional medicine. In addition, this study highlights the importance of patient expectations of their various health care providers, and how such expectations are calculated and revised in light of course of the disease, or effective management of symptoms.

Methods

In order to learn about the use of traditional healing by Navajo asthmatics, in-depth, open-ended interviews were conducted between June 1997 and August 1998 with a convenience sample of 24 Navajo families having asthmatic members. Subjects either responded to a letter after being identified by health care providers, or responded to a clinic flier or newspaper or radio advertisement requesting interviews with Navajo asthmatics.

Each family was interviewed once for approximately one hour. Interviews took place in the family home or at an office at Diné College in Shiprock, NM. Since several families contained more than one asthmatic member, information was obtained on a total of 35 individuals with asthma. Interviews were conducted with the parents when the asthmatic was young, although the child often participated as well. Participating families were paid \$20. Fourteen interviews (58%) were conducted with individuals who were themselves asthmatic, while the remainder were conducted with non-asthmatic parents of asthmatic children.

Native Navajo speakers were available to assist with the interview; however, no families requested them, nor was their use ever deemed necessary. All interviews were conducted in English (with the exception of occasional terms) by the first author, a doctoral candidate in anthropology at the University of Arizona, where he has received extensive training in ethnographic methods and the Native cultures of the Southwest.

Although the interviewer utilized an outline to ensure that all points were covered, the interview was conversational in nature. While the order of topics differed, the interviewer posed similarly worded questions to each family, who were encouraged to respond in their own words and in as much detail as they wished. We asked participants to describe any use of traditional healing in the past, both for asthma as well as for other illness, and to consider the factors that influence their decision to use traditional healers. Other questions explored the expectations of traditional healing held by

patients and families, and the benefits, if any, that had occurred as a result of undergoing traditional healing. Finally, participants were asked to describe current biomedical management of asthma, including medication-taking and care seeking behavior for asthma exacerbations, and to describe personal ideas about etiology, pathophysiology, and therapeutic activity of asthma medications.

Interviews were tape recorded and transcribed verbatim. Navajo terms were translated. Transcripts were indexed by topic and analyzed using the qualitative software package NUD*IST. In addition, discrete data from each interview were abstracted to Statistical Package for the Social Sciences (SPSS), to facilitate calculation of percentages. Throughout the course of the research project, one of the authors (Morgan), a Native Navajo speaker and teacher of Diné philosophy, served as a linguistic and cultural reference and helped to make sense of the interview material.

Permission for the project was obtained from the University of Arizona Human Subjects Committee and the Navajo Nation Health Research Review Board, who also approved the publication of the results of the study.

Results

Traditional Healing for Asthma

Table 1 summarizes the demographic characteristics of the sample by the level of use of traditional healing. The median age of the 35 asthmatics was 10 years (mean = 17.5, range 3-74 years). Slightly more than half of the sample was female (57%). While most of the asthmatics (54.3%, 45.8% of the families), had used a traditional healer at some time in their life, only 28.6% consulted a traditional healer for their asthma. Asthmatics who consulted a traditional healer tended to be older than those who did not, but the difference was not statistically significant. Almost one-half (47.8%) of children aged 16 and under had been taken to a traditional healer at some point in the past, but only 26.1% had consulted a traditional healer for asthma. There was no gender difference in the use of a traditional healer.

Four ceremonies were prescribed for treatment of asthma: the Shooting (na'at'ooyee) or Lightning Way (hóchxó'ííjí); the Navajo Wind Way (Diné binilch'ííjí); the Evil Spirit Way (hóchxó'ííjí); and the Mountain Top Way (dzilk'ííjí). These ceremonials treat diseases caused by lightning or wind, and were performed historically for individuals with lung, chest, and throat difficulties (Wyman & Kluckhohn, 1938). They vary in length from short invocations to nine-night ceremonies, and typically progress through stages of prayer, blessing and singing, as well as the creation of sand paintings. In some cases, a series of ceremonies spaced several months to one year apart were deemed necessary.

Table 1
Demographic Characteristics of the Study Group by Level of Use of
Traditional Healing (N=35)

	Used traditional healing for asthma	Used traditional healing for other	Never used traditional healing	Overall
Age				
Median years of age	12	11	9	10
Number (percent) under 16 years of age	6 (26.1%)	5 (21.7%)	12 (52.2%)	23 (65.7%)
Gender				
Female	4 (20%)	7 (35%)	9 (45%)	20 (57%)
Male	6 (40%)	2 (13.3%)	7 (46.7%)	15 (43%)
Total	10 (28.6%)	9 (25.7%)	16 (45.7%)	35

All seven families who participated in ceremonies for asthma reported that the ceremonies relieved asthma symptoms, usually resulting in a decline in the frequency of attacks. As the mother of an asthmatic boy explained, "I think the ceremony has really helped him. Because just this fall he hasn't had all of those constant attacks." Often, the benefits were attributed to a decrease in vulnerability of the asthmatic. One mother described how traditional treatment had helped protect her son: "He would usually get real sick if he went into a different environment...it would instantly trigger a sickness in his chest. But now, I don't think he is as vulnerable." However, in all cases the benefits were only temporary, ranging in duration from one month to one year. When symptoms reappeared, families who returned to traditional healers were told that additional ceremonies would be necessary to ensure that all relevant causes had been addressed.

In addition to ceremonies, nine families (37.5%) reported that medicinal herbs could be used to treat asthma symptoms. Many stressed the fact that the availability of medicinal herbs at the local outdoor market belied the need to handle them with the appropriate respect, and emphasized the importance of enlisting a traditional healer to lead and supervise herbal treatment. Two asthmatics (5.7%) had used traditional herbs to treat the disease. After developing an allergic reaction to the herb, one woman returned to using her prescription asthma medication.

The Decision to Use Traditional Healing for Asthma

Perceived cause of asthma influenced the use of traditional healers to a limited extent. Forty percent of families who cited traditional disease etiologies—including exposure to lightning, pregnancy violations, and the loss of traditional ways of life—as the cause of asthma, consulted a Native healer for the disease, compared with 25% of families reporting non-traditional causes.

The majority of families seeking traditional healing reported expectations that ceremonies would both relieve symptoms and resolve the underlying problems giving rise to asthma. These families sought traditional healing in order to “get well” and “be cured”. By contrast, biomedical therapies were reported to only suppress symptoms of asthma that would likely reappear. One respondent stated: “I don’t think it would come back with traditional [healing].” When asked, “*And what about with the doctor medication?*” she replied, “It may come back, on and off, like what it’s doing with my girls now. I think they’ll have problems with it in the future.”

However, not all families expected the benefits of traditional healing to be either immediately evident, permanent, or dramatic. Rather than seeking a cure for asthma in traditional healing, this group expected incremental or temporary benefits. To be satisfied with traditional healing, one woman told us, a person needs to assume it will “help you for a certain length of time.” It was common to hear such families positively emphasize improvement in their asthma rather than its resolution following ceremonies. As one mother said, “It was real bad and then all of a sudden it just slowed down, you know. My asthma kind of slowed down.” For families in this group, being able to reduce the use of asthma medications was an important marker of the success of traditional healing.

An important factor in the decision to use traditional healing was the potential for ceremonies to be of benefit, even if they did not relieve symptoms, by enhancing other aspects of personal (often social or economic) well-being and addressing imbalance that might cause other illnesses (Milne & Howard, 2000). When asked whether traditional healing might help in a different way than biomedicine, one participant replied: “I think so. Like mentally and spiritually. You know, the medicine man tells you that you have these problems, and when you go to a physician they don’t diagnose those things. So to me it is important to do prayers, protection ceremonies and all these things.” Many Navajo families—whether or not they engaged in traditional healing or cited traditional causes—emphasized the value of a fundamental principal of traditional Navajo teaching, “thinking good thoughts,” as an important quality and benefit of traditional healing in the treatment of asthma (Carrese & Rhodes, 1995).

The efficacy of biomedical treatments was typically evaluated against more exacting expectations. Asthma medications were expected to provide prompt, dramatic relief from symptoms. One mother compared the slow

effects of traditional healing to the immediate relief of bronchodilators. "It takes awhile. Whereas the albuterol it comes on quick because it's a chemical." Participants reported learning to expect their asthma medications to "work within about five to ten minutes after taking it." One mother described the inhaler as, "instant relief to open up the lungs," while another confirmed, "That's basically about how the inhaler works. Automatically once you use your inhaler you feel better." When expectations of immediate relief were not met, concern led parents to seek medical attention:

But sometimes, even though you give them the medication it doesn't seem to go away quickly. It takes a long period of time for it to go away. That's when you have to bring them back in and have them get checked again because they are not improving.

The inability of biomedical treatments to cure the disease also provoked disappointment and frustration. One mother criticized her asthma medications for, "just making it go away temporarily...I wish they would find something that would make it go away." Another described becoming discouraged after learning about new asthma medications that still cannot cure her daughter's asthma:

I hear on TV that this is good for asthma, and I ask the doctor about it. I say, "Well, is that one good for her? Is it something to help cure her asthma?" That's what I'm trying to look for. I would like to know, will there be a medication or something that will completely cure her? Sometimes I get to the point where I just don't want her to take the medicines.

Finally, some asthmatics were disillusioned with their asthma medications after long-term use had not led to a cure. "I've been taking these [medications] for a long time," one told us. "If they helped to cure it, I wouldn't be taking them today."

Perceived severity of disease was also considered when determining whether to use traditional healing. It was common to hear a family who had not sought traditional healing state that they "might try it" depending on how "bad" things became. The majority of respondents reported that they would be more likely to seek traditional healing for asthma if they thought the disease had become severe, or if the treatments prescribed by IHS doctors were ineffective in relieving symptoms. The prescription of routine, preventive medication was taken as a sign that the disease had worsened. "I think it's gotten worse," one asthmatic told us, "because I'm taking more medication and I'm taking it more times a day than I used to." Only one-third of those asthmatics that reported a decline in the frequency or severity of symptoms

sought traditional healing for the disease. Participants who viewed asthma as severe reported that more than one ceremony would probably be necessary to achieve a cure. One mother who reported, "I had to have a lot of ceremonies done for him," attributed it to the severity of her son's asthma, which she described as, "really serious and really scary."

The majority of families characterized the decision to use traditional medicine as provisional, subject to repeated evaluation based on the course of the disease and the experience of undergoing traditional treatment, as well as personal economic circumstances. In general, families identified two types of factors limiting their use of traditional healing, what we term practical constraints and ideological considerations (Table 2). No restriction was placed on the number or type of factors families could report. Families reported a median of two limiting factors per family (range 0-5, mean 1.95). Fourteen families (58.3%) cited at least one practical constraint, while seventeen families (70.8%) cited at least one ideological consideration. Ten families (41.6%) cited both. Overall, ideological considerations were reported slightly more frequently than practical constraints (25 times compared to 22 times). The relative importance of these factors differed somewhat based on whether or not the family used a healer at all, either for asthma or other diseases.

Table 2
Reasons Reported by Families (N=24) for not Participating in or Limiting Use of Traditional Healing.

	Used traditional healer for asthma (n=7)	Used traditional healer for other (n= 4)	Never used traditional healer (n=13)	Total (percent)
Practical constraints				
Expense	5	1	2	8 (33.3)
Lack of traditional healers	1	3	2	6 (25)
Medicine man referred to doctor	1	1	0	2 (8.3)
Logistic requirements of ceremonies	1	1	0	2 (8.3)
Allergies to sacred pollens	2	0	0	2 (8.3)
Age of kids	1	0	0	1 (4.1)
Location of residence	0	1	0	1 (4.1)
Ideological considerations				
Generational divergence	2	1	3	6 (25)
Lack of belief	1	2	2	5 (20.8)
Lack of traditional knowledge or language	0	3	2	5 (20.8)
Personal identity or religious affiliation	0	0	5	5 (20.8)
Not applicable to asthma	1	2	1	4 (16.6)

Practical Constraints

One-third of the sample reported that the expense of holding ceremonies was an important consideration and had limited their use of traditional healing. Longer ceremonies, such as the Shooting or Lightning Way, can cost anywhere between \$750 and \$3000-4000 to perform, including indirect expenses such as the cost of food and supplies as well substantial investments of time. As one family explained, "If we have the money, you know, we will take them to a medicine man and get ourselves some help." Another mother told us, "There's the money, and the time...You know, it's kind of hard when you're a single parent and you have a budget."

The logistic requirements of holding ceremonies also presented a significant hurdle to some participants. An older respondent interested in having a ceremony performed had neither the necessary *hogan* nor a supportive family able to assist the medicine man with his procedures or to cook and take care of guests and healers. In addition, participation of the extended family is an important component of traditional healing. As one woman described it:

I think the way [the medicine man] explained it to us, was, "It's a family type thing where everybody in your family has to have something done. It's all inter-related." So, even if she has something done for her by herself, it wouldn't help her as much as if all my sisters and brothers and their kids had something done.

If these requirements could not be met, temporary relief of symptoms might be achieved by "sitting in" on a ceremony in which another person was the principal patient. One family reported doing so.

Six families (25%) reported difficulties in locating and selecting a traditional healer. For this group, the lack of personal familiarity with traditional healers made the selection of an appropriately trained healer problematic. For example, when asked whether she had used traditional healing, one participant replied, "Not yet, but I've been tempted to try it. It's just that I don't know which one to trust."

Other parents reported that, due to their age, asthmatic children could not be expected to participate in ceremonies or understand them sufficiently for traditional healing to be efficacious. Finally, two families reported allergic reactions to the sacred pollens used in traditional ceremonies (Freeman, 1994).

Conflicting Philosophies and Ideological Considerations

According to traditional Navajo teaching, there are no incurable illnesses: if the ceremony is performed correctly and all causes are identified and addressed, a cure is assured. In addition, hereditary explanations for disease, which are common in biomedicine, are absent in traditional Navajo healing. Rather, it is believed that every child is born healthy, unless the parents have violated traditional teachings or been exposed to something harmful during pregnancy. Families that considered asthma to be a chronic, life-long problem, found it illogical to seek a 'cure' for the disease from a traditional healer. One woman told us:

It's hard to explain it to my parents. My parents don't understand English. I tried to explain to them what I have and then they think it could be cured. What can I say? It can't be cured . . . I tried to explain it to them, but they don't understand. They believe in traditional. They want me to go to a medicine man to be cured *like that*, but I tell them, "It can't be cured."

Four families who decided to forgo traditional healing had determined that asthma was not amenable to traditional therapy because it originated in other non-Navajo populations with distinct social settings and ways of life. As one woman said, "Well, let me put it this way. Asthma, to me, would be a White-man's illness." When asked to explain, she responded, "Because you can treat it this way. You have the inhalers for it. And all the stuff that will go with it." Another respondent observed that the first group of Navajo to be sent away to boarding schools was the first one to experience such diseases. She explained, "To the Navajo it seems like they came back with those diseases. And their children are, nowadays, getting diabetes, being diagnosed with asthma. And so it's just almost natural for them to be pointing fingers."

Five families (20.8%) in our sample who had never used a traditional healer reported either that they did not consider themselves to be 'traditional' or were affiliated with another religion. Overall, individuals in our sample tended to identify themselves either as traditional or not, based on how they had been raised. For example, one mother told us, "I was brought up in a Christian home, so I've never tried any of the traditional ways." Other families avoided or limited the use of traditional healing on the grounds that it was a way of life—more closely associated with the preceding generation—from which they had separated. As one woman explained, "When my grandpa was alive he was a medicine man, and when I would cough he gave me some kind of root to chew on. It worked. But after he died, you know, it sort of just drifted away." Indeed, grandparents often encouraged parents to seek help for their asthmatic child(ren) from a traditional healer. "When the

kids were coughing, grandma would want to do something traditional, saying that, 'It's the effects of the wind'", one mother recalled. In fact, grandparents sometimes took their asthmatic grandchildren to traditional healers when the child was visiting. "They had this grandfather...I guess he used to do ceremonies related to breathing and the wind and things like that. And he did ceremonies for each one of them." But most parents reported that they were not persuaded to use traditional medicine by such efforts and often resisted pressure from their elders. As one mother told us, "Their grandma doesn't follow through with that, because I haven't said, 'Let's go ahead,' or whatever". Another mother recalled how she would "explain to Grandma, aunties, or anybody that's there, that, you know, you don't like it because of these effects."

Others expressed concern that the unchanging nature of traditional remedies left them ineffective against a "new" disease like asthma. "The high blood pressure, the sugar, and the asthma," one mother told us, "I don't think these can be healed by medicine men." One family described the perennial evolution of biomedical medications as evidence of its ability to address a "modern disease" like asthma. By contrast, the same progression of therapies was seen by another family as a sign that biomedicine had "no real handle on the disease", and caused concern that their son, whose asthma medications were frequently changed, was receiving experimental drugs.

Finally, awareness of the unquestioning belief and understanding required for the success of ceremonies was a significant consideration in the decision to use traditional healing. Several families noted that there was no point in having a traditional ceremony if the family did not believe in the "old ways," or if they did not speak Navajo, the language in which ceremonies are conducted. One mother told us, "It probably wouldn't help my daughter because she doesn't know anything about Navajo traditions."

Coexistence of Traditional and Western Medicine

There was no relationship between the type of asthma medications used (see Table 3) and the use of traditional healing. Asthma-related emergency visits and hospitalizations were common: 66% of asthmatics had multiple urgent-care visits and 35.7% had multiple admissions. There was also no relationship between frequency of urgent-care visits or hospitalizations, and use of traditional healing. However, two families reported that they had been urged to seek immediate medical attention by a traditional healer who had been consulted during an acute exacerbation.

Concern about potential harmful effects of prescribed asthma medication was commonly expressed but did not systematically influence the decision to use traditional medicine. While several respondents noted that their prescribed asthma medications had helped to control the disease, many families remained dissatisfied with biomedical treatment options, often citing concern about side effects.¹ Only two families reported no side effects

Table 3
Current Asthma Medication Use (N=35)

Asthma Medication	Number of asthmatics (percent)
Bronchodilators	34 (97.1)
Inhaled Steroids	8 (22.8)
Other Anti-inflammatories	2 (5.7)
Oral steroids *	1 (2.9)
Nebulizers	3 (12.5)

* 12 asthmatics (34.2%) reported past use of oral steroids.

from anti-asthma medications (median 2, range 0-4). Nevertheless, an evaluation of the potential for dependency on asthma medication, and consideration of whether continued use of asthma medication would prevent the body from recovering on its own, were important elements of the decision to use traditional medicine. One mother described weighing her observation that "People who've been on Cromolyn for years don't get better" when deciding whether to consult a traditional healer for her son.

It was often noted that successful traditional healing requires careful consideration of individual belief in and commitment to traditional healing, and a decision about whether or not to continue taking doctor medications during traditional treatment.

You have to believe wholeheartedly that the ceremony is gonna take care of you and that it's gonna help you. If you have doubt...and you think you can completely quit the medication, then what happens when you have an attack? You throw away your inhaler or whatever, and then all of a sudden you really need it.

Most respondents reported that continuing to take prescribed medications while undergoing traditional treatment would not necessarily signify that the patient did not believe in the efficacy of traditional healing. "As the old people say, you have to make things work out, so, if you have to have the Western society working along with the traditional, then that's the way it's got to be." Nevertheless, one family stopped taking asthma medications while undergoing traditional treatment in order to indicate their total belief in the power of the traditional system. Another family discontinued some but not all medications. Others maintained that since they wished to continue to use all of their "doctor" medications they would not participate in traditional therapy.

Discussion

Previous research has suggested that Navajo often seek traditional healing for chronic complaints (Kim & Kwok, 1998). This study indicates that specific beliefs about each illness may influence the decision to use traditional healers, and that a minority of Navajo families seek traditional healing for asthma. In addition, the decision to use traditional healing is periodically reevaluated, in light of economic circumstances, expectations and evaluation of efficacy, and the real and projected course of disease. The lack of understanding of Navajo language and teachings by young asthmatics was cited as an important reason for avoiding the use of traditional healing in the treatment of asthma. One-third of the sample identified the cost of ceremonies as a significant factor limiting their use. Kim and Kwok (1998) reported that the average cost per visit to a Native healer was \$388, and the average annual cost of Native healer use amounted to approximately one-fifth of a patient's reported annual income.

The proportion of the sample of Navajo asthmatics using traditional healers is consistent with a prior report from another part of the reservation (Kim & Kwok, 1998) as well as a report from an urban Native American health center (Marbella, Harris, Dier, Ignace & Ignace, 1998). Our results, however, suggest that use of traditional healing for children—which neither of these prior studies examined—may be slightly less common.

The majority of families who used traditional healing did not report a conflict between the use of traditional healing and the treatment provided by Indian Health Service physicians. Instead, families described the two systems as complementary, and suggested that traditional healing and biomedicine addressed different aspects of the illness or person. Similarly, Kim and Kwok (1998) report that conflict between the instructions of medical providers and traditional healers occurred infrequently, and that when faced with conflicting advice, the majority of patients stated that they attempted to follow both sets of advice.

Nevertheless, the benefits expected of biomedical and traditional healing differed significantly. In particular, biomedicine is sought to provide symptomatic relief during acute exacerbations, while traditional medicine is expected to heal the underlying spiritual imbalance, to restore or fortify mental well-being, and even to minimize the perceived negative effects of biomedical regimens. Among those families who had used traditional healing for asthma, all reported some relief of symptoms. Although those who used traditional healing did not differ from non-users in use of biomedical therapies or use of emergency services or hospitalizations, the rates of use of such services was high.

The number of families citing the complexity, length, and effort required for traditional healing may reflect the infiltration of a wider cultural preference for the more rapid and less demanding treatments promised by pharmaceuticals. Several reports have described how the experience of

increasing demands on personal time and greater impatience with symptoms drives demand for quick, palliative treatment, increasing medication use (Nichter & Vuckovic, 1994; Vuckovic, 1999; Vuckovic & Nichter, 1997). Still, Navajo asthmatics in our study group often weighed the intense but temporary requirements of traditional healing against the prolonged daily commitment to pharmaceutical regimens (and their real and perceived side-effects). It is possible that, in the Navajo setting, the availability of biomedical treatment and the expectation that it can rapidly resolve symptoms—and the extent to which such therapy is principally an individual approach to health organized around the taking of medicines (Nichter & Vuckovic, 1994)—has diminished popular interest in traditional healing. However, increasing participation by Navajo in alternative forms of healing that emphasize social interaction, such as Christian faith healing and the Native American Church, suggest that the picture is likely more complex (Csordas, 1999; Csordas, 2000; Lewton & Bydone, 2000; Milne & Howard, 2000). Nevertheless, the extent to which the rise of pharmaceutical therapy and these alternative forms of healing may diminish the importance of conceptual frameworks which previously guided health behavior remains an important question for future research (Nichter & Vuckovic, 1994)

Limitations

As all families who participated in the study contained patients being treated for asthma, the sample is biased towards those who seek biomedical care, and does not address the traditional healing behavior of those who do not. Additional research with such individuals might provide different insights into the role of traditional healing. Although tribal members receive health care at no cost from regional medical facilities operated by the U.S. Indian Health Service, geographic barriers to health care remain significant. As a result, because the study was conducted in the Shiprock area on the periphery of the Reservation, it is possible that the treatment decisions of these families do not accurately reflect the health care seeking practices of Navajo who live in interior areas of the reservation.

Since the results of this study are derived from a relatively small convenience sample, they may not be representative of the treatment decisions of all Navajo. Although we report percentages to show the distribution of a belief or behavior within our sample, these figures should not be taken to imply their existence or prevalence in the broader Navajo population. Instead, our findings offer a view of how one group of Navajo individuals think about and decide to use traditional healing. Finally, this study did not investigate the use of Native American Church healing or Navajo Christian faith healing in the management of asthma.

Conclusions

Qualitative research with Navajo asthmatics has revealed a variety of factors underlie the decision to use traditional healing in the management of asthma. Although our investigation identifies some areas of ideological conflict between traditional healing and biomedicine, it appears that practical and logistic issues (such as economics) may also play an important role in decision-making about use of traditional healing for a number of families. Our results demonstrate a health care seeking process characterized not only by critical evaluation of traditional medicine, but also by scrutiny of the illness itself and reflection upon local epidemiological and social history.

The increase in chronic diseases such as asthma may change patterns of use of traditional medicine by altering expectations about the efficacy and benefits of ceremonial treatment. Our results suggest that as awareness of the nature of asthma continues to grow, popular receptivity to 'cures' is altered in two distinct ways. Some Navajo look toward traditional healing less for a cure and more to enhance well-being and quality of life. Another group, however—less willing to manage the disease over the long-term—searches for permanent solutions to their chronic problems in their traditional ceremonials.

Knowledge of the patterns of use of traditional healing for chronic diseases such as asthma remains important for practitioners serving the Navajo population, particularly for those attempting to improve patient satisfaction with biomedical care by integrating elements or cultural values of traditional healing systems. For example, although the efficacy of traditional healing is tied to the participation of a wide network of family members, our study suggests that this represents a significant practical constraint.

As a growing number of American Indian and/or Alaska Natives turn to private health care providers—both biomedical as well as complementary and alternative—patterns of use of traditional healing are likely to respond to the increasing complexity of the medical marketplace (Rhoades, 2002). Although no scientific studies exist, our experience suggests that Reservation-based Navajo are experiencing an increase in the regional availability of non-Native forms of complementary and alternative medicine (CAM), such as chiropractic. Knowledge of how therapy decisions are made within a pluralistic health care setting, such as the Navajo reservation, will become increasingly important as a range of treatment options become available to a wider audience (Eisenberg, 1997).

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References

- Andrews, L., Lokuge, S., Sawyer, M., Lillywhite, L., Kennedy, D., & Martin, J. (1998). The use of alternative therapies by children with asthma: A brief report. *Journal of Paediatrics and Child Health*, 34(2), 131-134.
- Carrese, J. A., & Rhodes, L. A. (1995). Western bioethics on the Navajo Reservation. Benefit or harm? *JAMA: The Journal of the American Medical Association*, 274(10), 826-829.
- Coulehan, J. (1980). Navajo Indian medicine: Implications for healing. *The Journal of Family Practice*, 10, 55-61.
- Csordas, T. J. (1999). Ritual healing and the politics of identity in contemporary Navajo society. *American Ethnologist*, 26(1), 3-23.
- Csordas, T. J. (2000). The Navajo Healing Project. *Medical Anthropology Quarterly*, 14(4), 463-475.
- Davis, P. A., Gold, E. B., Hackman, R. M., Stern, J. S., & Gershwin, M. E. (1998). The use of complementary/alternative medicine for the treatment of asthma in the United States. *Journal of Investigational Allergology & Clinical Immunology*, 8(2), 73-77.
- Eisenberg, D. M. (1997). Advising patients who seek alternative medical therapies. *Annals of Internal Medicine*, 127, 61-69.
- Eisenberg, D., Kessler, R., Fossler, C., Norlock, F. E., Calkins, D. R., & Delbanco, T. L. (1993). Unconventional medicine in the United States. *The New England Journal of Medicine*, 328, 246-252.
- Elder, N. C., Gilchrist, A., & Minz, R. (1997). Use of alternative health care by family practice patients. *Archives of Family Medicine*, 6, 181-184.
- Freeman, G. L. (1994). Oral corn pollen hypersensitivity in Arizona Native Americans: Some sociological aspects of allergy practice. *Annals of Allergy*, 72(5), 415-417.
- Hackman, R. M., Stern, J. S., & Gershwin, M. E. (1996). Complementary and alternative medicine and asthma. *Clinical Reviews in Allergy & Immunology*, 14, 321-336.

- Hisnanick, J. J., Coddington, D. A., & Gergen, P. J. (1994). Trends in asthma-related admissions among American Indian and Alaskan Native children from 1979 to 1989. Universal health care in the face of poverty. *Archives of Pediatrics & Adolescent Medicine*, 148(4), 357-363.
- Kim, C., & Kwok, Y. S. (1998). Navajo use of Native healers. *Archives of Internal Medicine*, 158, 2245-2249.
- Kluckhohn, C., & Leighton, D. (1974). *The Navaho*. Revised edition. Cambridge: Harvard University Press.
- Levy, J. L. (1983). Traditional Navajo health beliefs and practices. In S. L. Kunitz (Ed.), *Disease change and the role of medicine: The Navajo experience*. (pp. 118-145). Berkeley: University of California Press.
- Lewton, E. L., & Bydone, V. (2000). Identity and healing in three Navajo religious traditions: Sa'ah naaghái bik'eh hozhó. *Medical Anthropology Quarterly*, 14(4), 476-497.
- Mannino, D. M., Homa, D. M., Pertowski, C. A., Ashizawa, A., Nixon, L. L., Johnson, C. A., Ball, L. B., Jack, E., & Kang, D. S. (1998). Surveillance for asthma—United States, 1960-1995. *Morbidity & Mortality Weekly Report, CDC Surveillance Summaries*, 47(1), 1-27.
- Marbella, A. M., Harris, M. C., Dier, S., Ignace, G., & Ignace, G. (1998). Use of Native American healers among Native American patients in an urban Native American health center. *Archives of Family Medicine*, 7, 182-185.
- Milne, D. & Howard, W. (2000). Rethinking the role of diagnosis in Navajo religious healing. *Medical Anthropology Quarterly*, 14(4), 543-570.
- National Asthma Education and Prevention Program. (1997). *Expert panel report 2. Guidelines for the diagnosis and management of asthma*. (NIH Publication No. 97-4051). Bethesda, MD: U.S. Department of Health and Human Services.
- Nichter, M. & Vuckovic, N. (1994). Agenda for an anthropology of pharmaceutical practice. *Social Science and Medicine*, 39(11), 1509-1525.
- Porvaznik, J. (1967). Traditional Navajo medicine. *GP*, 36(4), 179-182.
- Reichard, G. A. (1990). *Navaho religion: A study of symbolism*. Revised edition. Princeton: Princeton University Press.
- Rhoades, E. R. (2002). American Indians and the private health care sector. *The Western Journal of Medicine*, 176, 7-9.
- Van Sickle, D., & Wright, A. L. (2001). Navajo perceptions of asthma and asthma medications: Clinical implications. *Pediatrics*, 108(1), e11.
- Vuckovic, N. (1999). Fast relief: Buying time with medications. *Medical Anthropology Quarterly*, 13(1), 51-68.
- Vuckovic, N., & Nichter, M. (1997). Changing patterns of pharmaceutical practice in the United States. *Social Science & Medicine*, 44(9), 1285-1302.

- Wyman, L. C. (1936). Navaho diagnosticians. *American Anthropology*, 38, 236-246.
- Wyman, L. C., & Kluckhohn, C. (1938). Navaho classification of their song ceremonials. *Memoirs*, 50. Menasha, WI: American Anthropological Association.

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Footnote

¹In a study of the clinical implications of the perception of asthma medication among Navajo asthmatics, Van Sickle and Wright (2001) report widespread hesitancy to take prescribed medication due in part to concern about dependency. This attitude often led to delays in the use of asthma medications during attacks, or specific attempts to wean themselves or their children from asthma medications.