

LESSONS FROM CHILD OF WATER

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Abstract: This chapter examines the perceptions and treatment of psychological combat reactions by American Indians. My goal is to provide the reader with an introduction to the clinical implications of these perceptions and treatment in order to encourage a closer examination of what American Indian healers have to offer mental health professionals trained in the mainstream (what I will refer to as Anglo) psychological tradition. To do this we shall briefly examine how American Indians regard war and the role of warriors, for this cultural perception influences how combat reactions such as posttraumatic stress disorder symptoms are perceived and treated. Regardless of the value of what we might learn from American Indian culture, it does not matter what they say if we will not hear. It is necessary to consider attitudes typically held toward the concepts and techniques of American Indian healing practices if we wish for this examination to be more than an anthropological exposition, and have clinical value for Anglo mental health professionals.

On Resistance

It is somewhat commonplace to state there are some practices of folk healing that are effective. Anglo psychiatry and psychology make this admission grudgingly at best. The caveat is added that such folk practices have been superseded by more modern science.

Such a position grossly underestimates the value of studying the traditional healing practices of American Indians. Their psychological arts developed over several millennia, surviving the impact of Hispanic and Anglo cultures. Those practices continue to exist to this day with undiminished effectiveness, frequently coexisting with and even supplementing Anglo healing methods. Practices that have remained effective to the present day in spite of these cultural challenges should not be taken lightly. Repeatedly perceptive and sensitive observers of American Indian culture have noted not only the survival of cultural healing practices but effectiveness as well (Jilek, 1971).

However, hesitation in studying American Indian healing practices, especially practices typically viewed as coming from primitive sources, is not the only inhibition facing Anglo mental health professionals. In considering American Indian psychology, a difficulty is encountered by Anglo healers because of the apparent intermingling and coexistence of religion.

Hultkrantz (1979) has noted that American Indians typically do not have a single word that Anglo culture would define as religion since there is no separation of religion from American Indian life: "To the extent that Indian languages use an expression for exclusively religious customs there is often reason to suspect influences from Christian preaching and Christian practice." This permeation of culture by religion may result in the Anglo observer becoming somewhat uncomfortable for several reasons.

First, Anglo mental health professionals are caught up in a struggle to establish themselves as scientists. There is a very natural desire on the part of such mental health professionals to develop the kinds of techniques of measurement, prediction, and control available to professionals in other fields. The scientific method is stressed continually in training. An examination of most current psychological journals will reveal an emphasis on hard data and measurement. Under these circumstances, it is difficult to take religion seriously. More importantly, perhaps, it is difficult to be perceived as taking religion seriously.

Second, as a particular, the religions of American Indians are regarded as primitive from the perspective of the Judeo-Christian, Anglo observer. Admitting this is difficult due to the typical Anglo mental health professional's desire to be as nonjudgmental and open-minded as possible or, again, to be perceived so.

Yet, the reality is that American Indian psychology is not separate from American Indian religion. Within its cultural context, American Indian psychology is able to address human needs for change and growth.

Rather than restrict itself to cognitive, emotive, behavioral or existential functioning, as do the primary theories of psychotherapy in the Anglo tradition, American Indian psychology offers and utilizes a truly integrated perspective and approach. To state this in another way, an American Indian healer would find very little problem in approaching psychology, psychiatry, anthropology, sociology, and all the other divisions in Anglo knowledge in order to draw together a synthesis of ideas. The problems outlined above are simply nonexistent to traditional Indian healers.

If we can remain aware of our tendency to close our ears to the words of American Indian healers, there is much we might learn from them. The experiences of a new generation of veterans invites attention to their practices. Specifically, American Indian Vietnam War veterans, while experiencing some particular events unique to their cultures, offer important concepts and techniques concerning the reintegration process. These concepts and techniques may be generalized to psychiatry as a

whole and certainly have particular value in considering the adjustment and treatment of other Vietnam War veterans.

This discussion cannot attempt to be comprehensive but may highlight some of the psychiatric techniques and psychological concepts that are particularly relevant to the treatment of war-related reactions among Vietnam War veterans. A truly comprehensive examination would require the study of many different American Indian cultures in a manner not yet achieved.

It is important to note, given the richness and variety of American Indian cultures existing across some 300 tribes, the specific techniques cited here are simplifications of examples from particular cultures. Other American Indian practices are different in specific detail, though the principles remain constant.

War Reactions

Since the end of the Vietnam War there has been an increase in interest in war reactions by the Anglo mental health community. This interest led to the development of posttraumatic stress disorder as a diagnostic label in DSM-III (American Psychiatric Association, 1980). Briefly, the diagnosis of posttraumatic stress disorder (PTSD) requires historical existence of a traumatic stressor, its re-experiencing through dreams, intrusive recollections or flashback phenomena, a numbing of responsiveness to or a withdrawal from the environment, and the existence of at least two other symptoms from a group including survivor guilt, startle reactions, sleep disturbances, memory or concentration problems, avoidance of reminders of the trauma, and an increase in symptom severity when exposed to those reminders.

Current clinical impressions and research suggest that PTSD is the expected reaction of essentially normal people to severe stress or events. This has not been a universally accepted concept. There has been debate about the role of pretrauma variables. Recent research, especially that conducted by J. J. Card (1983), would appear to have removed such variables from the role of predispositional agents and identified them as modifiers of particular individual reactions.

The concept of PTSD as essentially the reaction of normal people to abnormal stress is similar to American Indian viewpoints. They tend to view combat reactions as a problem of the spirit as much or more than a problem of the mind. A potential vulnerability of the spirit exists for all people. For reasons that will become clearer, they view warriors as people who have been placed in particular spiritual danger by their participation in war.

The Role of Warriors

Anglo Society tends to assume American Indians regard war in a generally positive fashion, at best seeing it as an integral part of their culture. At worst, American Indians still are viewed stereotypically as blood-thirsty savages embracing war as a joyful experience.

From the American Indian perspective, going to war does in fact have a religious significance in addition to whatever other factors are involved. (If the reader is uncomfortable with the word *religious*, please feel free to insert the words *spiritual* or *psychological*; if you understand that this interchange of terminology presents the American Indian healer with no problems, then you are beginning to understand the comprehensiveness of their perspective.) To understand this point of view, it is helpful to examine the traditions of these people.

For example, one tribe includes within its centuries-old mythology the following story. In the beginning, before humankind, there was White Painted Woman, bringer of life. She had many children, including Killer of Monsters and his younger brother, Child of Water. But there were great monsters during this time and the most awful of these was Giant, who killed and destroyed wherever he went. He even killed and ate some of the children of White Painted Woman. While Giant and the other monsters roamed, there was only chaos, with no order in the universe and peace impossible. Finally, Child of Water and his brother went to fight Giant, and Child of Water killed Giant. Then Child of Water and Killer of Monsters subdued the other monsters so that the forces of darkness and chaos were defeated. From the terror and pain of battle, Child of Water brought peace to the earth.

When this tribe prepared for war, usual names were discarded and the women were called White Painted Woman and the warriors took the name Child of Water, which served to remind all that their purpose in fighting was to end the disruption of the natural harmony brought about by the ultimate Giant — war. It would come as a surprise to some to learn that his tribe, which viewed war so negatively, is the same tribe generally regarded among the most warlike, the Apache.

From the American Indian perspective, war is viewed as a major disruption of the natural order of life and the universe. Only the most serious reasons suffice for entering into its chaotic destruction. Those who partake in it risk serious danger on many levels. Often the warriors are in need of special preparation for the ordeal of war, as well as cleansing and healing later, so they might once more become a part of the people.

Some tribes, such as the Pueblo and Pima, so despise war that they viewed those who would be willing to initiate even the lesser disruption of economic raiding (such as Yumans and, especially in their experience, Apache) as necessarily nonhuman (Mansfield, 1982; Underhill, 1946). Even the Apache, to use an example of a warlike tribe, were well

able to differentiate between war and economic raiding, about which more will be said later (Goodwin, 1971).

To a lesser extent, war may be seen by a particular tribe as the ultimate testing ground of a warrior and to have participated in combat is to have had the opportunity to develop as a person. Those who partake in it are in need of recognition of their achievement and sacrifices and in need of closure so that there may be a separation of their roles as warriors in combat and their roles as warriors living among their people. The degree to which war is seen as such an opportunity for achievement varies widely among tribes.

It should be understood that even among the tribes that emphasize the utility of war as a means of achievement for the warrior, war is still seen as a source of extreme spiritual danger. They recognize that the chaos generated within a war may expose the warrior to experiences profoundly disturbing. A serious effort often is made among these tribes to control this chaos by ritualizing the conduct of war. Thus, there may be less honor to be gained in the simple act of killing than in demonstrating courage by counting coup or other similar acts. Only under threat of destruction of their culture, religion, and people did the Apache engage in a war of annihilation against the Spanish in the seventeenth century. The disruption of the natural order of life caused by the Spanish policies of slavery and genocide provoked to war not only the Apache, but the Navajo, Pueblo, and Pima in a massive rebellion (Terrell, 1972).

Additionally, even for those few tribes such as the Apache, whose marginal environmental resources pressured them toward war and raiding for economic benefits, the emphasis was seldom on bloodshed but rather on the achievement of those economic goals. A high body count was considered pointless while the capture of a large number of horses brought great praise (Goodwin, 1971, 1973; Opler, 1965).

All tribes, regardless of the degree of emphasis they place on the opportunity for achievement offered by war, see the warrior as sacrificing on behalf of the people. To enter into the chaos, risking contamination in order to put an end to disruption of the natural order, is to take on a special role worthy of the highest respect.

It is customary among many tribes to have special ceremonies in preparation of the warrior's departure for war. Typically an older warrior will address the young men, preparing them for what is to come and sharing with them whatever power his experience has brought him. The more structured the ritual, the greater the obvious sense of commitment on the part of the tribal community to the departing warrior. Family and community, by ritual, make explicit the implied support of those tribal members who have taken on the roles of warriors. Anglo society, on the other hand, tends to make this support less explicit, particularly in terms of the guarantee of reintegration of the warrior.

From the perspective of American Indians, it is a requirement to come to grips with the war experience. As noted, there is a special vulnerability for American Indians as warriors. This has resulted in some particular problems for Vietnam War veteran warriors.

One could reasonably make the case that the need of all veterans, regardless of their cultural background, is to achieve some sort of integration of their combat experiences. This is an accurate observation. However, for American Indian veterans this need is particularly acute because the cultural emphasis on them has been explicit rather than implicit. These veterans represent an extreme case both in terms of cultural preparation and reintegration opportunities and problems. Therefore, their experiences offer clinical observers particularly well-drawn examples of the difficulties encountered by veterans in general.

Their experiences also clearly suggest methods of intervening on those problems.

"No homecoming parades" is a shorthand description of the deeply felt sense of exclusion held by many Vietnam War veterans. This sense reflects the need for reintegration back into their society. That need is more deeply present among Vietnam War veterans whose culture places a religious and social expectation on the processes of going to war and returning from war.

Treatment and Reintegration

"Verily, who desires this experience? Do you not desire it? Then you must endure its many hardships." This statement is spoken by an older Papago warrior to a new "enemy slayer" each night for 16 days during the purification of the young warrior (Underhill, 1946, p. 179).

In her summary of "primitive society's" views of their warriors' reactions to war, Mansfield (1982) is able to contrast the typical tribal view with the most recent American experience. She points out that tribal societies are able to place a significance on participation in war, which mainstream America could not. Ceremony provides the tribe and the warrior an opportunity for shared mourning unavailable to others.

But tribal people go a step further. Their ritual explicitly embraces and approves the killer's psychic numbing and prescribes a way for dealing with it. The fear of intimacy, of touching and being touched, that is common in battle survivors and that, in the twentieth century, is labeled a sickness (shell shock, Vietnam syndrome, etc.), is accepted and even enforced in ritual warfare as an appropriate response to the experience of inflicting death in battle.

The successful warrior usually is isolated from everyone except older killers and specifically is forbidden to touch or feed himself, to experience sexual intimacy, to touch the ground, and so forth. In effect, the numbing is externalized and formalized in a series of taboos; it is prescribed as a

chosen response to the ordeal. Mansfield states that research on the effectiveness of traditional tribal healing practices on combat reactions has not been developed, and examination of those practices indicates that many tribal healing practices are similar to accepted psychiatric practices for which research does exist. While her comments are made using information drawn from tribal societies from around the world, their particular relevance to American Indian cultures is clear.

It is important to pause here and consider the dynamics of what we are describing. American Indians, in their traditional cultures, have developed contracts with their warriors concerning their roles and reintegration. One might take the view that this would indicate that American Indian combat veterans would be expected to have less severe trauma reactions, such as posttraumatic stress disorder, than their Anglo peers. However, this possibility may well be balanced by the experience of those American Indian veterans who expected the reintegration process thus far described but have not yet, for whatever reason, encountered it.

This would result in what I refer to as "sanctuary trauma," a condition in which a traumatized individual gains the hoped for sanctuary environment (such as emergency room, family, tribe, or country) only to encounter a reception that is not as supportive as anticipated. It does not have to be a hostile reception, though that is often the case for people such as raped women encountering police or Vietnam War veterans encountering their country, but may be one which is simply indifferent. The individual, defenses now dropped and expectations perhaps unreasonably high, encounters a sanctuary that also is a stressor. The more explicit the form and shape of the sanctuary and the reintegrative process, the greater the impact coming out of the disparity.

Those American Indian Vietnam War veterans who, as part of their upbringing, learned the cultural values of warriors also needed a more explicit integrative process than Anglo veterans. I believe, therefore, that those American Indian veterans suffering from combat reactions who have not had the opportunity, for whatever reasons, to participate in their tribal reintegration process probably are suffering from conditions made worse than what one might expect, given the nature of their trauma experiences alone.

Whatever the degree of severity of the warrior's combat reaction, this reaction is not viewed in a simple way. One area in which there appears to be some agreement among American Indian healers is the concept of the unconscious mind. A primary means of interpreting the unconscious is through the utilization of dreams in which unresolved conflicts are assumed to be symbolically represented. This major pillar of analytical thought predates Freud by many centuries among Native American healers.

For warriors, it is assumed that the results of the combat experience may be hidden beneath the surface of consciousness, and the

elicitation of this often unresolved material is worked for in a number of different ways. The interpretation of dreams on the symbolic level as a means of understanding subconscious processes is common in many American Indian cultures. Indeed, dreams deliberately are sought out for interpretation and their remembering is accepted as a normal and encouraged technique for eliciting material for the healing process.

Many American Indians utilize trance states as a means for not only identifying unresolved issues, often expressed symbolically, but also for curative effects. Prolonged ceremonies for returning combat veterans typically, as in the traditions of both Plains and Mountain American Indians, foster trance and self-hypnotic states. In these states the emotional consequences of combat are surfaced and catharsis is achieved in a structured and supportive environment.

Besides ritual, trance states, and the interpretation of dreams, the subconscious mind is approached in some cultures through the utilization of the accepted Anglo psychiatric technique of psychopharmacological intervention. Peyote occupies a position of significance within certain healing and religious practices. This relatively mild hallucinogen may serve the purposes of eliciting repressed conflicting material or of increasing insight and understanding of the self. Within the Native American Church, whose members include American Indians with a wide variety of tribal affiliations, peyote typically is a part of ceremonies used to assist members with the resolution of their problems (Bergman, 1971, 1974). It should be understood that the effect of peyote generally is not as dramatic as that usually associated with sodium pentothal interviews, which were used commonly with World War II veterans.

American Indian Vietnam veterans who have participated in peyote ceremonies in the context of the services of the Native American Church report a number of factors making the experience different. First, it takes place as part of a religious service. Second, while guidance and supervision is provided by a group leader, there is participation by a number of people, making the experience one of community rather than solitude. Third, the participant generally has recall of the material surfacing during the service, whereas the pentothal interview generally is not recalled consciously. Finally, during the peyote ceremony there is no attempt made by the leader to steer the individual's focus onto war-related or even conflicted material, though it is common to have major concerns represented explicitly or symbolically. During the pentothal interview, the psychiatrist explicitly guides the person to return to the source of conflict or trauma.

Clinically, the similarities of major importance appear to be two. First, repressed material is surfaced either explicitly or symbolically. Second, the individual is able to accept profound conflict resolution and ego-enhancing suggestions in a manner not unlike that possible in a deep hypnotic trance.

The utilization of peyote and other substances is not offered here as a recommended treatment approach; however, it is not ruled out. There is much in the way of meaningful research that could be done in this neglected area. The important point is that, even prior to the foundation of the Native American Church, such substances were used among many tribes for a variety of religious and therapeutic purposes.

The fact that this technique has remained active across the centuries in and of itself would suggest it is well worth investigating, particularly as a method for the eliciting of repressed combat experiences.

The surfacing of war experiences may be accomplished through a number of ways, with some used concurrently as a part of ritual and ceremony. These practices often include family and network therapeutic approaches. Uri Rueveni's (1979) extension of family therapy to include the neighborhood was predated by the utilization of the entire community by medicine folk. For example the Enemy Way ceremony, used by the Navajo for reintegration of their warriors, focuses upon the individual while making use of the entire extended family and community. Lasting a week, all are involved in the ceremony to some degree through discussion, ceremony, and prayer. While the individual sitting in a hogan may face the healer alone, all around is the community, and support provided is very powerful.

The utilization of the extended family and community is quite common among American Indians. In some ceremonies recognizing warriors, the veteran is required to address the community, often made up of several hundred people, and relate a personal combat experience. Often this is the first time the veteran has talked about his experience. Tears may be shed as catharsis is achieved.

The community demonstrates, by its presence and attentiveness, its valuing of the veteran and the veteran's experience. From an experience about which the veteran may have been enduring negative feelings, the community assists in reframing the past into a view that has at least some positive value.

Often the direct approach to issues is not taken. This may be due to the respect felt for the individual, appreciation for the power of the experience, or for other reasons. The unresolved issues coming out of the combat experience may be approached through the powerful usage of metaphor. With the comparatively modern work of Gregory Bateson and Milton Erikson, metaphor and related indirect approaches have come under serious study. For American Indians, metaphor traditionally has permitted communication on a variety of levels simultaneously.

Perhaps the single most important element within American Indian healing practices, which offers value to Anglo psychiatry, is the emphasis upon the whole of the individual. Tribal healers, themselves representatives of religious, legal, social, and medical facets of their cultures, make no barrier between the individual's body, mind, and environment.

Clinical Example

In September 1983 the Vietnam Era Veterans Inter-Tribal Association held its second national pow-wow in Anadarko, Oklahoma. Attending were American Indian Vietnam War veterans from across the United States with a variety of tribal affiliations. Many of them had been raised within the environments of their tribal cultures but an informal survey indicated that an equal number had not. Interestingly, a large number had incorporated significant amounts of their tribal cultures and traditions into their lives, even when living in urban settings, since returning from the Vietnam War. Many of the families of association members accompanied them, including children, parents, grandparents, and great-grandparents. Also attending were American Indian veterans of other eras and organizations, many with their families as well, and large numbers of Cheyenne and Arapaho on whose joint land the pow-wow was held. Close to 2,000 people attended during the weekend, with about half that number present at any one time.

While pow-wows may be used to serve many purposes, this particular gathering was unique in a number of ways. First, while most pow-wows generally are held within the setting of one tribe, this one was sponsored by an association whose membership is spread across more than 60 tribes. Second, the emphasis of the pow-wow was on the honoring of a specific group of warriors, Vietnam War veterans. Ordinarily, pow-wows are used for less specific purposes.

Because of its focus, the pow-wow and the ceremonies that took place within it served as a demonstration of a number of the techniques briefly described above. Present during the pow-wow were a number of Anglo observers, including some local residents, a Department of Veterans Affairs video crew, and a video crew from a Vietnam veteran news organization. Throughout the pow-wow people were encouraged to photograph and tape the ceremonies, and there was no animosity displayed toward the presence of these non-American Indian people.

Traditionally, the pow-wow area is regarded as religious ground and there is an implicit prohibition on the use of alcohol, drugs, rough language, and violence. In the course of the entire weekend, no drugs were observed, though a small cup of an alcoholic beverage did circulate among a small group of veterans briefly one evening.

The general atmosphere was at all times warm, supportive, and friendly. Traditional cultural rivalries seemed to be totally dropped. At one point, for example, a Hopi woman initiated a conversation with a part-Apache veteran by welcoming him home, then engaging him in a discussion concerning the possible roots of his name.

While advertised to begin at a specific time, the ceremonial dances began when the lead chanter felt that it was appropriate to do so. The only people who seemed impatient with this were the film crew from

the VA, but they soon understood that the feelings of the participants and not the clock dictated the pacing of events.

Through the weekend, when specific ceremonial dances were not being performed, gourd dances were conducted almost continuously. The Gourd Dance, named after the gourdlike rattle carried by the participants, is a circular dance with the participants facing inward toward the chanter and drum. Warriors wore long, narrow, blue-and-red blankets around their shoulders, with the red side on the left if they actually had been in combat. Many wore unit identification such as U.S. Marine Corps or airborne emblems and combat decorations on their cloaks. Most also had small medicine bags tied to leather strings looped over their backs and carried eagle feathers in their hands.

The first major indication of the degree of family and community involvement in these ceremonies was demonstrated during the gourd dances. Vietnam veterans and veterans of other wars and eras of service formed an inner circle, slowly approaching the drum and then withdrawing together. In an outer circle were the women relatives and supporters of the men. This included not only female family members but friends and other women who wished to demonstrate their support of the veterans.

Many of the women wore shawls which were emblazoned with the VEVITA emblem (a saffron-colored war shield fringed in green with three vertical red stripes, behind which there were two crossed arrows with eagle feathers hanging below, scalps hanging alongside, and an M-16 rifle above it). Across the shield most had the name of the man they honored and the unit he served with in Vietnam and the years of that service.

It was noteworthy that at no time in the many hours of gourd dancing did the men ever dance alone. Further, dancing in the inner circle were small boys. It appeared clear that an implicit contract was being made with these boys to the effect that they were seeing the promise of their people to support them if they had to be warriors, just as they were involved with their people in supporting the newest generation of warriors.

The multigenerational involvement went in the other direction as well. Veterans of both world wars — fathers, grandfathers, and great-grandfathers — were present in the inner circle. A sense of shared continuity clearly was in evidence and this aspect of traditional tribal support was emphasized by the presence of members of the various tribal warrior societies, some of which have been in existence for centuries.

During the pow-wow various individual warriors were honored by the people gathered. One Vietnam veteran had been selected as the main pow-wow honoree and others were singled out during the ceremonies for special mention. When a warrior was so honored, many of the people would give him gifts of blankets and other items. Among American Indians there is a great deal of spiritual honor to be gained in not only receiving but in the giving of gifts. Traditionally, enhancing the degree of honor is the status of the individual to whom or in whose name the gift is given. Thus,

gifts were presented in the names of various warriors, honoring the giver and the recipient, and making an important psychological point.

Within the cultural context of these American Indians, the giving of gifts took on an added value because of the status of the warrior. In other words, the experiences about which the warrior might have had some negative feeling were reframed by this custom to have a positive spiritual value. This dovetailed with the multigenerational and family support demonstrated through the dances and other ceremonies in making the warrior's experience a shared community experience.

Professional dances took place primarily in the evenings and were used to honor particular groups and individuals. Again, virtually everyone present would participate, regardless of tribal background. Special Vietnam veteran chants were used during these dances, which became emotionally intense for the participants, especially on the last evening.

In such processional dances in the past, the warriors have led the column with captured North Vietnamese weapons held aloft. Behind, they dragged captured enemy flags across which women and relatives would dance. The clear communication was that the warriors' experiences were not regarded as something separate from the rest of the community but shared by all.

The large number of people, the powerful beat of three large drums, the chanting of over a dozen singers, traditional garb of many of the participants, and culmination of several days of dancing and ceremonies produces a number of effects among the participants.

First, was the powerful sense of community identity. One Vietnam veteran whose American Indian heritage was relatively remote found himself experiencing an intense feeling of belonging that he could later compare with only two other situations in his life — his own immediate family and his combat unit in Vietnam. For warriors raised with a greater exposure to their culture the effect was far more profound.

Second, the combat experience which established the warrior's identification as a warrior clearly was valued by the community as a whole. At one point a Mohawk and an Apache were called out into the dance area to be identified. Their war records were recited and the gathered people honored them with yells, gourd rattling, beating the drums, and ululations from the women.

Third, the community valuing of the warrior's experience encouraged its surfacing. It was interesting to see spontaneous discussion groups of warriors forming to share their combat experiences, many of which were quite powerful. A number of veterans who had not discussed their war experiences previously stated that they found themselves talking about them during the pow-wow to other veterans.

Fourth, the effects of sanctuary trauma appeared to be mitigated by such experiences. Many of the veterans remarked that the pow-wow made them feel they finally had been brought back home during these

ceremonies, though it was clear they were differentiating between their country and their culture.

Conclusion

Even a brief and general examination of American Indian culture reveals methods and techniques of therapeutic practice very typical of Anglo psychiatry and psychology. Specifically in the area of trauma reactions, specific techniques to one side, there would appear to be two major areas of emphasis. As noted in the description of the activities of the VEVITA pow-wow, these are the valuing of the warrior and the overt community support and acceptance of the warrior.

Whatever the theoretical paradigm of the Anglo clinician examining American Indian healing practices, it is clear there is much of value to be seen. The use of the community as part of the healing process is particularly significant. This utilization of systemic thinking, however, does not exclude consideration of intrapsychic processes. One of the greatest values of such examination is that it may force the observer to stretch the boundaries of his or her theoretical paradigm to accommodate the comprehensive perspective and practice of American Indian healers (Beiser & DeGroat, 1974).

But perhaps the greatest value of studying these healing practices may be found beyond the benefit it offers to individuals in distress. It is worth noting that the cultures briefly mentioned here have existed for thousands of years. As noted in the beginning of this report, the hammer blows to these cultures have been many and powerful, yet they continue to endure and even grow stronger where they have not been annihilated.

As we look to the future, it is clear that our society, our country, indeed, the whole human race, is going to be receiving blows of a nature we can only guess at. One thing of which we may be certain is that the hammer of change is going to continue to strike. It seems to this author that if we are to survive, we must learn how to absorb this change and deal with its psychological stress.

We have among us over 300 examples of peoples who already have gained the most important lesson Child of Water could teach — how to survive chaos. They have survived a lot since Child of Water and his brother went to face Giant. Having learned the lesson well, perhaps it is time for the rest of us to learn it.

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References

- American Psychiatric Association. (1980). *Diagnostic and Statistical Manual of Mental Disorders* (3rd Ed.). Washington, D.C.
- Beiser, M., & DeGroat, E. (1974). Body and spirit medicine: Conversations with a Navajo medicine man. *Psychiatric Annals*, 4, 9–12.
- Bergman, R. (1971). Navajo peyote use: Its apparent safety. *American Journal of Psychiatry*, 128, 695–699.
- Bergman, R. (1974). The peyote religion and healing. In R. Cox (Ed.), *Religion and Psychotherapy*, 296–306.
- Card, J. J. (1983). *Lives after Vietnam*. Springfield, IL: Charles Thomas, Lexington, Massachusetts, Lexington Books.
- Goodwin, G. (1973). *The social organization of the western Apache*. Chicago, IL: The University of Chicago.
- Goodwin, G. (1971). *Western Apache raiding and warfare*. Tucson, AZ: University of Arizona.
- Hultkrantz, A. (1979). *The religions of the American Indians*. (Monica Setterwall, Trans.). Berkeley, CA: University of California.
- Jilek, W. (1971). From crazy witch doctor to auxiliary psychotherapist — the changing of the medicine man. *Psychiatric Clinic*, 4, 200–220.
- Mansfield, S. (1982). *The gestalts of war*. New York, NY: Dial.
- Opler, M. (1965). *An Apache life-way: The economic, social, and religious institutions of the Chiricahua Indians*. New York, NY: Cooper Square.
- Rueveni, U. (1979). *Networking families in crisis*. New York, NY: Human Sciences Press.
- Terrell, J. (1972). *Apache chronicle*. Chicago, IL: The University of Chicago.
- Underhill, R. (1946). Papago Indian religion. *Columbia University Contributions to Anthropology* (Vol. 33). New York, NY: Columbia University.