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Rethinking the Role of Diagnosis in Navajo Religious Healing

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## **Rethinking the Role of Diagnosis in Navajo Religious Healing**

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*Diagnosis plays a central, primary role in the therapeutic process across cultures. In this article, the authors examine the role of diagnosis in two Navajo religious healing traditions, the Traditional Navajo religion and the Native American Church (NAC), and examine a case study of a diagnostic encounter between an NAC diagnostician and a Traditional patient. The authors assert that, for Navajos, diagnosis is not merely a prescriptive rite that passively initiates the therapeutic process (as it has been seen in the Navajo literature) but can itself constitute a cure. Claims made about the similarity between Western psychotherapy and religious healing both by scholars and by the healer and patient in this case study are investigated. The authors conclude that such an analogy must be seen against the backdrop of Navajo beliefs about thought, speech, and health. Viewing diagnosis as a “talking cure” and an example of Good’s concept of “narrativizing” illness (things it shares with Western psychotherapy) suggests why the analogy is appealing for Navajos themselves. [diagnosis, Navajo, religious healing, language]*

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**A**lthough the literature on Navajo religion is voluminous even by anthropological standards, relatively little on the role of diagnosis and diagnosticians has been published. While a psychobiographical study of an individual hand trembler has appeared (Leighton and Leighton 1949), no in-depth study on diagnosis has ever been attempted, and the works addressing this topic have focused on the ritual procedures associated with it (e.g., Hill 1935; Morgan 1931; Wyman 1936). In their classic ethnography *The Navajo*, Kluckhohn and Leighton call diagnosis the “simplest” of religious activities, devoting about two pages to its description (1974:209–212). This reflects the general trend, pervasive in early ethnographic studies, toward emphasizing ritual detail and ignoring the role of a patient-centered therapeutic process in religious healing. To the extent that therapeutic process has been discussed at all in past treatments of Navajo diagnosis, it has been relegated to the simple identification of a patient’s problem. Here, we assert that a more productive approach to understanding the role and efficacy of diagnosis locates it in a larger, patient-centered therapeutic process and underscores

its role in aiding patients to give meaning to their illness through narrative. We focus on the central role narrative has in the therapeutic process, reflecting growing interest in narrative in anthropology (see Mattingly 1998 for a review).

We begin by briefly introducing diagnosis as it is practiced in religious healing among contemporary Navajos. Currently, Navajo religious practice is pluralistic, with three religious traditions present on the reservation (the Traditional Navajo religion, the NAC, and various denominations of Christianity). Ethnomedical systems are central to each of these religions, which, along with biomedicine, are called upon by Navajos to cure various illnesses. While diagnosis plays some role in all three religions, it is only within the Traditional context and the NAC that one finds ritually differentiated diagnosis playing a central role. Therefore, our discussion focuses on the role of diagnosis in the NAC and the Traditional Navajo religion to the exclusion of Christianity.<sup>1</sup> The presence of similar diagnostic rites in the other two traditions reflects a larger trend in Navajo religious practice, in which combining participation in the NAC and Traditional religion occurs more commonly than combining either of these with Christianity, a result of both fundamental philosophical differences and Christian antisyncretic ideology (Aberle 1982a; Frisbie 1992).

After introducing diagnosis, we present a case study of an encounter between a diagnostician and her patient. Interestingly, the healer in this case defines herself as a member of the NAC, while the patient calls herself an adherent of the Traditional religion. Yet these self-definitions do little to elucidate the complexity of the encounter, which, as a syncretic accommodation, represents the changing face of the Navajo religious landscape. Although analysis of the women's statements shows some important differences in how the healing event was perceived (differences that reflect their different religious affiliations), the rite was viewed by both the patient and the healer as being efficacious. We assert that this is due to fundamentally compatible views of the role of narrative in the therapeutic process. As we will show, both the NAC and Traditional Navajo religions imbue narrative with healing power (albeit for different reasons we discuss below). In other words, although differing in their respective interpretations of the events, the women in the case study agreed on the efficacy of the diagnostic session *because* it allowed the patient to give meaning to her illness experience *through* narrative in a social context. This is consonant with recent medical anthropological work on narrative asserting that for the afflicted, illness narratives are more than mere recollection and, in fact, shape the illness experience itself. As Mattingly has asserted, "narratives are not just about experiences. Experiences are in a sense, about narratives" (1998:19). Similarly, the case study of Navajo healing presented here demonstrates that the act of narrating is more than mere referential description and affords the possibility of initiating therapeutic efficacy.

This article draws on nearly eighteen months of fieldwork in the northeastern portion of the Navajo reservation. Working in the Shiprock Service Unit, we conducted over two hundred extended, in-depth interviews with religious healers and their patients in each of the three religious traditions. We also attended healing events in all three of the religions—including numerous NAC and Traditional diagnostic ceremonies. Our work was part of an ongoing project funded by the National Institute of Mental Health and formally titled "Ethnography of Therapeutic Process in Navajo Healing," Dr. Thomas J. Csordas, Principal Investigator (see

introduction to this issue). We interviewed ten patients from each of the three religious traditions about their illness and healing episodes. Each patient was asked to relate the specifics of the diagnostic process that initiated the quest for healing. Additionally, eight practicing diagnosticians were interviewed at length. Typically, patients were interviewed, and healers were then interviewed in turn about those same patients. As Csordas has noted, we were only one of four teams working on the reservation as part of the overall project (articles by other research teams are included in this issue), and we were the last of the four to conduct our research. Therefore, data collected by the other research teams in other areas of the reservation, comparable to the amount we collected, also inform this article.

### Diagnosis in Traditional Navajo Religious Healing

In one form or another, diagnosis of illness plays a primary and essential role in virtually all healing systems worldwide. Traditional Navajo religion centers on healing and emphasizes the importance of the causal origins of a disease. As Jerrold Levy has asserted, “no Navajo disease is known by the symptoms it produces or by the part of the body it is thought to affect” (1983:132). In fact, diseases are referred to by their causal agents, for example, lightning, water, or wind, and to treat an ailment is to ritually address its cause.

Diagnosticians are consulted in order to ascertain the origins of particular maladies, because without knowing the original cause, a patient cannot be properly treated. Navajo disease etiology holds that illness generally comes from bodily contact with various natural phenomena. According to Wyman and Kluckhohn (1938), illness can result from exposure to a variety of things that cause “infection,” to use their term (though *contamination* is the more commonly used anthropological term for this causal category). Such things include certain kinds of animals, other natural phenomena, ceremonies, ghosts of deceased humans, and contact with foreigners, especially enemies, living or dead. Contact with these factors can result in illnesses that manifest as various physical symptoms. Importantly, the effects of contamination do not necessarily occur immediately following contact. As one diagnostician told us, “If they don’t get affected right away, then it will happen sooner or later.” Typically, patients do not seek ritual healing until symptoms occur. Generally, ill individuals are not stigmatized or necessarily seen as responsible for their own contamination. Ladd (1957), for example, asserts that Navajo norms are driven by pragmatic considerations and have little to do with morality per se. Possible exceptions to this include witchcraft and incest, both of which can cause illness and both of which are strongly proscribed (we return to these in the second half of this article).

Once diagnosed, a ceremonial (also called a *chant* or *chantway*) is conducted by a healer (usually referred to as a *chanter*, *singer*, or *medicine man* in English).<sup>2</sup> Ceremonies may address specific illness and life problems, or they may be prophylactic; they may be intended to ameliorate the cause of suffering, or they may be intended to enhance health, the quality of social relationships, and financial well being. Both types of ceremonies take place in a hogan, the traditional Navajo dwelling; they vary from a short prayer (sometimes taking less than an hour) to a full nine-night ceremonial. Because of the pressures of acculturation and the influence of the wage-labor economy, the Traditional system is under enormous stress.

A growing number of ceremonials are no longer sung at all, while many others are only sung in abbreviated forms.

In Navajo religious belief, the Holy People (or *diyin diné'é*, the Navajo term) are manifestations of natural elements such as wind, water, or lightning, as well as certain powerful animals (bear, eagle, or snake, for example) and other figures from the Navajo origin story cycle. Seen as sacred, these elements and entities have the power to cause illness in humans. Ceremonies attempt to redress the patient's illness performatively through identification of the patient with the *diyin diné'é*. In Traditional ceremonies, the medicine man speaks prayers that the patient repeats verbatim. In these prayers, the patient is progressively identified with the Holy People until he or she is literally speaking in the first person as one of the *diyin diné'é* (Field and Blackhorse 1997; Reichard 1944). In the ceremony's culmination, the patient sits on a carefully prepared and properly blessed sandpainting. Sandpaintings, well known to non-Navajos due to their modified presentation as ethnic art, represent the Holy People in their anthropomorphic form. The deities are said to be drawn into the ceremony by their attraction to their own likenesses, and through the symbolic merger of patient and deity, healing occurs. Success, however, is predicated on an accurate diagnosis.

For the traditional Navajo person afflicted with physical symptoms, causal reasoning is often exceedingly complex. While it is sometimes asserted that one-to-one correlations of symptom and cause exist (for example, that "lightning causes cancer" or "whirlwinds cause dizziness"), various causes can nonetheless manifest themselves in a variety of different ways. Wyman's (1983) list of "frequent associations among ceremonials, etiological factors, and diseases" makes it clear that while etiological factors are relatively stable and consistent across chants, the resulting symptoms and diseases are not. For example, a wide range of diseases is treated by the Mountaintopway ceremony, including arthritis, mental disturbances, gastrointestinal diseases, genitourinary diseases, skin disorders, deafness, and eye trouble. In addition to nosological variation associated with individual chants, there are also various means to treat a given disease. Gastrointestinal problems, for example, are treated with a variety of ceremonies, including Shootway, Red Antway, Mountaintopway, Beautyway, and Windway. They were also treated by Coyoteway prior to the demise of that ceremonial (Wyman 1983:26–27). The subordination of symptoms to causes as factors determining treatment is something that distinguishes Navajo ethnomedicine from Western medical healing therapies.

In addition to the relatively loose correlation between symptom and cause, there is also a tendency among Navajos to see multiple causes at work in a wide variety of maladies. Very few of the traditional patients we worked with cited with certainty a single cause for their ailments. Rather, multiple causes were typically seen as involved. This pattern was also identified by Csordas in his study of Navajo cancer. There, he noted that "most of the Navajo patients generated a causal construal consisting of multiple elements totaling as many as six with only seven (of a sample of 28) citing a single causal element" (Csordas 1989:477). Multiple etiologies constitute what Csordas calls "causal construals" of illness. These causal construals collapse the dichotomy between natural and supernatural, as they include physiological, psychological, cultural, social, and spiritual factors.

This complexity can make correct self-diagnosis difficult at best, and there are a variety of diagnostic methods available to help Navajo people select proper treatment for their ailments. It is possible, of course, for the afflicted individual to decide on a course of treatment without consulting a diagnostician. This does happen occasionally, virtually always in consultation with one's relatives, especially older relatives, who are more knowledgeable in these matters. Even in such cases, however, an afflicted person and his or her family will usually consult a diagnostician to confirm what they believe and eliminate all possible doubt.<sup>3</sup> It is difficult to be certain in these matters because one typically experiences many events during the life course that can have potentially harmful effects at some later time. As one diagnostician explained to us, "There can be lots of things that can affect a person. All the way back from birth, as they go through life's road, a lot of things were done wrong. Even as we three sit here, we've done a lot of things wrong. Farther on as we get a little bit older there's the time, whatever we have done wrong, taboos that we have broken, these will affect us at that time." The belief that a variety of life-course events can contribute to an illness is one of the primary reasons complex causal construals are common.

Because there are many potential causes for each affliction, a diagnostician is almost always sought to determine the principal cause or causes, which is done in a divination rite. Ceremonies are performed on the basis of the diagnosis, and while the ceremonial system is flexible enough to address both multiple causes and nuances within any single cause, correct diagnosis is extremely important, because if the wrong ceremony is performed, the patient will not heal. Getting a correct diagnosis, therefore, can be a source of some anxiety for an afflicted Navajo person. The apprehension attending diagnosis underscores its importance in the therapeutic process. Because Traditional ceremonies can be quite costly, require a great deal of social support, and typically address a specific disease etiology, misdiagnosis can be disastrous. If misdiagnosis does occur, another diagnostician is sought out. According to Kluckhohn, Navajos typically consult a local diagnostician first, perhaps a family member, and if the local diagnostician's advice does not result in a cure, "the next step is very often that of calling in an outside diagnostician" (1939:73-74). While we observed this pattern in our fieldwork, we also observed a tendency for afflicted individuals to be treated by several different diagnosticians before deciding on a course of action, in order to be more certain of the information they are given, with some patients going so far as to consciously vary the means of diagnosis in order to get a more trustworthy "second opinion." Naturally, this second opinion sometimes replicates the first, sometimes not. In the latter cases, the individual must decide which diagnosis he or she finds most reliable. At least one patient interviewed sought a third diagnostician in order to ascertain which of the first two he had seen was more correct in his diagnosis.

Not surprisingly, trust in diagnosticians varies from person to person and with each diagnostic encounter. Many individuals we interviewed expressed a lack of confidence in certain diagnosticians from whom they had sought help, and there are persistent rumors of fakery or ill intent on the part of some diagnosticians.<sup>4</sup> One man told of a distinction between "left-handed" and "right-handed" diagnosticians, a distinction correlating not to the hand used in the diagnostic ritual but, rather, to the intentions of the diagnostician. According to our consultant, a "left-handed" diagnostician will purposefully give wrong information to harm the patient, a

form of witchcraft. Allegations of incompetence are also made, even by diagnosticians themselves. One diagnostician told us:

There was another diagnostician who doctored a patient who said to someone else, "Oh you got a cancer." And I know, I know he's got sore toes about like this, was kind of turning blue, and the diagnostician said, "It's a cancer that's affecting you." And so that poor individual was just up in the air, thinking, "My poor toes, they're going to cut them away. I don't want anything cut." And I looked in there and I say, "Any idiot can look at your toes, you have an ingrown toenail." "Is that how he diagnoses people?" I asked him. That's how he upset his patient (and gave him) so much anguish [laughs]. [interview by authors, August 13, 1996]

Misdiagnosis is a very common explanation for a patient's failure to heal properly, a fact that underscores the importance of diagnosis in the therapeutic process. If, following the completion of a ceremony, a patient asks a medicine man why the ceremony failed to cure, the blame is often put on the diagnostician. Typically, a patient who is not cured by a ceremony will see another diagnostician, who usually attributes the failure to one of two causes—either a procedural error by the medicine person who conducted the ceremony, or a misdiagnosis. The follow-up diagnosis received by the cancer patient whose case is discussed by Csordas and Garrity (1994) exemplifies both of these tendencies. After being diagnosed as needing an Evilway ceremony, this patient had the ceremony conducted but failed to be healed of symptoms Indian Health Service doctors later diagnosed as colon cancer. After having surgery for the problem, he returned to another diagnostician, who told him his problems were due to two failures. First, the original diagnosis was wrong: he needed a Shootingway rather than an Evilway ceremony. Second, at another ceremony he had had previously (an Enemyway), mistakes had been made (Csordas and Garrity 1994:245). Despite situations like this and allegations like those made above, Navajo people do not abandon the use of diagnosticians, since etiological complexity and the necessity of choosing the right ceremonial course of action make them indispensable to the therapeutic process. Instead, Navajos work to find an individual they feel they can trust. Once a trusting relationship with a diagnostician is established, many Navajos will follow that person's advice without hesitation. This tendency is reflected in Levy's observation that "many Navajo patients did not know why a ceremonial was performed for them, beyond the fact that a diagnostician had recommended it" (1983:129), a trend we observed as well.

### **Hand Trembling Diagnosis**

Traditionally, Navajos have practiced three different diagnostic methods. These are "stargazing," whereby one either looks at the stars directly or through a crystal and receives information about the patient, "listening," whereby the pertinent information is heard rather than seen, and "hand trembling," whereby the diagnosis is interpreted through an involuntary motion of the hand.<sup>5</sup> All three typically involve a mild trance state. Reviewing ethnohistorical, mythological, and other ethnographic evidence, Levy follows Luckert (1975) in asserting that diagnostic rites represent "the last remnant of the shamanic trance," an inheritance from an older way of life followed by the Navajo prior to their migration from Canada (where most of their Athabaskan relatives live today) to the Southwest (Levy 1998:147–148). In a carefully constructed argument, Levy traces the effects of

contact with Pueblo groups following this migration, noting that the Pueblo influence led not only to the adoption of horticulture, but to a partial acceptance of the Pueblo hostility toward trance states as well. According to Levy (1998), this served to displace the hunter-gatherer shamanic tradition of the northern Athabaskan groups, and what had been the core of Navajo religion became the means of diagnosing, while Pueblo-derived ceremonials became the more ritually elaborate means of treatment. Evidence suggests that the hand trembling technique came to the Navajo some time later, around 1860, from the neighboring Apache, making it the most recent of the three diagnostic methods (Wyman and Kluckhohn 1938:28–29). Levy argues that hand trembling came to replace the more controversial techniques of stargazing and listening, each of which included possession by Coyote (a highly ambivalent figure in Navajo culture) as part of the rite (1998:119).

Like the other two forms, hand trembling can be considered a shamanic rite—that is, in addition to involving a mild trance state, it is a skill that is seen as a gift, a talent that cannot be developed but, rather, that occurs spontaneously (usually in the context of a healing ceremonial<sup>6</sup>) and is then “controlled” with the help of an experienced diagnostician. Of the three diagnostic methods employed by Traditional Navajos, hand trembling is by far the most commonly practiced today, as supported by the only available (somewhat dated) statistical data. In 1961, Adair, Deuschle, and Barnett (1988) identified 69 diagnosticians in the Many Farms, Arizona, community, or one for every 33 residents. Of these, all but three were hand tremblers. Since these data were collected, hand trembling has, if anything, become even more dominant among the different forms of Traditional diagnosis. Levy, for example, was unable to locate any listeners or stargazers in his fieldwork on the western side of the reservation, and while several were interviewed as part of our project, these individuals are rare. With only a few exceptions, patients we interviewed who received Traditional diagnosis did so exclusively from hand tremblers. Importantly, unlike Traditional chanters, who are overwhelmingly men, hand tremblers may be either male or female, with female hand tremblers being the norm. Of the 66 hand tremblers Adair, Deuschle, and Barnett identified in the Many Farms area, just over half were female (1988:163), as is the healer in our case study.<sup>7</sup> Here, the marginal position of hand trembling as a shamanic form as well as its late introduction may help to explain the prevalence of women in a religion where practitioners otherwise are nearly always men.<sup>8</sup> The exceptions to this trend are herbalists, who may be either men or women but who, like hand tremblers, are primarily women. There is a fair amount of overlap between these two practices as well—women who diagnose are often also herbalists.

Hand trembling diagnosis ordinarily lasts less than an hour. The patient usually seeks the diagnostician out for consultation, often arriving unannounced at the diagnostician’s home. The encounter generally begins with the diagnostician asking the patient a few questions about the illness (if these facts are not already known). Diagnosticians we interviewed stressed that they were able to diagnose without any information whatsoever from a patient, but most also said that they typically begin by asking some basic questions. As one hand trembler said, “I tell them to tell me briefly (and ask) ‘How do you feel?’ ‘Are you aching?’ . . . I do the hand trembling on the little information that I get from the person.” Following this exchange, a blessing is made in the form of a line of corn pollen drawn on the



fingers of the hand and up the arm. Then a prayer appealing for Gila Monster's guidance is spoken, and the hand trembler goes into a mild trance. It is Gila Monster, one of the Holy People, who communicates information about the patient's condition to the diagnostician. Dialogic exchange continues throughout the diagnostic encounter, with the healer acting as interlocutor between the patient and Gila Monster. According to consultants, this information most often takes the form of visual images or simply abstract "knowledge." The diagnostician then relates this information to the patient, asking additional questions about the meaning of the information received. Life experiences relating to the illness are usually recalled by the patient and pinpointed as etiological factors. Although it is not necessary for the patient to have conscious recollection of the events in question (causes can stem from the actions of the afflicted person's parents during pregnancy, for example), in general, correlating the patient's life experience with the diagnostician's knowledge is seen as validating the diagnosis. Since causes may be traced back before birth, sometimes parents are consulted about diagnoses and will occasionally attend sessions with their children. Through this exchange, the exact cause of the illness is determined and a ceremonial cure recommended.

### Diagnosis in the NAC

In addition to these Traditional forms of divination, diagnosis is also practiced by healers in the NAC. The NAC came to the Navajo in the 1930s, primarily from the Ute Indians who live to the north of the Navajo Nation and the Oto Indians of Oklahoma (Aberle 1982b; Aberle and Stewart 1957). Although many traditional Navajos resisted the growth of the NAC after its arrival (a tribal ban was instituted in 1940 and not repealed until 1967), such resistance has largely disappeared in recent decades. The NAC is a syncretic tradition, reflecting both native and Christian influences. Unlike the Traditional Navajo religion, it is monotheistic. It centers on an all-night healing ritual called a "meeting" by the participants. Meetings are run by a healer, usually called a "road man,"<sup>9</sup> and held either in a tipi (set up for the occasion) or a hogan. Meetings usually take place at the home of either the road man or the patient and begin late in the evening. Sacred peyote medicine from a species of cactus (*L. williamsii*) is taken by participants who pray while individuals sing NAC songs to the accompaniment of a drum. The meetings take place around a central fireplace that includes an earth altar. Road men inherit their fireplaces when they learn to conduct the peyote ceremony. Meetings symbolically incorporate the four basic elements—fire, water, earth, and air—that are seen as fundamental to life. Like Traditional ceremonies, Navajo NAC meetings typically focus on healing a patient. Both the healer and the others in attendance pray on behalf of the patient, who also prays for her own health. These prayers, along with the experience of taking peyote and going through an all-night meeting are seen as potentially curative for the afflicted individual. Unlike the Traditional system, NAC meetings are not ritually differentiated on the basis of etiology. In other words, whereas Traditional ceremonies vary widely according to cause, NAC meetings are largely the same, regardless of the cause of the patient's illness, and differences can be found only in the content of the prayers.<sup>10</sup>

In spite of this, diagnosis is important in the Navajo NAC. This is because of the belief that for an NAC meeting to be most effective, the prayers and songs must

be sincere and properly directed, and therefore the patient's problem must be correctly diagnosed and understood. Sometimes, diagnosis occurs during the meeting itself. Many people interviewed, both healers and their patients, stressed that the effects of peyote allow every individual the opportunity to better understand the nature of his own problems, a process that is seen as central to healing efficacy. One road man elaborated on this point:

I might give you a peyote medicine, "Here eat it," I tell you, "now here eat it," and then you ate it, and then you started working with your mind. Therefore, whatever the problem is affecting you, you will see it more clearly and you will capture that. In that way, you will realize it and know. But if someone else, maybe a road man is telling you, this is the problem, this is what's wrong, then you tend not to believe them. Okay? It's you, it's you, you got to work with your mind and your faith. That's all it takes. That's all it takes. [interview by the authors, May 30, 1996]

To put it another way, as Calabrese (1994:500–501) asserts, individuals taking peyote medicine have greater access to what Hallowell (1974) calls the "self as perceptible object." For the afflicted individual, this can include very specific information about the nature of his or her illness. For example, patients frequently told of seeing images that related to their condition as they looked into the burning embers of the central fireplace. Images revealed to patients in the course of a peyote meeting provide diagnostic information not unlike the knowledge revealed to the hand trembler in a Traditional diagnostic rite. Often, these images relate to past experiences that are considered relevant to the affliction. Although this emphasis would seem to obviate the need for ritual diagnosis, the decision to hold a meeting, like the decision to hold a Traditional ceremony, is an important one. A meeting may be undertaken without formal diagnosis of the problem, but most NAC patients consult a healer about their affliction prior to holding a meeting, and diagnostic rites have come to be practiced very commonly by NAC healers. Diagnosis in the NAC, therefore, provides an interesting example of cultural change and adaptation. If, as Levy (1998) asserts, Traditional diagnosis represents an evolved version of an older, shamanic Navajo tradition, its incorporation into the NAC shows both the durability and elasticity of the older ritual form. Not every road man in the NAC diagnoses, but many do. In spite of this, diagnosis in the NAC has received no scholarly attention that we are aware of, short of mention in one footnote (Levy 1998:148).

Diagnostic methods in the NAC also differ from Traditional methods. NAC healers almost always use a method of diagnosis referred to as "coal gazing."<sup>11</sup> Besides hand trembling, coal gazing is the most common diagnostic method currently used on the reservation as a whole. Here, small burning embers are viewed and interpreted by the diagnostician, similar to some extent to the way stargazing works. Of course, interpreting the embers replicates diagnosis as it might occur in an NAC prayer meeting, and some road men who are coal gazers also diagnose in this way in the context of a meeting, using the embers from the central fireplace. However, diagnosis of this type most commonly occurs outside of the all-night meeting, usually prior to the decision to hold it. In these cases, either the diagnostician or the patient may ingest peyote medicine, with the decision usually made by the patient. In most diagnoses we observed, peyote was not taken as part of the rite. The ritual itself is not elaborate—small embers are taken from a fire and placed on the ground.

A prayer is made, and the embers are then blessed with cedar placed on them (a common procedure in the NAC). The smoke is then wafted onto the patient. Following this, the road man stares at the coals and interprets images. The cedar blessings and prayers continue through the rite as the coal gazer interprets the meaning of the images in consultation with the patient, much like the Traditional form discussed above. Unlike Traditional hand tremblers, NAC diagnosticians do not communicate with Gila Monster. Rather, they communicate with the Creator (also referred to as "God") in order to receive their understanding of the patient's problem. Depending on the affiliations of both the healer and the patient, this distinction can be superficial, and the images seen by the diagnostician may suggest either a transgression of traditional taboos or the violation of the NAC code, or both. As one would expect, patients generally seek out diagnosticians who share their affiliations to ensure diagnoses compatible with their own beliefs.

NAC diagnosis tends to attribute illness and misfortune to the results of individual behavior, much like the Traditional religion does. The difference is that morality and personal responsibility in transgression are emphasized more in NAC diagnosis. In other words, the causes of an individual's illness do not originate primarily in contact with natural phenomena but, rather, in an individual's misbehavior. Illness results from an individual's failure to follow the teachings of the NAC, either by drinking, committing adultery, mistreating one's family or some other act that violates the NAC moral code. Cures, in turn, are facilitated by the prayers of the patient seeking forgiveness, as well as prayers by the road man and the other people present at the meeting on the patient's behalf. Following this, most NAC diagnosticians tend to see the causes of illness as person-centered and the responsibility as resting with the patient. These diagnosticians can be very critical of the tendency of some people to blame illness and misfortune on witchcraft, since to see witchcraft as a cause of one's problems exonerates the afflicted from responsibility.

The emphasis on responsibility and morality makes NAC etiology distinct from that of the Traditional religion, but a variety of factors can still make it difficult to differentiate the two. Because a growing number of Navajos co-utilize Traditional and NAC religious healing, some individuals will cite etiological factors from both traditions in their causal construals. While the traditions are seen as separate and distinct, both the Traditional causes and the NAC causes outlined above may be seen as viable by the same individual. This goes for patients as well as healers, and NAC diagnosticians sometimes see the same phenomenon that Traditional diagnosticians do as potentially dangerous to well-being and therefore offer a diagnosis that is identical to a Traditional one (especially in cases where they know their patient participates in both traditions). All of this can give the appearance of a significant overlap of etiological beliefs between the two traditions, though from an ethnographic standpoint, it is more appropriate to see this overlap as a result of individual practice and belief (that is, individuals embracing both traditions) and not (at least, as yet) the result of the two systems actually merging.<sup>12</sup> For example, the emphasis on personal responsibility in the NAC becomes evident when a broad enough cross section of diagnosticians is considered, especially when healers and their patients are known to be exclusively affiliated with the NAC. Although varying from individual to individual, Navajo religious practice

shows that it is most accurate to see the two systems as distinct but ultimately compatible.

The following case study is an informative exception to this pattern. The healer in this case is a road woman who also diagnoses. What is most interesting is that she uses a Traditional method of diagnosis—hand trembling—yet identifies herself as an NAC member exclusively and maintains that she does not practice or believe in the Traditional religion. The patient, on the other hand, identifies herself as Traditional and is not involved with the NAC at all. In spite of these differences, the encounter was considered highly efficacious by both women. In analyzing this healing, we seek to understand why this was the case. We attempt to show that there are logical reasons why this exceptional encounter occurred and logical reasons why it was considered a success. As a unique syncretic response to illness, it symbolizes recent changes in Navajo religious practice, changes made possible by an essential compatibility between Traditional and Native American healing. By examining the role of narrative in this diagnostic encounter, we can better understand both the differences between the two traditions and the essential nature of their compatibility. We turn now to that encounter.

### **Narrative and Healing: A Case Study of a Hand Trembling Ceremony**

The diagnostician in our case study, Helena, was 67 years old at the time she helped the patient, Lori. She speaks some English, but is primarily a Navajo speaker, and our interviews were conducted in Navajo. She is a grandmother and lives with her extended family in a large house in the central part of the reservation. She dresses in the “traditional” Navajo style (long skirts and patterned blouses of either cotton or velvet) and wears her hair in the traditional way, tied up in the distinctive Navajo bun. She is an expert weaver in the Two Grey Hills style and says that along with her family, weaving is what she enjoys the most. While her life is in many ways that of a traditional woman of her age, her religious affiliation is exclusively with the NAC. It was in an NAC meeting when she was 23 that the gift of hand trembling came to her. Here, she recalls this pivotal moment in her life:

When the peyote was working on me, I felt some sensation going through me beginning from my right side and then from my left side. My legs were trembling and the sensation started going through my body and my hands. I tried to stop the trembling but I can't. It was shaking, not so hard, but visible enough. My father saw what was happening and asked me what was going on. I told him that I was trembling and shaking for no apparent reason. Then he asked me to go to him and instructed me to do this, and it got worse. I was shaking all over. He was speaking to the spirit not to do it that way. I was instructed to go around in circle four times. My father kept talking to some being to calm down and it was calming down slowly. He saw what was going on and told me that this was a gift offered to me by God. This was a gift to help people, from infants to the elderly. [interview by the authors, June 6, 1996]

As Helena states here, she sees her hand trembling as a gift from God, and it is from the Creator, not Gila Monster, that the information about a patient's condition is communicated to her. The ritual aspects of her hand trembling also differ somewhat from the Traditional outline above. She does not bless her hand and arm with corn pollen before beginning, and she always has a cup of water present while

diagnosing. Likewise, water is used to consecrate the dirt floor surrounding the fireplace stove at the center of the hogan before diagnosis begins. She explained that this is because in the view of the NAC water is one of the basic elements. Additionally, when performing hand trembling, she asks that the patient circle the stove altar at various times during the ritual, stopping for deep breaths at the cardinal directions. As she told us, this both helps her to see what is wrong with the patient as well as assists in the healing process. Like the cup of water, fire in the stove, and earth of the dirt floor surrounding the stove, this action incorporates a basic element in the NAC view: the air of the patient's breath.

In addition to being a hand trembler, Helena is also a road woman and conducts NAC prayer meetings about once a month on the average. This makes her extremely exceptional—we heard of only two or three other road women on the reservation during our fieldwork and were unable to locate any of them. Helena learned to be a road woman from her father, who was a road man himself. Helena alone among her siblings had the interest and dedication to learn the ceremony. This occurred many years after she acquired the gift of hand trembling, and she inherited her father's fireplace and began conducting her father's ceremony regularly after he died. Most of the participants in her prayer meetings are her relatives, making her a kind of "family practitioner," a pattern we found among many NAC healers. She describes her own beliefs as "more Christian, not Traditional" and sees peyote as a means to access the Creator.

As an NAC diagnostician, Helena exemplifies the NAC tendency to see an individual's misbehavior as the primary cause of illness. In her diagnoses, personal responsibility is heavily emphasized. She told us that even in cases where individuals have been witched, it is only through their own behavior and weakness that they make themselves susceptible to the effects of the witchery. In Helena's belief, in order to cure illness, the afflicted person must "confess" some previous wrongdoing and pray for forgiveness from the Creator. If this confession is full and sincere, then the illness will be cured, but if not, the patient will not improve. In her view, everyone has something to confess, and while she claims not to judge people's behavior, it is clear that in her view certain actions are immoral. Through her hand trembling, she discovers which past wrongdoings a patient needs to confess in order to heal. It is interesting that this confession can occur either in an all-night NAC meeting or in the shorter diagnostic encounter. In her view, it sometimes takes an all-night meeting to deal with a problem, since there can be much to confess and patients may resist this process. Although Helena does not follow the Traditional way herself, she does maintain that Traditional causes are also made available to her through her hand trembling. Perhaps because she is a hand trembler, she diagnoses Traditional people on a fairly regular basis. She admitted that she sometimes has to rely on the patient or the patient's relatives to help with the diagnosis because "I don't know all of the Traditional beliefs or how they cure things." She diagnoses the patients according to what they believe. "I do not force or persuade people to get help in the NAC or whatever," she told us.

The patient in our case study, Lori, is Helena's niece. She was 31 at the time she received help. She speaks both Navajo and English, and our interviews were conducted in English. Although she currently lives off the reservation, Lori was raised traditionally and considers herself Traditional. She told us that while she had participated in the NAC earlier in her life, her experiences with peyote were always

very difficult, and she had stopped attending NAC meetings altogether many years before our interview. Lori said she was a tomboy as a child and told us that she was always trying to “do the things the boys did.” She always felt she needed to prove herself, and her attitude has garnered impressive successes in school, work, and the armed forces. It was during her time in the army that she developed a number of health problems. She served in Japan for nearly two years. Close to the end of her tour of duty, when she was pregnant with her first child (about five years before we interviewed her), she began having an array of mental and physical difficulties. With the help of several diagnosticians, she attributed these to several potential causes, the main one being contact with the foreign dead. While in Japan, she discovered that the barracks where she lived were near a crematorium. She said she didn’t realize this initially, but sensed a smell, especially at night, which she found out later was from the cremated bodies. She also told us she had contact with the dead at the various shrines she visited while traveling in Japan and worried about that as well. As she put it, “I didn’t feel like I was balanced” (a commonly used spatial metaphor for health). She began to have troubling dreams and eventually awoke on several occasions to find an amorphous dark figure standing above her at her bedside. As her anxieties continued to increase, she saw the army psychiatrist, but the sessions were fruitless. During her illness, she went through a painful break-up with her boyfriend. She discovered he was cheating on her, and she became extremely angry and very depressed. She said the main cause of the break-up was his inability to understand the difficulties she was going through and that cultural differences made things impossible with him. Though her tour of duty was nearly over, she decided to leave the army early and return home to receive Traditional treatment. Around the time of her return to the United States, life-size black handprints appeared on each of her shoulders. She told us that since she returned from Japan she had had so many ceremonies for these problems that she couldn’t remember them all.

When we first met with Lori, she was in good health. Shortly after we began interviewing her, however, she had a recurrence of what doctors diagnosed as eczema. The medicated creams she received from the Indian Health Service did not alleviate the problem as they had previously. Wondering why her chronic problem could not be cured, she decided to seek religious healing. Her first step was to have her aunt diagnose her. She had seen her aunt in the past, one of several diagnosticians she had called on for the various health difficulties since returning from Japan.

Although present at the diagnosis, we could not record the encounter (due to the preference of the participants). We interviewed patient and healer separately prior to the ceremony as well as two days after. Two additional follow-ups were then conducted over the next several months. We were told that through her hand trembling, Helena found that Lori had several problems that needed treatment. First, without being given information about it, she noted Lori’s physical condition—that she had sores on the soft, fleshy parts of her body, between her fingers, in her armpits, and other places. Additionally, Helena found that Lori had ongoing bouts with loneliness and would get depressed and cry at times. She also diagnosed Lori as having a recurring pain in her head, and felt that this was related to her tendency to anger easily, usually as the result of stress. As Helena explained:

The anger that entered her body stayed there, and she was angry all the time. The anger was lodged in her body, and no one could communicate with her. Because she wasn't treated for it, she wasn't straightened out, so to speak. This anger entered her body and it was never released, you see. That is what affected her. Even the water she uses to bathe, the bath water, was causing her to blister in clusters, you see? It's blistering in her soft spots because she willed her life to the ocean water once. That's why. [interview by the authors, September 30, 1996]

The problems originated during Lori's time in the army, when she discovered that her boyfriend had been cheating on her. Through her hand trembling, Helena learned of the destructive emotions this produced in Lori. She asked Lori about her anger and the possibility that she had contemplated violence. Lori said that after she found out her boyfriend was having an affair with another woman, she had nearly shot him. Helena also felt that somehow water was involved in this whole incident. Lori admitted that in her sadness, she had contemplated suicide by drowning. Although she gave both of these courses of action serious consideration, she held back at the last minute from doing either. Helena said that in spite of the fact that she did not actually act on these thoughts, the fact that she had had them caused her current difficulties. She had never freed herself from the anger and sadness, Helena explained, and because they had stayed with her, these things were finally having a physical effect.

Helena told Lori that if she were to have a Traditional chant, it would have to be for problems with water because "she had willed her life to the ocean water." Suicide was wrong, Helena explained, and Lori's thoughts of killing herself by water were offensive. It was because of this offense that Lori's recent contact with bath water produced the skin sores. Lori's mother (who follows the Traditional religion) was present and suggested that this meant the Waterway ceremonial. Helena gave Lori another option for treatment, however. She told Lori that she could help her and that through confession and prayer the condition could be cured. Helena explained how this works in this way: "You recall events from the past in your memory that are negative and not fixed. The mind is bothered unconsciously; thereby sickness comes upon the individual. And something that is embedded that becomes exposed through your verbal confession can be brought to the open and expressed. The deities then pick up on the confession to correct it" (interview by the author, June 21, 1996). In Helena's view, confession transpires between the diagnostician and the patient, but includes the Creator as an indirect addressee. Diagnostic rites also include prayers made directly to the Creator, and together these speech acts solicit forgiveness. What is important therefore is that the patient take responsibility for previous actions and sincerely express "repentance" for them. If the patient is sincere, then the illness will be cured. If a patient fails to heal, it is because of a lack of sincerity or because a full admission of wrongdoing has not been made.

Once Helena had explained the causes of her problem, she told Lori that she must give a detailed account of the events in question. Helena recalled her words to Lori:

You have to start back from the time you were overseas and tell about all the way from there to here. That's where your mind was affected. The trail of mind thoughts has to make a straight path from there back to here as we sit here. I told

her that's the only way to straighten out this problem and to go through it and conquer it. I asked her if she was able to do this and she said, "Yes, I can handle it." I said, "Okay." Then she started her story. [interview by the authors, August 30, 1996]

Because it involves an admission of wrongdoing, such confession can be a difficult process. As one NAC diagnostician told us, patients usually want to talk only about the symptoms that drove them to seek help in the first place: "The mistakes that a person makes, he will not volunteer to tell you every single one. He won't tell you everything. It's the pain, 'Why am I having this pain here?' That's all he wants to know about." Diagnosticians we interviewed typically said they know the truth about their patients anyway. As Helena explained, some people are afraid even to have diagnosis conducted out of fear of what might be revealed. "There is no way to hide, no secrecy. That is the reason why the people do not bother with it," she said. Yet in the NAC belief, such admission is necessary for healing to take place.

The idea of confession as cure was something that is emphasized much more strongly in the NAC than in the Traditional Navajo religion. Certainly, confession of wrongdoing would seem to be in keeping with the person-centered philosophy of the NAC (Aberle 1982b; Calabrese 1994; La Barre 1947). In this sense, the need to confess violations of the NAC behavior code is not unlike Catholic confession of sin, though whether the presence of confession in the NAC is due to the effects of Christian influence is difficult to assert with certainty. As La Barre observes after reviewing the cross-cultural evidence, "The virtually pan-American distribution of the trait of confession, in one cultural system or another, leaves little doubt that it is a genuinely aboriginal psychotherapeutic technique" (1964:45). While this is undoubtedly true, "confession," as such, plays only a marginal role in the Traditional Navajo religion, which, as stated earlier, de-emphasizes morality and the negative implications of personal responsibility in the violation of taboos.

There are two areas where something like confession comes into play in Traditional Navajo religion. Not surprisingly, personal responsibility is emphasized when acts that are seen as harmful to others are committed. The most obvious (as well as common) example of this kind of behavior in Navajo culture is witchcraft. Here the belief is commonly expressed that the actions of the witch can be undone if she or he confesses to these actions. As Kluckhohn relates in *Navajo Witchcraft*, "If a witch confesses, the victim will at once begin slowly to improve, and the witch will die within the year from the same symptoms which have been afflicting the victim" (1967:48-49). Confession is so important to the cure of harm caused by witchcraft that one Navajo told Kluckhohn, "If the witch dies or if they kill him before he tells, the patient can't get well, they say" (1967:196). Consequently, if a suspected witch was questioned and believed guilty but would not confess voluntarily, a confession was sought through force, either by starvation, thirst, or the placing of hot coals under the feet of the suspected witch (Kluckhohn 1967:49). Of course, such things are no longer done, but confession is still seen as the best way to reverse the effects of witchcraft. In cases where confession was sought traditionally, it generally followed a ritual diagnosis that pinpointed a suspect.<sup>13</sup>

Confession also plays a role in Traditional healing in cases of incest. Like witchcraft, incest is strongly proscribed in Navajo society. Incestuous relationships, particularly between a brother and a sister, are abhorred by the Navajo, and



brother-sister incest is negatively portrayed in the myths of several chants. Traditionally, there were several ceremonies that dealt with its effects, primarily Mothway and Coyoteway (Haile 1978; Luckert 1979). Seizures were associated with incest in Navajo Traditional etiology, and individuals who had seizure disorders were commonly diagnosed as having committed incest earlier in life (Levy et al. 1987). Although such diagnoses are less frequent today (neither of the full versions of the two ceremonial cures is still performed), one diagnostician told us of a time he had diagnosed a young woman who had seizures. "I asked the girl (about it) during the time I was diagnosing her," he said. "I told her that one of her own relatives had taken sexual advantage of her back when. She begin to cry, and she said, 'Yes, it's true, it was my nephew, my older sister's son, he is the one who did that to me.' She said, 'Yes, that really happen to me.'" Following the young woman's admission of what had happened, she was able to have some version of a Mothway ceremonial and, according to the diagnostician, recovered fully. Significantly, incest and witchcraft, actions that can result in what are biomedically classified as mental illnesses, are associated with one another in Navajo thought, with the behaviors sometimes co-occurring (Levy et al. 1987:31).

Witchcraft and incest differ to the extent that in the case of witchcraft, intentionality is usually a given—that is, witches are seen as consciously attempting to hurt others, and the only question is whether they actually commit a harmful act. Assigning responsibility in incestuous relationships is more complex. Though Navajos are generally quite reluctant to discuss such matters, in some cases, incest is clearly seen as the result of a naïve mistake, while in others (the patient mentioned above, for example) an incestuous union might be viewed as having both a perpetrator (usually male) and a victim (usually female), though both are seen as at fault. Because of the extreme disapproval surrounding these acts, it is logical that in such cases the admission of wrongdoing is necessary in the healing process.

The need for "confession" in these cases is stressed by Traditional healers because the acts committed carry such strong disapproval in Navajo culture. What about other diagnoses? Intention again seems to be the critical factor. For example, we interviewed a man who had lightning sickness as the result of mistreating snakes. What was unusual about his case was that he was a lifelong adherent of the Traditional religion and had tortured snakes knowingly after being taught not to do so when younger. When we presented his case study to Navajo consultants on the reservation, they were generally shocked that he would do something this "wrong." Likewise, he seemed extremely embarrassed by and remorseful for his actions, believing them a cause of various health-related and social problems his family had suffered. When we interviewed the medicine man who conducted his ceremony, the healer told us he was sick because "he had mistreated the Holy People. He didn't respect them." Cases like this do occur regularly, but strong disapproval or moral condemnation is absent in most Traditional diagnoses because of the view that mistakes are usually made accidentally or in ignorance (frequently in childhood).

In the NAC, confession is more common, occurring spontaneously as an important part of the main rite. Participants in an NAC meeting pray aloud, in the process admitting their "sins" (as they are sometimes called), not only in front of the road man, but in front of relatives and others. This can also be the case in NAC diagnoses as well. For Lori, telling the story of her illness involved admitting

things that she had never discussed openly—her depression, the thoughts of suicide, her anger, and the desire she had to kill another person—in front of her mother and Helena, two older women clan relatives in a matrilineal culture. Indeed, she remarked several times in our interviews that this was both difficult and important to her.

When we interviewed her after her ceremony, Lori stressed that she saw the healing as a complete success. Her description of the diagnosis underscored the positive effect of the encounter, and she emphasized that until they were articulated, the emotions she felt relating to the incidents Helena identified had stayed with her and affected her, both psychologically and physically. She told us that until she recalled the origins of her anger and sadness, she had been “holding these things in” and that she was “struggling with herself.” After the diagnosis had finished, she felt a great release, like “a set of sheets was taken off of me,” she said. As she explained it, “Finally, [it’s] like I don’t really think about it anymore. It doesn’t really bother me any more like it used to. . . . All I’m thinking about is what I’m going to do from here on. Not thinking back, back then.” Within about a week, Lori’s eczema had disappeared. When we interviewed her again three months after her healing, she reiterated that she saw the treatment as successful and told us that she considered herself cured and had no plans to undergo the Waterway ceremonial or any other further treatment. Helena also saw the hand trembling ceremony as successful, and in our subsequent interviews neither woman mentioned differences between their beliefs either in general or as they might have related to the diagnostic rite. In fact, when asked how she was affected by her hand trembling ceremony in a follow-up interview, Lori said, “It changed my mind about, you know, the traditional ways, and values and stuff, I hold it more, I think. I believe it more now than before. And that has changed my, you know, my whole perspective and everything of how I look at it.”

For Lori, then, the encounter strengthened her faith in and adherence to the Traditional Navajo religion. Yet the emphasis placed on her need to confess social (interpersonal) transgressions she committed reflects NAC practices more than Traditional Navajo ethnomedicine, a fact Lori’s statements suggest she was unaware of. This may be because her ceremony gave her the Traditional etiology she sought, even as the diagnosis reflected NAC beliefs and practices as well. The emphasis placed on her personal misbehavior and the need to describe and “confess” it at length is clearly a result of Helena’s NAC affiliation. Our interviews suggest that the two women did view the encounter slightly differently, each reflecting her own religious adherence. These differences were not noticed and therefore were not considered significant at the time by the two women. By examining them here, however, we can better understand how different views of cause and treatment can be negotiated to find a common ground, creating an innovative syncretic form.

In our interviews with Lori, she always referred to her narration in the hand trembling rite as “telling my story,” not as “confession,” and put less emphasis on her own responsibility and moral transgression than Helena did. This is shown in the following lengthy excerpt from a follow-up interview with Lori. Here, she describes why she felt the ceremony was successful:

Like I said before I was holding back a lot and I didn’t want to talk about it, I didn’t want, it was like I was struggling with myself. And so when I would come back I

would think about all that. It was just inside of me. I couldn't release it, it seems. So I was struggling with myself, thinking I am never going to be the way I was before. And I wouldn't be able to . . . but now, last night it was just so easy to talk about it. Before I would blame myself, blame other people. And I would hate everything that happened to me. Last night, it was just like a big relief, not . . . like I could let go. I don't blame myself and I realize that there was somebody there and it . . . wasn't just me. I mean it . . . wasn't just me, the only one feeling or thinking that it was all my fault. This way, I know that I can get help. I can, and she's helping me, too. [interview by the authors, August 30, 1996]

Here Lori emphasizes the importance of her ritual narration of the events that led to her illness. For Lori, narration was difficult, but it was also a relief. By not telling anyone about her past difficulties and actions, she made things harder for herself, in effect, made herself ill. By narrating them in a ritual context, where she could expect to receive help and support, she was able to get things out into the open, something she could not do prior to the ceremony. The ceremony gave her a chance to talk about her difficulties with close relatives, in effect, creating a context where discussion could occur more easily. In spite of this, it was still difficult for her, and completing her narrative provided her with a sense of relief, which she metaphorically described as "a set of sheets removed from me" and "like a criminal feels relief when he turns himself in." For Lori, it was important to receive social support for her difficulties—her depression, as well as her treatment of others and her contemplation of suicide. She described this to us this way:

I needed somebody, and my aunt gave me a lot of that, she understood me, she knew what I was going through, that nobody else did. It was like she saw through me and knew exactly what I was going through. And that's the reason why it was so easy for me to go to her, 'cause she knew what was going on. She gave me sound and good advice, you know, her knowing that and nobody is thinking that, well, there's really nothing there, she's just, you know, going crazy. She knew exactly what I was going through. [interview by the authors, July 13, 1996]

Though the cause of the illness was identified as a relationship to water, this encounter differed from a typical Traditional diagnosis to the extent that emphasis was placed on her responsibility, her thoughts, and the effects these had on her mental and physical health. Thus the actual "cause" of her illness (her relationship with water) was only part of the etiology, and her behavior and emotions became the focus, reflecting the ideology of the NAC. It is perhaps also significant that water plays a fundamental role in the NAC, where, as noted earlier, along with fire, air, and earth, it is seen as one of the four sacred substances. It also plays an important role in Helena's unorthodox form of diagnosis—symbolically used for consecration of the hogan and present in a cup at the rite while diagnosis occurs. Water itself, then, can then be seen as mediating between the traditions, representative of their overlap while having distinct meanings in each. Identification of Lori's relationship to water as the cause of her problems merged confession and prayer as a cure with Traditional etiology, bridging the differences between the two healing systems by incorporating important elements from each.

There were other reasons that a patient and healer who profess different religious affiliations were able to achieve efficacy. In general, people go into ceremonies with a kind of cautious optimism that they will receive help. This means that

the women were predisposed to find common ground in order to succeed. Additionally, that this encounter occurred at all can be seen as the result of important social factors. Their close familial relationship made Lori's decision to see Helena a logical one despite their differences. Lori was aware that Helena would need help to give a full diagnosis in Traditional terms, but she also knew she could count on her mother for that help. As a hand trembler, Helena was already using a Traditional diagnostic technique. Finally, the short duration of a diagnostic rite made it a desirable alternative to the more elaborate, time-consuming, and expensive Traditional ceremonies. All of these things served to create a disposition (see Csordas 1988) that obscured differing emphases in the two healing systems so effectively that Lori could reflect back on the diagnosis and state that it strengthened her adherence to the Traditional Navajo religion.

Beyond these factors, any differences were downplayed by the participants as the women sought out common ground. During the ceremony itself, Helena discussed how such diagnostic encounters were similar to therapy and urged Lori to see her "like a therapist." Likewise, in our interviews afterward, both the patient and the healer emphasized that they saw the encounter as being "like therapy." Helena, for example, described the nature of her healing technique this way: "You recall events in that past that are negative and not fixed. The mind is bothered unconsciously; thereby sickness comes upon the individual. And something that is embedded that becomes exposed through your verbal confession can be brought to the open and expressed. The deities then pick up on the confession to correct it. It is like therapy." When discussing the ceremony in a follow-up, Lori observed, "It's like psychology. They tell you, they help you understand yourself and stuff like that and understand why this is happening" (interview by author, June 21, 1996). This is an important comparison, since the observation that religious healing and Western psychotherapy perform common functions has a long tradition in the anthropological literature (see Kiev 1964 for an early review). Indeed, that the actors themselves expressed this idea to us may testify to just how accepted this view has become. What is the appeal of likening ethnomedical treatments and Western psychotherapy? Csordas and Kleinman state that "perhaps the most frequently encountered assertion in the literature in therapeutic process is that there exists an analogy between psychotherapy and religious or folk healing" (1996:18). The problem, as they note, is that exactly how religious and folk healing are analogous to psychotherapy remains a black box, since most scholars merely identify the parallel without pursuing its specifics. The literature on Navajo healing is also rife with the assertion that Traditional ceremonies function as a kind of psychotherapy for their participants (Kaplan and Johnson 1964; Leighton and Leighton 1941; Pfister 1932; Sandner 1979; Topper 1987). These studies examine a variety of parallels between ceremonial chantways and psychotherapy. None, however, claims that the parallel is asserted by Navajos themselves.

In our case study, the similarity between psychotherapy and religious healing was mentioned at the hand trembling ceremony itself (prior to the time it began), as well as by both patient and healer in our follow-up interviews. Here we are not so interested in whether this analogy is viable but, rather, why it might have been seen by the participants as viable. Of course, the similarity could have been mentioned in our interviews for our benefit, but the context in the ceremony itself was different. There it was mentioned in a discussion between healer and patient, suggesting

ing that it was indeed the perspective of the participants. There are logical reasons for this. First, the origins of Lori's problem were primarily thought-related and emotional. Remember that, in this case, Lori did not actually have contact with the water but, rather, only thought about drowning herself. Second, the cure was accomplished in discourse by facilitating changes in the patient's "thinking." As they both asserted, by "telling her story," Lori was able to express and then discuss the emotional effects of experiences that had occurred earlier in her life. Certainly, the idea that events in one's life, even long after the fact, can have a tangible effect on an individual's health, is something shared generally by Western psychotherapy and Navajo ethnomedicine. Moreover, in the sense that Helena encouraged Lori's insight by the conscious interpretation of certain repressed ideas, our diagnostic case study is similar to psychotherapy.

In this particular case study, viewing ritual diagnosis as a kind of psychotherapy also serves an important function: it is a way of speaking about the ceremony, a kind of metatherapeutic idiom. In this case, it helps to bridge the two healing belief systems and to downplay religious differences between healer and the patient. Biomedicine can serve this function effectively, because although initially resisted by Navajos, it is now accepted and utilized by virtually all Navajo people (Trennart and Litchford 1998). This means that biomedicine is the one means of healing shared by all Navajos, regardless of their religious affiliation and, as such, is a healing system that transcends any religious differences. Although religious and medical healing are seen as separate systems with distinct etiologies and healing methods, their co-utilization suggests that they are ultimately seen as compatible and serving a common purpose (Csordas and Garrity 1994). Supporting this notion was a tendency for people we interviewed to equate religious healers and medical doctors and to explain how healing works using medical equivalents (likening diagnosis to an x-ray was among the most frequently mentioned statements of this type). For Lori and Helena, seeing the diagnosis as akin to psychotherapy helped to downplay their potential differences and acted to frame the event in a neutral way. By appealing to a secular idiom, religious distinctions were overcome, and common ground was established.

Like the scholars who have explored the same analogy, when these Navajo women assess the functions and efficacy of religious healing, psychotherapy is "good to think" with. Perhaps the most important fundamental parallel between them is the notion that interactive discourse can stimulate changes in an individual's thinking that, in turn, can lead to healing. Lori's hand trembling ceremony was successful not just because she was properly diagnosed, but because the diagnostic process and the reflection that accompanied it were seen as curative. Both Helena and Lori emphasized the importance of Lori's "telling her story" as the most essential component of her ceremony. Recent work in medical anthropology has stressed the importance of narrative in the illness experience (Good 1994; Mattingly 1998). As these authors suggest, narrating an illness experience is important not just as a recollection of facts, but as a social and cultural process by which an afflicted person makes sense and order of the nature of his or her ailment, or, as Byron Good puts it, "reconstitutes the lifeworld 'unmade' by chronic pain" (1994:136). According to Good, "narrativizing" an illness (his term) is central to the healing process because "the symbolic naming of the sources of suffering serves to formulate the object of treatment and thus organize a set of social responses

and therapeutic activities” (1994:133). In Navajo Traditional and NAC healing, diagnosis represents the primary means by which the experience of illness is narrated and given cultural meaning. Thus, it is a fundamentally important aspect of therapeutic process, providing a foundation for understanding an illness experience and for formulating a response (or set of responses) to that experience. In an argument that parallels Byron Good’s, Csordas and Kleinman criticize the distinction, axiomatic in past scholarship, between diagnosis and treatment, observing that “Not only is the search for diagnosis itself a form of active response, but it is widely recognized that naming a problem offers the sufferer and his or her family a degree of control through certainty that must be considered therapeutic” (1996:4).

Seeking diagnosis is both active and collaborative. That is, whether it is biomedical or ethnomedical in form, diagnosing (like other forms of narrating an illness experience) involves social context, feedback, and collective input both in the therapeutic event and beyond it. Where ritual or medical practitioners are involved, diagnostic encounters must be collaborative in order to be successful. In the Navajo case, they are an attempt by the healer to work with the patient, to “talk to them so they understand,” a process essential for healing to occur (Csordas 1992). Without such collaboration, the afflicted person will have little chance of achieving any sense of control. Relative contributions by healer and patient to Navajo ethnomedical diagnoses vary greatly, but there is a widespread tendency for healers to make sure that it is the patient who articulates the causes. This is almost always done as a series of questions pertaining to the images seen or the knowledge perceived. Even Helena, whose diagnoses are based on violation of proscriptions against certain social behaviors, will not say this directly. Like other diagnosticians we spoke with, Helena does not state a patient’s wrongdoing but, rather, helps the patient realize it by asking a series of questions in a dialogic encounter. As her nephew told us, “She understands the problems you have with your lifestyle, but she won’t come out and say it. She’ll hint around at it.”

While this reflects the NAC etiological emphasis on social misbehavior, it also reflects the Navajo ideal of social autonomy and respect for the individual, as originally discussed by Ladd (1957) and, later, Lamphere (1977). As these authors discuss, in Navajo society great heed is paid to the power of individuals to make their own choices and decisions. Because of this, most feel it is almost always inappropriate to speak on another’s behalf. This social ideal is seen as the common thread Csordas (1992) charts across the three reservation religions—the need to “talk to them so they understand.” This phrase is used by healers to convey that patients should not go through religious healing without understanding what has happened, why it has happened, and how it can be cured. Healers typically consider it their obligation to help patients come to this understanding. According to our diagnostician consultants, the realization and articulation of the problem must come from the patient in order for healing to take place, while the diagnostician can only act to help this occur. One Traditional hand trembler who is also an herbalist told researchers that she, too, urges her patients to understand and articulate their problems. “I tell them to talk about it. One needs to talk about it, and I encourage their relatives to do the same. If they admit it and say ‘Yes, I did that,’ then the herbs will be gathered for that particular sickness. . . . If one just hides it, the sickness will be prolonged” (interview with Elizabeth Lewton and Victoria Bydone, April 25,

1994). In this way, it is up to the patient to demonstrate understanding and initiate her own healing discursively.

In this sense, Lori's case is a typical diagnostic encounter. For her, the search for diagnosis was an active, collaborative one—Helena directed her toward the cause of her illness, creating a context where Lori could feel comfortable discussing her difficulties and narrating her illness experience, “naming the sources of suffering,” in Good's phrase. But the emphasis was placed on Lori's active construction of her illness narrative, and the diagnostic encounter helped her to come to an understanding of her illness and provided her with therapeutic certainty. Moreover, what Lori's experience suggests is that diagnosis and narrative can be more than simply making sense of one's illness or formulating an object of treatment; it suggests that narratives that occur as part of rituals can themselves be central to healing in ethnomedical systems.

## Conclusion

The idea that the act of understanding the nature of and narrating one's illness impacts health suggests a belief in the effective potential of language itself. This equation of speech and action, what Tambiah (1968) called “the magical power of words,” is both common across cultures and central to Navajo religion and views of language (Reichard 1944; Witherspoon 1977). In Navajo linguistic ideology, words do more than reference objects; they have the power to affect them as well. As Witherspoon observes, “The symbol was not created as a means of representing reality; on the contrary, reality was created and transformed as a manifestation of symbolic form” (1977:34). As seems to be the case cross-culturally, Navajo assertions about the ability of language to impact reality occur most commonly in religious contexts and around events with religious significance (Gill 1977; Milne and Csordas 1998; Reichard 1944). Although the scholarship investigating beliefs about linguistic efficacy has tended to focus on prayer as a genre, our case study shows that narrative can have the same function. And while this linguistic ideology was originally part of traditional Navajo philosophy, it is typical of how language functions in religions generally, so it is hardly surprising to find the same beliefs present in Navajo Christianity and the Navajo NAC.

Since health and healing are central concerns of all three religions, it is logical that the verbal recollection of the circumstances around an illness can be seen as having a force able to affect a person's health. Navajo people of all religious affiliations sometimes prefer not to talk about health issues for exactly this reason. For example, Helena expressed an initial reluctance to be interviewed about her patients, partly because she felt it was potentially dangerous to her patients to discuss their health problems. This was true, she told us, even after the problems had been corrected; discussing them could undo the healing and have a deleterious effect on the patient. These views on the power of language can also be seen in how Helena conducts her hand trembling ritual and the attendant confession, where the very act of articulation is seen as having a corrective force. Here, the need to understand and narrate one's illness in a ritual context makes sense, as does the accompanying view that doing so can heal.

Witherspoon asserts that for Navajos, thought is the inner form of speech (1977:44–46). In this sense, narration of illness experience is the process by which

thought and speech are used to bring the body back to a state of health. Again, the conscious reflection on past action suggests a parallel to therapy, as does the important place of “thought” and thinking in this process. Remember in Lori’s case that the original causes of her illness were not actually acted out. Rather, they were only things she thought about. Subsequently, these thoughts stayed with her until they ultimately manifested in the form of physical malady, coming to the surface of her body in the form of sores. Helena’s revealing of the causes of Lori’s problems allowed Lori to change her thinking about them. Then, by understanding the causes of her problem and articulating them herself, she actualized the changes in her thinking and facilitated her cure. Again, the two things Lori emphasized in our interviews were how the ceremony changed her thinking and the effects she felt, both mental and physical, as the result of “telling her story.” The act of telling her story literally expunged the causes of her illness (the anger, the sadness) that were, in Helena’s words, “lodged in her body.”

Diagnosis, then, is more than merely a ritual to determine subsequent courses of ceremonial action. It can be the fundamental means by which an individual is able to come to terms with his or her illness in Navajo culture. The process of narration is the primary way an individual can exert control over his or her health and facilitate a return to balance. By primary, we mean that it typically acts as a kind of primary care in Navajo therapeutic process. In many cases, of course, additional ethnomedical therapies are required to treat an individual’s problems, and diagnosis principally acts as a means for choosing the proper course of therapeutic action. Even in these cases, though, diagnosis still allows the afflicted individual to give meaning to the illness experience, to “narrativize,” in Good’s term, by formulating an active response. In other cases, however, such as Lori’s, the diagnostic encounter is itself seen as providing relief and cure. As such, it is erroneous to see diagnosis as distinct from or marginal to Navajo ceremonial healing, as past treatments of it would have us believe. This particular encounter occurred between two women with different religious affiliations. While efficacy in this case might seem unlikely, many things contributed to overcome the obstacles created by religious difference, including social factors (the women’s familial relationship), special circumstances (the use of a Traditional diagnostic technique by an NAC healer), a diagnosis incorporating elements of both traditions (water as the cause, social transgressions as an emphasis), and collaboration through the identification of a mediating, secular idiom (psychotherapy). Finally, as the case study shows, there is a fundamental compatibility between the two traditions that includes not only the presence of a diagnostic rite in each, but also similar beliefs about the potential force of ritual language and narrative.

## NOTES

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1. Diagnosis in Navajo Christian healing does occur, but according to Christians we interviewed, it lacks the common occurrence and salience diagnosis has in the other two traditions. Likewise, Christian etiology is more parsimonious than in either of the other systems. Typically, a minister does not bother telling a patient receiving Christian prayer the cause of his or her problem. Generally, it is simply understood that whatever the malady, it is the result of "the devil working on you." This might have been facilitated by the patient's own actions—that is, committing sin—but in nearly every case we witnessed, the nature of the relationship between these acts and the specific illness is not articulated. Many Navajo Christians told us that because of God's omniscience, exact knowledge of the nature of the illness by either the healer or the patient was not important in the healing process. Diagnosis of an illness in non-Navajo Christian healing, called "the word of knowledge," has been documented by Csordas among those involved in the Catholic Charismatic Renewal (1994:144-149). While we observed a similar phenomenon on occasion among the Navajo Christians we worked with, it was rare.

2. Since these healers are overwhelmingly male, it is almost always correct to refer to them as *medicine men*. Although a small number of exceptions exist, we retain *medicine men* (the common English language term used by Navajos) here. The Navajo language term, *hataali*, does not specify gender.

3. The most common reason diagnosticians are not consulted is that they are simply unnecessary for certain ceremonials. This is the case for rites that must be conducted four times (where the same diagnosis applies throughout), as well as various Blessingway ceremonies (which tend not to be given for illnesses but, rather, as follow-ups or on predetermined occasions not requiring diagnosis, such as a house blessing or girls' puberty rite); Lifeway chants, which are usually given for accidents; and Evilway "blackenings," which are given for surviving family members after a death occurs. This is verified in Kluckhohn's catalogue of ceremonies occurring in a six-month period in the Ramah-Atarque region, where he identified a total of 148 ceremonies and 63 diagnoses. Of the 148 ceremonies, however, many were repeats, Blessingways, Lifeways, and blackenings and, therefore, did not involve diagnosis. If these are subtracted from the total, then there remain only three cases of a major ceremonial being carried out without consulting a diagnostician (1938:363).

4. Suspicion of fraudulence and dispute of the authenticity of the performance is widespread among cultures with shamanic traditions, like the Navajo, where the trance state associated with such activities is seen as a gift, an ability both in and out of the control of the actor and therefore subject to ambivalence and debate (Lindholm 1997). While this seems to be generally true, recent scholars have also questioned the validity of this assumption, noting that whether such a trance state is "true" or not is as likely to reflect anthropological concerns as those of the cultures themselves (Kendall 1996; Schieffelin 1996). As these authors note, even the ethnographic use of dramaturgical metaphors such as *actor* or *performance* to describe shamanism implies that such a state must be both false and under the control of the shaman, an opinion sometimes absent from the cultures so described. Our interviews

showed that Navajos hold diagnosticians up to careful scrutiny, and the abilities of individual diagnosticians are the subject of a great deal of discussion.

5. Frisbie identifies another diagnostic technique, "sun and feather gazing," which was documented during the compilation of a ceremonial "Practitioner's Directory" from 1972 to 1981 under the auspices of the Navajo Health Authority. A consultant described this technique to her as "a very old traditional way of divination which is almost extinct at present. It involves a picture of the sun and two live eagle feathers that talk" (Frisbie 1992:481). No other information on this diagnostic technique is available, and we never witnessed it or heard of it being performed during our fieldwork.

6. Kluckhohn (1939) notes that out of 14 cases for which he collected data, hand trembling occurred in the context of a ceremonial in no less than ten. In six of these ten cases, the individual experiencing the hand trembling was attending the ceremony, while in the remaining four, the individual was the ceremonial patient (1939:69).

7. Kluckhohn's survey of diagnosticians in the Ramah-Atarque region identified 16 hand tremblers, nine of whom were women. Interestingly, while these female hand tremblers accounted for only 56 percent of the total sample, they were responsible for 86 percent of the diagnoses Kluckhohn was able to record in that community over the course of a year (1939:67).

8. Ohnuki-Tierney (1980) makes a similar argument for the prevalence of female shamans among the Ainu of Japan.

9. Like Traditional chanters, NAC healers are overwhelmingly male, and again, it is accurate in most cases to refer to them as *road men* (like *medicine man*, the term also reflects Navajo English language usage). Because the healer in our case study is female, we have elected to use the term *road woman* when referring to her in this article; otherwise we stick to convention and refer to NAC healers as *road men*.

10. Navajos do make a distinction between peyote meetings held as blessings, where the main purpose is to ensure positive health, financial reward, well-being of livestock, and general quality of life for all attending, and those meetings that focus on healing a specific individual. This parallels the bifurcation of Traditional ceremonies into the Blessingway and Protectionway types mentioned above, though in this case, it is only a matter of emphasis, and the ritual procedures remain the same.

11. Besides coal gazing, a small minority of NAC healers diagnose using water. In this method, the diagnostician looks into a cup or bowl of water and "sees" the patient's problem. Virtually no information on this form of diagnosis has been published, although the method was documented prior to our fieldwork by the Navajo Health Authority's "Practitioner's Directory" project (see Frisbie 1992).

12. Interestingly, though individuals not infrequently synthesize the three religious traditions in their own experience (see Begay and Maryboy, this volume), there is not a great deal of overt syncretism among the traditions. Notable exceptions are a relatively new tendency among some people to take peyote during a Traditional ceremonial, the presence of Christian elements in some NAC ceremonies, and the use of Traditional symbols in Navajo Christian liturgy.

13. In a well-known historical instance of this kind, sometimes referred to as "the Tsaile incident," a witch was discovered through stargazing and was given the traditional punishment of death. This story is recalled in several sources (Haile 1947; Young and Morgan 1954).

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