

Psychiatrist: Doing Away With Shamanism Wrong

By BETZI WOODMAN

"Blotting out the 'shaman,' or medicine man, among Native people in Alaska may have been one of the great mistakes made over the years by persons attempting to work for the benefit of Native people."

This observation is one of several voiced by Dr. Gerald Caplan, Clinical Professor of Psychiatry at Harvard Medical School, now in Alaska as a consultant for the PHS Alaska Native Health Area.

The statement was made by Dr. Caplan following his intensive visits in the Bethel Service Unit area, particularly in the Eskimo communities of Oscarville, Napaskiak and Kwethluk.

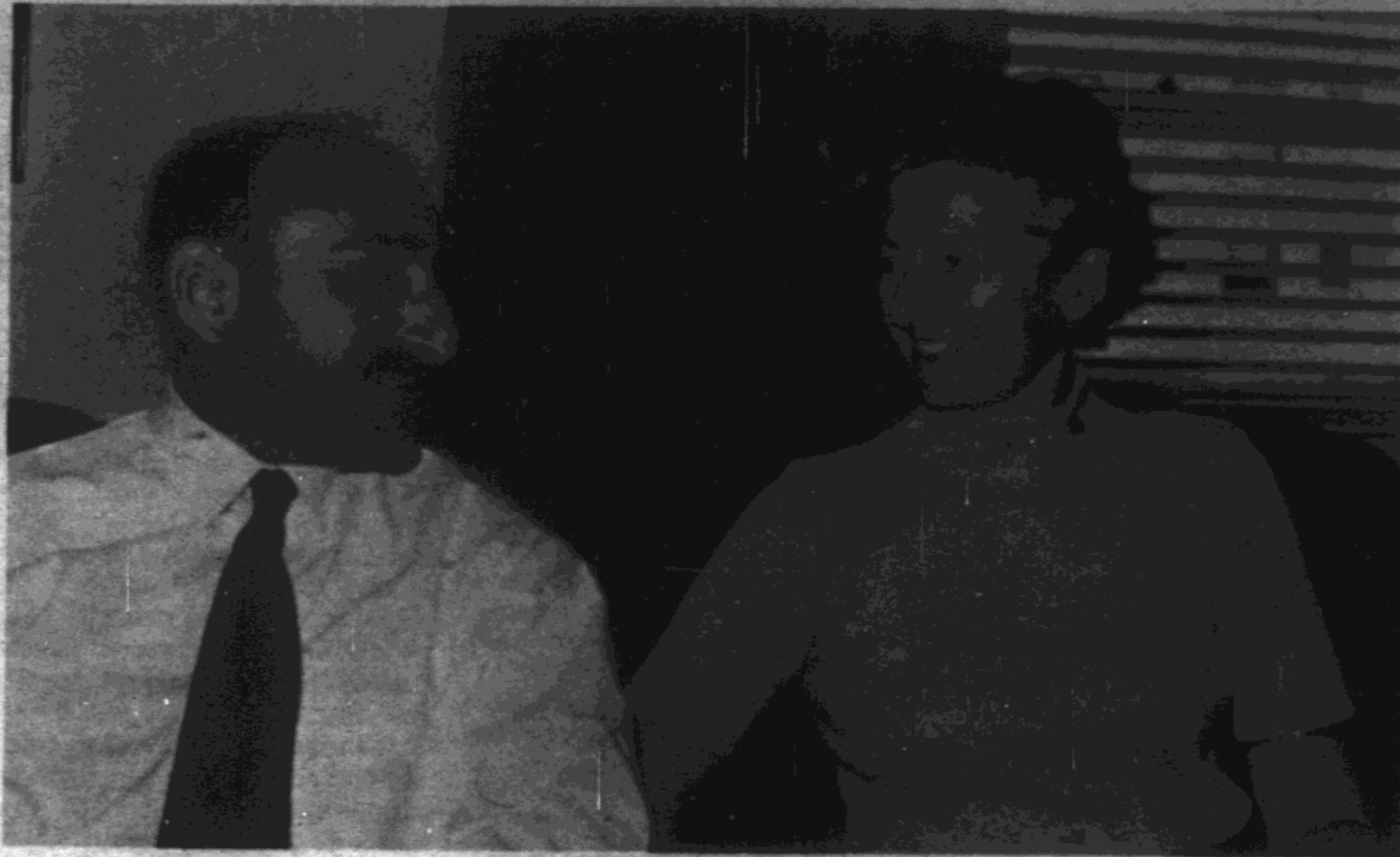
The medicine man, Dr. Caplan says, was found in Nigeria to be one of the greatest aids to modern physicians. "Collaboration with medicine men was most productive. Wiping out the Eskimo shaman takes away indigenous folkways of controlling disease."

The noted psychiatrist is here at the invitation of Dr. Holman R. Wheritt, Director of the Alaska Native Health Area.

Besides making studies in the field, including interviews with individuals working or living close to the scene, Dr. Caplan is conducting seminars and lecturing to PHS personnel in the Anchorage area in connection with his findings here and in international travels.

His primary mission is to give consultation to Dr. Wheritt on the human relations aspects in organization of health services for the Native populations.

Dr. Caplan believes there will have to be a major



PSYCHIATRIST—Dr. Gerald Caplan, clinical professor of Psychiatry at Harvard Medical School and now in Alaska as consultant for the PHS Alaska Native Medical Health Area, is shown with his

wife who assists him in some aspects of his work.

—Photo by PHS ALASKA NATIVE HEALTH SERVICE

attempt to organize a collaborative effort with village councils so these will take over the responsibility.

"The primary job is to organize health services, both mental and physical (really inseparable) in the villages with emphasis on the peoples' understanding both the problems and their solutions," he says.

Upgrading the work of the health aides, whom he says should at present be more correctly termed "illness aides," is one of the immediate needs. "If they are to be effective, we must enhance their position."

Dr. Caplan notes the "astounding rate of cultural change in the past three to five years" as contrasted

with that of the whole period of previous influence by outsiders.

Many factors contribute to this major shift, he says, including the note that the "operations of the Division of Indian Health are beginning to pay off."

The change is producing a strain on the health services, but at the same time presents "great opportunities for the Native people to play an important part in modeling their health program."

A major problem, as Dr. Caplan sees it, is the move from a family unit where each member does what he wishes within the unit more to a corporate organization.

"Right now this corporate unit, the village council, is mainly preoccupied with control of alcoholism."

This is understandable, however, the psychiatrist points out, because of the apparent close relation between cause and effect.

Another area of difficulty is language. "Eskimos are an acquiescent people," he says, "but their affirmative answers do not indicate necessarily that they understand our words and meanings. We don't properly appreciate the difficulties of communication."

"We should respect the Eskimo people for how they have learned to cope and master a most difficult environment," he continues. "There is a great deal of positive value in the Native culture. We should learn much more of the benefits of all Native ways and traditions. In dealing with problems as we see them, we

have often done damage. Rather than suppress, supplant and destroy, we should supplement and complement their culture."

A continuing study of villagers—the basic values they don't talk about—would "payoff many times over," Dr. Caplan asserts. Findings from such studies then should be fed constantly into program planning.

The consultant is vehement in opposing the thought that villagers should "leave the bush and come to the urban areas. "It would be the worst and most destructive thing that could be done."

Public Health Service medical personnel in Alaska are "keen" says Dr. Caplan. "I am impressed by the high caliber of the Doctors working here. They, too, are aware of a need for the change."

But he deplores the lack

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Caplan is Director of the Psychiatry at Harvard
Laboratory of Community Medical School.

of travel money for medical people to get around.

"The fact that the physical problems are great is all the more reason to go often to the village level. It is a great waster of doctors' salaries, particularly the group of specialists with the Alaska Native Medical Center, to keep them grounded."

Born in Manchester, England, Dr. Caplan was graduated from the University of Manchester. He was formerly child psychiatrist for the Tavistock Clinic in London and worked in group therapy.

From 1948 to 1952 he was in Israel where he started the mental health department for the government and organized a child guidance and mental hygiene center in Jerusalem. Prior to that he was with the Israeli Army.

He came to this country in 1952 and until 1964 was a professor in the Harvard School of Public Health. He has served as senior psychiatric consultant with the Peace Corps to "prevent volunteers overseas from becoming sick."

Besides his role as Clinical Professor, Dr.