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THE UNIVERSITY OF ALBERTA

A CREE HEALER IN ROLE TRANSITION

by

LISE SWARTZ

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled A Cree Healer in Role Transition submitted by Lise Swartz in partial fulfilment of the requirements for the degree of Master of Arts.

David E. Young
(Supervisor)

Date: April 16, 1987

This manuscript is dedicated to my children,

Danya and Kenan

ABSTRACT

In 1984 a Northern Cree medicine man, Russell Willier, allowed documentation of his treatment of non-native patients afflicted with psoriasis, in order to demonstrate that native medicine is effective. Throughout the two-year research period, Willier adapted his treatment methods, revised his explanations, and introduced innovations, while maintaining the essentials of traditional native medical practices.

Through analysis of these changes it is argued that the variation was intentional, geared to achieve maximum results from patients who were not improving as quickly or as dramatically as Willier had anticipated. What appear to be relatively minor changes in one individual's techniques and ideas may, over time, result in some form of culture change.

Willier's personal qualities of flexibility and ability to introduce innovation allow him to enter situations not previously open to traditional native practitioners. In his attempt to expand the scope of native medicine he is essentially a potential cultural broker. Landy's model of role adaptation is modified to include psychological factors and then used to argue that

Willier is in transition from the adaptive curing role to the emergent curing role.

If Willier is successful in establishing a native healing center on his reserve and this is accepted by other native healers as a viable way to conduct their own healing practices, this may result in significantly changing the nature and availability of native medicine. The thesis offers one explanation of how new ideas and directions emerge and how these may be a basis for culture change.

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Introduction

There are many accounts of the role native healers have played in the history of their own people. There is also ample evidence of the deterioration of this role as a result of acculturation. Some authors have suggested that the role of the Amerindian medicine man is on the verge of becoming extinct as traditional native medical practices are abandoned in lieu of the powerful western health care system. What then, are the alternatives available to an individual native practitioner? How can further erosion of his role be prevented? What aspects of modern medicine can be incorporated into traditional Indian medicine to improve the likelihood that native medicine will continue to be practiced? Handelman (1977:438), at the conclusion of his detailed account of the development and life career of Henry Rupert, the last Washo medicine man of western Nevada and eastern California, poses the following question:

> What of the creative individual? What of the individual with great ego strength who is able to choose and combine traditional and new alternatives, not merely integrating them but developing new syntheses which may be both personally satisfying and socially transmissible? Of such persons and the roles they play we know little.

In many ways, Russell Willier, a Cree medicine man of Northern Alberta and the principal focus of this thesis, is much like Henry Rupert. Although Willier is more traditional than Rupert, the healers have much in common. Both were marked early as having "shamanic potential"; both exhibit "a boundless curiosity about the natural world around" them; each would "receive visions relating both to the cause of illness and the prognosis"; both believe that there exists a power or energy, whose essence is "found in all animate life and inanimate objects in the natural world"; neither makes a "distinction between the miracles performed by Christ and his disciples, the healing powers of shamans, and his own work, since the basis of the power is in every case the same"; both have tapped this source of energy "to channel it for purposes of curing"; both recognize the "importance of gaining and holding a patient's attention during a curing session by the use of such instruments as a rattle and eagle feathers"; both emphasize the need to be "honest, faithful, and discreet and live a pure life"; both recognize "through experience, the illnesses he cannot treat"; and both present us with cases of "continuous psychological development, growth, and innovation".

Background to the Problem

In 1984 I became part of an interdisciplinary research team, headed by Dr. David Young, which was given the rare opportunity to document the healing practices of Mr. Russell Willier, a Woods Cree medicine man. This unique research offers the opportunity to examine the adaptations of a newly emerging type of Indian healer, one who is a potential cultural broker and a creative innovator. As a potential cultural broker he straddles two cultures for the purpose of creating greater understanding and communication between them. He actively seeks to expand the scope of native medicine by incorporating aspects of organization from the western health care system into native medical practices on his reserve. As an innovator he adapts and changes his curing techniques, derived from traditional native ritual and knowledge, to be more therapeutically effective in dealing with non-native patients.

Although the healer claims to have cures for a variety of dysfunctions, we chose to document the treatment of psoriasis, a chronic skin disease, since visible lesions could be monitored throughout the treatment period. Documentation covered initial assessment of potential patients, treatment sessions, a thanking ceremony, and a final evaluation. Research began with a pilot study

(Series I), involving two patients who were treated between November and December 1984. Both patients showed improvement and it was decided to continue this research with a larger group of patients. From March to June 1985, an additional eleven patients were treated for psoriasis (Series II).

Documentation of the research, which included photographs, tape recordings, and videotapes, eventually resulted in the creation of two videotapes produced by the Radio & Television Department of the University of Alberta. The first, entitled "The Psoriasis Research Project", documents the treatment sequence followed in the Boyle-McCauley Health Center and in traditional sweatlodge ceremonies conducted on a rural acreage in the Edmonton vicinity. The second videotape, "A Cree Healer", consists of interviews with Russell Willier, the healer, in which he explains the nature of native medicine and discusses issues and controversies he encounters in his effort to establish a healing center on his reserve.

With the supervision of Dr. Young I was actively involved in the creation of these documentary videotapes as part of my thesis requirements. My involvement consisted in the following:

(1) initial planning of the kind of approach to be taken, the role of the video, and the audience at which it should be aimed,

(2) preliminary review of all videotape footage on the project,

(3) writing several versions of the script,

(4) interviewing for the additional footage,

(5) participating in the editing of the final version of the videos,

(6) creating a manual to provide background information on the healer, his rituals and religious beliefs, and

(7) creating a brochure on the videos.

Much of the material to be covered in this thesis is included in these documentary videotapes which can be considered a visual representation of the thesis. "A Cree Healer" relates directly to Chapter Five, an investigation of the changing role of the healer and his future aspirations. Appendix 1 is the final script for this videotape. Chapter Three, the description of the research project, and Chapter Four, an analysis of variation within the treatment procedures, relates to "The Psoriasis Research Project" documentary. The final script for this videotape is in Appendix 2

Since the rituals documented in the videotapes are sacred and rarely permitted to be filmed, it was necessary to create a manual of background information

for viewers unfamiliar with native culture and tradition (Appendix 3). Information in this manual should be presented to the audience prior to viewing the documentaries in order to explain the purpose of the ceremonies and to point out their sacredness. The manual includes an introductory section on the healer and a description of some basic aspects of his religion. Major ceremonies including the purification ritual, smoking of the sacred pipe, the eagle ceremony and the sweatlodge ceremony are also discussed in the manual. The brochure advertising the documentary videotapes is in Appendix 4.

From a review of the transcripts of video and sound recordings of research sessions, it was noted that Willier's ideology and curing techniques changed throughout the two-year research period. The most notable change occurred in Willier's interaction with the research team, specifically with the principal investigator, Dr. Young. Willier became less reluctant to reveal information about native medicine; agreed to chemical analysis of one of the main herbs; encouraged the research team to visit his reserve to take photographs of medicinal herbs; allowed media interviews; and, is currently seeking to establish a healing center on his reserve in the form of a non-profit organization.

Purpose of the Thesis

Through analysis of the changes that occured throughout the two-year research period and by using a modified version of David Landy's model of the changing role of the traditional practitioner, I will argue that Willier is in transition from what Landy calls the adaptive curing role to the emergent curing role. As such, he is essentially a potential cultural broker.

It will be demonstrated that Willier sees the present role of the medicine man in danger of becoming attenuated. There are a multitude of causal factors responsible for this attentuation: lack of interest and fear of native medicine on behalf of young natives, erosion of belief in the effectiveness of native medicine due to incompetent practitioners, lack of recognition by western physicians and potential patients that native medicine is effective, and legal issues which prevent the open practice of native medicine.

Willier's desire to prevent the attenuation of this role is leading him into the emergent curing role in which he is required to strengthen and expand the scope of traditional native medicine. This he could accomplish by establishing a healing center on his reserve, an

innovation which would place him competitively against the modern health care system, possibly resulting in a mutual referral system. However, in order to erect this clinic, he must first demonstrate that native medicine is effective. This is why he has allowed documentation of his treatment of patients afflicted with psoriasis.

In his position as potential cultural broker, Willier must also demonstrate that he is a creative innovator, able to adapt his curing techniques to treat non-native patients. In the experiment described in this thesis, Willier used a combination of western and traditional methods. The traditional methods were modified to make them more acceptable to non-native patients. For example, patients were treated in a western medical clinic. They were not massaged for elimination of evil spirits, nor were their dysfunctions explained in terms of supernatural intervention. Payment, in the form of a gift, was postponed until the patients could see their improvement. However, when these modifications in method did not appear to be working as well as initially anticipated, Willier made additional changes in the treatment procedures. One explanation for the variation that occurred throughout the research period might be that Willier was on new ground and was thus unsure of how to proceed. This resulted in a certain number of contradictions and inconsistencies in treatment.

Another explanation is that he changes his approach in order to enhance the therapeutic effectiveness of his therapy. In other words, the variation was intentional and geared to achieve maximum results.

This thesis provides support for the second explanation. By using specific examples of changes made by Willier, I will argue that he is a creative innovator, with astute psychological insight into the variables involved in the healing process and therefore is able to adapt his therapeutic regime in response to the progress made by patients. Throughout the research period he never hesitates "to adapt his practices, revise his explanations, or introduce innovations (while maintaining the essentials of traditional practices) as the situation demanded" (Young, Morse, Swartz, Ingram and McConnell, n.d.).

Theoretical Approach

Two different explanatory models are used to understand how Willier is able to move from the adaptive curing role to the emergent curing role. The psychological model, social behavior theory, examines change and variation in behavior occurring across different context-specific situations (synchronic). The sociological model explores changes occurring over time

due to acculturation pressure (diachronic).

Theoretical principles from social behavior theory, which emphasizes the adaptive flexibility necessary to respond to changing situations, is used to explain the inconsistencies in Willier's behavior. Experimental psychological studies have repeatedly shown that when a response consequence (reward or punishment) has been systematically altered this produces alteration in a wide range of behaviors.

The fact that behavior is situation specific and not generalizable across situations, does not imply a fragmented personality lacking continuity nor does it suggest that behavior can be shaped by stimulus-response conditioning, a strict behavioristic approach. Consistency in personality can be understood as having temporal stability, it does not change over time.

The basic premise of the sociological model in analysis of role adaptation due to acculturation pressure is that: (1) some curers have successfully adapted their roles to the demands of acculturation; (2) others have been unable to adapt their roles which are attentuated and in danger of extinction; and, (3) acculturation pressure may stimulate new, emergent roles. The model poses three categories of the curer's role under the

impact of Western medicine: the adaptive curing role; the attenuated curing role; and, the emergent curing role.

These two models interact, not in linear fashion, but along parallel lines. The models are dynamic, allowing interpretation of Willier's behavior either in advancing or retracting his movement to the emergent curing role.

Contact with the research team expanded the range of opportunities available to Willier which created a new set of situations. This new range of situations must be adapted to which requires flexibility of behavior. This adaptability in turn opens doors to new opportunities. Willier is able to change his treatment procedures to meet the demands of the specific situation. These personal qualities of flexibility and ability to introduce innovation allow him to enter situations not previously open to traditional native practitioners.

When the normal range of behavior expands this results in a system of feedback. The feedback can, of course, be both negative and positive. For instance, Willier's willingness to allow documentation of the sacred ceremonial rituals involved in the treatment indicates that he is more flexible when compared with other native healers who tend to be conservative. However, when the

project elicited antagonism from natives in his surround, he became more cautious, and decided to temporarily "lie low", an adaptive response to negative feedback.

As his opportunities increase, the challenge facing Willier is how to expand the scope of traditional native medicine without subverting its integrity. He must choose which ideas, methods, values and technologies may be safely incorporated into native treatment without significantly altering traditional medical practices. While he may adopt some elements from western medicine, such as the organization of a healing center, to strengthen and expand the position of native healers and he may introduce innovations to traditional methods, such as altering his herbal combinations, his overall goal is to preserve traditional native medicine since this is where his expertise lies.

Methodology Used in Analysis of Variation

The scope of the thesis is limited to understanding the variation that occurred between events in Series I and Series II. Therefore, the methodology discussed here is that employed in discovering similarities and differences between the two series. Methodological issues and problems connected with the Psoriasis

Research Project are discussed in Young, Morse, Swartz, Ingram and McConnell (n.d.).

The empirical data base consists of transcriptions of observable and verbal behavior as documented on color videotape (1/2" VHS and 3/4" U-matic) and tape recordings. These were transcribed verbatim including expletives and observable behavior. A detailed summary of this data is presented in Tables 1, 2, and 3. The sheer bulk of these transcriptions prevent them from being included in the thesis. However, they have been placed on file with the Project for the Study of Traditional Healing Practices, Department of Anthropology, University of Alberta, Edmonton, Alberta, Canada T6G 2H4.

Initially I attempted to colour code the transcriptions according to major categories. Realizing that many of these categories were not relevant to the thesis subject I abandoned this method of analyzing the data. Moreover, as has been pointed out by Field and Morse (1985:101) this technique of using "highlighting pens which leaves the page intact" is not efficient when dealing with extensive data sets:

> It is not possible to adequately code all the pages and to retrieve the required passages

> which quickly become voluminous when multiple interviews are involved. Analysis of categories within the major constructs is extremely difficult, perhaps even impossible, with this technique.

Next, I listed the major categories relevant to the thesis subject (Table 4). The appropriate passages were then grouped into these categories and assigned a code. For example, the code SI-T2:7 following a verbatim quote by Willier indicates that this reference can be found in the transcriptions under Series I, Treatment Session 2, page 7.

In the analysis of the variation that occurred throughout the treatment procedure, events of each specific occasion (i.e., assessment, treatment, thanking ceremony, final evaluation) in Series I were compared to similar events that occured in Series II. Inconsistencies from one occasion to the next were then noted. These comparisons are listed in Tables 5, 6 and 7.

Direction of the Thesis

The thesis will proceed in the following manner. Chapter Two presents a literature review concerning the historical relationship between the Indian medicine man and the colonial government. The contemporary

relationship between traditional native healers and western practitioners is discussed next. It becomes apparent from this literature that as a result of historical events, the medicine man was driven underground and indigenous healers became extremely reluctant to discuss native medical practices. The contemporary situation indicates a great resistance to integrate medicine men into the modern health care system, and where this has been attempted it has generally failed. Both of these factors, the historical assault upon the native medicine men and the contemporary failure to include them within the western referral system, have a direct bearing on the changing role of native healers. There are indications that this role is in danger of disappearing entirely in some cultures. In other cultures the role is undergoing a process of change and integration and possibly even revitalization.

Chapter Three describes the treatment procedure followed in Series I and II. The basic principles involved in Willier's treatment of non-native psoriatic patients is discussed and the components necessary for treatment to be effective are outlined.

Chapter Four analyzes the variation that occurred in the treatment procedure and argues that this variation was

intentionally adopted to achieve maximum therapeutic results from patients who were not improving as quickly or as dramatically as the healer had anticipated. Examples will be used to demonstrate his understanding of the interaction between physiological and psychological consequences in the healing process. A model is presented to show how his method of treatment is holistic.

Chapter Five examines issues and problems that traditional healers have faced as a result of acculturation and the powerful influence of the western medical system. Landy's (1977) model of role adaptation is modified to include psychological factors and then used to interpret the direction taken by Willier in his attempt to move from the adaptive curing role to the emergent curing role. The manner in which Willier establishes himself in competition with the modern health care system will be discussed in connection with the specific diseases he treats. The chapter will conclude with a summary of his future expectations of the place of native medicine within the clearly dominant western medical system.

CHAPTER II: LITERATURE REVIEW

The literature review is based upon books and articles on shamanism, North American Indian medical practices, the historical relationship between Indian medicine men and the colonial government, the contemporary relationship between Indian medicine men and the Western health care system, exploration of the changing role of the Indian medicine man and medical anthropological literature on treatment practices of indigenous therapists.

North American Indian Medicine

A review of relevant literature was initially very broad and ranged from shamanism to North American Indian medicine--from medical practices of specific Indian tribes to personal accounts of individual medicine men. There are very few studies relating to the Woodland Cree which include Eastern Cree, Swampy Cree and Woods Cree (Johnson 1965:2). No studies were found which deal specifically with Woods Cree medical practices. Willier is a native of the Woods Cree tribe. In a survey of the identity and distribution of modern Cree from 1959-1962, Johnson (1965:5) lists 330 Woods Cree as belonging to the Sucker Creek Reserve of which Willier is a member.

From Shaman to Medicine Man

The literature pertaining to shamanism was reviewed but it was soon recognized that this was not immediately relevant in that it was too broad. Generally, examples of shamanistic practices are reported upon from a wide variety of cultures. For example, Eliade (1964) and Grossinger (1980) explore the origin, history and development of shamanism. Halifax (1979) presents 30 visionary narratives of shamans as told in their own voices. The role of visions in shamanism is further discussed in articles by Noll (1985) and Peters (1981). Harner (1982) and Rogers (1982) present the basic principles of shamanism, giving examples from a diversity of cultures in the Americas. Lommel (1967) discusses the connection between shamanism and the origins of art. Wood (1979) reports on treatment by shamans, using examples from a broad range of cultures.

Several articles discuss the correlation between shamans and abnormal behavior (Devereux 1961; Silverman 1967). Ackerknecht (1971) discusses the shaman and primitive psychopathology in general and naturalistic and supernaturalistic diagnosis and treatment. In a discussion of psychopathological labelling as a specific characteristic of western culture, he suggests that the

misuse of the term 'shaman' helps to create a psychopathological reputation for the medicine man (1971:66).

Hultkrantz (1985:511) suggests that 'shaman' should be differentiated from 'medicine man' since the former is primarily concerned with mediating between the supernatural powers and man, while the latter primarily cures diseases through traditional techniques. Although the medicine man, like the shaman, deals with supernatural powers, the emphasis is on his professional skill as a naturalistic healer. Acknowledging that there is a great deal of overlap in these two terms Hultkrantz suggests that "the medicine-man may be at the same time a diagnostician, a healer of supernaturally caused diseases and a naturalistic practician" (1985:514). Willier fits the description of 'medicine man' better than 'shaman' firstly, because he refers to himself as a medicine man, and secondly, because his emphasis is on doctoring and not on attaining ecstacy or altered states of consciousness. The role of medicine man, as defined by Hultkrantz, can include the healing of 'supernaturally caused diseases', as in the instances when Willier attempts to deal with sickness caused by cursing.

Medicine Men of North America

Several books deal with traditional beliefs and native medical practices of the North American Indian (Corlett 1935; Stone 1962; Vogel 1970). Corlett (1935) describes the origin and culture of American Indians through an examination of the basic religious tenets of natives in the New World. Following a general discussion of native diseases, religion and medicine men, he describes more specific religious beliefs and practices of a variety of tribes throughout North and South America. Although he includes a section on the Northern Woodland and the Southern Woodland, it is difficult to extricate any practices specific to the Woods Cree. The Northern Woodland division, according to Corlett, includes Ojibwa, Chippewa, Menomini, Eastern Algonkian and Iroquois. The Southern Woodland covers the Creek, Choctaw, Chickasaw and Cherokee. Woods Cree are not mentioned. Stone (1962) examines religion and medicine of the United States Indians, discussing theories of medical practices, medicine men and medicine societies, equipment used by medicine men and, supernatural, legitimate, and ceremonial therapeutics. Vogel's (1970) comprehensive examination of American Indian Medicine describes observations of Indian medical practices, their theories of disease, the influence that medicine men had on early settlers and native medicines'

contribution to modern pharmacology.

There are a number of articles and books on native medical practices of specific tribes in North America including: Indians of the North Pacific Coast (Jilek 1971, 1982a, 1982b); Blackfoot Indians of the Prairies (Johnston 1960, 1970); Indians of California (Bean 1976); the Ojibway (Grim 1983); and the Haida (Barbeau 1958). Several authors have explored religion and medicine of the Plains Cree culture (Dion 1979; Fine Day 1973; Mandelbaum 1979; Tarasoff 1980).

The special issue of Cree studies, published by the Western Canadian Journal of Anthropology in 1969, which examines issues including history and social organization (Fisher 1969), traditions and legends (Vandersteene 1969), and contemporary problems (Adams 1969; Cardinal 1969a; Smallboy 1969) does not include articles on Cree medical practices. Moreover, a recent request from the Canadian Plains Research Center for references confirmed the paucity of studies on this subject among the Woodland Cree.

Personalized accounts of individual healers have appeared in the popular literature. Epes Brown (1971) and Neihardt (1972) have made Black Elk's visions known to a wide range of readers. Erdoes (1976) has narrated

the life history of Lame Deer and Storm (1972) has written stories of holy men from a variety of different tribes.

Literature on Indian pharmacology, or ethnobotany, provided information on the harvesting and handling of medicinal plants and often included concise descriptions of their past and present therapeutic uses (Anderson 1977; Densmore 1974; Kerik 1975; Weiner 1980).

Historical Relationship between the Indian Medicine Man and the Colonial Government

It is apparent from this literature that the role of the North American medicine man has been greatly eroded and in some native societies there is danger of its eventual extinction (Carnicom 1983; Corlett 1935; Handelman 1977; Storm 1972; Vogel 1970). Before contact with invading European culture and the resulting enforced acculturation, the medicine man's place in his own society was one of power and status, and relatively secure. Harold Cardinal (1969b:81), a member of Willier's reserve, has made the following comment on the once powerful role of the medicine man:

> The medicine man held great power in the Indian society. A medicine man of strong

> character quickly became a social and political leader of his people as well as a spiritual advisor. In a modern white village he would be a combination of the mayor, the local general practitioner and the local minister of the only church in town. He was the renaissance man of the Indian society.

Vogel (1970) claims that early European settlers frequently turned to native medicine for cures which were seen as more successful than treatment from local practitioners. Stone (1962:34) has also suggested that native medicine men were extremely competent, particularly in the treatment of wounds. However, when European leadership recognized that the Indian medicine man would be the principal barrier to extinguishing the Indian culture, it became the objective of the government to weaken his influence. Once his power and influence had been undermined, new ideas and customs could be successfully transmitted and speedily absorbed. Vogel (1970:35) states that "the government takes cognizance of the Indian medicine man and is trying to wean the Indians away from his dominance". In his discussion of the medicine man and white society, he draws the following conclusion:

> . . . all of the principal forces of European erosion of Indian society have been brought to bear in the assault against the medicine man. To the extent that his influence was weakened, white influehce was able to penetrate.

Missionaries were convenient vehicles for assault upon the influence of the medicine men. Cardinal (1969b:82) suggests that because the early missionary lived as "one of them" it was relatively easy for him to move into the position of medicine man and thus take over most of this role.

The above examples are not used to judge or evaluate the deeds of the early missionaries, nor to imply that they were instruments of colonial expansion. It is recognized that not all factors have been taken into consideration and that the argument is selective for the purpose of this thesis. However, it is important to show that because they "enjoyed considerable power in the communities with which they were associated", a missionary could, and often did, usurp the power of the local medicine man, thereby establishing himself as "physician and surgeon; preacher and teacher" (Patterson 1972:125).

In summary, the power of the medicine men was eroded as they were subjected to criticism and abuse: many were jailed; some were executed and native medicine was driven underground. In time, many of the medicine bundles became museum pieces.

It is reasonable to understand why native medicine men are generally reluctant to disclose their methods of treatment, with much of their practice being conducted behind closed doors. The reverence that natives have for their medicine which is intimately tied to religion, is another reason for the dearth of literature pertaining to specific aspects of Indian healing practices. Johnston (1960:8), referring to the Blackfoot Indians, states that the Indians are "very hard to gain any information from, being most secretive, particularly with anything regarding their medicine, about which they have much superstition".

Contemporary Relationship between Indian Medicine Men and the Western Health Care System

The very religious nature of Indian medicine has often been misunderstood by western scholars and thus has been an obstacle to the integration of the indigenous healer into the modern health care system. Features of Indian medicine such as the shaking of rattles, incantations, dances, charms, spirits, shaking teepees and the beating of drums have been judged irrational (Foster and Anderson 1978). These have received disproportionate and pejorative attention in the literature, obscuring other forms of treatment practices that are therapeutically effective, and preventing adequate

analysis of the therapeutic effects of ritual and symbol.

Opinions differ widely regarding the evaluation of non-western medical therapies, particularly the effectiveness of specifically clinical treatments of organic diseases (Foster and Anderson 1978:123-141). Some authors recognize the effectiveness of non-western medicine and support the need for therapy by traditional practitioners but this approval extends only to treatment of psychosomatic and mental illness. Psychosocial-religious support therapies provided by traditional healers are credited with maintaining harmony between man, his community, the supernatural and the environment (Cordes 1985; Torrey 1972; Jilek 1971, 1982b).

Little recognition is given to the effectiveness of specific treatment of physical diseases by using indigenous pharmacopoeias. This is the point of controversy. Some authors advocate that traditional practitioners use herbs with potent medicinal properties seeing these as effective in treating organic diseases (Ackerknecht 1971; Farnsworth 1984; Nearing 1985). Others, more skeptical, conclude claims made for indigenous pharmacopoeias are excessive (Loudon 1976).

When the healer's treatment is successful this is often attributed to psychological factors involving faith and suggestion, a subject that has only recently been given much attention (Achterberg 1985; Moerman 1979; Sheikh 1984). Little credence is afforded the traditional healer with respect to his knowledge of herbal remedies used as specific drugs for specific diseases (Foster and Anderson 1978).

Traditional therapies, when compared to the western bio-medical approach, have often been praised for their holistic character. Many authors advocate the integration of traditional healers into the modern system of psycho-therapy in order to learn more about holistic health care from practitioners "who draw upon centuries of empirically-tested experience in treating the whole person" (Cordes 1985:8). Rarely, if ever, has this integration been proposed for those healers who treat diseases which fall within the realm of Western bio-medical therapy. Here arises the Western bias that traditional healing is magical healing and therefore neither scientific nor efficacious. When traditional healers are incorporated into the Western health care system this is usually done reluctantly and the "healer is treated like a placebo--something to make a client feel more comfortable so the real, Western therapy can begin" (Cordes 1985:9). O'Neil (1986:2) summarizes the

issue as follows:

> Relations between traditional and Western healers have evolved from overt hostility through indifference and intolerance to the point where collaboration and consultation are being considered. However, these initiatives are clouded by historical, cultural and political factors that threaten to undermine further progress. Traditional healers have experienced a century of colonial domination by Western medical, religious and social institutions and are understandably skeptical about any change in policy. Western health care personnel are attempting to incorporate cultural sensitivity into clinical practice, but a lack of understanding about the context and scope of traditional healing leaves them wary of specific practices and treatments.

The above mentioned factors are responsible for the demise of the Amerindian medicine man. Yet, despite historical assault on native practitioners and the unwillingness, or inability, to fully integrate them into the modern health care system, traditional healers still exist. And yet, their role has changed.

Changing Role of the Indian Medicine Man

Literature pertaining to the changing role of the medicine man seems to be controversial with respect to whether this role is in danger of disappearing or in the process of being revitalized. Handelman (1977) writes of the "last" Washo medicine man; Carnicom (1983) of the

disappearance of the Sioux medicine man; Storm (1972) of the demise of the medicine men of the Great Plains; Neihardt (1972) and Epes Brown (1971) of Black Elk, the last holy man of the Oglala Sioux; Vecsey (1983) of the disappearance of the Midewewin society of the Ojibwa; and, Tarasoff (1980) of the disappearance of the traditional Salteaux ceremonial customs.

In a recent study of the changing role of the medicine man in three Indian cultures, the Brule Sioux, the Oglala Sioux and the Omaha tribe, Carnicom (1983:41) discovered that among the Omaha this role has vanished and in the other two cultures, the role has been modified.

> The loss of the Omaha medicine man coincides with a general decline of the traditional Omaha culture as its members have become assimilated into the majority culture. The medicine man of the Oglala has integrated Christianity into his traditional belief system, while the beliefs of the Brule medicine man remain traditional.

Carnicom also reports that "while some writers have noted a decline in the role of the medicine man, or even his disappearance, the majority of recent researchers report survival of the role and in some Indian cultures an increase in its acceptance." Unfortunately he does not make clear who these 'writers' or 'recent

researchers' are.

Crandon (1983:69), in an examination of the impact of culture change on traditional medical systems, suggests that "rather than dying out, indigenous medical systems are adapting to change, and that medical pluralism rather than purely western medicine will replace earlier medical resource use".

O'Neil (1986:3-4) in a recent presentation concludes that:

> Most historical and anthropological treatises on the topic conclude pessimistically that the rituals and institutions that make up Indian medicine have essentially disappeared and are no longer functioning in most Indian societies .... These pessimistic conclusions, while perhaps reflecting the overwhelming oppressive conditions in which traditional Indian healers had to maintain continuity, are nonetheless false in light of present evidence.

Closer to home, an article written on the occasion of the death of a Blackfoot medicine man, suggests that the controversy over whether the role of medicine man is disappearing or being revived is still alive: "Although Hugh Dempsey, curator at Calgary's Glenbow Museum, says the number of medicine men seems to be dwindling, Dr. Couture sees a general revival of interest in native customs and thus a resurgence of those apprenticing in

the ways of Indian medicine" (Cohen 1985:34).

Treatment Practices of Indigenous Healers

The medical anthropological literature on indigenous therapists stresses primarily those situations in which a healer treats patients who are of the same cultural background (Boas 1930; Landy 1977; Mume 1973). Where physicians trained in Western medicine treat patients from a traditional culture, problems and misunderstandings often occur as a result of different expectations of the role that each participant, doctor and patient, has come to expect from the therapeutic setting (Jansen 1973; Kaufert and Koolage 1984; O'Neil 1986).

There is no data available wherein a traditional practitioner treats patients from a western cultural background. Although there are early accounts of non-natives being treated by medicine men (Stone 1962; Vogel 1970), these accounts are vague and there is no systematic documentation of the specific treatment procedures nor of the nature of interaction that occurs between healer and patient (Foster and Anderson 1978).

Alvarado (1978) presents a selected literature review of articles relevant to medical anthropologists and health

professionals. From this extensive review of literature there were no references to native healers treating non-native patients.

CHAPTER III: THE PSORIASIS RESEARCH PROJECT

The following section will first provide background information on Russell Willier's career as a medicine man and then describe the healing ceremonies connected with the Psoriasis Research Project. These include an initial assessment and selection of patients to be treated, treatment sessions in a city clinic and in sweatlodge ceremonies and, a final thanking ceremony. Only brief mention will be made to the therapeutic outcome of the treatment. A detailed account of the therapeutic results can be found in Morse, Young, Swartz, and McConnell, n.d. However, Willier's explanation for the "slowness" in improvement will be discussed since it will be argued that this has direct bearing on the sequence of events for Series II. A critical examination and interpretation of the variations that occurred between the pilot study (Series I) and research proper (Series II) will be discussed in Chapter Four.

Background Information on Russell Willier

Russell Willier is a 37 year-old Woods Cree healer who is attempting to demonstrate the effectiveness of native medical practices. He is married, has two small

children and lives on a reserve in Northern Alberta. Both he and his wife are concerned about the diminishing interest on the part of natives in their own culture. They work to preserve the traditional ways, she by teaching native arts and crafts, and he as a medicine man. He is a skilled hunter, guide and trapper who has been practicing native medicine part time for approximately the last ten years. As a healer he is humble, sincere and regards his power of healing as a sacred trust. He is charismatic, outgoing and an extroverted individual with a great sense of humour and a deep respect for nature.

Willier, around the age of 17 or 18, inherited his medicine bundle from his great grandfather, Moostoos, a famous medicine man and chief who signed Treaty 8 in 1899. In this bundle, herbs were tied together in bunches in order to teach the combinations of herbal remedies. Also included were several sacred ritual objects. Several years passed. When Willier was in his mid-twenties and "felt ready", he began his study of the curative powers of plants. This meant consulting the elders for information about a particular plant: what roots to dig; what they looked like; where to find them; when to harvest. Much of this information was obtained from his father and "different old medicine men" throughout his area.

> And these medicine men that were being covered, well they were actually hiding from the society, they'd only come for brief calls for people that would call them in where they're really in trouble. Where the doctors can't do nothing, this is where the medicine man would show up and do the doctoring. This happened on and off throughout different parts of the reserve and also different parts of other reserves. And as things start rolling, you realize that there was medicine men, that they exist, they they were there, they were there for a purpose and they had the power. So I started realizing that and I knew it was dying out, it still is dying out but hopefully we can turn that. So that was one of the important decisions I made when I was a young man (SII-V1:2).

Willier doctored on a part-time basis along with his other occupations and became recognized as a medicine man by other people. He was particularly successful in curing skin diseases, migraine headaches and backaches. In 1980 an incident happened which he describes as a miracle and which caused him to become fully aware of the potential of native medicine and his own power. The incident involved taking his dying mother home from the hospital and curing her by using prayer and herbal therapy. According to Willier she had been diagnosed as having a "burst stomach" which the doctors claimed as incurable. A Catholic priest had been called for the last sacrament and it was agreed that Willier could take her home to die. For three days and nights he treated her with herbal therapy and "had everybody praying for

her" until her eventual recovery. "From then on I figured if that can be done at such a narrow pull out I might as well keep on doctoring instead of hiding the saddles" (SI-I2:14).

Willier continues to gather spiritual and herbal knowledge from elders in both Alberta and Saskatchewan. In addition to increasing his skills and expanding his role as a medicine man, he has actively sought to demonstrate to non-natives that his religion is powerful and his medicine effective. The research project described in this chapter has received publicity in newspapers, radio and television programs. This has created considerable controversy among natives. His efforts to prove the effectiveness of traditional native medicine by permitting it to be documented is supported by some natives and opposed by others.

Description of Treatment Procedure for Series I

The sequence of events that occurred throughout the pilot study, Series I, is listed in Table 1. Except for the final thanking ceremony which was conducted in a Sociology Laboratory at the University of Alberta, all events in Series I occurred in the Boyle-McCauley Health Center. This clinic is situated in downtown Edmonton, in the inner city which has traditionally been the

location where new immigrants come to live. The clientele using the clinic are predominantly from minority ethnic groups including Chinese, Italians, Vietnamese, and North American natives. Permission was obtained from the clinic to conduct the healing rituals on the premises after closing hours. Three basement rooms were made available and two staff physicians agreed to provide medical coverage. Healing rituals were conducted in a pleasant, spacious meeting room, and the two smaller rooms were used to interview patients and to photograph their lesions.

Assessment and Selection of Patients for Treatment

Five potential patients volunteered to participate in the research which began November 22, 1984. During the initial assessment in the basement room of the Boyle-McCauley Health Center, Wilier explained the basic principles involved in his therapy, stressing the importance of having faith in the powers of the herbs, and in the curing powers of the Great Spirit. "The big thing I'm trying to show you is it's God's powers and it's going to go through the plants and onto you" (SI-A1:1). The rate of healing, quickly or slowly, was a direct consequence of the amount of faith an individual patient had in these powers.

To initiate treatment, the patients were requested to bring an offering of tobacco and a 'print' "because that gets hung for the spirits and the tobacco is given back to mother earth when we take the plants" (SI-A:1). The 'print' is a yard of cotton broadcloth in one of the colors of the earth: yellow, red, blue, white or green. The tobacco is a package of regular cigarette tobacco. Willier explained that he could not doctor anyone until he received the tobacco and 'print' since these offerings open doors to the spiritual world and give him "the power to heal". Corlett (1935:136) states the following with regard to the vital role tobacco has played in the history of native medicine:

> The tobacco plant and its near kindred ... were looked upon as possessing medicinal properties of the highest value. It was an intermediary between the material and the spiritual, possessing both substance and essence. . . . As an essence it bore aloft the prayers of the faithful where they might be heard by the Great Spirit.

Patients were informed that once treatment had begun some could expect positive results very quickly while others could temporarily find a worsening in their condition. A period of deterioration in their disease was explained as resulting from testing of their faith by the Great Spirit (SI-A1:2). Another factor influencing the rate of improvement was correlated with

the stage of their disease. "When it's flared up it's easier to cure" (SI-A1-9). Willier pointed out the therapeutic advantages of treating several patients together in a group which he believes results in an increase of faith among sceptical patients as they witness improvement in others.

Willier emphasized that payment for their cures must be a genuine expression of gratitude and therefore must come from the heart.

> It's up to the person how grateful they are, if they want to give him a present or whatever they figure the medicine man will use in the future. We never set a price. It was never told to us to set a price by the Great Spirit. It was up to the person in their inner heart. (SI-A1:2)

Once the intended treatment procedure was explained, burning incense was passed around the room and each participant was requested to spread the smoke over themselves three times in order to purify their bodies thus allowing their prayers to "rise into heaven". When the room, the air and the patients were purified, prayers were said to the Great Spirit. Willier spoke in Cree, the patient's communicated in "their own way".

As you know, the spirits are present when you

> smoke the whole place. When you want the spirits to come you purify the place like we just did and then you'll ask the spirits to tell God how grateful we are. . . . Now I'm going to pray my way, you pray your way, it's still the same God. (SI-T2:7)

Each patient was then diagnosed and evaluated by the clinic physician. Following this, Willier did his own diagnosis. This latter assessment resulted in the selection of two patients for treatment: a young, adult female with a six-year history of mild psoriasis on knees and elbows; and a middle-aged male with a 15-year history of severe psoriasis covering elbows, knees, ears and scalp. Willier recommended to the remaining three patients that should their condition worsen, they could return for treatment in the spring. Willier's rationalization for not treating these patients was that in the two "mild" cases he would ordinarily "send them to the doctor". The third patient, whose condition was severe, would "not have much confidence in herbs" since he had only recently started on a new medication. Willier decided not to treat this patient since "he'll always think the other medicine [drug prescription] actually did help him" (SI-A1:8).

Treatment Sessions

The first treatment session was held at the clinic the

following day, November 23, 1984. To start, the room was purified by passing incense around three times in a clockwise direction. The healer then purified himself by first chewing a bitter herb which he rubbed over his face, arms and hands and then covering his upper body with smoke from the smudge. This action was later explained as "lending your hands out to the spiritual world". It also acted to protect the healer by "wearing invisible gloves" (SII-T1:1). Although it was barely noticeable, and then only to someone who was watching very closely, Willier seemed to have entered an altered state of consciousness which was expressed as differences in his facial features. He later discussed the intensity that is required of him during doctoring and how following the treatment, he must "paddle back to himself" to regain equilibrium (SII-S1:3).

The first patient was requested to stand upon his 'print' and told that in this position he would represent himself "to the spirit world" (SI-T1:1). It is interesting to note that the male patient had not brought a 'print' to offer the healer, despite having been told on the previous day that this was a prerequisite for accepting a patient for doctoring. Somehow Willier had suspected that the patient would not bring the 'print' and therefore had brought one for him.

Tobacco was sprinkled in a circle around the patient's feet while Willier prayed in Cree. Both the 'print' and tobacco had been purified, prior to being used, by passing them over burning incense. The patient was then requested to step off the print and sit down and Willier proceeded to apply the herbal solution (which had been purified over incense) to the lesions. While applying the solution, he continuously talked to the patient, describing how his treatment works, citing past examples of cures and reassuring the patient that he too would be cured. The 'print', with the tobacco inside, was tied into a bundle to be hung in the bushes on Willier's property until some natural event such as fire or decay would eventually destroy it. According to Willier, the time it would take to hang this offering apparently would have a direct influence on the therapeutic outcome. "The faster you hang the prints, the better the healing" (SI-I2:9). Herbal tea, which had been boiling in an adjacent room, was then offered, not only to the patient, but also to the research group, which may have been intended to reassure the patient.

The second patient was treated in the same manner. Appointment times were made for follow-up documentation of the patients' lesions and it was arranged that Willier would return in two weeks for the second treatment session.

The second treatment session occurred twelve days later, on December 3, 1984, again in the Boyle-McCauley Health Centre. Willier first examined the patients and noted their improvement. The physician agreed that some improvement had occurred: "It certainly is less aggressive and less scaling and well, the tracings are not dramatic but certainly the redness and the scaling is less" (SI-T2:4). The next step in the treatment procedure involved patients applying goose grease to their lesions to make the skin more supple and less dry. It was now necessary for the body to take over and "heal on its own" (SI-T2:5). They were required to keep drinking the herbal tea. However, if new lesions appeared, or existing lesions flared up, only then would they reapply the herbal solution to lesions rather than using the goose grease. The patients were informed that if the solution became too malodorous they could add a teaspoon of vinegar to "cut down the smell".

The shift to using only goose grease at this stage of therapy is a reflection of the healer's understanding of his treatment of psoriasis. Willier understands psoriasis as having a contagious element which means that it is both in the bloodstream and visible on the surface of the skin in the form of lesions. For this reason treating the symptoms alone will not cure

psoriasis. Treatment must be directed to both purifying the blood and eliminating the lesions. The patients drink the herbal tea which purifies the blood stream, at the same time forcing the poison or infectious agent to the surface of the skin. The herbal tea also reactivates the body's natural ability to heal. Lesions are daubed with the herbal solution which destroys the disease on the surface of the skin. Following several weeks of this herbal therapy, treatment is stopped with the idea that the body must take over and allow its own powers to continue the healing process. At this stage the goose grease may be appliedd to prevent the skin from becoming dry and itchy.

Before completing the second treatment session, Willier prayed in gratitude to the Great Spirit for the improvement in the patients' conditions. He first lit a piece of fungus and purified his hands over it. Next smoldering sage was passed around the room three times, in the direction of the sun. He then purified the goose grease over smoldering incense and pointed it in the four cardinal directions. Willier chanted a prayer in Cree, accompanying this chant with the steady shaking of his rattle. The session was concluded and Willier promised to return in two weeks at which time he felt the patients would be healed and "probably would have nothing to come for" (SI-T2:1).

Concluding Session and Results

The final session, the thanking ceremony, was conducted in a Sociology Laboratory at the University of Alberta, exactly four weeks after the beginning of the research. Although both patients had intended to participate, only the female patient attended. She returned her unused herbal solution to Willier, expressed her gratitude and gave him several presents, including an envelope containing money. Willier thanked her and again emphasized that "it was the powers of the Great Spirit that actually healed that [psoriasis]". There was no ritual (purifying the room, incense, prayer) on this occasion.

The patient certainly had improved but it could not be claimed that she had been wholly cured. Willier explained the slowness in her recovery as possibly due to the fact that her lesions were not flared at the time of treatment, "they were on low profile" and they're "easier to get rid of when flared" (SI-C1:2). One of the researchers reminded Willier that neither patient had participated in a sweatlodge ceremony. This had originally been suggested for the male patient only. Willier agreed that "it could make the difference" because "in the sweatlodge your skin pores open up",

allowing the solution to seep into the infected skin areas and thereby killing the infectious agent (SI-C1:13).

Despite the limited improvement in the patients' condition, the therapeutic outcome of Willier's treatment was sufficiently encouraging to warrant further investigation. An advertisement was placed in local papers to recruit new patients for Series II of the Psoriasis Research Project.

Description of Treatment Procedure for Series II

The sequence of events which occurred during Series II are summarized in Table 2. Since most of the events have been described in detail for Series I, the section dealing with Series II will be brief and detailed descriptions limited to new occasions.

Assessment and Selection of Patients for Treatment

Sixteen potential patients attended the assessment and selection session which was again conducted in a basement room at the Boyle-McCauley Health Centre. Because of the relatively large size of this group of volunteers, it was decided to split them into two groups. The first group went upstairs to be examined by

the physician, while the second group remained downstairs as Willier explained the treatment procedure. Willier stated that during the first week he would prefer to treat only three of the patients who had volunteered. Following this, he would then treat the remaining patients who were still interested. His rationale for doing this was that if the majority of the volunteers saw improvement in these three patients resulting from one week of therapy, this would increase the faith in the power of the "spiritual doctoring" for the others. This explanation, as well as a description of the basic principles involved in the therapy, was given to both groups. Willier did not diagnose or assess patients individually, nor was there any selection of specific patients for treatment. There was no purification of the rooms for this session, nor was there any ritual or praying.

Treatment Sessions

Willier's intention to treat three patients the day following the assessment session was cancelled due to an unfortunate death in his family. Since the initial plans had to be changed, eleven patients were scheduled for treatment two weeks later. In total, Series II consisted of three treatment sessions conducted in the clinic and three sweatlodge ceremonies conducted on Dr.

Young's acreage.

In the first treatment session, the rooms were first purified; next, the healer purified himself; instructed his female assistant (the author) in purifying her hands; and then purified the pipe over the smoking incense. Once these preparations were completed and all participants were seated, the pipe was passed around the circle of participants three times, with the instructions that "if it runs out of tobacco it'll still have to go around" (SII-T1:4).

First, the male patients were treated by Willier in the large meeting room and then the female patients were treated by the author according to Willier's instructions. The male patients presented Willier with their 'print' and tobacco offerings. These were purified over incense, and the 'print' was placed upon the floor in a specific direction according to its colour. The packages of tobacco were then placed on each respective 'print' and patients were requested to stand upon their 'print', facing one of the four cardinal directions. While they all remained standing ceremoniously, Willier doctored each patient individually. A dish with incense was placed at the patient's feet to use for purifying the tobacco and the herbal solution. The purified tobacco was sprinkled

around the patient's feet in a clockwise direction while Willier prayed in Cree. He then proceeded to apply the purified herbal solution to lesions on the patient, starting from the top of the body and moving down, circling the patient to daub the same lesions three times. Each of the eleven patients received treatment in this manner.

The second treatment session was less ceremonious. Following purification of the hands, Willier again treated the males while the author applied the herbal solution to the female patients. However, this time they were treated together in the same room, some standing, others sitting. Females requiring privacy were taken behind a screen.

The third treatment session was again different. The meeting room was again used, this time separated by a large dividing screen. Willier treated male patients on one side while his wife treated the female patients on the other side. In addition to the usual treatment, the eagle ceremony was performed on two male patients, one of whom had expressed scepticism regarding the effectiveness of the treatment, and the other whose psoriasis was the most severe, with lesions spread over a major portion of his body. The eagle ceremony was performed in the following manner: (1) two eagle wings

which had been wrapped in yellow cloth, were purified by passing them above smoldering incense during which time Willier prayed in Cree; (2) holding one wing in each hand, he then proceeded to flutter these about the patient's body, starting with the front and walking completely around the patient and briefly touching the body with the tips of the wings (3) kneeling, Willier prayed once more as he passed the wings above the incense and rewrapped them in their yellow cloth. Following this ceremony, Willier applied the herbal solution to the patient's lesions.

Patients participated in three sweatlodge ceremonies. Willier had initially intended to have only one sweat, conducted in his own lodge on the reserve. When a May snowstorm prevented us from reaching Willier's reserve, it was decided to build a lodge on Dr. Young's acreage. The sweatlodge was conveniently distanced not far from Edmonton and at the behest of the patients, Willier agreed to conduct several sweatlodge ceremonies.

A sweatlodge ceremony can be used for purification before a larger ritual ceremony such as the Sun Dance or it can stand as a sacred rite by itself. Sweatbaths are often used for teaching and counselling young natives, for treating those troubled in spirit, for healing diseases, and for thanking the Great Spirit for

effecting a cure.

The frame of the sweatlodge is constructed from willow boughs which are then covered with tarps. The entrance of the sweatlodge faces east toward the rising sun. Coloured 'prints' are purified and hung inside the lodge, in the four cardinal directions, as offerings to the spirits who are supplicated through prayer and song to enter. According to Willier, white stands for the buffalo spirit and is tied in the north corner of the lodge. The red 'print', for the thunder spirit, hangs in the south corner; yellow for the eagle spirit, is hung in the east; blue, for the bear spirit, hangs in the west corner; and green, representing mother earth, is hung in the center.

There is a sacred path created by a straight line that stretches between two pine trees. Within this path there is the sweatlodge itself; the altar upon which are placed a buffalo skull, eagle wings, and tobacco offerings; and finally, the sacred fire in which rocks are heated.

Willier used only granite rocks as these will not explode when placed in the intense heat of the fire or when water is poured over them during the ceremony. Before being heated, the rocks were dedicated to the

spirits by raising them toward each of the four cardinal directions and saying a prayer. The number of rocks needed varied. Usually, Willier uses six rocks to represent the major grandfather spirits, four rocks for the four winds, two rocks for each willow bough used in the lodge, and one rock for each person participating in the ceremony.

Patients were requested to fast on the day of the sweat, not to consume alcohol the day before, and not to wear any jewellery during the sweat. Male patients were encouraged to wear bathing trunks, and female patients to wear a comfortable cotton gown. After the participants were seated in the lodge around the pit, hot rocks were passed inside and placed in the pit. The lodge was closed with heavy tarps and the ceremony began. Willier sang sacred songs, beat his rattle rhythmically, talked encouragingly to the patients about their improvement, and prayed to the Great Spirit. Herbally medicated water was periodically sprinkled onto the red-hot rocks, creating an intensely hot steam. Following several songs and prayers, the entrance was opened to allow cooling air to enter. This was considered the first round. The sweatbath continued and usually lasted four rounds. The sweatbath was followed by a feast of fresh berries and other natural foods.

Concluding Session and Results

The thanking ceremony took place on Dr. Young's acreage, following the third sweat. Each patient thanked Willier individually and presented him with a gift as token of his/her gratitude. He reminded them that the improvement in their condition should be credited to the power of the Great Spirit, and since the Great Spirit was always around, they could expect to see continued improvement.

A month later, the patients met for the last time at the clinic so the physician could document their progress. Six patients were considered improved, four had reverted to their original condition, and one patient had dropped out.

Several times during Series II, Willier would offer possible explanations for why these non-native patients were healing more slowly than native patients ordinarily would. One suggestion was that some patients were covered extensively with psoriatic lesions and therefore it could be expected to take longer to heal (SII-S1:5). Another possibility was the fact that "they're not out in the fresh air much" (SII-S1:5). Willier also thought that the slowness in healing might be due to his coming to Edmonton to treat the patients for one day only.

When natives come for treatment at his house they get "doctored for three solid days" and this "might make a big difference" (SII-S1:7). The differential improvement among patients may also be related to the amount of praying done by patients (SII-S1:7).

In response to a reporter's question of how Willier would explain a better success rate with native patients when compared to Caucasians, he answered that, "if I took a group of natives and did it in a building like this . . . it might be just as hard" and consequently, "it would probably be easier if I put up a teepee outside here" (SII-CBC1:3). He again suggests that:

> There's some white people that come to my house that got cured just like that. I had a hard time with these patients here because I had to come to Edmonton and it was a completely different atmosphere and everything like that. So I think if these same patients were at my place there would have been a big difference. (SII-CBC1:23)

Having described the sequence of events that occurred throughout the treatment procedures for Series I and II, it now becomes necessary to show how the various components necessary for healing are interrelated.

Components Necessary for Treatment to be Effective

Willier informs the patients that he does not have the power; he does not effect the cure; and he does not control the spirit helpers upon whom he calls for help. Only the Great spirit can accomplish these. Yet, in his actions as mediator between the Great Spirit and the patient, he indicates that he does indeed have 'power'; a power attained by supplication of the Great Spirit through offerings and ceremonies. Moreover, without this power; or knowledge, or gifted relationship with the spiritual world, he would not be able to function as a medicine man. He must therefore exhibit simultaneously both humility and ability because he is communicating with both the spirit and the mundane world. He must convince the spirits that he is sincere and humble, while at the same time relaying to the patients that he is able, qualified and competent. Throughout the interaction between healer and patient, the former explained, demonstrated and communicated to the patients the meaning of his actions. In this communication process, two themes occurred repeatedly:

(1) the power of he[illegible]ng comes from the Great Spirit, and

(2) the patient must have faith in the Great Spirit and in the power of the herbs.

Willier emphasized these as being of the utmost significance in the healing process. His challenge, as mediator between the Great Spirit and the patient, is to instill or strengthen this faith in order for a cure to be effected. In his own words, he must, "gradually work slowly to open his eyes [patient's] to what's going to take place and to accept it, and that's hard especially if persons have very strong doubts about it" (SI-II:5).

With the requisite faith instilled in the patient, together with regular application of the herbal solution and drinking of the herbal tea, the patient's body should eventually "trigger" and take over the healing process, resulting in total recovery.

CHAPTER IV: VARIATION AND INNOVATION

It is evident from the description of the Psoriasis Research Project that the treatment procedure of Series I varies considerably from that of Series II. Some of these differences were dictated by external constraints beyond Willier's immediate control. Other variations however, may be regarded either as inconsistencies or as examples of treatment flexibility linked to patient progress. The question to be explored in this chapter is whether these variations are due to Willier's lack of experience in treating non-native patients in a clinical setting or are intentionally introduced to enhance the effectiveness of his therapy. The latter requires that Willier be aware of the interaction between physiological and psychological variables involved in the healing process and that he recognize the importance of instilling confidence in the patient.

I wish to argue the latter case, first by demonstrating his understanding of the variables important in effecting a cure and second, by suggesting that variation and innovation were introduced to achieve maximum therapeutic results.

Willier's Understanding of the Interaction between Physiological and Psychological Consequences in the Healing Process

Every healer must believe in himself and present himself in a fashion calculated to have the maximum impact upon his patient. Confidence and presentation are therefore vital factors in increasing the likelihood of effecting a cure (Achterberg 1985; Moerman 1979; Sheik 1984). The powers and qualifications of an Indian medicine man are supposedly recognized and acknowledged by members of his own culture. In his role as healer he has come to expect certain behaviors and obligations from patients he has dealt with on previous occasions. For example, strict compliance with his instructions regarding application of medicine is expected. Therefore, one of the challenges for a native healer in treating non-native patients from a different cultural background is to portray his competence to the patients and thereby gain their trust and confidence.

Recognition of Willier's ability would have two consequences: first, it would increase the receptivity of patients to his suggestions which may effect biochemical changes conducive to healing (the placebo effect); and second, confidence in his technique should

increase belief in efficacy of the herbs so that more consistent application of herbal medicine would occur when Willier is not present. In other words, it is vital to have the patient's absolute confidence to effect a cure. In a recent controversial article, Moerman (1979:62) discusses the powerful placebo effect in healing and suggests that:

> Researches in psychosomatic medicine, biofeedback, and host-pathogen interraction all indicate in a general way that there are substantial pathways which link physiological and cognitive states, that these two realms of human existence, body and mind, are linked, and, moreover, that these pathways are the stage on which metaphoric concepts of performance may (indeed must) 'be effective', that is, influence biological processes.

In this section it will first be established that Willier is acutely aware of the effects of cognitive or psychological elements in healing. Second, examples of his attempts to increase the patient's confidence will be provided, and third, it will be demonstrated that his method of treatment is holistic since it is directed to the whole person. The dichotomy between mind and body does not exist.

Psychological Elements in Healing

The following examples demonstrate that Willier is quite aware of the placebo effect in healing. First, he recognizes that his travelling to Edmonton to treat the patients rather than having them come to his reserve could make a difference in their faith. In other words, the trip the patients would have had to undertake to his reserve would have been therapeutic.

> The medicine men, they don't go around doctoring. People go to them. We're doing it a little bit opposite, but you still have to have faith in it. And if I come over here you still have to have faith in it. (SII-A1:2)

It "is a common observation that the farther a person goes to be healed, the greater are the chances that he will be healed" (Torrey 1972:72). It has been suggested by other authors that distance travelled to see a physician or the expense of treatment, may result in increasing the placebo effect in curing (Jospe 1978; Moerman 1979; Wilbush, unpublished).

Second, Willier is aware that patients's often take inert, ineffective pills and yet improve. "Some people go through pills and they don't even believe that it's helping them but they still take them anyway" (SI-I2:5).

A third example demonstrating that cognitive elements directly influence physiology was mentioned by Willier. This case involved a hypothetical female suffering from cancer. He suggested that if such a patient is given the diagnosis of cancer "her system is automatically changed inside here, ... even when she's sleeping" and "once you block your mind, you're not fighting it [disease]" (SII-CBC1:6-7).

Willier prefers to treat several patients together so that those who improve faster may increase the faith of others. Research has demonstrated that group therapy enhances the placebo effect (Jospe 1978).

A final example of his insight was an incident which occurred in the pilot study when Willier intuitively knew that the male patient would not bring the 'print', or cloth offering, which he had been instructed to provide. Willier had instinctively brought a blue 'print' for this patient.

Although Willier suggested that worsening of a patient's condition was due to tests of their faith by the Great Spirit, he recognizes a physiological reason for increasing skin lesions. The deterioration of symptoms results from the healing process which works from the inside to the outside; lesions flare as a result of

drinking the tea which forces the infectious agent to the surface of the skin, temporarily spreading the lesions. "Even if you think it's going to flare up, don't worry about it because it's the herb that's doing that from the inside" (SII-T3:1).

Behavior Intended to Increase Confidence in Healer

It has been claimed that the personal qualities of a therapist such as empathy, non-possessive warmth, and genuineness are of crucial importance in producing effective therapeutic results (Torrey 1969:367). These characteristics were demonstrated in Willier's behavior towards the patients. He did not hesitate to touch their lesions and treated them in a warm, friendly manner. During the application of the solution to the the patients' lesions Willier continuously reassured the patients that they would get better, that there was already noted improvement and that eventually they would be cured.

Throughout the treatment procedure, Willier mentioned several times that he can easily provide witnesses to testify that he has cured psoriasis in the past (SI-A1:11, SI-I1:3, SI-T2:15, SI-T2:6; SI-C1:14; SII-A1:2; SII-T1:1). These cases were presented as his references, proof that he is competent and can indeed

cure psoriasis.

Willier never suggested to the patients that psoriasis may be caused by a curse, nor did he massage them for elimination of evil spirits, an action he had initially indicated might be necessary. The rituals that were part of the curing ceremonies were performed in a manner culturally acceptable to non-native patients. This behavior would tend to increase confidence in the healer.

Willier was sensitized to the importance of using the patients' words to describe possible factors in the etiology of psoriasis. He specifically mentioned lack of vitamins as a possible causal factor in psoriasis (SI-A1:11). Moreover, he names the disease, although not in Western terms, and thereby demonstrates his familiarity with it. Torrey (1972:71) calls this the "Principle of Rumpelstiltskin" and that this very act of naming is therapeutic. It "conveys to the patient that someone understands" and "since his problem can be understood, then, implicitly, it can be cured".

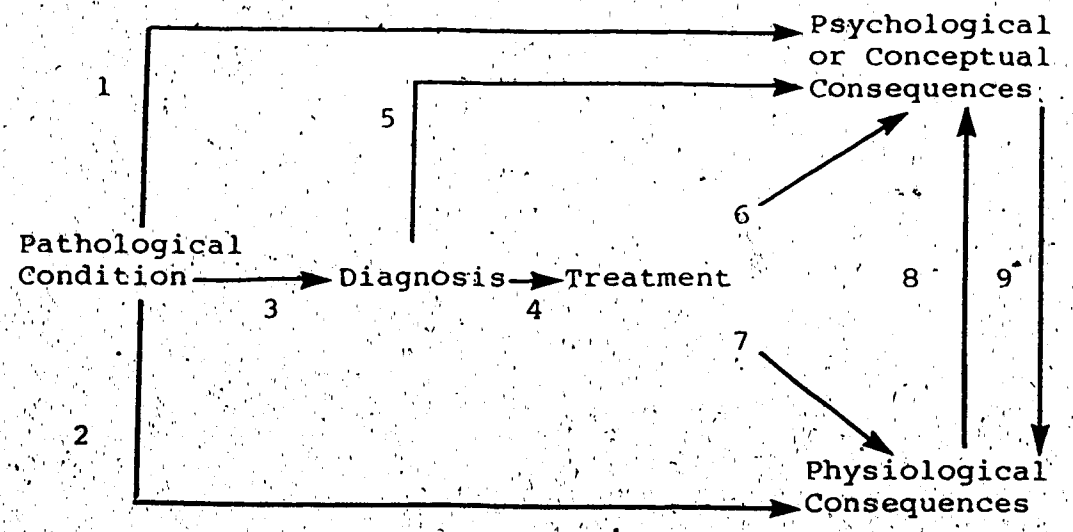
Holistic Treatment

The following model, "Paths of Consequence in the Healing Process", presented in Figure 1, has been adapted from Romanucci-Ross, Moerman and Tancredi 1982:79, and modified to demonstrate Willier's holistic approach to treatment. The "Cultural Meaning System" represents a filter or screen which Willier uses when interacting with non-native patients.

Figure 1 may be seen as a representation of the holistic approach to medicine as it incorporates both physiological and conceptual, or mental, consequences of medical treatment. Path 7 can be considered the "central domain of biomedicine" in that treatment is directed strictly to the symptoms, or physiological manifestations of disease.

Paths 1 and 2: The patient suffers from psoriasis which has both psychological and physiological consequences that influence each other in the feedback loop (paths 8 and 9). For example, stress has been shown to exacerbate the symptoms of psoriasis (Baughman & Sobel 1977; Shanon 1979) causing the lesions to flare and the patient's physical condition to worsen. Any deterioration in their disease may then impact upon the psychological/conceptual consequences which in turn

Figure 1: Paths of Consequence in the Healing Process



influences a further physical deterioration and thus a vicious circle is activated. This, of course, works against progressive improvement.

Path 3: In our example, Wallier confirms the diagnosis of psoriasis, thereby indicating to the patient that he is familiar with their disease. He names the disease in his own terms (**yo-me-ne-mit**) and does not attribute its cause to supernatural sanctions or curses, thereby recognizing the cultural meaning system of non-native patients.

Moreover, he tells them that contrary to Western medical prognosis which generally considers this disease incurable (Farber, Cox, Jacobs and Nall 1977; Fry 1984), he can cure psoriasis and has done so in the past. These variables; naming the disease, convincing the patient of his expertise, and claiming that he has successfully treated psoriasis in the past, should affect the psychological/conceptual consequences (path 5) which in turn activates the feedback loop as explained above, but in this case the loop is positive. A hopeful diagnosis may alleviate stress and anxiety and consequently activate the body's immune system, thereby altering the physiological symptoms. Diagnosis leads to treatment via path 4.

Path 6 and 7: Different types of treatment will have different psychological and physiological effects. Certainly treatment with specific herbal drugs would be less traumatic than treatments such as methotextrate or chemotherapy which have been used in the treatment of psoriasis and are known to cause serious side effects (Fry 1984; Maddin, Carruthers and Brown 1982; Rook, Wilkinson and Ebling 1979).

Willier's holistic approach to treating disease is discussed at length in an article examining the pharmacological versus socio-psychological factors in the treatment of psoriasis (Young, Morse, Swartz, McConnell, In review: n.d.).

> Regardless of the etiology of a specific illness, treatment must address itself to all three of these dimensions. Treatment, according to the healer, must be holistic and must be administered, not by a specialist in one of these three dimensions but by a practitioner who understands the relations among spiritual, psychological, and physiological forces. The healer must know his plants and animals, he must know the rituals which open the channels between the human and spiritual worlds, he must know his diseases and whether or not he can handle them, and he must know how to put himself and his patient in the right frame of mind so spiritual power can flow in and assist the medicine to restore a proper balance and effect a cure.

In summary, his treatment is holistic in that it

incorporates physiological, psychological and spiritual components, rather than merely treating the symptoms of psoriasis (lesions).

Comparison of the events that occurred throughout the two-year research period are presented in Tables 5, 6, and 7. A discussion of the variation that becomes apparent from these comparisons will be presented in the following section, together with a discussion of the theoretical issues and problems of behavior consistency.

Discussion of Variation

Social Behavior Theory

Any attempt to analyze inconsistency in behavior must address the issue of: (1) whether behavior can be expected to be consistent and therefore generalizable across situations; or (2) whether behavior is situationally specific, dependent on the context in which it occurs. Trait and state theorists in psychology typically maintain that determinants of behavior are based on stable response predispositions in individuals, or personality-relevant behaviors, and that therefore consistency can be expected across different situations. Social behavior theory, on the other hand, seeks the determinants of behavior in the environmental

conditions or stimulus situations which regulate behavior and states that behavioral-situational specificity is more typical. While trait and state theorists search for generalized, internal traits which influence behavior regardless of external situations, social behavior theorists suggest that a persons behavior should not be expected to be similar across situations if the consequences of that behavior are discrepant. In other words, if a similar kind of behavior pattern produces different results, we adapt to the situation by modifying our behavior. Mischel (1968:178) has been one of the strongest opponents of trait theory and inference of global personality dispositions.

> Response patterns even in highly similar situations often fail to be strongly related. Individuals show far less cross-situational consistency in their behavior than has been assumed by trait-state theories. The more dissimilar the evoking situations, the less likely they are to produce similar or consistent responses from the same individual. Even seemingly trivial situational differences may reduce correlations to zero. Response consistency tends to be greatest within the same response medium, within self-reports to paper-and-pencil tests, for example, or within directly observed non-verbal behavior. Intra-individual consistency is reduced drastically when dissimilar response modes are employed. Activities that are substantially associated with aspects of intelligence and with problem solving behavior--like achievement behaviors, cognitive styles, response speed--tend to be most consistent.

In many ways social behavior theory can best be used to explain the inconsistencies in Willier's behavior because it emphasizes the adaptive flexibility necessary to respond to changing situations. In this section the variations that occurred throughout the research will be summarized and related to basic principles of social behavior theory.

Studies have repeatedly shown that when response consequences (in the form of either punishment or reward) have been systematically altered this produces alteration in a wide range of behaviors. Mischel (1968:176) claims that, "when discriminative stimuli change so does behavior, and without such adaptability human survival would be difficult indeed . . . environmental cues produce enormous variations within the behavior of the same person".

The fact that behavior is situation specific and not generalizable across situations, does not imply a fragmented personality lacking continuity nor does it suggest that behavior can be shaped by stimulus-response conditioning, a strict behavioristic approach. Mischel does not ignore the concept of consistency in personality which he says can be understood as having temporal stability. However, the fact that personality does not change over time does not imply consistency in

behavior from one situation to another.

Cognitive Social Learning Person Variables

Mischel (1973:275) emphasizes the active role of the person in cognitively organizing his behavior. He proposes five "cognitive social learning person variables" which govern behavior: a) construction competencies; b) encoding strategies and personal constructs; c) behavior-outcome and stimulus-outcome expectancies; d) subjective stimulus values; and, e) self-regulatory systems and plans. How one responds to a specific situation depends on these variables and the interactions between them.

(a) Construction competencies:

Construction competencies "refers to what the subject knows and can do" (1973:275). Construction competencies can be understood as ability, or potential behavior, which depend on skill and prior learning. In our case, Willier agrees to demonstrate the effectiveness of native medicine because he has been successful in curing this disease in the past. He has the competence--skill and prior knowledge--necessary to effect a cure.

(b) Encoding strategies and personal constructs:

Encoding strategies and personal constructs refer to "how individuals categorize a particular situation (i.e., in how they encode, group, and label the events that comprise it) and in how they construe themselves and others" (1973:275). How does Willier group events into categories of meaningful units? First, he does not categorize his treatment for psoriasis as being specific to natives exclusively, but anticipates that his technique will prove equally effective with non-native patients. Second, he integrates new information with past knowledge to organize his behavior. For example, he understands that treatment of non-native patients may require that he alter his usual methods of treatment.

(c) Behavior-outcome and stimulus-outcome expectancies:

The "behavior-outcome expectancies (hypotheses, contingency rules) represent the 'if...; then...' relations between behavioral alternatives and probable outcomes anticipated with regard to particular behavioral possibilities in particular situations" (1973:270). These expectancies are specific and guide the persons choice of behavior in a specific situation. The individual must choose his strategy from all the behaviors he is capable of. We may assume that

Willier's expectations in this particular situation (the Psoriasis Research Project), is that he will effect a cure if he uses the same techniques that have proven to be successful in the past. This assumption is supported by studies which show that "in the absence of new information about the behavior-outcome expectancies in any situation the individual's performance will depend on his previous behavior-outcome expectancies in similar situations" (1973:270). Individuals behave in a manner that they expect will give the best consequences, based on their past experiences.

However, several external constraints prevent Willier from treating non-natives in the same way he treats native patients. Caucasian patients are first treated in one afternoon session in a city health clinic versus the three consecutive days of treatment native patients get at Willier's home. This immediately eliminates the amount of control Willier has with respect to monitoring the frequency of application of his herbal medications. Moreover, Caucasian patients from a different cultural background cannot be expected to have the same attitude (fear, awe, or reverence) that native patients have towards a medicine man. This difference in cultural background limits Willier's control over the patients' compliance.

Realization of these factors may have influenced Willier to modify his usual treatment procedure to make it more acceptable to non-native patients. The possibility that some patients might need massaging to eliminate evil spirits was initially suggested to the researchers. However, this was not done and Willier never mentions this to the patients, nor does he suggest "cursing" as a cause of psoriasis. Payment, which native patients present at the beginning of treatment, was postponed for the non-native patients until they could see improvement in their disease. Moreover, Caucasian patients were requested to present only one 'print' whereas native patients are required to offer two 'prints' to the healer. This second 'print' is taken to the sundance ceremony and hung for the spirits. When it became apparent that Caucasian patients objected to the strong smell of the herbal solution, Willier told them they could add a teaspoon of vinegar periodically to the solution to "cut down the smell".

Despite these changes, the therapeutic results of Series I were not as successful as Willier had anticipated. One patient improved but was not wholly cured. The other patient, although he also had shown improvement, discontinued his participation in the project and did not attend the concluding session.

Mischel (1973:270) claims that "when the expected consequences for performance change, so does behavior" but "in order for changes in behavior-outcome relations to affect behavior substantially, the person must recognize them". Willier certainly recognized that the results of his treatment for Series I were not as good as the results he has obtained for native patients whom he claims are cured within six weeks. He suggested several explanations for this "slowness" in healing: (1) lesions were not flared at the time of treatment (SI-Cl:2); (2) neither patient had participated in a sweatlodge ceremony (SI-Cl:13); and, (3) they possibly lacked faith in the Great Spirit. However, the results were sufficiently good to warrant continuation of research with a larger group of new patients, a venture Willier encouraged.

Research studies have shown that "new information about behavior-outcome relations in the particular situation may quickly overcome the effects of pre-situational expectancies, so that highly specific situational expectancies become the dominant influences on performance" (Mischel 1973:270). In order to clearly understand this statement in connection with Willier's situation, it becomes necessary to insert examples from his expectations: "the new information" (patients were not cured) "about behavior-outcome relations" (by using

treatment procedures which were slightly revised to be more acceptable to patients from a non-native culture) "in the particular situation" (in Series I) "may quickly overcome the effects" (changes earlier confidence) "of pre-situational expectancies" (of anticipated success) "so that highly specific situational expectancies" (cure of patients in Series II is not guaranteed by using the same technique) "become the dominant influences on performance" (will dictate treatment procedure for Series II). In other words, this statement would suggest that the treatment procedure used in Series I can no longer be expected to effect a cure and therefore must be changed if subsequent research is to be more successful. Willier must adapt his technique if he wishes to achieve maximum results with the next group of patients.

Indeed, the treatment procedure for Series II becomes much more intensive and dramatic: the duration of treatment is considerably longer; more commitment from patients is requested; more native ritual is introduced; several sweatlodge ceremonies are conducted; and, the herbal combination, or solution, is altered.

As can be seen from Table 5, research was initially planned for six weeks, based on Willier's claim that native patients are normally healed within six weeks.

Patients participating in the Psoriasis Research Project were advised that following the first treatment, they would continue to self-administer the herbal medicines at home and that "the healing ceremony will be repeated after two weeks, and four weeks later" (Consent Form). However, the treatment procedure for Series I only lasted four weeks, with the second treatment session occuring nine days (not fourteen) after the first treatment. The treatment procedure for Series II continued for twelve weeks, three times the length of Series I, and twice as long as the initial plan.

The first notable difference found in Table 6 is the amount of commitment requested from patients. In Series I, patients are told, "you can back out" (SI-A1:1) and, "you can quit any time" (SI-A1:2). However, in Series II a higher degree of commitment is requested from patients who are informed that, "when you start getting better don't disappear, go all the way through with it" (SII-A1:3).

There is a dramatic increase in the amount of, and kinds of, native ceremonial ritual introduced in Series II as can be noted from Table 7. Preparation and smoking of the sacred pipe inaugurated the first treatment session. The pipe was passed around to the participants three times in a clockwise direction. In the first treatment

session for Series I, one patient at a time stood on his/her 'print' while Willier applied the herbal solution randomly to their lesions, once only. In Series II, patients stood ceremoniously on their individual 'prints', each facing one of the four cardinal directions. The healer applied the herbal solution, again in ritual fashion, starting from the top, working to the bottom, and going around clockwise three times. In the third treatment session for Series II, Willier introduced the eagle ceremony.

Patients in Series II participated in three sweatlodge ceremonies. Willier had initially recommended that patients travel to his reserve for a sweatlodge ceremony to be conducted in his own lodge. However, circumstances beyond his control (a May snowstorm) prevented this and the lodge was instead constructed on an acreage near Edmonton. Only one sweat was initially recommended by Willier as the final treatment session. However, patients indicated that this treatment improved their psoriatic conditions and at their behest, Willier conducted two subsequent sweats.

Perhaps the most significant variation occurred when Willier altered the herbal solution that patients were required to apply topically to their lesions.

> When it became apparent that some of the patients were not applying the herbal solution regularly at home because of its smell, the healer had a dream (after fasting and praying) that stimulated him to add wild mint to the traditional herbal combination. The mint was strong enough to mask the other smells, thereby making the solution more acceptable to the patients. (Young, Morse, Swartz and McConnell, In review:n.d.)

In conclusion Willier adapted his treatment procedure: the variation was introduced intentionally, geared to achieve maximum results. Willier has recognized the contingencies for treatment to be more effective and has reorganized his behavior accordingly. Willier does not conform to Mischel's definition of the maladaptive individual: "the 'maladaptive' individual is behaving in accord with expectancies that do not adequately represent the actual behavior-outcome rules in his current life situation" (1973:270). On the contrary, he perceives and assesses the context-specific situation, defines it and attributes meaning to it. Based upon his knowledge, past experience, and categories of repertoire strategies available to him, he proceeds to construct a particular strategy which can best be used to obtain his goal, in this instance, effecting a cure. When the anticipated cure does not result, he again reorganizes his goals and behaviors.

(d) Subjective stimulus values:

Subjective stimulus values concern the personal values of the importance one attaches to events, people and activities. These subjective values refers "to stimuli that have acquired the power to induce positive or negative emotional states in the person and to function as incentives or reinforcers for his behavior" (Mischel 1973:273). It should be expected that if one does not reach a goal that is significant for a future career, that this would produce a negative emotional state. Despite the considerable effort from Willier to cure patients treated in Series II, the results were still not as good as he had anticipated. Although six of the initial eleven patients had definitely shown improvement, they were not wholly cured. The principal investigator related that Willier had personally communicated to him his discouragement with the therapeutic outcome (DY-I2:1). Mischel suggests that subjective stimulus values "can be assessed by measuring the individual's actual choices in life-like situations" (1973:273). In light of the less-than-expected results of the Psoriasis Research Project, Willier does not encourage continuation of this documentation. On the contrary, he makes quite a different choice for future treatment of non-native patients as will be seen in the

following section.

(e) Self-regulatory systems and plans:

The self-regulatory systems and plans refer to those rules one develops for guiding performance, setting goals, and evaluating effectiveness. Behavior is influenced not only by external consequences over which a person may have limited control. Each individual sets self-imposed standards for performance and recognizes the consequences of achieving or failing these standards. The individual is capable of self-instruction and self-control which are necessary to achieve an objective. When external factors hinder the individual's chances of goal attainment, new rules and plans must be organized and the previous behavior pattern terminated (Mischel 1973:275)..

The external rules of performance standards in the Psoriasis Research Project have been those imposed upon Willier by the research conditions: treatment of non-native patients in a clinical setting. Willier's failure to effect the cure he had anticipated prevents him from demonstrating that native medicine is effective. Although the therapeutic results ranged from moderate to significant improvement in six of the eleven patients, none were totally free of lesions at the

completion of treatment. If Willier concludes that the failure to effect a total cure was due to external constraints beyond his control, (i.e. the rules imposed by research conditions) he must reorganize his behavior and technique to regain the control he understands is necessary to effect a cure. This is precisely what he does.

> He is still interested in treating non-native patients, but on his own terms. He feels our experiment did not provide a true test of native medicine since it was conducted on alien territory. Thus he is currently treating non-native patients at his own home, using his own sweat lodge. Whether this change in procedure will substantially change the results remains to be seen. (Young, Morse, Swartz and McConnell, In review:n.d.)

Mischel hypothesizes that the above mentioned person variables will have their greatest impact on behavior when cues in the situation are weak or ambiguous. When situations are strong and clear, there will be less individual variation in response. We may surmise from this that Willier's technique in treating native patients is fairly stable and more consistent than his treatment for non-native patients. In the research reported upon in this thesis, Willier is on new ground and cues for behavior may be "weak or ambiguous". However, the variations that were noted throughout this research should not be considered as contradictions and

inconsistencies as a result of being in a novel situation. Instead, they may be seen as modes of adaptation, intentionally adopted by Willier and geared to maximize the effectiveness of his treatment of non-native patients. As such, they reflect his ability to adapt and change according to the demands of the situation.

CHAPTER V: A CREE HEALER IN ROLE TRANSITION

This chapter examines the issues and problems that an indigenous practitioner faces as a result of the powerful influence of the modern health care system. A model is developed for understanding the possible adaptive responses available to traditional therapists. In developing this model I have relied heavily on David Landy's (1977) article "Role Adaptation: Traditional Curers under the Impact of Western Medicine". This model is modified to include psychological principles from social behavior theory and then used to interpret Russell Willier's attempt to enhance his career by actively seeking the cooperation of persons who could facilite his transition from an adaptive to an emergent curer role.

Summary of Landy's Model of Role Adaptation

The basic premise of Landy's (1977:475) model for the analysis of role adaptation among traditional practitioners experiencing acculturation is that: (1) some curers have successfully adapted their roles to the demands of acculturation; (2) others have been unable to adapt their roles which are attentuated and in danger of extinction; and, (3) acculturation pressure may stimulate new, emergent roles. In his model of role

adaptation, Landy suggests that there are three categories, or typologies, of the curer's role under the impact of Western medicine: the adaptive curing role; the attenuated curing role; and, the emergent curing role. Examples of the healer's role in a variety of different societies are examined and then placed into one or another of these three categories. What are the criteria for belonging to each specific category?

The Adaptive Curing Role

The adaptive curing role is essentially one in which "a division of role responsibility has been arranged tacitly between the traditional curer and the physician" (1977:4[illegible]). Usually the indigenous therapist treats supernaturally caused illnesses, chronic non-incapacitating dysfunctions not curable by western physicians, diseases that develop more slowly and are not well defined, mental dysfunctions, and, psycho-somatic disorders.

Diseases treated by physicians are those of nonsupernatural origin, injuries, critical incapacitating dysfunctions, and, acute sudden disease attacks. It is suggested that as modern medicine becomes strongly entrenched in treating the critical incapacitating dysfunctions, indigenous practitioners

fight to maintain their control over the treatment of chronic, nonincapacitating dysfunctions. In other words, each carves out a domain of practice over which they have the dominant control.

A mutual referral system between physician and traditional curer exists to some degree in the adaptive curing role. In some societies where there are inadequate medical facilities, the physician will frequently refer patients with psychosomatic disorders, or patients whose illness is felt to have been caused by supernatural means, to the local traditional therapist. However, where adequate facilities are available, this system of referral breaks down and the physician will usually treat all ailments, physical and mental, by using the modern medical system. Ailments which the indigenous practitioner recognizes he cannot cure are often referred to a physician. Although each medical system contains its own separate referral system (among its own practitioners), it is also true that "the indigenous professional referral system maintains a degree of cooperative interaction with the scientific professional referral system" (1977:477).

The Attenuated Curing Role

The attenuated curing role is mainly a result of the degree of acculturation. The more western medicine becomes entrenched in a society, and the more patients turn to this system for treatment, the less influence the indigenous practitioner has. Unable to negotiate a compromise with physicians wherein he would be permitted to continue treatment within his own area of expertise, the traditional healer's role eventually becomes diminished. Patients will no longer seek his treatment and he may find it impossible to recruit younger potential healers in order to train them for the future. If he chooses to continue in his traditional role despite this competition from modern medicine, his role becomes attenuated. No longer can this be a full-time position and modest amounts must be charged in the face of competitive services. Since new recruits to the profession are not available, the role becomes marginal and in time will disappear entirely.

The Emergent Curing Role

The emergent curing role is a result of two different strategies. In one case this role is created by the western medical system in order to increase acceptance of modern medicine among potential patients from

traditional cultures. Landy (1977:475) offers the example of the Navaho health worker who was recruited in a quasi-medical role "by the Cornell University health project as a way of contacting isolated Navaho and mediating, linguistically and medically, between them and the clinic".

An emergent curing role can also be created through the ingenuity of a native practitioner who establishes himself independent of the modern health care system and offers vigorous competition to therapists within this system. Unwilling to accept his diminishing role, the emergent healer sets out to maximize his position by establishing a competitive situation. Landy (1977:476) suggests that a healer may discover a revolutionary new medical treatment such as chiropractice, which would place the inventor competitively against the technologically powerful western system of medicine.

Although Landy specifically gives an example of a newly invented method of treatment, we may assume that alternative treatment practices such as acupuncture, reflexology, homeopathy and other therapies may eventually become more competitive with the established western medical system. The trend towards utilizing alternative medicine is evident today, stemming from the population's increasing dissatisfaction with the modern

health care system. This willingness on behalf of patients to seek out alternative therapy, which may prove more effective for some diseases currently not successfully dealt with by modern medicine, may stimulate a new interest in traditional native therapies. Despite our limited knowledge of the potential of native medicine, the Psoriasis Research Project has demonstrated that non-native patients are willing to undergo traditional Indian treatment in the hope of a cure. Certainly Willier's ability to cure psoriasis, if proven, can be considered to compete with treatment by contemporary dermatologists who consider the disease to be incurable.

Landy also discusses the role of the traditional healer as a 'cultural broker' which he defines as being culturally conservative. "Although he may be a change agent and innovator, the effect of any of the role adaptations we have cited nevertheless places the traditional curer in the position of a cultural conservative" (1977:477). His argument is that the native healer's motivation is to prevent the erosion of his role and status which is supported by the preservation of traditional culture.

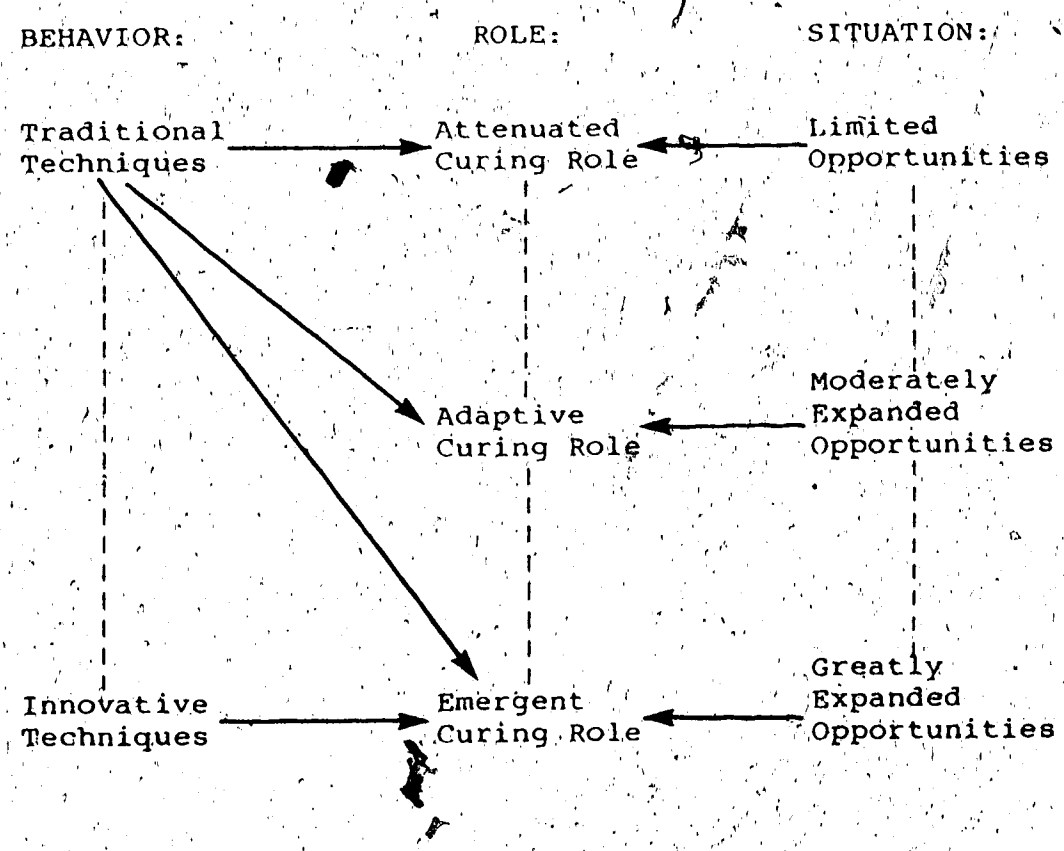
> In a sense, the curer, even more than such cultural brokers as teachers, entrepreneurs,

> and politicians, has a crucial stake in the maintenance of the indigenous culture, for the more closely it begins to approximate the donor culture, the more vulnerable his role becomes. Adaptation for role preservation consists in selecting only those changes that will preserve his role while at the same time minimally disturbing his already intruded culture. ... It is from the culture of his membership group that he draws his sanction as healer, and from the maintenance of its values and practices that he retains the legitimation of his role. (Landy 1977:478)

Landy differentiates the role of the indigenous practitioner as cultural broker from other instances of cultural brokers who may not be as vitally a part of their traditional cultures. He suggests, and rightly so, that for the native healer "there is a strong element of a calling and of religiosity in the curing role which is of course completely absent from those teachers, entrepreneurs and politicians who frequently are the focus of analyses in terms of the cultural broker concept" (1977:481).

While I am in full agreement with most of Landy's points his model does not allow for analysis of a traditional healer who may be in transition from one category to another. A dynamic model which adapts some of the basic assumptions made by Landy and expands these to accommodate a healer such as Willier who is in transition from one mode of adaptation to another is presented in Figure 2.

Figure 2. Model for Healer in Transition from Adaptive Curing Role to Emergent Curing Role.



The concept of 'transition' should be understood as a major change in role, a passage or movement from one role to another and not merely expansion of a role. Willier claims that for the rest of his life he will continue to gather traditional medical knowledge. This continuous development and growth in his profession may, of course, be responsible for his ability to move from the adaptive to the emergent curer role. What is implied by 'transition', however, is a relatively significant change, from one station to another. For example, if Willier succeeds in establishing his healing center, this can be seen as a drastic change from his present part-time position as a medicine man operating out of his own home, who treats mainly native patients to a position of full-time medicine man, operating a clinic, treating both native and non-native patients and competing with the modern health care system. Landy's model, modified to include psychological components from social behavior theory, is shown in Figure 2, and can be used to demonstrate Willier's transition from the adaptive curer role to emergent curer role.

These three variables, behavior, role and situation, should be viewed on a continuum, or range, of possibilities, wherein change in one variable will introduce change in the other variables. There is

continuous interaction among these variables and the system of feedback can be either positive or negative. As long as the healer relies strictly on using traditional techniques, he will likely remain in the range between attenuated curing role and adaptive curing role, treating patients from his own culture. This role may become attenuated, as more patients come to rely on the modern health care system and the younger, potential healers, are no longer interested in carrying on the tradition. If the healer does not have the opportunities necessary to change and expand the role, it may eventually disappear.

In order to expand the role and enhance the profession, the healer adopts aspects from western culture, (i.e. a healing center) which may involve innovative techniques, while maintaining the essentials of traditional techniques of curing. Some innovation in traditional curing technique may occur (i.e. change in herbal combinations to make them more palatable to non-native patients). In other words, the healer is continuously in a dynamic situation where he must choose to retract or advance his behavior, which, of course, has repercussions on both opportunity and role.

The variables of behavior and situation may be considered as synchronic since the consequences of

different behaviors usually follow within a relatively short period of time. For example, improving the smell of the herbal solution should have the immediate effect of increasing its usage among patients. Role, on the other hand, can be considered diachronic since the transition from one role to another is a process which occurs over a longer time period.

When the normal range of behavior expands, such as Willier's willingness to allow documentation of his treatment for psoriasis, this in turn increases his opportunities through contact with the research team. His ability to adapt innovative techniques in treatment, his encouragement of public awareness of the effectiveness of native therapy, and the establishment of a native healing center expands the opportunities available to Willier, and leads him into competition with modern medicine. In other words, his flexibility in behavior opens up new situations which increase his chances of moving towards the emergent curer role.

Willier's movement towards this new role places him in the position of potential cultural broker. Bee (1974:199-200) has described the characteristics of a cultural broker, or entrepreneur, as follows:

> Entrepreneurs tend to be more willing to take risks than others in their group; they tend to be the first to try out new techniques of business, politics, or other social interaction. They tend to take quick advantage of new opportunities for maximization whether these new opportunities are the result of changes elsewhere in the sociocultural system or its physical setting, or are simply old conditions perceived in new ways by the entrepreneurs themselves.

These criteria aptly describe Willier's willingness to dialogue with western researchers in his effort to expand the scope of native medicine. He has been willing to take both the risks and criticisms from members of his own community. Willier stated that he had become the target of curses from 'bad' medicine men because he allowed documentation of native medical practices. Neither has he been intimidated by the criticism from dermatologists which arose as a result of the Psoriasis Research Project. His plan to establish a native healing center on the reserve can be seen as an example of his willingness to try out new structural techniques for making native medicine more easily available. Certainly this ability to recombine previously existing ideas into new ideas, may well result in some form of culture change if they are accepted and implemented by other native healers.

It is now necessary to examine how this model in Figure 2 is representative of what Willier is attempting to

accomplish. First, what is his conception of the contemporary state of the role of the medicine man? Next, what possibilities does he envision for this role in the future? And, finally, how is he trying to expand and enhance the role of medicine man, or to effect the change from the adaptive curer role to emergent curer role.

Attenuated Role of the Medicine Man

Willier recognizes that the role of medicine man is becoming attenuated. He specifically mentions the lack of interest among young Indians in native tradition, destruction of herbs and animals necessary for native medicine, erosion of belief in native medicine due to practices of incompetent healers or "phoney medicine men", lack of recognition by physicians that native medicine is effective which prevents the establishment of a mutual referral system, and finally, legal issues that inhibit the open practice of native medicine.

Willier presently treats approximately 300 to 400 patients annually, which would seem to be a fair sized clientele. However, most patients requesting treatment are suffering from supernaturally caused diseases, meaning they are victims of curses. Cursing, for which the Woodlands Cree were historically renowned, is still

being practiced widely today and may be the reason why many young natives reject the practice of native medicine.

> Lots of them are scared of it and lots of them got nothing to do with it and lots of them will laugh at it. And there's only a few that might listen. The other thing is that we don't have very many elders left on this earth that can pass over their medicine bundles and also their knowledge, their herbal knowledge, to the younger generation because they [young natives] don't give a damn, you know, like they don't care. So how are you going to pass it over to somebody that don't care. Well you can't do that. The younger generations has got to care if they want to keep the medicines alive in the future. (SII-V1:4)

Lack of interest in, or fear of, native medical practices on behalf of young natives is considered by Willier to be the major factor responsible for its possible disappearance. Another factor that Willier recognizes as detrimental to the future role of native medicine is the rapid destruction of herbs and animals that are his sources of medicine. Willier believes that each plant and animal exists in nature specifically for man's needs. Every creature is endowed with certain parts which contain medicinal properties and these animal parts and plants are used in his medicinal combinations. He is particularly concerned about farmers and loggers who are "wiping out everything". The more land that comes under cultivation for

agriculture, the further Willier needs to travel for his specific herbs, sometimes as far as "200 miles". He states that "the main herbs are actually disappearing" and recommends that several acres in each quarter section be set aside "so the herbs will slowly keep on growing in their natural habitat". For plants not available in his region, there exists an exchange system for herbs where natives from the north trade with those from the south, particularly in Montana.

"Phoney medicine men" are a further impediment to the legitimate establishment of native medicine. "Phonies" are those who pretend to be medicine men for financial gain. They may resort to using "magician tricks" but they cannot heal anyone because they do not have the spiritual power necessary for doctoring. Willier is concerned that if these "phoney medicine men" continue to practice without effecting cures they will erode belief and confidence in those healers who do have the power to cure.

> If somebody with a lot of faith in Indian medicine went up there and had no results, what do you think that person will feel when he ~~walks~~ out of there later on? Will he go seek another medicine man or will he not? Because all his hopes went down the pits. These phoney medicine men are the ones that are really ruining that because there's a lot of them and most of them are there to make a fast dollar. (SII-V2:8)

Several other factors, both from within native culture and from the dominant western culture, act to prevent a native healer's clientele from expanding. First, scepticism by modern doctors regarding herbal remedies and a lack of awareness of the cures performed by native healers prevent physicians from referring patients to native practitioners. Second, since "the power" of healing comes from the spiritual realm, a medicine man cannot advertise his expertise by suggesting to a potential patient that "you have to turn to Indian medicine to have a better chance".

> There's some stuff that's been doctored for years, for centuries, that the western doctors are puzzled on and yet the medicine man won't come out and say, well I can fix that because he can't say that because he's using the spiritual world. (SII-V:4)

Willier explains that patients who do seek native therapy must "sneak in through my back door" due to lack of legal certification for native healers. He fears that one day he "might get charged for illegal practicing, without a paper".

The factors that Willier feels are affecting the role of medicine man and its possible attenuation have been

described. It is now necessary to examine what potential and possibilities he recognizes for the future of native medicine and how these can be achieved or actualized.

Emergent Role of The Medicine Man

Willier believes that native healing could develop into a full-time occupation. Clientele could increase as a result of a mutual referral system and the establishment of a clinic. Herbal knowledge will grow since combinations can now easily be recorded on paper. Competent medicine men could legally practice once the legitimacy of native medicine is established.

Willier stated that as a part-time healer, he sometimes finds the responsibilities of a medicine man difficult. A lot of time and effort is spent on gathering herbs, praying and fasting for spiritual guidance, and travelling great distances in order to doctor, in addition to his many other responsiblities (i.e. hunting, guiding, trapping, farming, tending buffaloes, and being a family man).

> It's hard in a lot of ways, either because you're not making a living out of doctoring; you're still making a living different ways. Like most of the people you've got maybe a job

> or you're farming and you're raising your kids, but you've got to drop it in order to help the person because it [doctoring] has to come from your heart. (SII-V1:7)

As mentioned earlier, Willier may treat as many as 400 patients annually. Sometimes patients arrive one at a time, at other times five or six may come together. The work could easily develop into a demanding, full-time job, keeping the medicine man continuously occupied. If the position became permanent and full-time which he thinks it has the potential to become, many of the problems could be eliminated. For example, if he were to establish a healing center on the reserve, he could doctor "25 patients in 8 hours" and possibly "teach somebody close by" in order to get assistance if the practice expanded.

Non-natives seeking treatment from medicine men is one area of potential expansion. Willier suggests that many non-natives are already seeking therapy on a regular basis:

> I think there's quite a few throughout the whole Alberta here that are going to medicine men. Just keeping it under the blanket but I know they're around and they're going back and forth slow and the flow is getting stronger. In other words, the medicine man has to get on the ball. (SII-S1:4)

Willier believes native therapies have the potential to expand and that he will "master a lot of things that right now I don't know, that I probably will master in the years to come" (SI-I2:7). Herbal remedies, or combinations, that will be passed on to future generations "will definitely grow bigger" since they can now be recorded, or written down, for posterity. "I'd say the majority, 90% of the medicine bundles that will be passed on, will be a lot bigger than they normally would" (SII-S1:1). Writing down combinations will also eliminate the difficulties of "trying to figure it out through the elders" which "before was hard".

What consequences might result from exploring the effectiveness of native medicine and encouraging public awareness of native medicine? How can this expand and strengthen the role of the medicine man? Several things could occur to enhance the future role of the native healer:

First, the practice of "phoney medicine men" may be eroded since they will be exposed or "out in the open". "We're trying to expose the bad guys so people will know. If they can't doctor they should just as well tell them they can't do it". This may have the effect of increasing acceptance of legitimate, competent healers to practice. "It's opening the doors for all

native medicine in the future to come." Once the effectiveness of native therapy has been proven and "it's going to be proven that it's not only for the natives" this will increase the flow of non-native patients seeking therapy. "Once it's open, the proof is there, there'll be a lot of people, more people will show up than the ones we've got now". Moreover, "there's a lot of people suffering that should be cured" and, "once we have it out in the open, they'll be able to go where they could be doctored and healed".

Second, there is the hope of establishing a mutual referral system between physicians and native practitioners: "Twenty years down the line or thirty years down the line I'd like to see either the western doctors or the hospital staff to say you should contact this medicine man if you've got a choice". As well, "I figured that if you open it up to the white society maybe it'll have more respect to nature". Also, native medical practices that have been denegrated by the dominant culture may once again regain respectability and possibly become a more secure position in the future.

And, finally, and most importantly to Willier, his demonstrations will rekindle among native youth an interest in and respect for, traditional native

medicine. This, of course, would increase the possibility that native medicine will continue to thrive in the future.

> I'm trying to open some doors, legal doors for the healers to use in the future. Hopefully they will follow it up in the years to come. Like if they're good on something they should get either their band council to back them up and start sometime up themselves. That's right across Canada. If they're healers they should either start healing outsiders or make people aware that they are gifted and that they can do it. (SII-V1:9)

This statement is not of a healer in the adaptive curing role, willing to accept the compromise of a limited position, but is a statement by a healer in transition to the emergent curing role, a healer attempting to compete with the modern health care system, a healer willing and able to establish himself in this position vis-a-vis the powerful western medical profession.

Scope of Willier's Therapies

I have argued that Willier is in transition from the adaptive curing role to the emergent curing role. This transition requires that he strengthen and expand the scope of traditional medicine so that its practitioners can offer vigorous competition to modern medicine. Where does he see himself as being competitive with

physicians?

Dysfunctions Willier Claims to Cure

According to Willier "there's a lot of different things being doctored". Illnesses caused by supernatural means (curses) are "the biggest thing" and is "spreading faster and wider". Diseases he claims to have successfully treated are skin diseases, migraine headaches, back problems, sores of sugar diabetes, colds, burns, heartburn, baldness, inability to gain weight, disfiguring scars, a "burst stomach" and mental illness.

These dysfunctions can be viewed on a continuum of competitiveness vis-a-vis modern medicine. Treatment of diseases caused by supernatural means can immediately be eliminated as being competitive as these do not fall within the treatment domain of the modern health care system. According to Willier, curses inflicted by other medicine men are often responsible for an illness. There are 'bad' medicine men who specialize in casting curses on people and there are 'good' medicine men, like himself, who specialize in healing. A good medicine man cannot use his power for curses because this would ruin him as a healer and he would never again have the spiritual power necessary to effect a cure. Illness

caused by a curse is apparently doctored by using massage to eliminate the evil spirit together with administration of an herbal combination. Diseases caused by a curse can take many forms:

> They're having heart attacks, plenty of problems, vehicle accidents, crippling up. A lot of them have crippling diseases of rheumatism, which actually started off from the curse and their toes and hands are all twisted. Doctors will tell them their whole face is twisted to one side or they have a touch of polio. That's their way of seeing it but it's actually a curse. (SI-I2:4-5)

Treatment for colds, minor burns, heartburn, disfiguring scars and difficulty in gaining weight do not qualify as rigorous competition with modern medicine. These minor ailments are often treated with home remedies and if they are presented to a native healer, do not constitute a large clientele nor a life-threatening dysfunction. Willier's herbal remedy for gaining weight, however, in which the patient "weighed 98 pounds and is back to normal" raises the question of whether this treatment might be therapeutic for patients suffering from anorexia nervosa. If so, such treatment could possibly compete with modern modes of therapy which are often considered to be ineffective.

The treatment for baldness consists of applying a

mixture of bear grease and herbs to the scalp. Willier claims to have successfully treated several native women who were experiencing severe hair loss by using this therapy (SI-T2:9).

Migraine headaches and back problems can be considered as chronic, non-incapacitating dysfunctions. As such they aptly fit into the category of diseases treatable by an indigenous therapist in the adaptive curing role as suggested by Landy. Migraine headaches are treated using herbal combinations which are taken internally as well as massaged into the whole body, from the head down. Willier suggested that experiments be set up to document, and thereby prove, that his herbal treatment can cure migraine headaches.

> The plants can help migraine headaches because I've done it lots of times before. If we can get someone with a long history of migraine headaches and still having a hard time, living on aspirin or whatever they're depending on, then I'll demonstrate to you that the plants can cure that. (SI-C1:10)

An example of curing back problems involved a patient who had suffered severely from backpain for three or four years. The doctors and chiropractor "didn't really know what was wrong with him. All they were doing was giving him painkillers". Willier claims that his

therapy of massage and herbal treatment cured this particular patient.

> I doctored him by putting some medicine on his back. This is where the bear comes in and the buffalo. We use things from them on the backs and these two animals are alive on this earth because they have that to help the person and you can also get it off one herb you call the backbone herb. (SI-I1:2)

Although psoriasis and diabetic skin ulcers are also chronic, non-incapacitating dysfunctions, they may be considered more serious diseases than migraine headaches and backaches. Severe psoriasis is often associated with psoriatic arthritis and the psychological effects of the unsightly disease can be devastating (Baughman and Sobel 1977; Shanon 1979). Moreover, contemporary clinical treatment for psoriasis may result in serious, and sometimes lethal, side effects (Fry 1984; Maddin, Carruthers and Brown 1982; Rook, Wilkinson and Ebling 1979). Diabetic skin ulcers have been known to become gangrenous, requiring amputation. Any therapy that is successful in treating these more critical dysfunctions, becomes competitive with contemporary treatment by physicians. Moreover, if cures are proven effective it may enhance future acceptance of other native therapies.

Skin diseases treated by Willier include eczematous

dermatitis, psoriasis rosacea and acne (Morse, Young, Swartz and McConnell, In review:n.d.). The healer has specialized in these skin diseases for the past four to five years. Willier claims that once he has cured psoriasis, it will not return. This is not the case with modern therapy in which improvement is usually recognized as temporary remission. The specific combination used for the treatment of psoriasis is the exclusive knowledge of Willier. "Even across Canada, if you look at the medicine men, I don't think there'll be one that can tell you they can cure it. It's very rare" (SII-CBC1:26).

The treatment for diabetic skin ulcers is similar to that for psoriasis. Although Willier effectively cures the sores of sugar diabetes, he readily acknowledges that he cannot cure the disease of sugar diabetes itself. He offered two examples of curing patients of diabetic skin ulcers, in which both patients were destined for amputation of the lower leg.

> The western doctors, like sometimes they'll say if a person had sugar diabetes and he's starting to break out in the ankles, they go tell the patient that they're better off to cut their leg off because the meat is dissolving and it's dissolving fast and they're scared to get gangrene. And sugar diabetes sores is not that hard to cure. I've seen it where the person probably would lose her leg and then she started to use these

> herbs and it got better. If the doctors knew about it they probably wouldn't have cut the person's leg off. They would probably either ask the medicine man to come over or send the patient over to them. Something has got to work out. (SII-V2:6)

Dysfunctions Willier Treats but Cannot Cure

Diseases Willier treats but does not claim to cure are high blood pressure, heart attacks, asthma and cancer. He has doctored patients with high blood pressure, using "different herbs that can slow it down but I would not say it will cure it". Herbal remedies are also prescribed for heart attacks to make the "blood flow better" along with advice on preventive measures such as proper diet and exercise. Asthmatic patients are treated in a sweatlodge.

> I've had people in the sweat with high blood pressure and heart problems. I've had people when they can't breathe and they have hay fever, or asthma and they actually cleared up a lot better than when they first went in. I'm not saying that I cured them but they felt a lot better and they also breathe a lot better. (SI-I2:12)

Although Willier believes he can treat cancer to some extent by applying an herb which "sucks out" the cancer, most patients request this treatment only when their disease is far advanced and can no

longer be treated by modern medicine.

> I've had some people with cancer that have come out here but they were already too far gone [for the herbal treatment to be effective] and only God can help them. I won't say I can rid people of cancer but if something had a very early start I think you'd be able to get rid of it but most of the time they show up when the doctors can't do anything and they're on their last few days when the doctor tells them they have three months to live. The local nurse saw a patient carried into my house and she walked out of the house in four days time. But I call it a total failure because she died later. (SI1-CBC1:13)

Dysfunctions Willier Does Not Treat:

Patients not accepted for treatment include those that do not "have much confidence in herbs", patients who have overdosed on drugs, and patients who have brain damage. Although the elders used to treat women for problems in pregnancy and childbirth, native healers "don't do it any more because they go to their regular doctors so we don't have nothing to do with that any more. They're better off with the hands of the doctor".

Dysfunctions Willier Refers to Others

Other diseases referred to physicians include pneumonia, ear infections, fractured limbs and skin diseases which

are "mild". However, if surgery is recommended by the physician as necessary treatment for an ear dysfunction, Willier would refer the patient to another medicine man rather than have the patient risk permanent damage which may result from such an operation. "I don't believe in doctors operating an ear. I've seen so many, they've actually destroyed the ear".

Although Willier was not very specific about which other diseases he would refer to another medicine man, he did explain that there are specialists who are "gifted with different things". If he knows of someone who specializes, or has the gift to cure that specific disease, he "automatically will tell the patient to "go see him, go give him the tobacco, he'll help you". There is a native referral system and "this is how the medicine men get to be known around the provinces".

Criticism of Western Physicians

Willier criticizes physicians for being ineffective in treating precisely those dysfunctions that he himself claims to cure. For example, concerning psoriasis, he made the following remark to one of the attending physicians in the clinic where this research was conducted: "Usually when we do doctor them they usually don't get it back but I see they do here" (SI-A1:8).

The next comment was made in reference to native patients who had attended the clinic in the past for treatment for psoriasis: "When they came over here then they spend maybe two or three years on medication but they never improve" (SI-A1:9). And again, to the researchers, Willier said: "The doctors never kill it because they don't get it out of the system (SI-C:12).

In contrast to amputation and the inability of physicians to control diabetic skin ulcers, Willier claims he cured two females who had been hospitalized for six months for sugar diabetes. He apparently received permission to remove them from the hospital and treat them "and they're walking around now" (SI-T1:2). "You don't have to cut it off like most of the doctors would later on. I know a lot of people who lost their legs for that" (SI-C:8). Another criticism of western medicine is directed at the apparent inability of specialists to effectively treat back problems. Using the example of a patient Willier had successfully treated for back problems, he stated that neither the specialist nor the physician seemed to "know what was wrong with him" and were merely giving "him painkillers". This patient "has quit going to see the doctor and chiropractor" (SI-T1:2).

Future of Native Medicine

"Many Indian bands today are asserting a right of self-government and are attempting to take control in a number of controversial areas: child welfare, membership, hunting and fishing, legal justice, and medicine" (Robb 1986:1). Willier is quite aware of these changes and points out that "now there's some educated people, a lot of educated people now, that will stand up for their rights but before, like 100 years back it was a different story" (SII-V2:9).

Willier stated that he would "like to start something like a clinic where people can get doctored". He is attempting to organize "other medicine men to pull together and have one clinic where we could all work together" (SII-V2:10). He hopes that such a healing center could be established as a community venture on the reserve, thereby circumventing legal impediments.

Willier is not in favour of bringing native medicine under the domination and hegemony of the western medical system where native healers would be expected to work directly in interaction with western medical personnel (e.g. incorporated into hospital or modern health care clinic, or under direct supervision of doctors).

O'Neil (1986:2) claims that attempts to incorporate traditional healers into the Western health care system have generally been failures in the past and "on occasion have been tragic". Willier foresees two separate systems existing in complementarity. Except for mutual referrals, these two systems would operate independently and might actually compete with each other, particularly in the field where the native practitioner has a more effective therapy. However, many legal issues must first be confronted before a clinic could be established on the reserve.

> I might get charged for illegal practicing. That's why I want to find out about the legal aspects with the Indian association lawyers. I want to find out where the native mdicine man stands if he wants to put a clinic up on the reserve and how to go about it with the law. Not to have a head-on collision with the courts. (SII-V1:7)

A possible answer to Willier's question "Where does the Indian stand as far as doctoring is concerned?" was recently suggested by Robb (1986:12) in a paper presented at a workshop on "Traditional and Western Medicine in the North" sponsored by the Boreal Institute for Northern Studies, University of Alberta:

> With the medical model, there is federal legislation which may be in direct conflict

> with the establishment of a traditional medicine centre. Under s. 3 Food and Drug Act, it is an offence to advertise any food, drug, cosmetic, or device to the general public as a treatment, preventative or cure for any diseases, disorders, or abnormal physical states contained in Schedule A. There are over forty diseases or ailments listed and include: alcoholism, gout, depression, diabetes, gangrene, influenza and obesity.
>
> It should be noted that the gravamen of the offence is advertising, not the possession or use of the drugs. Thus, the individual who covertly makes such treatments available, or who advertises in a way circumventing the provision, is protected. However, to publicly advertise the treatment of diseases or conditions runs afoul of s. 3.
>
> This creates the potential for criminal liability for the individual who seeks to openly use traditional herbal methods of cure.

It is interesting to speculate whether there is any connection between this legal impediment to practicing native medicine and the self-imposed inability of native practitioners to advertise their successful cures or to recruit patients for treatment. It should be recalled from the section dealing with the attentuated role of the medicine man that Willier says a medicine man cannot advertise his expertise and success "because he's using the spiritual world".

Willier questions his rights on the reserve:

> My great grandfather had set the reserve aside

> for Sucker Creek where to our understanding and the elders understanding, no matter what you do on the reserve, like make your own living, was yours, but legally is it written like that? If you put up a clinic will western doctors have a lot of static to it? Will the government officials come and close it up even though it's on the reserve? These are the leagal aspects you have to look into. According to our understanding we should be able to do what we want to do in our reserve. (SII-VI:9)

Again, a suggestion from Robb's (1986:13) paper may offer an answer:

> There is a conflict between the establishment of traditional Indian medicine and the Medical Profession Act. S. 76 makes it an offence for anyone but a registered practitioner to practice medicine. The term 'practice medicine' is almost breathtaking in its scope. Its terms virtually capture the parent who administers cough medicine to a child much less the traditional Indian medicine person. Obviously, the Act is not enforced in that fashion. However, any perceived challenge to a monopoly situation in the practice of medicine as a means of livelihood may receive rather strict attention.

However, the situation does not seem as bleak as would be expected from the above mentioned impediments. Robb (1986:8) states that "the continued practice of Indian medicine makes it easier to assert a demand for traditional methods". Moreover, if the problem stems from the question "is conventional medicine lacking something that traditional Indian medicine can supply?"

there may be a "basis for negotiating the removal of legal impediments". He concludes that despite several legal impediments to the establishment of a traditional Indian medicine centre, they are not insurmountable, particularly if the clinic is community based and under the jurisdiction of the band council.

CHAPTER VI: CONCLUSION

The purpose of this thesis was to examine the adaptations and innovations of a new emerging healer, Russell Willier, a native medicine man who attempts to combine traditional and new alternatives in his healing practices. His effort to strengthen native medicine may result in a greater probability of its survival in the future. In the role of emergent curer, and potential cultural broker, he must choose which ideas, methods, values and technologies may be safely incorporated into native treatment practices without significantly changing traditional Indian medicine. While he may adopt some elements from western medicine, such as the organization of a healing center, to strengthen the position of the native healer and may introduce innovations to traditional methods, such as adding wild mint to his herbal combination to enhance its likelihood of being used, the overall goal is to preserve traditional Indian culture and Indian medicine.

Willier's active involvement with the Psoriasis Research Project, plus his willingness to allow documentation of the sacred ceremonial rituals involved in the treatment, is very unusual and has caused considerable controversy both within the native community and among professionals

in the modern health care system.

Within the native community there are some who support Willier's endeavours and there are some who fear that he is revealing traditional sacred knowledge, which many natives consider should be kept within the reserve. Based on a history of indifference, intolerance and misunderstanding of native medical practices, there is the concern that once again the principles and values involved in traditional healing practices will be exposed to ridicule, mockery and exploitation. There is just concern that if the secret herbal combinations are revealed, these may be monopolized by modern drug companies for profit and no longer be under the control of the healer who has been entrusted with them.

Criticism of the research project from within the Western medical system is caused by lack of understanding of the context and scope of native medicine which is considered to be outside the boundaries of "scientific" medicine. Very often the Indian healing ceremonies and rituals which are a part of native medicine have received disproportionate attention or have been misunderstood thereby obscuring practices that are therapeutically effective. Moreover, there is an inability and unwillingness of many contemporary physicians to recognize native treatments

as a potential resource in the modern health care system. In many ways this is a "Catch 22" situation because members of the medical profession do not extend recognition to treatments beyond those supported by the modern medical system and secondly, this scepticism of the efficacy and value of alternative healing practices, makes it difficult to acquire the funding and research personnel needed to conduct research to evaluate the effectiveness of specific native medical practices.

Despite the conflict and controversy that the research has incurred, Willier continues his effort to gain recognition for native medicine and searches for ways to legitimate his practice. As a result of the Psoriasis Research Project, and the wide interest this has caused across North America, Willier is presently in the process of establishing a healing center on his reserve in the form of a non-profit organization. The goal of the center is to assemble a team of native healers to provide traditional treatment to both native and non-native patients. This center would incorporate structural principles from the modern medical system while still permitting the native healers to practice traditional techniques of treatment. For example, the center would consist of a building with modern facilities to house patients and yet the different healers would each be responsible for conducting their

own sweatlodge ceremonies and treating those patients whose illnesses fall within their particular domains of expertise.

Although there currently exists some cooperation and collaboration in the attempt to accommodate native healers within the modern health care system, it may be that the two medical systems are not yet at the point where integration is feasible. Perhaps at this stage what should be actively considered and encouraged is the establishment of two separate systems existing in complementarity. Such is Willier's vision for his healing center and the future of native medicine. And if he can cure psoriasis, and have documented proof of such a cure, it is time that native medicine was acknowledged and given legitimate recognition.

> There's lots of people that are suffering from it and they don't know where to turn to and they figure if the western doctors are beat, they're pretty well beat, they've got no place to turn to. What they don't realize is that the natives have been doctoring, like my great grandfather had been doctoring that psoriasis for part of his lifetime, and probably before his dad, so that it was the Northern Crees. But nobody comes to them. Like the white people come to them to get doctored, then it was actually kept at a low level. So if the western doctors are puzzled in 1980 and it's been done in the 1800's, and we're still using the same combinations. (SII-CBC:22)

However, proving the effectiveness of native medical practices is only the first step required in fighting for recognition. Willier says he is "not carrying the work into the white culture, but is opening the doors for all native medicine men in the future to come". (SII-CBC:22)

> The white society has all the laws. The treaties put aside a reserve for the grandfathers, for their younger generations to do whatever they want to do with that land that was put aside for them. Then if you do practice medicine, then you'd probably be raided . . . . The problem where I'm going to really push it is the legal aspects. Where does the Indian stand as far as doctoring is concerned? (SII-CBC:22)

The attempt of this thesis has been to understand one individual's behavior when confronted with particular constraints as well as new opportunities. As such it is a study of individual psychological variables which may influence a process of socio-cultural change. What appear to be relatively minor changes in one individual's techniques and ideas may, over time, result in some form of major culture change. Bee (1974:200) has argued that "one of the approaches to the genesis of socio-cultural change in a group is to focus upon the activities of entrepreneurs". If the behavior and ideas of an entrepreneur, or cultural broker, are accepted and become institutionalized then socio-cultural change

occurs. If, for example, Willier's clinic becomes established and is accepted by other native healers as a viable way to conduct their own healing practices, this may result in significantly changing the availability of native medicine.

This conclusion, that Willier's innovative behavior and ideas may result in significant socio-cultural change, is the author's analytical conclusion. Whenever etic analysis is applied to emic data there arises the possibility of distorting your informant's perspective. I have tried to present Russell Willier's behavior and perspective as accurately as possible by quoting verbatim statements made by him throughout the thesis. However, the thesis goes beyond ethnographic description and attempts to provide an explanation of the events that occurred throughout the two-year research period. I would argue that because the theoretical analysis is grounded in reality (it is based on raw data) it has validity and offers one explanation of how new ideas and directions emerge and how these may be a basis for culture change. Willier may not have analyzed his own behavior and emergent ideas in exactly this manner. However, upon reading the thesis, he informed me that his situation had accurately been depicted: "It's one hundred percent; you haven't written anything that isn't true".

There are several recommendations for further research that appear to be warranted by the conclusions of this thesis. A determination of the effectiveness of native medicine needs to be established. There is indication that Willier's specific practice for treating psoriasis will prove to be efficacious once he has control over the conditions under which patients are treated. In the summer of 1986, Willier treated a young East-Indian girl, severely afflicted with psoriasis. Treatment was intensive and conducted over three consecutive days in Willier's home. Shortly after this treatment, her old skin virtually peeled away and was replaced with a layer of new, healthy skin. A few small lesions reappeared and were treated a second time. The dramatic results of this therapy do not appear to be merely an instance of temporary remission, since it has been nearly one year since her initial treatment.

It is extremely important to document his treatment of both native and non-native psoriatic patients on the reserve. The findings of such research, if proven effective, may shed light on both the etiology and treatment of psoriasis which is currently considered incurable by western dermatologists. Such research would also add to the dearth of literature pertaining to the systematic documentation of specific clinical

treatments by native healers.

In connection with the increased interaction between native and western medical systems, many other questions for further research arise. What is the role of the applied anthropologist in the interface between traditional and modern medicine? What are the processes indigenous medical systems undergo in adapting to change? Is Willier's initiative to expand native medicine his individual choice or is this indicative of a major social change of which Willier is only the temporary spokesman? Is medical pluralism the answer to future medical resource use? Does there exist today a movement towards revitalizing native medical practices?

Several outspoken native healers in North America are expressing that "now is the time" to reveal traditional sacred knowledge of native medicine to the non-native community. Their message is that native peoples will have to share their knowledge in order to save both their own culture and the larger, non-native society. Questions to explore include:

1) Whether this revitalization movement is limited to a few idiosyncratic individuals or if native healers are organizing themselves into an association with some system of certification.

2) Why this phenomenon is occurring now? What are the factors that may be motivating such a movement?

3) What are the methods by which these self-proclaimed prophets are attempting to revitalize and legitimize native medical practices?

Table 1. Empirical Data Base for Series I, 1984: Psoriasis Research Project

DATE 1984	OCCASION AND CODE	LOCATION	PURPOSE	DATA FORM
11/22	Assessment (SI-A1)	Boyle-McCauley Health Centre	Choose patients for treatment	Tape[1] VHS[2]
11/23	First Treatment Session (SI-T1)	Boyle-McCauley Health Centre	Treatment of chosen patients	Tape
11/23	Interview (SI-I1)	Boyle-McCauley Health Centre	Explains native medicine	Tape VHS
11/23	Interview (SI-I2)	D.Young's residence	Explains native medicine	Tape
12/03	Second Treatment Session (SI-T2)	Boyle-McCauley Health Centre	Check progress & further treatment	Tape VHS
12/19	Concluding Session (SI-C1)	Soc. Lab. U. of A.	Thanking Ceremony	Tape VHS

[1]Audio Tape Recording.
[2]1/2" VHS Videocassette

Table 2. Empirical Data Base for Series II, 1985: Psoriasis Research Project

DATE 1985	OCCASION AND CODE	LOCATION	PURPOSE	DATA FORM
Ø3/Ø7	Assessment (SII-A1)	Boyle-McCauley Health Centre	Choose patients for treatment	Tape[1]
Ø3/21	First Treatment Session (SII-T1)	Boyle-McCauley Health Centre	Treatment of chosen patients	Tape VHS[2] BETA[3]
Ø3/21	Interview (SII-I1)	Boyle-McCauley Health Centre	Explains native medicine	Tape
Ø3/29	Second Treatment Session (SI-T2)	Boyle-McCauley Health Centre	Check progress & further treatment	Tape VHS
Ø4/Ø4	Third Treatment Session (SII-T3)	Boyle-McCauley Health Centre	Eagle Ceremony & Herb Exchange	Tape BETA
Ø5/Ø3	First Sweatlodge Ceremony (SII-S1)	Rural Acreage (Devon)	Build lodge & first sweat	Tape BETA

[1]Audio Tape Recording.
[2]1/2" VHS Videocassette
[3]1/2" BETA and 3/4" U-MATIC Videocassettes

Table 2 Continued

DATE 1985	OCCASION AND CODE	LOCATION	PURPOSE	DATA FORM
05/12	Second Sweatlodge Ceremony	Rural Acreage (Devon)	Second sweat	No Data[1]
05/31	Third Sweatlodge & Concluding Session (SII-S3)	Rural Acreage (Devon)	Third sweat & Thanking Ceremony	BETA[2]
06/16	Field Trip to Reserve (SII-FT1)	Lesser Slave Lake Area	Document herbs	Tape[3]
10/18	CBC Radio Interview (SII-CBC1)	Anthro. Laboratory U. of A.	Interview for "The Medicine Show"	Tape
02/04	Filming (SII-V1)	Rural Acreage (Devon)	Additional footage	BETA
02/05	Filming (SII-V2)	Rural Acreage (Devon)	Additional footage	BETA

[1]Data not recorded at healer's request
[2]1/2" BETA and 3/4" U-MATIC Videocassettes
[3]Audio Tape Recording.

Table 3. Miscellaneous Data from Secondary Sources

DATE	OCCASION AND CODE	LOCATION	PURPOSE	DATA FORM
Fall 1984	Synthesis of VHS Videos (M-1)	Sucker Creek Reserve	Document native crafts	VHS[1]
10/09 1984	Recording Secondary Data Source (M-2)	Anthro. Laboratory U. of A.	Record notes on healer's comments	Tape[2]
11/22 1984	Class Lecture (M-3)	Classroom U. of A.	Guest Speaker (Willier)	Notes
05/12 1985	Stories (M-4)	D. Young's Residence	Record Willier's Stories	Notes
12/13 1985	Recording Secondary Data Source (M-5)	Anthro. Laboratory U. of A.	Record notes on healer's comments	Tape

[1] 1/2" VHS Videocassette
[2] Audio Tape Recording.

Table 4. Subject Categories of Medicine Man's Role and Scope of Therapies

ROLE OF MEDICINE MAN		SCOPE OF THERAPIES		
Attenuated Curer Role:				
SI-I1:3;	SI-I1:4;	Skin Diseases:		
SI-I1:7;	SI-I1:8;	SI-A1:7;	SI-A1:8;	SI-I1:1;
SI-I1:9;	SI-I1:11;	SI-C1:2;	SII-A1:2;	SII-T1:3;
SI-I1:12;	SI-I1:13;	SII-CBC:26		
SI-I1:14;	SI-I2:10;	Migraine Headaches:		
SI-I2:11;	SII-A1:2;	SI-A1:10;	SI-T2:3;	SI-C1:10;
SII-A1:3;	SII-I1:3;	SII-CBC:11		
SII-S1:4;	SII-S1:8;			
SII-CBC:2;	SII-CBC:17;	Back Dysfunctions:		
SII-CBC:25		SI-I1:2;	SI-T1:2	
Changing the Role:		Diabetic Skin Ulcers:		
		SI-T1:2;	SI-C1:8;	SII:V2:6
SI-A1:4;	SI-T1:1;			
SI-I1:3;	SI-I1:4;	Baldness:		
SI-C1:12;	SII-A1:1;	SI-T2:9;	SII-T2:2	
SII-A1:3;	SII-A1:4;			
SII-T1:1;	SII-T1:2;	High Blood Pressure:		
SII-S1:2;	SII-S1:3;	SI-A1:11;	SI-I2:12;	SI-I2:15
SII-CBC:4;	SII-CBC:5;			
SII-CBC:22;		Cancer:		
SII-V1:7;	SII-V1:9;	SII-S1:2;	SII-CBC:13	
SII-V2:4;	SII-V2:7;			
SII-V2:9;	SII-V2:10;	Burst Stomach:		
		SI-I2-13;	SI-I2:14;	SII-V1:5
Emergent Curer Role:		Mental Illness:		
		SI-I1:1;	SI-I2:1;	SI-I2:6;
SI-I1:9;	SI-I1:10;	SI-I2:12;	SII-S3:4	
SI-I1:14;	SI-I2:7;			
SI-I2:8;	SI-I2:15	Minor Dysfunctions:		
SII-S1:1;	SII-S3:1	SI-A1:7;	SI-A1:8;	SI-A1:11;
SII-S3:3;	SII-S3:5	SI-I1:3;	SI-I1:8;	SI-I2:12;
		SI-T2:2;	SI-T2:5;	SI-T2:9;
		SI-C1:13;	SII-T2:2;	SII-S1:3;
		SII-CBC:13		

Table 5. Comparison of Time Schedules

EVENT	INITIAL PLAN	SERIES I	SERIES II
Assessment:	Day 1	Day 1	Day 1
First treatment:	Day 2	Day 2	Day 15
Second treatment:	Day 14	Day 11	Day 23
Third treatment:	-	-	Day 29
First Sweat:	-	-	Day 58
Second Sweat:	-	-	Day 67
Third Sweat:	-	-	Day 86
Closing Ceremony:	Day 52	Day 28	Day 86
Total Weeks:	Six	Four	Twelve

Table 6. Assessment of Patients for Treatment: Comparison between Series I and Series II

	SERIES I	SERIES II
Role of Patient:		
	Committment flexible. Tested by Great Spirit. Sweat not mentioned.	Committment requested. No mention of test. Sweat necessary in final session.
Factors involved in cure:		
	Great Spirit cures. Explains use of herbs.	Mother nature cures. Explains healing proeess.
Payment:		
	Has no set fee; gift must be sincere.	No mention of fee.
Ritual:		
	Room purified. Participants purified. Prayer in Cree	No ritual or prayer.
Diagnosis:		
	Interviews each patient individually, examines their condition.	Mingles and talks to patients, all in room together.
Intention:		
	Agrees to treat 2 of 5 patients, starting the following day.	Arranges to treat 3 patients for one week; then to treat others the following week

Table 7. Comparison of Treatment Procedures

SERIES I	SERIES II
Ritual including all participants:	
Purification of room.	Purification of room. Sacred Pipe Ceremony.
Healer purified.	Healer & assistant purified.
Ritual in treating individual patient	
One patient in room. Patient stands on print.	Four patients in room. Patients stand on print.
Faces east.	Face one of the four cardinal directions.
Stand, then sit during treatment.	Stand on cloth during treatment.
Lesions daubed randomly, once only.	Lesions daubed from top to bottom, three times around.
Herbal medication:	
Tea and solution, first, then goose grease.	Tea, solution and goose grease together. May eat herb after use.
May add vinegar to counteract smell.	Adds wild mint to counteract smell.
Sweat not mentioned.	Three sweats conducted.

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APPENDIX 1

Final Script for "A Cree Healer"

FILM TITLE: A Cree Healer

Department/name: Department of Anthropology Date: March 1986

Shot	CAMERA	SOUND
	DRUMMING IN BACKGROUND: Pan down from trees to healer kneeling by sweatlodge. Lights fungus. Passes smoking fungus around body in purification ritual.	WILLIER NARRATES: Indian medicine's got lots to do with religion. That's where the power comes from, it doesn't come from the man himself. The man himself does all what he can do material ways but the power comes from the Great Spirit. When you can connect your heart and mine together, when you're praying, then you can communicate with the spiritual world. For the native, it's easy for them. It's just like opening a curtain, for the medicine man to see the next spiritual world. I know a few people that go to church and I don't see any miracles or anything like that, but in the sweatlodges I've seen lots. And the natives that have got that power should show it to their younger generations, like the young ones that are coming up, the ones that are interested. But right now it's going the other way. Like in our reserve there's hardly anybody that knows anything about it. The younger generations don't know too much about it and the elders are slowly dying off.
	Purifies hands over fungus; removes glasses and purifies face.	
	Rises, walks counter-clockwise around blazing fire in purification ritual.	DR. YOUNG NARRATES: Russell Willier is a Northern Cree healer who is attempting to arouse interest in native healing practices and make these more accessible to all those who may benefit from it. This is his story. Why he is willing to speak openly on a subject that most natives are very reticent to discuss with non-natives, and the risks he encounters in doing this.
	Purifies altar with buffalo skull. Purifies sweatlodge structure.	

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FILM TITLE: A Cree Healer

Department/name: Department of Anthropology Date: March 1986

Shot	CAMERA	SOUND
		INTERVIEWER: Russell, when did you first notice that you had special powers or that you were different from other children?
	Healer being interviewed in sociology laboratory.	WILLIER: I won't say special powers, but I suppose the Great Spirit decided that I was one of them to help out with the herbal doctoring. When I was a little boy, well a lot of my brothers and sisters figured I was away from them because I'd be outside more than anything else. Go out early, get out at 4:00 o'clock with the sun in the morning, walk around, look at the birds, look at the flowers when they're opening up and stuff like that, but I didn't know. I was closer to nature but i didn't know why I was out there. I was a little bit different than the rest in a lot of ways and this is what the elders watch on kids when they're growing up. The elders, like my dad, watches my little boy now to see how he's reacting, see if he's one of the chosen ones. This is how they sort of have an idea who it is that has to take the load from there on.
	Interviewer.	INTERVIEWER: So when did you become a medicine man? What made you decide that you were going to become a medicine man?
	Healer in front of sweat, raising rocks in the four cardinal directions.	WILLIER: Well, the first thing I watched olosely was when an average family or something like that, if there

FILM TITLE: A Cree Healer

Department/name: Department of Anthropology Date: March 1986

Shot	CAMERA	SOUND
		was somebody sick, before you know it they'd bring this elder man and the elder man would doctor the sick person. Before maybe a week or so the person would be real healthy and everything, there'd be nothing wrong with him. I realized right then there was help there; that everybody was bypassing it and it was right from nature itself. And these medicine men that were being covered, well they were actually hiding from the society, they'd only come for brief calls for people that would call them in where they're really in trouble, where the doctors can't do anything. This is where the medicine man would show up and do the doctoring. This happened on and off throughout different parts of the reserve and also different parts of the other reserves. And as things started rolling, you realized that there were medicine men, that they exist, that they were there for a purpose and they had the power. So I started realizing that and I knew it was dying out; it still is dying out but hopefully we can turn that, make a turn for it. So that was one of the important decisions I made when I was a young man. It is hard because if you've got a family to raise and the patient shows up then you have to drop everything and go to the patient. You're still making a living in different ways like most of the people. You've got maybe a job or you're farming or you got to do this and do that and you're raising your kids. But you've got to drop
	Healer and his helper place rocks on woodpile.	
	Close up of buffalo skull on altar.	

FILM TITLE: A Cree Healer

Department/name: Department of Anthropology Date: March 1986

Shot	CAMERA	SOUND
	Healer and helper place logs in a circle around rocks.	it in order to help the person because it has to come from your heart. If you like, if you want the person to get better it has to come from the heart. So when you go, when you're going to doctor him you've got to be sincere, humble, and ask the powers of the Great Spirit and then you'll help the person.
	Healer in laboratory.	INTERVIEWER: Are there different kinds of medicine men?
		WILLIER: Yes, there's spiritual, the ones that only doctor spiritually. There's quite a big path where you have to follow and do this and do that but herbal doctoring is where we take the plants where God had put them upon this earth for fellow mankind and the animals and whatever that's upon this earth that can use it. Herbal doctoring can also combine with the spiritual doctoring where in most cases we have to do that and I still say that is one of the best ways of going about it because you know God put the plants there. All these plants and trees and animals have got something upon this earth that they could give. These are the things we've got here: we've got bear, we've got beaver, weasel, geese, the wild geese. There's some wild ducks that are used for medicine. All these different animals, there's lots of them, and they've got a spirit in themselves to help you cure that, to help you
	Close up of herb.	
	Successive shots of different vegetation.	
	Healer next to blazing fire, purifies tobacco and places this in the fire.	

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Shot	CAMERA	SOUND
		fix that. There's some people that are blessed that can do things like stop blood. Well, then if somebody's bleeding real bad and if you know that person's not too far that's gifted with that, then you automatically will tell that person, "Go see him; go give him the tobacco, he'll help you". In the Indian tradition, if you want to know anything about Indian medicines you have to give out the tobacco before they'll even consider talking about it.
	Healer in laboratory.	
	Interviewer.	INTERVIEWER: Are you concerned about the destruction of herbs and trees and plants that are so very necessary in native doctoring?
	Healer in laboratory.	WILLIER: For me, I won't tell the combinations or I won't tell names of the plants because I'm scared that they will be uprooted, they'll be rooted at the wrong time. Most natives will take the roots after when it deflowers and seeds again and they'll take the roots. But in most cases, the cases that I know that some of the names were given out, they were uprooted in the spring, they were uprooted before they even flowered. So they killed them all off and the other ones that are really doing the worst damage is the farmers. The farmers and the loggers, they're wiping out everything. They should consider a lot of things before they just go out there and clean the whole forest right out.

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		INTERVIEWER: You mentioned yesterday that you had to go very far often times to get plants.
		WILLIER: We go a long ways for different, certain kinds of herbs because they're either plowed under or they've taken the water out where they drain everything right out where the marshes went dry, they can't ... the plants quit growing, the ducks quit, the ducks leave the area because there's nothing to eat and what not. There's a lot of environment going on the wrong way that it should be talked over and realize what's happening to our country here. We call it the blessed .... you know it's a blessed country before. It sure is going to go into the rocks in no time.
	Interviewer.	INTERVIEWER: Russell, why are you willing to talk about native ways and bring it out in the open now?
	Healer in laboratory.	WILLIER: Well, one of the reasons why I wanted to put it out in the open is because the natives themselves they do so many wonders and yet it's not kept as a profile or anything like that. So that's one of the reasons why I come out and for the younger generations to be more interested in it because we're losing a lot of young people, committing suicide and they could be on the Sweetgrass Trail instead of doing that. We don't have very many elders left
	Close up of fire.	

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	Close up of rocks.	on this earth that can pass over their medicine bundles and also their knowledge, their herbal knowledge, to the younger generation because they don't give a damn, you know, like they don't care. So how are you going to pass it over to somebody that don't care. Well you can't do that. The younger generation has got to care if they want to keep the medicines alive in the future to come. They have to try to see the elders point of view and try to understand what's going to be given to them and how to use it. If we don't have that we're going to lose a lot of it. So I want them to be proud of what they are: make the young people realize what they're missing.
	Heated rocks being moved into the sweatlodge.	
	Close up of bucket.	
	Close up of fire.	
	Patient entering sweat.	
	Close up of buffalo skull with sacred pipe resting on it.	
	Sweatlodge, door closed.	
	Interviewer.	INTERVIEWER: Russell, I understand that there is a prophecy that there will come a time when native traditional knowledge, special knowledge, will be revealed and that some medicine men thing that now is the time to reveal that knowledge.
	Healer in laboratory.	I don't know too much about it but I have heard the elders say that it's underground now, like when people come to him, but he said one day it'll be out in the open and when that day comes there will be lots that will get healed and there will be lots that will not be healed because of this and that. But he said there'll be a lot of people that will seek it in the years to come and I'm pretty sure that's just around the bend for the

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		time being because the elders that I've talked to and I told them I was going to bring it out in the open, they told me that they would have but they didn't know enough English.
	Interviewer.	Some of them told me that. Others didn't. Others had a different point of view on it.
	Healer in laboratory.	This is one of the reasons they didn't want to get involved in it and it's also hard for anyone to concentrate under the cameras.
	Interviewer.	INTERVIEWER: Is native medicine in opposition to western medicine or can they work together?
	Healer in laboratory.	WILLIER: Well the native medicine has got lots of cures and also the western doctors have a lot of cures and is well advanced where the natives do not have anything recorded. But they should work together. They should have a system going or something like that if they know that the medicine man can actually cure something instead of operating.
	Interviewer.	Sometimes they'll say if a person
	Healer in laboratory.	had sugar diabetes and he's starting to break out in the ankles, they go tell the patient that they are better off to cut their leg off because the meat is dissolving and it's dissolving fast and they're scared to get gangrene. And sugar diabetes sores are not that hard to cure, to get back your meat and skin even though it's sugar diabetes. Like they figured once it breaks out it's going to keep

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Shot	CAMERA	SOUND
		breaking out until it gets to the bone. It's not the case. I've seen where the person probably would lose her leg and then she started to use these herbs and it got better.
		INTERVIEWER: So you can cure the sores of ~~sugar~~ diabetes but you cannot cure sugar diabetes?
		WILLIER: You cannot cure sugar diabetes. You can keep it at a certain level.
	Interviewer.	INTERVIEWER: When someone comes to you for doctoring and you can't cure that person, what do you do?
	Healer in laboratory.	WILLIER: If somebody came with a broken bone I'd tell them, "You go see the doctor now". You're sending them over there. We're not trying to hold their patients. We're trying to make sure that the person gets the best care of anything. If we can do it, then we'll do it, But if the care can be better in the hospital, if he's better off in the hospital, we'll send him over there, we're not going to hold him back. Because the x-rays, they could see, they could put the bone back together way better than fooling around with him over there at your sweatlodge. You're better off to send him over there instead of wasting your time on him. You're wasting your time because you could have had another patient that you

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Shot	CAMERA	SOUND
		know how to cure and the other one you send him over there or you send him to a different medicine man if it's something else. But penicillin is a well advanced thing and doing a lot of wonders. So if sombody had real bad bronchitis or pneumonia really bad, well send them over there so he'll start getting his shots.
		INTERVIEWER: The patients that come to you, if you know of another medicine man that has a cure for that illness, do you send them over there?
		WILLIER: Yes, right away. Especially if I know that the medicine man is really good. I'd send him over there.
	Interviewer.	INTERVIEWER: I understand that you are considering setting up a clinic on your reserve. What are some of the problems you're having in doing that?
	Healer.	WILLIER: Well I'm going to try to set one up but I have to find out the legal aspects. See my great grandfather had set the reserve aside where to our understanding and the elders understanding, no matter what you do on the reserve, like how you make your own living, was yours. But legally, is it written in the paper like that? I still say if you put up a clinic, will western doctors have a lot of static about

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		it or will the government officials come and close it up even though it is in the reserve? These are the legal aspects you have to look into. According to our understanding we should be able to do what we want to do in our reserve. INTERVIEWER: So if you did that, that would mean that all across Canada other medicine men who were competent and who could practice would be able to do the same kinds of things. So you're fighting a very big issue, it's not just . . . WILLIER: No, I'm trying to open some doors that, legal doors, for the healers to use in the future. Hopefully they will follow it up in the years to come. Like if they're really good on something, they should get either their band council to back them up and start something up themselves. That's right across Canada. They're not saying this guy should not do it or that guy shouldn't do it. If they're healers they should either start healing outsiders or make people aware that they are gifted and that they can do it. INTERVIEWER: What do you hope for native medicine and native tradition in the future? WILLIER: Well, I hope that native medicine will get on its feet as far as the interest of the younger generation and also for the western doctors to

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		accept what we are and what we can do and not try to conflict with us. Instead, pull together and work together. There's things where if they are stuck and if we can help them, they should allow that instead of putting a blockage on it. These are the doors that they should open because a native never does ask beyond what he's given. There's some natives that are worried that the combinations and the herbs and plants are being recorded and being placed over to the other societies and that's not the case. The case is we're trying to prove that we've got a religion and it's powerful and it works and we're not passing medicines over to anybody else or keeping them to ourselves unless the native younger ones want to learn in the future. The natives should be aware that if we don't do this, the culture itself is slowly going to die out. We should pull together instead of disagreeing with each other's ideas and try to help ourselves and everybody else. The case is we're trying to help the people that are sick and trying to help them in God's way is the only way. The way we know how and the way the western doctors know how and if we can combine them together we can help a lot of people. That's all I want to get through to everybody. And there's a lot of help that the natives have got that could help either side, no matter which colour. It's there and it can be used.
	Interviewer.	
	Healer in laboratory.	
	Sweatlodge ceremony, door closed. Sound of Willier singing and praying in Cree in background.	

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Shot	CAMERA	SOUND
	PRODUCTION CREDITS:	
	HEALER: Russell Willier	
	INTERVIEWER: Lise Swartz	
	VIDEOGRAPHY: Donald K. Spence Dave Sands	
	SOUND RECORDISTS: Larry Benson Donald K. Spence	
	WRITER: Lise Swartz	
	EDITOR Donald K. Spence	
	PROJECT COORDIDNATOR: Dr. David Young	
	PRODUCER/DIRECTOR: Donald K. Spence	
	A DEPARTMENT OF RADIO AND TELEVISION UNIVERSITY OF ALBERTA TELEVISION PRODUCTION	

APPENDIX 2

Final Script for "The Psoriasis Research Project"

W/O No. _____

MOTION PICTURE DIVISION
TECHNICAL SERVICES
The University of Alberta
SCRIPT

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Shot	CAMERA	SOUND
	Interview with Professor David Young, Department of Anthropology, University of Alberta,	D. YOUNG NARRATES: Considerable controversy exists regarding native medical practices When native medicine is successful, this result is often attributed to psychological factors involving faith and suggestion. The pharmacological aspects of indigenous therapy have too often been played down or treated in isolation from their social context.
		In 1985 research was conducted at the University of Alberta with a Northern Cree medicine man, Russell Willier, who treated non-native patients afflicted with psoriasis.
	Close up of lesions. (From colour slides)	Psoriasis is a chronic, recurring skin disease whose cause is not well understood. The symptoms vary from small isolated patches of red skin to thick, dark, scaly lesions which may cover most of the body. Two to six percent of the population suffer from this irritating skin disease.
		The best that doctors can do is to control the symptoms. Psoriasis is seldom cured and unfortunately many of the present methods of treatment have unpleasant and sometimes serious side effects.
	Willier in clinic preparing sacred pipe.	Contrary to the discouraging opinion of Western doctors, Russell feels that there is a cure for psoriasis, one that he is personally familiar with and has used successfully on native psoriatic patients. Russell's treatment is holistic since it is directed to the whole person: body, mind and spirit. Therapy consists of herbal treatment and native ceremonial ritual. Patients also

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		take part in several sweatlodge ceremonies.
	Willier kneels in forefront, preparing the sacred pipe.	D. YOUNG SPEAKS: Right now Russell is purifying the equipment, using a fungus that comes off a tree from Northern Alberta. The room, all the rooms in the basement have been purified with this incense prior to starting this ceremony. Russell is preparing the pipe which will be passed around to all the participants shortly. I think at this point I'll turn it over to Russell.
	Willier rises, pipe in hand.	WILLIER SPEAKS: What we've come here for today is a spiritual get-together. For one thing, man cannot heal what you have today and it has to be the spiritual world that can actually do it and if you have faith in it, it will help you a lot faster than when you're an unbeliever. You have to realize the next world is in here with us right at the moment to help you get better and leave that behind and not come back on you again. Our prayers should be sent up with the smoke here today and ask for help and that's the only way that you'll get better, there is no other way. The things that I've got over there are just small items, but the great power is from the Great Spirit. I'm not the one that's doing it, it's the Great Spirit. You have to understand that and to realize that.
	Willier continues to purify pipe, praying in Cree.	WILLIER NARRATES: Indian medicine's got lots to do with religion. That's where the power comes from: it doesn't come from the

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		man himself. The man himself does all that he can do material ways, but the power comes from the Great Spirit and when you can connect your heart and mine together when you pray then you can communicate with the spiritual world and from there they go ask the Great Spirit but in between that time, you can pray and if you have the mind wandering around some other place, you won't be able to connect to the next spiritual world. For the natives, it's easy for them: it's just like opening a curtain, for the medicine man to see the next spiritual world, whereas any other nationality it's a different story. I know people who go to church, I don't see any miracles but in the sweatlodge I've seen lots. So, we'll get on today with the smoking of the pipe and it will go around with the sun and come back here, three times and then it'll finish, then I'll start doctoring individuals.
	Willier lights and smokes pipe which is passed to all participants, going around in a clockwise direction.	WILLIER PRAYS IN CREE
	Pipe returns to Willier.	Okay, we shall begin.
	Patient offers Willier tobacco and cloth. He purifies both by passing them above smoldering incense.	D. YOUNG NARRATES: When a patient comes for doctoring, he presents to the healer a gift of tobacco and cloth. These offerings open the doors to the spiritual world and provide a pathway for healing powers to flow through the medicine man to his patient.

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Shot	CAMERA	SOUND
	Patient stands on cloth, Willier spreads tobacco in circle around patient's feet.	Before being used they are first purified. The cloth is then spread upon the ground, the patient stands in the middle, and tobacco is sprinkled in a circle around his feet. Each patient stands facing the direction represented by his colour, thus presenting himself to the spiritual world. The healer then prays to the spirit helpers, seeking their intervention on the patients' behalf.
	Close up of burning fungus on red lid.	WILLIER SPEAKS: The central one is presenting the Great Spirit.
	Willier stands before a patient.	Now we're going to start. We have some stuff that you'll be drinking after this.
	Willier applies solution to patient's lesions.	D. YOUNG NARRATES: Russell understands psoriasis as having a contagious element which means that it is both in the blood stream and visible on the surface of the skin in the form of lesions. For this reason treating the symptoms alone will not cure psoriasis. Treatment must be directed to both purifying the blood and eliminating the lesions. The patients drink an herbal tea which purifies the blood, at the same time forcing the poison or infectious agent to the surface of the skin. The herbal tea also reactivates the body's natural ability to heal. Lesions are daubed with an herbal solution which destroys the disease on the surface of the skin. In the interim between treatments at the clinic, patients

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	Close-up of lesions.	continued to drink the herbal tea and to self-administer the solution to their lesions. Following several weeks of this herbal therapy, treatment is stopped with the idea that the body must take over and allow its own powers to continue the healing process. At this stage goose grease may be applied to prevent the skin from becoming dry and itchy. For very serious cases of psoriasis, Russell sometimes calls upon the eagle spirit to assist in the cure.
	Willier unwraps two eagle wings from yellow cloth, kneels before patient and purifies them over incense. Willier goes around patient, touching his body with the tips of of the eagle wings. When ceremony is complete, wings are replaced in their covering.	WILLIER PRAYS IN CREE.
	Willier ties cloth into bundle.	D. YOUNG NARRATES: When the treatment is finished, Russell ties up the cloth with the tobacco inside. This offering then gets hung in the bush where the natural forces of fire, wind and decay will eventually destroy it.
	Willier tying cloth. Places on ground.	WILLIER SPEAKS: Sometimes when you go by the reserve maybe you'll notice these things hanging in the small willows. These are the representatives of the sick

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		that are getting doctored. Some stay for a long time; others, fire goes through and burns them up. It's up to nature not to man himself. Once he puts it up it's a representative.
		D. YOUNG NARRATES: Following treatment at the clinic, patients participated in three sweatlodge ceremonies.
		WILLIER NARRATES: What we're going to do here today, we're trying to heal the people that are coming for their skin diseases, and what we try to do is get them to really sweat it out so their skin pores will open up good . . .
	Close up of logs burning. Pan back to show sweatlodge construction. Close up of patients. Close up of rocks in fire.	
	Helper takes hot rocks from fire and places them in the sweatlodge.	
	Close up of patients. Close up of buffalo skull.	
	Pan back from pipe, to sweat. Close up of researcher.	then we'll put the other stuff on. What we're going to be doing is when they're really sweating, we'll be putting the herbal water onto the rocks and it will go onto them, plus we'll be using the other solution to do the cover up, to finish. What we're trying to do is to make the body trigger so it will fight for its own self instead of just slacking away. That's what it's been doing for the last few years on some of the people.
	Researchers close the canvas flap (door) of sweatlodge.	D. YOUNG NARRATES: When everyone is seated, hot rocks are passed inside, the door is closed and the ceremony begins. Herbally medicated water is periodically sprinkled on the hot stones, allowing the medicinal steam to penetrate the skin pores of the patients.
	Sweatlodge from distance.	
	Close up of buffalo skull.	

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Shot	CAMERA	SOUND
	Close up of fire.	
	Successive shots of branches. Wind blowing leaves.	
	Ran back from burning log to show sweatlodge.	
	Close up of buffalo skull.	
	Researcher opens door. Much steam escapes. Two patients exit.	WILLIER SPEAKS: Op-tip-ti-mook, Open the door.
		D. YOUNG NARRATES: When the singing and praying are finished, the entrance is opened to let the cool air and light enter. This is considered as the first round. The sweatbath continues and usually lasts for a total of four rounds.
	Close up of pensive patient. Close up of Young standing next to Willier, seated on picnic bench.	D. YOUNG SPEAKS: To start the closing ceremony, first of all I would like to thank Russell for agreeing to particpate in this experience that we have shared as a group over the past several months. As you are probably aware it is quite an unusual thing for a native medicine man or healer to share this sort of information, this sort of experience with non-native people and I for one feel very privileged to have participated in this experience. I would also like to thank Yvonne for the backup and support that she's provided with Russell. We're very fortunate to have you be willing to go through this with us, it's been very helpful, extremely helpful for all of us.
	Close up of Yvonne Willier.	
	Young and Willier.	

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Shot	CAMERA	SOUND
		I guess with that I'll turn it over to Russell and let Russell say a few words.
	Close up of Willier.	WILLIER SPEAKS: Well, I just went through the motions. It's God's work. Everybody has to realize that. For the medicine man, when he picks up the herbs it depends on the Great Spirit and the results come from God, the Great Spirit himself, where the healing process takes place. It's not the medicine man himself. He has back up, say the different spirits that will help him but they still have to get the great powers. This is where we stand. We have to wait for the spirits to finish what they start and as I see you today, from day one to now, I could see the big improvement. It will keep on going. It's not going to stop because I'm not going to be around because the Great Spirit is always around.
	Patient presents gift to Willier. All participants clap.	
	Close up shots of patients' lesions, demonstrating the healing process.	D. YOUNG NARRATES: Because the healing action works from the inside of the body to the outside, results may not be immediately evident. The diseased skin gets thinner, until fresh skin begins to appear around the edges of the affected area, or in islands. After the diseased skin has been replaced by healthy skin, the formerly infected area may be quite dry. At this point it is treated with wild goose grease which eventually restores the suppleness of the skin.

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	Close up of female patient being interviewed.	PATIENT: In the beginning when we first applied the solution to our bodies, I think that what happened, it almost looked like it was drying and getting worse, but in actual fact what was happening was that it was cracking and separating into little clumps and in between the clumps would come new skin patches and instead of being one large patch it would separate into little ones and between those little islands would heal and become new skin and the entire thing would eventually be eroded away and it would be perfectly healthy skin again. A lot of the areas still have some psoriasis on them but the thickness of it and the discomfort that it gives me is much reduced. I would say that I probably started out with about 80% of my body covered with it and I'm down maybe to about 50% and what is remaining is much more easy to live with than what I had before. INTERVIEWER: Can you show me please, Ann. I remember you said that they were once covered.
	Patient unrolls sleeve.	PATIENT: Absolutely. This is my best one. There have been times in my life when I didn't own anything that did not have long sleeves because I would not show my arms. This is one of the arms that we've been working on. Elbows and knees are probably the worst areas because it builds up so thickly and they're very hard to
	Close up shot of arm.	

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		treat. Other areas, of course, like down further or up further on my arm, are almost gone because it's easier to keep it on there. There have been times when just the simple action of bending an elbow or walking upstairs would crack that because there isn't a lot of cushion on your elbows and your knees and that's very painful. I have a sense of hope about it, it's not all gone but it's been going so gradually and so well and all the time it keeps on getting less and less that I'm absolutely positive that it's going to go away completely and I think that's the best kind of feeling that you can have about it. To know that you're not going to have it forever but that it is going to go away.
	Close up slides of lesions comparing patients' condition before and after treatment.	D. YOUNG NARRATES: The results of Russell's treatment were sufficiently encouraging to warrant further investigation. Some patients showed initial improvement but later reverted to their original conditions. Others, however, have continued to improve despite the cyclical nature of psoriasis. How many of the patients will experience complete and lasting recovery remains to be seen. Native medicine has often been praised for its' holistic approach to healing, but, unfortunately, many of the successful treatments are considered as the outcome of placebo effect rather than resulting from treatment with specific herbs.

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		What is frequently overlooked is that the native healer can be a good scientist with extensive and precise knowledge about herbs and their medicinal properties. To demonstrate the effectiveness of herbal medicine, Russell permitted one of his plants to be chemically analyzed. Preliminary analysis of this herb indicates that it contains strong anti-bacterial properties. Allowing this analysis to be done did not contradict Russell's strong conviction that the various ways in which the herbs are combined must be safeguarded. At no time did he disclose the manner in which herbs are prepared or combined.
	Close up of chemical apparatus	
	Close up of chemist.	L. BROWNE SPEAKS: Native herbal medicines have a great deal of potential to contribute to medicine in western civilization. I think that it is well established that presently one quarter of the prescription drugs that are used in North America today have their immediate source as plants. For example, Phisostignine, Codeine, Morphine, Quinine and so on. Certainly all of these drugs have arisen because they have been used in some folk medicine of some type and therefore, as a chemist, I have a great deal of respect and a great deal of interest in the traditional medicine used by different native peoples in the world. I think that this is a very promising source of potential new medications, either from the viewpoint of the plant actually having a biologically

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		active compound which can be used directly, or from the point of view that it has a compound that shows some minimal activity that can be then modified by the chemist to produce the effects that are desired. Over the years, in working with Professor Ayer, I've had occasion to work with quite a few different kinds of naturally occuring compounds, many of them have been from plants. And, as a matter of fact, my Master's thesis was looking at the active constituents of the Buffalo Berry which had been used by the Blackfoot Indians in the treatment of diarrhea.
	Close up of chemist.	W. AYER SPEAKS: We have investigated the plants, many of the plants that were used by the North American Indians in native medicine and we follow a lot of blind alleys so that I think that because it was used for a particular disease it may in fact not have cured the disease or it may have been a placebo effect, in many cases, but in a certain percentage of them there has been a significant drug isolated. In connection with the psoriasis project we are simply investigating the chemistry and isolating the components that are obtained from the extraction of the plant. We have found that some of the compounds we isolated are antibiotic; they are antibacterial but we really haven't taken it far enough to say definitely that there is a useful drug here, in this particular case. I think one of the advantages of investigating chemically the plant remedies is that we can then isolate the active instituent in pure form

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		and thus we can provide measured doses of the substance It could be that with the plant at certain times of the year, the compound that is active is not present in large quantities and this of course, if you are isolating the pure substance, you are able to tell right away and with the pure substance in hand you can give measured doses which is of course very important to know, the therapeutically useful amount of compound that is needed and to administer that.
	D. Young in his laboratory.	D. YOUNG SPEAKS: In treating this group of non-native patients, Russell has definitely made a break with tradition. I think his reasons for doing this is that on one hand he would like to make his cure and treatment available to people who have not benefitted from it, people who are outside the native community. On the other hand I think he hopes to stimulate a sense of pride in native tradition on the part of native young people. Ultimately Russell would like to establish a healing center on his reserve where his treatment can be made available to others. I think that one of the interesting aspects of this type of endeavour is that it has advantages and risks. One risk is that native people inside the community will feel insecure about sharing this traditional knowledge with outsiders. I think another risk is that the outsiders themselves, people who are responsible for the health of the community or a country, those in the health related professions are worried about the fact that if native practices, native traditions

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Department/name: Department of Anthropology Date: March 1986

Shot	CAMERA	SOUND
		are made more easily available, that there will be a certain number of quacks or incompetent people who might practice holistic healing. I think this is a legitimate concern so I think that what we have to do as researchers working with someone like Russell, is to try to achieve a balance between, on one hand opening the field so that native medicine doesn't have to any longer be under cover and on the other hand we have to have some way of assuring that the treatment procedures are practiced by competent people within the native community. I think after knowing Russell and his dedication to the ideals of broadening the scope of native medicine, I think that we can probably find a compromise that will be successful.
	PRODUCTION CREDITS: THE RESEARCH TEAM WOULD LIKE TO THANK THE FOLLOWING INDIVIDUALS AND ORGANIZATIONS FOR THEIR CONTRIBUTIONS TO THIS PROJECT BOYLE MCCAULEY HEALTH CENTER Alice Hanson Dr. Hari Chana Dr. Hubert Kammerer FUNDING PROVIDED BY The Boreal Institute for Northern Studies Central Research Fund of the University of Alberta	

FILM TITLE: The Psoriasis Research Project

Department/name: Department of Anthropology Date: March 1986

Shot	CAMERA	SOUND
	THE PATIENTS DEPARTMENT OF CHEMISTRY Dr. William A. Ayer Dr. Lois Browne DR. JOEL WILBUSH And a special thank you to RUSSELL and YVONNE WILLIER for sharing their traditional knowledge. VIDEOGRAPHY Don Spence SOUND RECORDISTS Ken Pappes Larry Benson WRITTEN BY Lise Swartz EDITED BY Don Spence PROJECT CO-ORDINATOR Dr. David Young A DEPARTMENT OF RADIO AND TELEVISION UNIVERSITY OF ALBERTA TELEVISION PRODUCTION 	

APPENDIX 3.

Manual of Background Information

BACKGROUND INFORMATION

The healing rituals documented in these two videotapes are sacred to North American natives and are rarely permitted to be filmed. Viewers unfamiliar with native culture and tradition may find them exotic, strange, or even incomprehensible. For this reason, it is important that a preliminary explanation regarding the sacredness and purpose of the traditional ceremonies be presented to the audience prior to viewing the videotapes.

The primary purpose of this background information is to describe a few basic aspects of Woods Cree religion and ceremonialism as explained by Russell Willier. It is important to keep in mind that other individuals may have somewhat different explanations.

I. RUSSELL WILLIER: CREE HEALER

Russell Willier is a 35 year old Woods Cree healer from Northern Alberta who is attempting to demonstrate the effectiveness of native medical practices. He is a skilled hunter, guide and trapper who has been practising traditional native medicine for approximately the last ten years. Willier inherited his medicine bundle from his great grandfather, Moostoos, a famous medicine man and chief who signed Treaty 8 in 1899. In this bundle were herbs tied together in order to teach the combinations of herbal remedies as well as several sacred ritual objects. Willier set out to

absorb the age-old knowledge of the curative powers of plants, handed down through generations of his Cree ancestors. This meant consulting the elders for information about medicinal plants: what roots to dig; what specific plants look like; where to find them; when to harvest them, etc. Willier continues to gather spiritual and herbal knowledge from elders in both Alberta and Saskatchewan. His efforts to preserve and disseminate traditional knowledge are supported by some natives and opposed by others.

Willier is a man of strong religious convictions, a humble man who is nevertheless convinced that he has been selected by the spirits to help bridge the traditional and modern worlds. He believes that the ritual and herbal aspects of treatment are equally important and that the power of healing comes from the Great Spirit who has imbued the plants and animals with healing properties. Spiritual powers work through the medicine man to enhance the healing properties of the natural world. Prayer, fasting and offerings are some of the ways which Willier uses to help maintain contact with the spirit world.

Willier's hope is that his efforts to demonstrate the effectiveness of traditional medicine will rekindle among native youth an interest in, and respect for, native ways. Few young people have attempted to learn traditional treatment practices since these are frequently denegrated by the dominant culture. As a consequence, many young people have adopted non-native values and have come to depend upon the Western medical system.

II. RELIGION

To Russell Willier, nature is sacred and suffused throughout with spiritual powers. Plants, animals, and even inanimate objects such as stones are endowed with their own individual power from which men may benefit. The mightiest spirit powers are those elements that cannot be controlled by man: wind, sun, earth, water, and thunder spirits. Residing over all of these spiritual powers is the Great Spirit who is in the world and brings all things into existence. This supreme being is too great, too awesome to be petitioned directly for assistance. Only through the intermediary spiritual helpers can man pray to the Great Spirit to ask for help and guidance. Men, because they do not always act in a manner consistent with their knowledge of good and evil, must be sincere and humble in their communication with the spiritual world. In Willier's own words: "According to Indian religion, when you want to talk to the spirits, you have to take the pride out of you. The blade of grass is actually worth more than you are because we've got a mind and we know right from wrong."

Not all men are equally gifted or possess the power to communicate with the spiritual world. A few select individuals are chosen by the spirits to become healers and only they have the power to cure. Through prayer and fasting, or in dreams, a spirit power may reveal itself to an individual to become his supernatural guardian or spirit helper. The spirit powers reside in their namesakes. For

example, the buffalo spirit dwells in every buffalo. Each animal exists in nature specifically for man's needs and may become extinct if no longer used. Every creature is gifted with certain parts which contain medicinal properties. When the animal is sacrificed, offerings are consecrated to the spirit power of the animal and the special parts are then purified and used in curing. Willier often calls upon the spirits of the buffalo, bear, and wild goose to help effect a cure. He also invokes the eagle spirit in some ceremonies. No one animal is more sacred than another since all animals are represented in the spiritual world. Man cannot control the spirit powers but through ritual offerings and purification rites, he can supplicate them to work on his behalf.

Herbs also are sacred and powerful, demanding respect and ritual behavior. Whenever Willier takes a plant, he buries the seeds or flowering parts so that they may grow in abundance again the next season. An offering of tobacco is always buried in the earth whenever the first plant is dug up. This is an offering of thanks to the Great Spirit who has imbued the plants with healing properties. Before the herbs are used, they are purified over incense.

III. CEREMONIES

The Psoriasis Project depicted in one of the two videos involved the treatment of non-native patients. Treatment consisted of two phases. In the first phase, rituals were conducted and herbal medicines were administered periodically to patients in the context of an Edmonton health clinic. Physicians were present to observe and to help record progress of the patients. In the second phase, patients took part in several sweat lodge ceremonies. The major ceremonies from both phases are briefly described below.

Purification Ritual

In preparation for the healing ceremony performed at the clinic, the room was purified by burning fungus, sage or sweetgrass and walking this incense around the room three times. This action opens the door to the spiritual world and invites the spirits to participate. Walking the incense around the room is done in a clockwise direction in accordance with the direction the sun travels around the earth. The incense is also used to purify the participants, the cloth and tobacco offerings brought by the patients, and the herbal medicines. Willier purifies himself for healing by chewing a bitter herb which he then rubs onto his hands and face. This forms invisible gloves that protect him from the disease and transforms his hands so that the Great Spirit can work through him to effect a cure.

Smoking the Pipe

The most sacred native symbol and ceremonial instrument of worship is the pipe. Preparation and smoking of the sacred pipe inaugurate all important religious ceremonies. The filled pipe must first be

purified by passing the stem and bowl over the incense while prayer is offered to the spirit world. The pipestem is then pointed in one of the cardinal directions and prayer is directed to the spirits, asking their assistance. The pipestem is swung around clockwise and pointed toward another of the cardinal directions, etc. until the cycle has been completed. The pipe is then passed around to the participants three times in a clockwise direction.

The Eagle Ceremony

One of Willier's powerful spirit helpers is the eagle. For patients severely afflicted with a disease, Russell may call upon the eagle spirit for assistance. With an eagle wing in each hand, Willier fans the body of the seriously afflicted patient, briefly touching the body with the tips of the wings. In describing this experience, one patient stated that he found the ceremony to be meaningful because of the unusual sound and touch sensations that it produced. He felt as if the psoriasis lesions were being lifted off to fly away with the eagle.

The Sweatlodge Ceremony

A sweatlodge ceremony can be used for purification before a larger ritual ceremony or it can stand as a sacred rite by itself. Sweatbaths are often used for teaching and counselling young people, for treating those troubled in spirit, for healing diseases, and for thanking the Great Spirit for effecting a cure.

In the videotape, "A Cree Healer," Russell Willier discusses why he became involved in the Psoriasis Research Project and what he is attempting to accomplish. As Willier talks, the viewer has the opportunity to witness something seldom seen by non-natives: the preparation for a sweatlodge ceremony. The entrance of the sweatlodge faces east toward the rising sun. Colored cloths are purified and hung inside the lodge, in the four cardinal directions, as offerings to the spirits who are supplicated through prayer and song to enter. According to Willier, white stands for the buffalo spirit and is tied in the north corner of the lodge. The red cloth, for the thunder spirit, hangs in the south corner; yellow, for the eagle spirit, is hung in the east; blue, for the bear spirit, hangs in the west corner; and green, representing mother earth, is hung in the center.

A sacred path, running in a straight line from East to West, is created by the sweatlodge itself; an altar in front of the lodge, consisting of a mound of dirt (created by the soil taken from the pit in the center of the lodge) upon which are placed a buffalo skull, eagle wings, and tobacco offerings; and finally, the sacred fire in which rocks are heated for the ceremony.

Willier uses only granite rocks as these will not explode when placed in the intense heat of the fire or when water is poured over them during the ceremony. Before being heated, the rocks are dedicated to the spirits by raising them toward each of the four cardinal directions and saying a prayer. The number of rocks

needed varies. Usually, Willier uses six rocks to represent the major grandfather spirits (natural forces present from the beginning of the world), four rocks for the four winds, two rocks for each willow bough used in the lodge, and one rock for each person participating in the ceremony.

After the rocks have been heated, they are placed in the pit in the center of the lodge. Sweetgrass, sage or fungus is used to purify the interior and a pipe is offered. When everyone is seated in a circle around the pit, the lodge is closed with heavy tarps and the ceremony begins. Sacred songs are sung, prayers are offered to the Great Spirit and rattles are shaken with a steady rhythm. Between the songs and prayers, the healer offers encouragement to the participants, reassuring them that the spirits are there to help with the healing. Water in which herbs have been simmered is periodically sprinkled on the hot stones to create a blast of hot, medicated steam. Following several songs and prayers, the entrance is opened to let the cool air and light enter. This is considered the first round. The ceremony generally lasts for four to six rounds. After the ceremony, participants relax and enjoy a feast of fresh berries and other natural foods.

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TOPICS FOR DISCUSSION

1. Native medicine is holistic in that, regardless of etiology, treatment must address itself to the physiological, psychological and spiritual dimensions of the individual. Moreover, treatment is not administered by specialists in these three areas but by a practitioner who understands the relations among physiological, psychological and spiritual forces. The healer must know his plants and animals; he must know the rituals which open channels between the human and spiritual worlds; he must know his diseases and whether or not he can handle them; he must understand the needs of his patients; and he must know how to put both himself and the patient in the right frame of mind so spiritual power can flow in and assist the medicine to restore a proper balance in the body and thereby effect a cure. Traditional medicine around the world emphasizes that illness occurs when the natural equilibrium of the body is thrown out of balance by poor food, immoderate behavior, hatred or jealousy, lack of exercise and fresh air, etc. Therapy is designed to bring the body back into balance and to re-establish harmony between the individual and his family and community.

How does this approach differ from that of Western medicine, both in terms of basic assumptions and in terms of practice?

2. Native medicine should not necessarily be seen as being in opposition to Western medicine. In many countries in Africa and Asia, for example, both approaches are officially recognized and practitioners of the two systems refer patients to each other, depending upon the nature of the sickness. At the risk of overgeneralization, it is frequently argued that traditional therapy is most effective with chronic illnesses that do not respond well to Western treatment; whereas Western medicine is most

effective with diseases requiring strong antibiotics or surgery.

What might account for the fact that traditional and Western therapies tend to be most effective with different sorts of illnesses?

3. It could be argued that in modern, multicultural societies, both traditional and Western therapies should be officially recognized and supported, and that a variety of alternative approaches should be easily available to patients. There are many problems, however. For example, if native medicine were to be made more easily available to non-natives, new structures would have to be put in place. It might be necessary to establish clinics where non-native patients could stay in familiar surroundings and eat familiar food; new legal arrangements might have to be devised to protect both healers and patients; new financial arrangements might have to be set up so full-time healers could earn a reasonable living and non-native patients would know how much to pay. A more radical solution would be to bring qualified healers under the health care umbrella so patients would not have to pay fees in addition to those of a medical insurance plan.

One of the most serious problems, however, is the opposition from certain members within both the native and non-native communities. Some natives feel that making native medicine more easily available will result in the loss of native traditions and further inroads by the "white" community. Some Western doctors are afraid that opening the doors to alternative medicine will increase the number of quacks and thereby put patients at risk. Nevertheless, the holistic health movement is growing and cannot be ignored.

Should alternative approaches, such as native medicine, be made more easily available? If so, what could be done to help solve some of the problems mentioned above?

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APPENDIX 4

Brochure for Videotapes

In 1985 an interdisciplinary research team, composed of anthropologists, physicians, chemists, a nurse, and a museum ethnologist, documented the treatment of non-native psoriatic patients by Russell Willier, a Northern Cree healer. Two unique videotapes, filmed by the Department of Radio & Television, University of Alberta, resulted from this research. The subject matter of these two videos has never before been systematically documented or filmed.

The videotapes, which demonstrate how Willier attempts to address the needs of the entire person (physical, psychological, and spiritual), will be of interest to those involved with holistic medicine, native religion, medical anthropology, and the medical sciences.

THE PSORIASIS RESEARCH PROJECT documents the healer's treatment practices under controlled conditions in a western health clinic. It also shows treatment of the same patients in a more traditional sweatlodge ceremony.

Running time: 35 minutes. Color.

In **A CREE HEALER**, which serves as an introduction to the psoriasis video, Russell Willier talks about traditional native medicine and the controversies he has encountered in openly discussing this subject.

Running time: 22 minutes. Color.

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The Psoriasis Research Project

PLUS

A CREE HEALER

APPENDIX 5

Empirical Data Base

APPENDIX 5

The Empirical Data Base for this thesis has been placed on file with the Project for the Study of Traditional Healing Practices, Department of Anthropology, University of Alberta, Edmonton, Alberta, Canada, T6G 2H4.