

Human oneness: Traditional healing in a refugee situation

by David Drucker



Evidence shows that healers have genuine psychotherapeutic abilities, strong medical ethics, and make an important contribution to community cohesion.

A self-effacing French psychiatrist by the name of Dr. J.E Heigel has managed to create a unique partnership in a Khmer refugee camp in Thailand. It is not only an example of community participation but a leap over the divide between the modern and the ancient worlds, between East and West -and has significance far beyond the refugee situation.

Dr. Heigel's path-breaking approach is all the more noteworthy for the fact that the wishes and customs of refugees are seldom taken into account, if, indeed, they even get a hearing.

In this camp, Khmer traditional healers known as *kru*, a Khmer version of the betterknown Hindu word *guru*, have been persuaded to set up traditional medical centres. It took a lot of convincing to get them to work together in a highly original and community-oriented arrangement because the *kru* usually work alone.

Sensitive to this reality, Dr. Heigel has made the partnership work by remaining in the background as much as possible and by never 'upstaging' the *kru*.

The conventional and incorrect 'wisdom' is that mental health problems are the prerogative of city dwellers and the more affluent strata of society. Yet it has been found that those who live in rural areas have their fair share of such problems, although these tend to go unnoticed and undiagnosed amid a host of more pressing and more tangible problems. Nevertheless rural communities have ways of handling such problems and rely a great deal on respected traditional healers.

Dr. Heigel understood this well and was convinced that it was not possible to separate psychiatric disorders from a host of others that afflict people, just as it is not possible to separate even urgent medical needs from the basic necessities of food, water and shelter. The emphasis is on a unified approach. 'The intellectual control of most diseases', Dr. Heigel says, 'turns physicians into technicians for the restitution of organ functions while disregarding the fundamental human oneness.'

Traditional methods

It is this sense of the holistic, he finds, which characterizes the traditional healers' method of dealing with people.

Medical facilities housed in bamboo structures, which include pharmacies that make and dispense brews and other preparations from plants and herbs, can now be found in the Khmer refugee camps.

A steady procession of refugees slides barefoot across the bamboo floor into a large hall. There sits the venerated traditional healer at a low table. He occupies the centre position, having been selected by his peers on the basis of his experience. The patients sit down with him - on the same level - and relate their difficulties. The chief *kru* makes a diagnosis and assigns the patient to one of the appropriate healers who surround him on a raised platform, running along three sides of the hall.

Treatments consist of manipulation of limbs, application of ointments, blowing on the patients, rubbing the back and the top of the head, astrological readings, recitation of mantras and provision of herbal remedies. All of the ministrations are carried out in the one big hall with treatments visible to all, except for curtained-off bathings and massages for women.

Mothers and babies are much in evidence. The usual skin rashes, sprains and an assortment of pains -as well as worries and depressive thoughts-are dealt with very cheerfully, it seems. The *kru's* practice of medicine also includes setting up fostering situations. Very disturbed patients may remain all day and then be taken to the *krus'* own dwelling places at night.

Patients with psychological disturbances -frequently expressed in terms of spirits and 'possession', who might find themselves hurriedly diagnosed by Western medicine as in need of psychiatric help, find that the traditional healers are familiar with such beliefs and well equipped to give appropriate support. The labeling as a psychiatric case (which can destroy a family's eligibility for resettlement) is not resorted to by the *kru* as it is in the nearby Western facilities.

What is impressive is the atmosphere of serenity and caring, the ample time allotted to each patient. Sitting cross-legged with the *kru* on the platform, the patient is reassured by touch and soft words, as well as a myriad of techniques outside the scope of Western medical practices.

Indeed there is a striking contrast with the Western-type facility a few hundred yards away. Here, patients wait to see doctors who always seem to be overworked and to have little time to spare; at the traditional bamboo clinic, meanwhile, the *kru* are constantly available to the patients.

At the Western clinic there are rows of wards and long benches, and writing on 'mysterious' charts is much in evidence. The nurses and doctors perform 'secretly' in little rooms where one does not enter until - after a long wait - one's name is finally called.

Whatever the relative merits of the two cosmologies of medicine, it would be hard to deny how well the ambiance created by the traditional healers fits the emotional needs of the Khmer.

Dr. Heigel and his colleagues are convinced that many of the healers have genuine psychotherapeutic abilities as well as a strong sense of medical ethics. They are familiar with their neighbours' needs and problems because they are indeed neighbours, with a common language and culture. They too are refugees, they too have survived the same hardships and terrors and their futures will be the same as those of the people who come to them for help.

Dr. Heigel has also persuaded some of the Western doctors to accept the *kru* in a cross-cultural collaboration. *Kru* are invited to make daily rounds of the Western clinic's wards - giving patients the sense that nothing East or West is being neglected in their treatment.

Doubts, for example, on the part of a Khmer refugee mother about taking her child to an 'alien' Western hospital are relieved by the fact that the *kru* are allowed to practice their ancient and respected craft alongside the Western physicians.

Under the care of the *kru* many symptoms of depression disappear without prescribing scarce and expensive drugs. The *kru*, it should be emphasized, are not opposed to the use of such drugs; they themselves will ask for sedatives, for example, when they feel that a patient may be dangerously overactive.

The *kru* help mobilize the resources of the entire refugee camp for patients' struggles with a host of medical, social and domestic problems. In many respects the traditional healers may be considered 'gatekeepers' in a full partnership between the refugees and the relief workers.

Dr. Heigel takes care to avoid any reliance on Western medicine which might be unavailable if and when the refugees return to Kampuchea. Nevertheless, the great benefits of Western medicine are being sensitively demonstrated to these refugees.

Underlying all this work is an insistence that the Khmer culture be maintained, consistent with the expectation of the Khmer that eventually a solution will be found to repatriate them to their own country.

Dr. Heigel has made his contribution by helping as much as possible to expand the healers' areas of efficiency and by resisting any temptation to directly practice his own brand of Western medicine with the Khmer patients.

No challenge is raised to the traditional ways of thinking and working. By now these have proved to be effective and comforting - and to make an important contribution to community cohesion