Healers, Clinics and Aboriginal People: Whose Health and Who Benefits?

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Achieving better health outcomes for Aboriginal people remains a high priority for health providers. However, what can be overlooked in the delivery of health care is a very particular understanding of 'health' that Aboriginal people bring with them when they attend the local clinic or hospital. Within many central Australian communities there exist healers, maparn (also known as ngangkari) who attend to people's sickness. In this article, the author describes the work of these healers, and raises questions about the health implications for Aboriginal people when their healers remain isolated from western medical health understandings and practice.

"*Maparn* in the morning, clinic in the afternoon … like tablets, you know". This was how a young man, living in a desert community, described how he moved between two very different cultural and geographical places as he sought healing for his medical condition. He would see his own healers (*maparn*) in the morning and attend the clinic—where western medical health was provided—in the afternoon. While western doctors had provided a diagnosis, and suggested a form of on-going treatment, he continued to faithfully support his own cultural understandings for achieving wellness. He also acknowledged a priority—his own healers came first—the clinic came later.

The Study

This article draws on health research conducted in the Kutjungka region of the Kimberley (WA) between 2001 and 2004. This desert region lies south-east of Halls Creek, some 850 kilometres along the Tanami track north-west of Alice Springs, where the most prevalent language is Kukatja. While the research particularly focused on men's understandings and experiences of health, it revealed what a group of desert people understood by the concepts of 'health' and 'illness'.

The aim of the research was to explore what desert men understood by the use of the English word and western medical concept of health. What cultural values and meanings did they apply to its use? What did they understand by the concept of 'wellbeing' and what did it mean to be 'sick' and 'unwell'? These questions prompted individual and group interviews where men were invited to talk about their own health experiences. It also involved participatory action research and participant observation by the researcher.

As a means of further understanding the work of the male *maparn* (healer) and the ways in which desert people understand health and illness, *maparn* were invited to describe and express their work through the medium of art. There was no suggestion as to what they might paint, but a request that they express something about *maparn* 'business'. Some took up the offer and others did not. Some appeared more comfortable with this medium of expression than others; some painted privately, others painted with the assistance of their wives.

It is not possible, in this brief article, to describe the full complexity of these paintings. However, the paintings helped to express the distinctive personality of each *maparn*. As with healers in other communities, they revealed a close connection between their healing powers and *ngurra* (land), the power of their hands to heal, and a strong conviction that their 'ownership' of healing gifts were given to them to be used 'for others' (McCoy 2004; NPYWCAC 2000).

The Role of the *Maparn*

The Aboriginal people of these desert communities, like many other Aboriginal and Torres Strait Islander communities, are aware that there exist many sources and causes of physical pain and sickness. They also know they have various means and people at their disposal to achieve healing and wellbeing. In this region the healers are called

maparn. In some Central, Southern and Western Desert communities they are referred to as *ngangkari* (NPYWCAC 2003). These *maparn* are local people who offer culturally appropriate interpretations of, and responses to, illness (Peile 1997, pp. 166). It was they who diagnose, heal and offer treatment.

While both men and women can be *maparn,* such roles, as in other desert places, would appear historically to have belonged more to men (Devitt & McMasters 1998a; Bell 1982; Tonkinson 1982; Elkin 1945). This does not discount the particular ways in which men and women provide and sustain healing, but in fact suggests an 'interdependence and complementarity' of healing roles (Bell 1982, pp. 220). Women appear to resort more to the use of bush medicines and provide healing as a group, maintaining their people's health through ceremonial women's business (Peile 1997, p. 174). While the *maparn* will sometimes visit the clinic, especially if a member of the family requests their presence, most people will seek help in the 'camp' where both they and the *maparn* live. Today, most desert people move quite deliberately in and out of these two very different cultural and geographical spaces. As Janice Reid has noted:

> "People are pragmatic in their search for a cure of an illness: they will utilise whatever resources are accessible to them. It is not necessarily the case, though, that changes in practice reflect changes in belief. In Aboriginal communities, a coherent body of medical thought shapes the interpretations of misfortune among young and old". (1982, p. 196)

What became clear in the research was that *maparn* continue to be quite strongly active within this region. John Cawte, psychiatrist and researcher, wrote of such healers in 1974 that, "the end is in sight … and their total eclipse may take no more than 30 years" (Cawte, p. 27). Despite such predictions, it is clearly evident that desert people have continued to maintain detailed, highly developed and intricate understandings of the causes of particular forms of sickness. While these understandings are deeply embedded in strong cultural and traditionalist beliefs, this is not to suggest that they have not been influenced by contact with non-Aboriginal people and the provision of nurses and western medical services (as also the beliefs, teachings and practices of Christianity) over more than 50 years. Desert people are conscious that they are living in a different world from their parents and grandparents. They are exposed to relatively recent forms of serious sickness (Devitt & McMasters 1998a). These have now assumed important elements in their lives.

Attitudes of the Western Health System

It appears that the western medical health system has made little effort to understand or seriously engage with these desert health beliefs and practices. As Jeannie Devitt and Anthony McMasters have commented:

> "At the very least there is a need for more considered and critical explorations of the way that two quite opposed explanatory frameworks—the indigenous and the biomedical—converge and interact. Although pivotal, this conjunction is little acknowledged and poorly understood." (1998b, p. 39)

While many health practitioners have shown tolerance for *maparn* involvement in the clinic, rarely is there any seeking of a common healing activity or shared healing space. While it can be argued that separate domains of health care are not unusual, such as in the non-Aboriginal health care world and its use of alternative medicines, what is evident here is that many desert people place greater faith in their own health beliefs and practices. When there is little understanding of such beliefs by western medical health care, it is difficult to see that people's health can improve when faced with more recent challenges to their health, such as diabetes, cancer, kidney and heart disease. Social and emotional issues around alcohol use, petrol sniffing and self-harm would appear to remain even greater challenges.

The Traditional View of Illness

From the time of a person's birth the importance of *maparn* can be seen. Being sick or unhealthy can be embodied in many different ways that require *maparn*'s attention and service. *Maparn* can work to remove, heal or prevent many possible sources of illness (McCoy 2004, p. 89; Devitt & McMasters 1998a, p. 13). They can respond to simple causes, such as people getting sick from eating food, headaches and stomach ailments. Headaches can develop from 'cracks' in people's heads. The wind can enter and make people hot. A person can suffer from 'bad blood': where there is internal bleeding blood needs to be blocked, or blood that has been restricted from moving needs to be opened up. If a person's spirit (*kurrun*) shifts from its normal place in the middle of the body (*tjurningka* or stomach) that person will become sick, restless and anxious. The *maparn* can locate their *kurrun* and place it in its rightful place (Devitt & McMasters 1998a, p. 14). In all these cases a *maparn* responds to a person's pain and experience of being unwell. As they draw on their own inner powers, also located within their *tjurningka*, they respond, often using their hands or mouth, to locate and remove the cause of sickness (Tonkinson 1982, p. 232).

However, there are other and more dangerous forms of sickness and these are caused by sorcery. Foreign objects, sometimes described like small pearl shells or finger-nails, can fly up and enter into people's bodies. Like *mamu* or harmful spirits, they are invisible to the average person, but the *maparn* can see them and remove them (McCoy 2004). At the heart of this belief about sorcery is the conviction that people can cause sickness in others. This form of sorcery power causes people to be anxious when they are travelling to other communities, are in the presence of people who are believed to have sorcery powers, or are performing in secret or sacred ceremonies that engage the cosmic forces of the ancient *tjukurrpa* (dreaming). At such times, people are cautious and, if they feel sick in the following days, will consider that something was put into them or caused them to be sick at that earlier time, and similarly, after someone has died. Despite the interpretations offered by forensic science as to the cause of a person's death, people will invariably return to sorcery to provide a fuller explanation.

These extensive and deeply held understandings about the nature of sickness disclose a very strong and shared belief about what it means to be well and healthy. The physical body lives in a world of cosmic and ancient powers. The *tjukurrpa* or ancient meanings that have been inscribed upon the land continue to be active and can influence people's lives in healthy or unhealthy ways. People also live within a network of social and extended relationships (McCoy 2004). These all form important ingredients for a person experiencing being well and healthy.

Western Diseases

The traditional health 'model', which guides and influences people's beliefs and behaviour, contrasts with a very different emphasis on the physical body offered by western medicine in the local clinic or hospital. Hence, *maparn* would say that 'new' diseases such as kidney disease, diabetes and cancer lie outside their powers. They are not forms of illness that have arisen out those ancient understandings that guided desert people in the past. These sicknesses have become identified with the coming of non-Aboriginal people to their world, and hence are often associated with non-Aboriginal solutions.

This is not to deny the importance of clinic care. While many clinics have historically become largely female domains, staffed by female nurses and health workers, they have offered significant contributions, particularly to the health of women, mothers and babies, and older people. Clinic health care is also valued for the pain relief it can offer. However, as in the example of the young man quoted earlier, geographical and cultural demarcations around healing are evident. In his case, while living with a very precise and serious biomedical diagnosis, he would visit his *maparn* as a priority and before seeking the help of the clinic.

While *maparn* claim they cannot deal with more recent sicknesses, as in the example of kidney disease, their ability to protect their own people, or assist them when they have such an illness has, as a result, become seriously limited. To the extent that desert people identify some types of illnesses with non-Aboriginal people and the consequences of colonial contact, *maparn* can offer little in terms of diagnosis or healing. The protection that they offer lies more in terms of supporting and validating a coherent body of health beliefs against those represented by clinic care. Such resistance to a western medical health model may serve to promote a belief in the wellbeing of desert people before contact with white people, but it is difficult to see that it serves to improve many of those current sicknesses currently engaging people's lives. At the same time, it can be argued, where the clinic has assumed a biomedical hegemony over Aboriginal people's health, and failed to understand or value the care represented by the activities of the *maparn,* it has effectively trivialised and undermined the health beliefs and practices that lie at the heart of desert people's experiences of living healthy and well. In both cases, invaluable means to improve people's health are ignored and, as a consequence, the health of desert people continues to suffer.

This is not to deny the importance of western medical health care, but to stress that it is inadequate to address Aboriginal people's health and wellbeing by itself. The activity of *maparn* discloses not only a deep and continuing concern and involvement by desert people in issues of health, but also, through their *maparn*, a singularly important means by which they approach issues of wellness and illness. In seeking to improve Aboriginal health, western medical health care cannot ignore, dismiss or marginalise the importance and meaning that desert people place on their own health beliefs and their use of *maparn*. Rather than such beliefs serving as obstacles to clinic health care, they need to be seen as the basis upon which health care is communicated, delivered and evaluated.

Merging Two Worlds

In the Kutjungka region *maparn* are financially reimbursed for their work (by the regional cultural health service, the *Palyalatju Maparnpa* Health Committee) and in other places healers are employed by the local Aboriginal health service (NPYWCAC 2003). Patients in hospitals, such as in Alice Springs, are known to leave hospital to seek healing or to have healers visit them. However, such initiatives, while offering some acknowledgement of the role of *maparn* and *ngangkari*, can avoid a larger question. Can the healing space of *maparn* and the clinic find some common ground for the long-term good of people's health? Drawing on the strengths of local healers and western medicine would seem to be an important way to proceed. How might this occur? How can two very different approaches to health and illness work together to address the wide range of health problems currently being experienced in many Aboriginal communities?

There would seem to be three important steps that need to be taken by western health providers:

- a recognition and respect of Aboriginal health beliefs;
- a greater understanding of how *maparn* work; and
- the desire to find some common ground with *maparn* to improve people's health.

All three steps pose a challenge to the dominant western health system. To date, there has only been superficial respect and knowledge of Aboriginal health beliefs. Providing employment within a local medical clinic or financially reimbursing *maparn* for their work, while offering some tangible form of recognition and respect by a powerful and significant health provider, does not address the deeper, underlying challenges that remain. Until some common understandings and approaches are developed, people will continue to use '*maparn* in the morning, clinic in the afternoon'. This will keep *maparn* and clinic staff busy, but it is unlikely to improve people's health to the degree that is possible and urgently needed.

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