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The Culture of the 'In-Between' Healer: A Pilot Project

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Abstract

This paper addresses questions of culture and identity arising around healers whose practice draws strongly from cultures other than their culture of origin. Using data from interviews with four Western-born practitioners who offer traditional healing modalities from non-Western cultures, the paper explores the personal and professional meaning that is accorded to the culturally foreign modality by the Western therapist. To examine the process of meaning making that such a therapist undergoes, the paper charts the stages of the therapists' development as non-Western healers. Based on the interview data, these stages include the therapists' disillusionment with the mainstream healing modality in their culture of origin, their sense of wonderment at the possibilities of the non-Western modality they chose, the reception they receive in the culture of the healing therapy, and eventually the way in which they locate themselves culturally with respect to their local health care settings as well as to the culture of the healing art itself. By tracing the healer's cultural journey in relationship to the culture of the healing art itself, the paper examines the politics of authenticity, expropriation, and belonging through a description of the cultural commonalities shared by these culturally "in-between" healers.

Keywords: culture, traditional healing, Western therapists, authenticity, in-between healers

Introduction

While reading Freud's 1914 paper on the history of the psychoanalytic movement, two analysts, Gabbard and Ogden (2008), noticed that much of Freud's paper was quite simply a massive tirade against Jung's departures from Freud's original theory and an effort to assert that Freud alone was the founder of psychoanalysis. The writers understood the defensiveness in Freud's tone as "a reflection of his insecurities regarding competing claims of authorship of his idea (i.e., of psychoanalysis as a discipline) and a fear that Jung would subvert what he had invented *and continue to call it psychoanalysis*" (p. 321). The concern about authenticity that Freud had about Jung's psychoanalysis has been raised in cross-cultural psychotherapy to the extent that the methods and stance of the Western therapist towards non-Western patients has been questioned (Moodley & Palmer, 2006). However, there is a relatively new area of growth in cross-cultural counselling and psychotherapy—the practice of non-Western therapies (such as mindfulness and Yoga) by Western-born healers—that has, as yet, not fully examined the questions of authenticity and origin. This paper is written in the service of activating and re-engaging the dialogue on authenticity for Western healers practicing non-Western medicine or therapies.

Cross-cultural therapy evolved and developed since the 1960's, particularly in North America, to address the lack of race, culture, and ethnicity as variables in counselling psychology. The phrase 'cross-cultural' refers, among other things, to the particular accommodations (such as cultural competencies of skills, knowledge/s, ethics) that counsellors, psychologists, and psychotherapists make towards the "crossing over" from their personal culture of origin into the culture of the patient in order to effectively and ethically treat them (Pedersen, 1985). Historically—inasmuch as a few decades can speak of a history—the term cross-cultural therapy has been used to refer to the practice of therapy by Western trained therapists with non-Western patients. More recently, a number of studies on alternative, complementary, and traditional healing practices have suggested that the term merits the inclusion of many Euro-Americans who have been using healing practices of other cultures alongside allopathic medicine (e.g., Moodley & West, 2005; Rao, 2006).

Western therapists who practice a treatment modality that is culturally foreign create an unusual dimension to our typical understanding of cross-cultural. Rather than the client taking the risk of being a cultural 'other,' the therapist themselves take that risk by studying and practicing a 'traditional' therapy from a culture other than their own. It is the path of this group of healers, who bring a non-Western healing method to the Western community, and to the questions of authenticity that surround their practice, that we have given particular attention to in this paper.

The question of authenticity in the healing arts has been largely neglected amongst the population of Western-born healers practicing non-Western therapies. While the efficacy of the traditional therapies have been widely questioned in the West and in some cases even rigorously tested, there has been little dialogue on the efficacy of the Western healers who practice them. What is the cultural impact of a healer on a therapy when the healing modality or therapeutic approach comes from a significantly different culture from the healer? What is the cultural process that the healer experiences in seeking out and receiving an education in a non-Western healing art? To what extent is it ethical for the healer to practice a version of the therapy that he or she has learned in a foreign country and s*till call it by the same name?* Inasmuch as Freud concerned himself with Jung purloining the psychoanalysis he considered proprietary, to what extent are issues of expropriation relevant in the practice of the in-between healers? Using a qualitative methodology detailed below, this paper will elaborate on the politics of authenticity, expropriation and belonging by analyzing data on the cultural position and collective practices of the in-between healers.

Methodology

The study used semi-structured interview questions with four White therapists (2M; 2F) who practice South Asian traditional healing arts that trace their origins to India. Interview data included each participant's recounted story of how they came to practice a traditional healing modality from another culture; their experiences of training and practice; their perception of the culture from which their healing modality originates; and finally, the participant's relationship to the culture from which their healing modality originates. Interviews ranged from 60-90 minutes, transcribed and analyzed

using interpretative phenomenological analysis (IPA), which is a qualitative approach that requires the researcher to read the transcribed audio recordings several times in order to facilitate a deep immersion in the data. Through a hermeneutical understanding of the data emerging, themes are organized sequentially to establish an integrative pattern within which the researcher's subjective interpretations are superimposed (Biggerstaff & Thompson, 2008). The participants' reflections trigged several issues regarding authenticity, cultural expropriation, and the ethics of psychotherapy by Western clinicians using non-Western healing modalities. The data set used in this paper was from a larger research project on Traditional Healers and Healing in the Greater Toronto area, a large metropolitan and multicultural city in Canada (see Moodley, 2011). Ethics approval was granted by the University of Toronto Research Ethics Board. The small data set provided an opportunity to consider this project as a pilot study with a view to offering a global understanding of culturally in-between healers. Pseudo-names are used when referring to participants' stories.

Results

The predominant themes that emerge from the interviews with respect to authenticity, expropriation and belonging are: The journey to becoming healers; cultural entitlement; fixed subject and object; and the known and the unknown yet know-able. In sharing their experiences as culturally infused healers, all four participants were motivated by the desire to alleviate pain and suffering from their clients.

The Journey to Becoming Healers

All the participants described how they became interested and were eventually initiated into the role of healers. All were introduced to the idea of healing through personal narratives with their own lives. For some it began at a young age and evolved into adulthood; while for others, as adults going through their own pain and suffering, they sought out their own healing; this eventually led them to become healers themselves.

For example, one participant said:

> *Well, I think that may have started as a kid. When I was small, I had an uncle who was schizophrenic and he was my best friend… my uncle was really interested in yoga, because he loved the Beatles… the Beatles connection to yoga sort of woke him up… my first experience was actually sitting with him and listening to music… when I was 20, I was very depressed and I had my own kind of awakening… I started working with a therapist, I started studying yoga, and meditation practices, and reading crazy…all those pieces started to come together.*

Another participant reflected:

> *I was introduced to yoga more than 35 years ago by dance teachers… and I did a little bit… late 60s early 70s and I actually, I started with meditation in the late 60s. Transcendental meditation, met the Maharishi. And then I was going to India to study Indian dance… for about eight months and had a one-to-one lesson with (---) ... I'd see him probably about three times a week. He'd given me a lesson, he'd given me a practice. And I started to practice… over the years I have been back to India about seven or eight times.*

Reflecting on how she became a healer, another participant shared that the experience of trying to meet her own healing and learning needs, and working closely with a Yoga teacher, led her to becoming a healer:

> *I think ultimately what led me to do this … was my own needs essentially, um, I would say that this started almost 20 years ago… I started and then I stopped and then I went back to about 10 years later and worked fairly closely with the teacher… inspired me to think I wanted to incorporate some of what I was learning from her work into what I was doing.*

And the fourth participant remembered:

> *… the lineage of the women of my family are all medicine women … so I grew up you know, my grandmother was a medicine woman, and people would come to her… she was like a hidden… underground shaman… people would come to her for healing of herbs and different types of rituals… and my grandmother, when my mother was fifteen, she*

> *told her that her first born daughter would be, you know, carry on the lineage. And so they prepared for my initiation when I was fifteen and we continued that cycle of understanding the elements and understanding the personalities behind those elements and how to use them for healing purposes… which is why Ayurveda really fit with me, because it's that earth wisdom… so I really became infatuated with Krishna at a very young age… I was 14 and I started to study Krishna consciousness and really integrate myself with the devotees of the temples… and then I started to follow the tantric path and became very interested in the Shivite tradition of healing…*

The journey to becoming a healer took different routes for the participants. For some their trajectories of healing were deeply ingrained in their family histories and lineages. While, for others the process happened through travel and encounters with South Asian cultural healers; each participant taking on the mantle of the in-between healer. As one participant reflected:

> *What I decided to do was to continue in the philosophical, spiritual, psycho-spiritual aspect of and then Jyotisha, and then keep integrating all that stuff…it an integration of everything… on rejuvenation therapy… stress release and restoration therapy… applied and behavioural kinesiology…emotional support through touch… so I use my Ayurvedic externally working on more of the auric field…*

While the four participants reflected on their own histories of becoming healers, none of them raised the question of their own cultural authenticity with reference to traditional healing as an area of doubt or concern; rather their position as Westerners appropriating and appropriately using an Eastern therapy was taken for granted.

Cultural Entitlement

Participants reflected on their relationship to the culture where the healing modality they practiced originated, all of the interviewees described a privileged position of entitlement to shape and grow the Eastern healing arts using the superior scientific research tools and healthcare delivery systems of the West. As some participants reflected:

> *I never saw that there was any problem integrating Western psychology, physical yoga practices and what we call Indian psychology which they call philosophy.*
>
> *I have studied and taught … at university. So why do I call myself a healer?… But a healer I think in the West has a certain side, there are Christian healers laying of hands, and I am a very practical person…I see the role, my role as being someone who's a bit like a mirror and a bit like a catalyst …*

Three of the four healers saw themselves as special and unique in the way they were supporting another culture by preserving and promulgating the healing arts of that culture in the West. One participant summed up his practice in this way:

> *My psychotherapy practice… the only people who don't come are Indian, which is really interesting … they have such fixed ideas about what yoga is. So they don't know. And it's only being resurrected now by a return from the West back to India… I really feel like my commitment is to the truth of what happening in the present experience… I read the Buddha and Patanjali … I feel like the dharma that the Buddha has affected me in ways much deeper than the religion that I was born into…*

Cultural entitlement involves a lacuna, an intermezzo, indeed, a kind of narcissism that involves not-seeing or acknowledging the other. Cultural entitlement and narcissism has been linked to race (Gustafson, 2007) and Western cultural values, such as an individual's self perception as an autonomous agent with vast personal jurisdiction (Pryor, Miller, & Gaughan, 2008).

Fixed Subject and Object

Participants used their own subjectivity to describe, appropriate, and utilize the Eastern modality which remains object to their subject, without a subjectivity of its own. Another analogy could be the metaphor of the pioneer and the land, wherein the Western practitioner is the pioneer and the Eastern modality he or she studies, and then practices, represents the land. In this archetypal metaphor, the land is available to the courageous pioneers who are willing to go

through the hardship to get it, but the land itself does not have a voice to receive or accept the pioneer. The strength of the pioneering spirit itself is considered sufficient reason for his or her taking over of the land. This idea is reflected by one of the participants who understood that South Asian healing traditions were not 'really fixed schools,' but 'still in process' and the West now has 'access to that':

> *… Eastern healing tradition … they are not really fixed schools. Schools are always alive and growing and in process, and so they come here now, and they are still in process. Yoga is not in India. It's in the present moment and you have access to that and that's profound…*

While another participant saw her role as someone who 'cultivate the land and remove the blocks':

> *I am a practitioner of yoga myself…so the image of the yoga sutras is of a farmer, a kshetriya, that the Sanskrit word, and what the farmer does to nurture a crop is to, you know, cultivate the land and remove the blocks so that there's an image of a kind of dam and the teacher removes the blocks so that what's there can flow and cultivate the fields…*

In describing their entry into the world of Yoga through a metaphor of cultivation of the land, participants were unconsciously reminding themselves of the relationship between the colonizer and the colonized—where the Eastern healing system is the object to their subject.

The Known, Unknown and Know-able

In the interviews, participants described Western health and mental healthcare as a known science, while Eastern healing traditions are an unknown but know-able method. The known has rules, guidelines, and a fixed structure and form. The unknown but know-able must first be known and the way of knowing it is to give it form, since by itself it does not have form.

As one participant shared:

> *We know what we know through our senses, and yet much of our scholarly training on the one hand within psychology is to take observational data, to be very behavioral … to operationalize things, to*

> *measure… as a source of knowledge …I value traditional healing and mindfulness; it has a tradition that's thousands years old, how it looks and how we adapt it… some people call it the third wave in psychology, acceptance based approaches.*

The Western born and trained therapists often come to the Eastern arts of yoga, Ayurveda, and meditation at a later stage in their professional development, having already qualified themselves as psychotherapists. They have in common their embracing of a foreign healing modality as well as their knowledge of the existence of mainstream Western medicine and psychology. The known—Western medicine and psychology—is treated with a particular respect and gravity since its rules and form are clearly acknowledged. All the participants demonstrated a singular protectiveness and deference for Western medical practices that they did not extend to the traditional Indian medicine. The Indian healing arts that they practiced were always "know-able," available to be given form according to the subjectivity of the knower. The same Western practitioners who exercise caution around making biomedical recommendations feel free to make therapeutic recommendations from Indian healing traditions, suggesting a clear delineation in their minds between the untouchable already known realm of Western biomedicine in contrast to the available-for-the-plucking branches of Eastern traditional healing.

A cultural zeitgeist seems to evolve among the participants. In their desire to promote integration of South Asian traditional healing methods, the participants enter into the space of the exotic, the erotic, and a coloniality of the historic. As Western-trained therapists engaging in creative clinical interventions within cross-cultural settings, they also invariably enter into the discourse of the politics of authenticity, expropriation, and belonging. This cultural zeitgeist could only evolve in the way it has if the healers overlooked their own cultural roles and issues of expropriation and dominance when reflecting upon their maturational process as a therapist-healer.

In the next section of the paper we draw from the interview data to discuss how such a cultural zeitgeist may have evolved, implicating the following intersecting sources in its genesis: The residues of Orientalism—an Occidental-based approach to the Orient—amongst Western healers, the marginal status of the in-

between healer in his or her own culture, and the healer's personal needs for cultural self-definition in relationship to his or her own marginal status.

Freedom, Choice and Healing: Orientalism and the Western Healer

Orientalism is understood as a process of European construction and representation of people and cultures of the Middle East, North Africa, South West Africa and Asia as the other. Through Western cultural hegemony the other is defined as the opposite of the European civilization: Inferior, underdeveloped, static, and irrational. Orientalism has been described as "a corporate institution for dealing with the Orient…dealing with it by making statements about it, authorizing views of it, dominating it, describing it, by teaching it, settling over it and ruling it…." (Said, 1978, p. 3). In the context of our discussion, the culture of Orientalism in Western science means approaching non-Western science from a certain power structure and political ideology; in the words of Edward Said, "a strategy of flexible *positional superiority* which puts the Westerner in a whole series of possible relationships with the Orient without losing him the relative upper hand" (Said, 1978, p.7).

The strategy of flexible positional superiority characteristic of Orientalism appears very relevant when considering the professional practice of the Western healer who is offering non-Western traditional healing. There are two characteristics of the participants' approach to the foreign modality they practice that stand out in terms of positional superiority. The first idea is that of non-Western medicine as a free bouquet of welcoming largess in which the Western therapist is welcome. The second is the implicit freedom for the Western therapist to partake of the largess in a *unique creative style*, meaning not in the way of studying or practicing it that is at present current in the culture itself, nor particularly in the way it was historically once practiced in that culture, but in a way that suits that particular Western practitioner *as an individual*.

One of the participants, Athena, stands out in her perception of the sense of the abundant availability of the variety of South Asian traditional healing methods as compared to the protected sphere of Western medicine and psychotherapy with its rigorous qualification and licensing process. As a "healer using Ayurveda," Athena gives us

a taste of this sense of freedom when she tells the story of her training process and transition from spa instructor at the successful Aveda beauty corporation to Ayurvedic trainer for the conglomerate.

As she tells the story, Athena is going about her job as a spa instructor when the owner of the corporation,

> *a hairdresser from the 70's popping cocaine…gets in an accident and goes to India and now he's become a saint. And he's been healed by the swami's and he's been integrated into Ayurveda and he tries to convert all his flamboyant team of that lifestyle into holistic. So he had to get rid of all his staff and hire new people and new consciousness.*

Athena happens to be one of these aforementioned new staff and she starts her training through Aveda's professional training program. In her embracing of the training program, Athena exhibits the kind of naive sense of wonder at the ease of the training that we find to be typical of the leftover Orientalism referenced earlier. There is no sense of thoughtfulness about Ayurveda being a system of medicine originating in India and the typical Ayurvedic medical doctor's qualifications being about a 5-7 year process, much like a Western medical doctor. Rather there is a rapid and excited escalation into the process of qualification with an almost manic innocence about the complexity of such a process for practitioners in India, the culture in which Ayurveda originated. Athena says while she had an interest in Ayurveda, there had been no way of studying it formerly except by traveling to India, and she had not been ready to "do a hike" to receive the appropriate educational qualification. However, to her delight she finds the education has come to her in the form of the Aveda professional training program for Ayurvedic beauty practitioners. Unfortunately, the idea of being educated in Ayurveda via an Aveda program is somewhat the equivalent of comparing a dermatology based medical specialization (an eleven year process) to a drugstore diploma in cosmetics application; yet this issue is not raised by Athena. Instead, the questions of depth and complexity are banished in a wave of excitement and name-dropping generated around meeting various well known and charismatic Ayurvedic doctors, and the overall sense is that Athena is able to imbibe the essence of a whole medical system by some kind of osmosis.

By the time she is providing training to over ninety beauty schools at the Aveda corporation Athena decides to get some more training in Ayurveda, and as she develops as a healer we see again the sense of largess she experiences around training with Ayurveda. She strikes up a connection with a well-known Indian doctor of Ayurveda and reports that "we just hit it off," and she decides not only to train part-time with him but also spontaneously move into the local Hare Krishna temple "because it's like going to India…and I can treat all the devotees at the temple as my case-studies".

Athena's India is not a place as much as a sensual reality, her training as much as an introduction to a medical modality as it is a way for her to live in tune with her senses. In answering questions about her training, Athena speaks of her fascination with temple deities, the intoxicating scents of jasmine flowers and incense, and barely grazes over the content of the "Ayurvedic" classes she is having. She does not complete her training with the doctor she mentions because now she feels the urge to travel to India. Once again the idea of creative osmosis looms high as she moves from one practitioner to the next, receiving an inculcation not only into Ayurveda but also into Indian astrology (Jyotish), spirituality, and philosophy, and even acquiring an Indian name in the process. Her training in the Indian medical arts is eclectic and she parleys her experience as a practitioner of these arts via the medium of being a beauty salon worker such that "a full leg wax becomes a full Jyotisha session".

Eventually Athena describes her training as complete; she has received her diploma as a practitioner of Ayurvedic medicine, and decides that she does not want to go to a formal medical training in India. She bypasses this step of formal medical training—which in India would be necessary for a professional to declare themselves an Ayurvedic practitioner—by calling herself a "rasayana therapist". Rasayana therapy is a branch of Ayurvedic Medicine related to rejuvenation therapies and ordinarily in India there is no such possibility for a practitioner to qualify themselves solely as a Rasayana therapist. However, free of the limits that might crop up in the country of origin of the modality, Athena is able to do "an integration of everything…Nadibigyankriya mixed with Jyotisha mixed with the whole spa beauty therapy…" She looks at clients' "symptoms, emotions, karmic debt" and reports a mind-boggling array of

interventions that she utilizes with clients depending upon their needs, as well as a range of Ayurvedic treatments in which she provides training to aspiring aestheticians.

While Athena herself is careful not to call herself an Ayurvedic doctor and to refer out patients who have a "medical condition," the fact that she is able to study and then implement and even teach bits and pieces from what would normally be a full medical education in traditional medicine is, we believe, a form of Orientalism, in that it approaches the Oriental medicine from the convenient vantage point of a capitalist consumer who can shop and trade those items desired and jettison those that are undesirable. Athena herself exercises caution in treating medical conditions and is therefore well within any limits of liability. However the process of her approach—not her personal morality or ethics—is worth commenting upon because it incorporates so many elements of fantasy wish fulfillment, capitalist ideology, individual choice and personal freedom, the very things that many find necessary to give up from their medical education, whether in India or in the West.

Another participant, Mark, also prefers the freedom of a non-structured curriculum, choosing to end his PhD program in psychology and practice with a master's degree while continuing to study yoga in free-form class structures. Like Athena, both his method of training and his clinical practice offer Mark the freedom of integrating Eastern methods into psychotherapy without supervision or licensing from either discipline, but nevertheless using the terms "psychotherapy" and "yoga" to describe his practice. He practices psychotherapy without supervision because he feels he works in a way wherein it is not helpful to have a psychotherapy supervisor, and "talks to" many different yoga teachers rather than one. The practice of having different yoga teachers is a quintessentially North American. According to Mark, this is to avoid idealizing a single teacher. Oddly this concern around idealization, very common in Western practitioners of yoga, is virtually absent in India where it is considered diligent to study many years with a single teacher. Being endowed with the right to choose, based on personal preference, the type of education in a healing art versus feeling the need to follow a previously clarified and structured educational program can be linked to the literature around cultural differences in self-concept. In cultures with egocentric or independent self- concepts such as North

America, the individual is regarded as an autonomous, separate entity, socially sanctioned to assert personal needs, desires, and goals, while in cultures with sociocentric or interdependent self-concepts, like India, the individual is framed by his or her place in the social network, rather than by personal autonomy or agency (Wainryb & Turiel, 1994).

Given the historical existence of power dynamics between Western and non-Western countries, the possibility of a culturally equitable sharing of healing knowledge may appear impossible. Yet the mere exercise of freedom and choice are not inherently Orientalist, and research has suggested that both Western and non-Western individuals exercise freedom and choice, however they tend to do so in different ways (Wainryb et al., 1994). We argue that increased thoughtfulness around the use of freedom and choice, coupled with awareness around pre-existing economic and social hierarchies, would be a step towards such equitable knowledge sharing. At a fundamental level, holding cultures on equal footing has to include the acknowledgement that traditional healing represents a structured system of ordering, classifying, and explaining illness, inasmuch as the biomedical system that is also a cultural system in its own right, complete with its system of beliefs and faith in precise methods and forms of knowledge (Kleinman, 1995). Exercising personal choice to pick and choose pieces of the traditional healing system to practice, while simultaneously according the respect of 'medical' only to the Western biomedical system, is Orientalist in that it uses the dominant characteristics of one culture to describe, explain, and understand another culture, versus meeting that culture on its own terms.

In a culturally equitable transaction, healers would receive training in the cultural modality as per the formal education system of the culture, either as it stands in the present or as it did in antiquity. As it stands, cultural variations in moral concepts are not equally acknowledged. Rather, a morality based on autonomy, personal freedom, and rights is being asserted over a morality based on interdependence, duty, and the maintenance of social roles (cultural variations in morality described in Shweder, 1986). Conversely, Western medicine in India has enjoyed the respect of a morality based on duty and the maintenance of social roles: Colleges and universities offer the Medicinae Baccalaureus, Baccalaureus

Chirurgiae (Bachelor of Medicine degree), seek accreditation from noteworthy institutions in the West, and do not offer opportunities to receive parts of the MBBS training piecemeal.

It is worthwhile to note that present day Orientalism is a co-constructed reality. Doctors of the Ayurvedic medical system in India been willing to teach pieces of Ayurveda to Western practitioners—medically qualified and otherwise—who want to "incorporate" it, whereas they typically would not do the same for Indian students. Similarly, yoga teachers in India now offer "intensives" for Western students where advanced material that is typically taught following years of study and practice of the beginning material is now presented immediately. The Indian government has not taken measures to provide protection for their medical system and has thus contributed to the overlap between Ayurveda, yoga, and spa in the popular consciousness. Finally, the lack of liability and medically based litigation surrounding Ayurveda coupled with the Western idea of legally based morality contributes to the sense of freedom and availability of individual items from Ayurveda's menu to be had for parcel and take-out service.

The Quest for Professional Identity: The Creation of the In-Between Healer

Western-trained practicing healers who are drawing extensively from non-Western tradition can be viewed as circumspect, even amongst their peers. While extensive research on complementary and alternative medicine has to some extent normalized certain non-Western medical traditions, non-Western healers who practice the less-researched traditions tend to have a difficult time gaining legitimacy amongst their mainstream peers who synonymize "scientific" with healing systems that have already been verified by the Western evidence-based method. The growth of multicultural and diversity counseling psychology and psychotherapy as a field has successfully legitimized the need for Western doctors to work alongside traditional healers (Moodley & West, 2005). However, the Western healer practicing a non-Western method is still of circumspect status. By nature of forging a bicultural practice largely created on individual terms, such a healer's professional identity, is not explicitly clarified by a set of goals and objectives set up by a regulatory or licensing body as is the case with conventional

medicine, psychiatry, or psychology. If called upon to discuss and clarify their professional identity, these healers cannot fall back on naming one of the conventional categories of Western training because they do not fit neatly into any one category. When they attempt to explain their professional identity, the conversation turns quickly to culture.

Certain commonalities unfold amongst the healers interviewed, and these commonalities come from their personal and professional journeys. Based on the interview data, the culture of the in-between healer includes a few stages not dissimilar in some ways to a Jungian hero's quest. These stages are: A sense of yearning for certain cultural elements absent from the mainstream, a personal quest for healing, an answer to this quest via means of a non-Western tradition, and the development and articulation of a professional identity in which the healer brings back to his culture of origin the most valuable aspects of the healing modality, as well as taking pride in his or her sense of preserving the continuity of the heritage from which the healing modality is from.

For many of the therapists interviewed in this study, the development of their professional identity involved a personal search for something that was not found in the Western culture in which they lived but that they were nonetheless exposed to prior to beginning their professional life as Western healers. "I was essentially led there by my own needs," reports Lisa, a psychotherapist, when asked about how she became a healer who uses meditation alongside psychotherapy. Lisa had once learned yoga and returned to it after she began training in Western psychotherapy that she found lacking in body-awareness. After she was able to receive help for the headaches that bothered her in graduate school, she began to read more about mindfulness and saw an opportunity for it to become more mainstream if integrated into psychotherapy.

Another one of the participants whom we described previously, Athena, evokes a deep longing for a return to a nostalgic past in which she grew up amongst the medicine women of South America, where women's community and the "earth's wisdom" held a place of great importance. She finds this sense of return in Ayurveda, not by studying it under the structure of a medical degree as would be the case were she was growing up in India, but by dipping and diving into sensual and spiritual aspects of Hindu culture

alongside receiving academic training in Ayurveda with the freedom of an unstructured curriculum where she picks and chooses the Ayurveda teachers that she wants. In this way she receives her own sense of personal healing while also qualifying herself as an Ayurvedic healer.

On the other hand, Mark describes a sense of disconnection from society at large from a young age: "My uncle was schizophrenic and he was my best friend," and a sense of wistfulness for the community that his uncle has at the mental health center where he lives. Through his uncle, Mark finds music, the Beatles, and yoga, and revels in the connection between "psychology, spirituality, and community." Years later, when he falls into a major depression, Mark returns to these beginnings and starts studying yoga and meditation as well as receiving psychotherapy. He chooses a career as a therapist in order to fuel his personal growth and then finds these precious cultural elements missing from mainstream psychotherapy. The realization that Western psychotherapy seems to "end" with the individual self comes along with the sense that "the talking cure seems limited." Using the awareness of the breath and body that he has gained from yoga and meditation, and his personal knowledge that there exists a realm of spiritual experience that lies beyond an individual, Mark integrates yoga and meditation into his psychotherapy practice as he has for so long in his personal life. Thus his path has a process of bringing back to his culture of origin, to his community, the cultural elements that he was exposed to in childhood at his uncle's halfway house but found generally missing in the mainstream professional sphere, yet present in the yoga community and tradition.

Following the quest for personal healing and the answers becoming available in the traditional medical systems, the healers bring their learnings back to their own culture of origin. In doing so, a kind of healer mythology gets created, a kind of cultural agreement that appears to prevail amidst the interviewees. This agreement holds that their efforts to integrate the traditional healing modalities into the Western mainstream is helping preserve the purity and promulgate the future of these modalities. Thus dance teacher turned yoga therapist, Mary, explains during her interview that in choosing the particular teacher and yogic tradition, she is part of a movement to prevent reducing yoga to a brand or a style. Mark, who integrates

yoga into his psychotherapy practice, also sees himself as a protector of essential elements of yoga that are being lost. "Yoga in India has died you know" he says, "And it's only being resurrected now by a return from the West back to India."

Clearly, the efforts at preservation and propagation of the traditional medicine modalities is taking place in a way that is quintessentially Western. In Lisa's case, for example, meditation classes are formed around symptoms like fibromyalgia and chronic fatigue. Individual creativity and entrepreneurship are valued over rote adherence to original teachings, and new ideas regarding the application of meditation to different symptom sets are researched and publicized. Again, in Lisa's description, as these new ideas become integrated, the "product" that gets defined as having an empirical result is "Mindfulness Based Stress Reduction" (MBSR), the brain child of Jon Kabat-Zinn, a Westerner.

Using meditation as a cure for various symptoms and renaming it MBSR raises some questions about culture and intellectual property that Lisa does not address in her interview. Nor are these addressed by the large and somewhat economically profitable MBSR community in its teaching and coursework.

This study echoes a sense of manifest destiny around the Western healers' particular and special role to play in history by virtue of their actions of bringing Eastern knowledge to the West. Lisa uses the metaphor of a tide from the ocean that cannot be pushed back unless all the water evaporates, and she speaks of a "Third Wave" in psychology that will include the Eastern methods. However, her perspective is solely from the point of view of the importer of the therapy, not from the perspective of therapies in relationship to each other. Mark speaks of a "resurrection" of yoga that is spearheaded by Westerners and brought to India, analogizing himself to yogis such as Krishnamacharya who left India to study yoga in Tibet where it was more satisfying to him. He comments upon the lack of Indian students who study yoga and the gaps in the development of yoga that exist in India and are being filled by the West. As we read his and the other narratives, what stands out is that as the participants speak about their special role in bringing the East to the West, the healers are not simply describing a Westernizing of the traditional modality but, at a more personal level, they are describing their own role in relationship to the healing art they practice. In clarifying their

professional identity between cultures, the archetype of the cultural savior emerges amidst the participants. Not only does the Western healer propagate and fuel renaissance of a tradition that is at risk of losing ground in the country in which it originates, s/he also brings the wealth of that tradition to his own country's medical system that is starving for such new energy.

Conclusion: Ethical Concerns in Culture and Healing

Our objective in writing this paper was to give voice to the motif of culture and culturally based power dynamics in the case of Western born healers whose practice includes a traditional healing modality from another culture. What we noticed in our analysis of interview data is that Western healers who practice traditional non-Western medicine, a group whom we termed the "in-between healers" due to their culturally unique position, have a set of commonalities that mark their professional development. Together the in-between healers form a sub-cultural group that has an agreed upon value system that includes looking to traditional medicine for the pieces that they as individuals felt were missing in Western healing, and importing those pieces into their professional practice. In the process the healers become cultural emissaries (of sorts). Following a personal search for meaning they are able to share the answers that they received in that search via a professional practice that integrates the elements that were personally useful to them. They are supported by a free flow of information between traditional and Western medicine that appears to support piecemeal learning without the accountability that medical learning typically requires.

In our analysis we hypothesized that at the heart of the culture of the 'in-between healers' was the presence of a culturally entitled 'Occidentalism,' a perspective of looking at South Asian healing traditions in an objectifying way that was 'West looking at East,' versus cultures looking at each other in reciprocal dialogue. The study suggests a need for the dialogue of cultural difference, borrowing, and sharing to be brought into these communities in order to raise awareness about some of the issues of authenticity and expropriation discussed above. These issues are linked to certain internal cultural attitudes and belief systems (see Table 1) on the behalf of these Western healers and as such may need to be addressed through dialogue with traditional healers and teachers.

Table 1

Issues, macro problems, historical links, and cultural attitudes associated with the 'in-between' healer.

Issue	**Macro problems**	**Historical links**	**Cultural attitude to be addressed**
Healers learning piecemeal interventions in unstructured settings	Limited learning being marketed as specialty Lack of holism in learning	Colonialism/Orientalism Excitement around the possibilities of an East waiting to be discovered Cartesian dynamics towards medicine	Entitlement Exoticism Culturally encapsulated approaches to learning
Healers re-inventing a traditional modality based on their individual subjectivity	Intellectual property not well-respected Fully qualified traditional healers at risk for competition from trendier creatively qualified "combination" healers	Neo-Mercantilism: import of Eastern raw materials to the West and export of Western finished goods worldwide at the cost of the local industry	Manifest Destiny Objectification of the East based on Subjectivity of the West
Western medicine delivered in fixed structured and regulated format, Eastern medicine available in informal, unregulated and flexible formats	Both Western and Eastern healers collude to offer a quicker, more convenient route to qualification and practice	East opening to Western trade and resultant exploitation	Unexplored power dynamics Unexplored questions about how this affects local healers in the countries where the traditional modality originated

Perhaps the most meaningful first step in this awareness raising would be a further definition of terms and issues to further clarify the particular power dynamics, economic and intellectual property issues that are raised by this type of importing of knowledge. 'In-between healers' tend to operate in the absence of structured curriculum and regulatory bodies. They appear to rely on the presence of informal communities who are connected by the shared experience of development as traditional healers and as bringers of this healing back to their cultures of origin. Raising awareness about cultural issues could take place alongside the collection of further data to ascertain to what extent issues of cultural entitlement and objectification pervade amongst Western born traditional healers, the current study being from a very limited data set. Finally, a dialogue needs to be created between the teachers and healers of South Asian healing traditions and Western trained practitioners to explore the ethics of integration, the politics of authenticity, expropriation, and questions of clinical practice.

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