Exploring Indigenous Mental Health Practices: The Roles of Healers and Helpers in Promoting Well-Being in People of Color

Madonna G. Constantine, Linda James Myers, Mai Kindaichi, and James L. Moore III

The authors present an extensive literature review and discuss the cultural relevance of indigenous healing practices in promoting psychological, physical, and spiritual well-being in people of color. Suggestions are also presented for ways counselors might work with indigenous healing resources to promote the well-being of people of color.

According to recent census estimates, people of color in the United States, including people of Hispanic origin, make up nearly 38% of the total population (U.S. Census Bureau, 2000). Furthermore, the rate of new immigrants to the United States per year exceeds 1.2 million people (Camarota, 2001). Although people of color and immigrants include individuals from various cultural backgrounds, mental health services in the United States focus primarily on Western approaches (Myers, 1999a). This phenomenon may create conflict between the needs of these individuals and the mental health services that are available to them (Macias & Morales, 2000). In this article, we attempt to address these disparate realities by reviewing pertinent professional literature and examining the cultural relevance of indigenous healing practices in promoting the psychological, physical, and spiritual well-being of people of color. We also discuss how counselors may interface successfully with indigenous healers and resources to promote improved health among people of color.

Research and other writings related to people of color and mental health issues they face have focused on constructs such as race and ethnicity (e.g., R. T. Carter & Helms, 1992; Diala et al., 2000; D. W. Sue & Sue, 1999), racial identity attitudes (e.g., Myers & Haggins, 1998; Neville & Lily, 2000; Parham & Helms, 1985), attitudes toward counseling (e.g., Constantine, 2002; Leong, Wagner, & Tata, 1995), cultural mistrust attitudes (e.g., Nickerson, Helms, & Terrell, 1994), multicultural counseling competence (e.g., Speight, Myers, Cox, & Highlen, 1991; D. W. Sue, Arredondo, & McDavis, 1992; D. W. Sue et al., 1998), and satisfaction with counseling (e.g., Diala et al., 2000; Fuertes &
Indigenous healing can be defined as helping beliefs and strategies that originate within a culture or society and that are designed for treating the members of a given cultural group (Helms & Cook, 1999; Lee, 1996; D. W. Sue & Sue, 1999). The use of indigenous healing methods in a specific culture may vary according to issues such as age, gender, degree of acculturation, English language proficiency, immigration, cultural values, symptoms, and cost of treatment (Applewhite, 1995; Macias & Morales, 2000; Myers, 1999a; Pourat, Lubben, Wallace, & Moon, 1999). For example, language may be an important barrier for many non-English speaking individuals who seek mental health services in the United States (Spector, 1991). In particular, feelings of powerlessness and an inability to acquire knowledge that might inform choices regarding health care may be the direct results of language barriers (Juarbe, 1995; Warda, 2000). Moreover, research has shown that among more acculturated individuals, the use of indigenous or folk healing methods may be relatively uncommon when compared with individuals who are less acculturated (Keefe, 1982; Meredith, 1984; Pourat et al., 1999). Furthermore, the comparatively high cost of traditional Western-based approaches to helping and healing may be a deterrent for some people of color and for immigrants (Vontress, 1991).

The aforementioned issues related to formal mental health use among people of color suggest that some of these individuals are hesitant about speaking with psychologists, counselors, social workers, or psychiatrists about their problems. In particular, the potential stigma associated with seeking formal mental health services may cause some people to identify forms of helping and healing that are less stigmatizing and more indigenous (Applewhite, 1995; Shimabukuro, Daniels, & D’Andrea, 1999). Several previous writings have discussed the tendency for people of color to turn to more informal sources of dealing with problems, such as family members, friends, the clergy, and indigenous healers (e.g., Helms & Cook, 1999; D. W. Sue & Sue, 1999; Utsey, Adams, & Bolden, 2000). For instance, some African Americans and Latino Americans may prefer to speak with pastors, ministers, or priests about their mental health concerns (Constantine, Lewis, Conner, & Sanchez, 2000; McRae, Thompson, & Cooper, 1999). Furthermore, among many American Indians, indigenous techniques and strategies, such as the
use of herbs, pipe ceremonies, sun dances, and sweat lodges, are reported to be helpful in alleviating mental health problems and in reaffirming life (Garrett & Wilbur, 1999). In addition, many Asian Americans may prefer to turn to family members, close friends, and indigenous healers when they experience mental health problems (e.g., Pourat et al., 1999; Solberg, Ritsma, Davis, Tata, & Jolly, 1994; D. W. Sue & Sue, 1999).

It is important to note that many people of color and recent immigrants to the United States may view indigenous healers and resources as adjuncts to rather than substitutes for Western healers (Gafner & Duckett, 1992; Leong et al., 1995). However, because of biases they may have regarding the use of formal mental health systems and rather than access formal mental health services, some people of color may seek only the assistance of indigenous healers to address their mental health concerns.

**Underutilization of Mental Health Services by People of Color: Are Cultural Biases to Blame?**

Despite having similar prevalence rates of mental health problems as the general population (Leong et al., 1995), people of color in the United States seem less likely than White Americans to seek treatment from traditional mental health specialists and have been reported to be underrepresented in the services that are provided (Chun, Enomoto, & Sue, 1996; Gallo, Marino, Ford, & Anthony, 1995; Macias & Morales, 2000; Zhang, Snowden, & Sue, 1998). For example, after entering mental health treatment, African Americans have reportedly been more likely than Whites to terminate prematurely (S. Sue, Zane, & Young, 1994). Furthermore, fewer than half of American Indians who sought mental health services were likely to return after an initial contact with a mental health professional (O'Sullivan, Peterson, Cox, & Kirkeby, 1989). Asian Americans have also been documented consistently to have low mental health utilization rates (e.g., Lin & Cheung, 1999; S. Sue et al., 1994; Zhang et al., 1998), and both Latino Americans and recent Latino immigrants have tended to avoid traditional mental health treatment when they face mental health problems (e.g., Leong et al., 1995; Vega, Kolody, Aguilar-Gaxiola, & Catalano, 1999).

Some people of color may avoid accessing more traditional psychological services because of cultural biases that exist within many mental health systems. For instance, some scholars (e.g., Highlen, 1996; Myers, 1999a; D. W. Sue & Sue, 1999; Utsey et al., 2000) have noted that Western conceptualizations of counseling and psychotherapy focus primarily on independence and individuality in relationships, direct verbal communication styles, emotional expressiveness, clear distinctions between the mind and body, and intrapsychic processes in the context of mental health relationships. Thus, individuals from more collectivistic cultures, such as many people of color and immigrants, may feel that such emphases are culturally incongruent with their conceptualizations of the importance of familial and social interdependence and of having a spiritual worldview (Highlen, 1996;
Lee, 1996; Lee & Armstrong, 1995; Myers, 1998; Queener & Martin, 2001). For example, some parents of color may find it insulting when, in the context of seeking formal mental health intervention, Western therapists encourage children and adolescents to be verbally, emotionally, and behaviorally expressive (Jones et al., 2001). Such actions may be viewed as disrespectful and as undermining parents' authority. Because vital culture-based values and circumstances often are not sufficiently integrated into the treatment goals and plans of many people of color, these individuals may learn to distrust traditional mental health interventions.

Lewis-Fernández and Kleinman (1994) expanded on three culture-bound assumptions in Western psychology and medicine that differentiate them from most non-Western forms of healing. First, egocentricity is the belief of the self as an autonomous entity that is unique in its internal mechanisms. This construct reflects individualism (Stewart & Bennett, 1991), a value that may not be highly endorsed by members of more collectivistic cultures. In contrast, allocentric or interdependent views of the self (Markus & Kitayama, 1991), in which individuals are often defined in relation to important others, are prevalent outside of the United States. Second, the Cartesian dualism of mind–body that exists in Western conceptualizations of mental health treatment is in contrast to the integration of mind–body–spirit in writings related to indigenous healing (Lewis-Fernández & Kleinman, 1994; Markus & Kitayama, 1991; Rogler, Malgady, Costantino, & Blumenthal, 1987). The third culture-bound assumption pertains to the notion that culture is an arbitrary phenomenon that is superimposed on a uniform biological reality. Such assumptions may have led Western counselors to discount indigenous healing practices.

Western perspectives that seem to dominate much of traditional counseling and psychotherapy have their roots in modernism—a worldview that places value on cause and effect laws, linearity, rational thought, objectivity, the belief in a “universal truth,” and the constancy of measurements (D. W. Sue et al., 1998). Aspects of modernism are evident in many therapists’ assumptions that the agent and target of change in counseling relationships is the individual, as opposed to the family units or other systems of which individuals are a part (D. W. Sue & Sue, 1999). Moreover, modernism may exist in some counselors’ conceptualizations of mental health intervention as the process that occurs in their offices during a 45- to 50-minute therapy session. Because of these types of structures, which are presumed to be “standard” and “normal,” people of color with more flexible space and time boundaries may not feel comfortable with the potential rigidity of the constraints imposed by more traditional interventions. Oftentimes, counselors who fail to understand the more fluid nature of such boundaries among some people of color may unduly pathologize or misdiagnose these clients’ behaviors or experiences. Furthermore, the use of verbal communication in counseling and psychotherapy assumes that there are universal meanings to the words that constitute language (Highlen, 1996; Myers, 1998), and persons of color, particularly immigrants who may not use standard English, may be viewed by some counselors as deficient or abnormal.
When using Western therapeutic modalities, helping professionals often assume that clients' worldviews parallel their own. There is an implicit assumption that therapeutic modalities are meaningful and effective across cultures and needs. Mechanisms of helping or healing that exist outside the Western industrialized world may be neglected because of the assumption of the universal efficacy of talk therapy (Lewis-Fernández & Kleinman, 1994). Counselors may also overpathologize behaviors and notions of illness that are different from Western constructions (Shimabukuro et al., 1999). Moreover, traditional healing methods may be invalidated because of not adopting Western definitions of health, disease, illness, treatment, or helper (D. W. Sue & Sue, 1999; Wooding, 1995).

Failing to recognize the culture-bound nature of many Western perspectives of counseling and psychotherapy may result in the perpetuation of cultural oppression against people of color (Myers, 1999a; D. W. Sue & Sue, 1999). Hence, D. W. Sue et al. (1998) offered several multicultural counseling competencies for mental health professionals, including (a) moving beyond traditional definitions of counseling and psychotherapy, (b) adopting more action-oriented styles of helping, (c) using alternative helping roles, and (d) learning from indigenous models of helping. Atkinson, Thompson, and Grant (1993) also noted the importance of counselors being flexible in their roles in working with clients of color. They outlined eight potential helping roles that mental health professionals could assume in working with culturally diverse individuals: adviser, advocate, facilitator of indigenous support systems, facilitator of indigenous healing systems, consultant, change agent, counselor, and psychotherapist. In addition, Atkinson et al.'s (1993) model suggested that counselors should consider three factors when selecting the roles and determining the strategies necessary for working with people of color: (a) the problem's etiology, (b) the client's level of acculturation, and (c) the goals of helping. The specific role or roles that mental health professionals assume at any given time depend on the specific combination of the three previously mentioned issues for these individuals.

For example, within the adviser role, counselors may educate clients about forms of discrimination and oppression that they might face as members of a particular racial or ethnic group. An adviser role may be assumed with particularly low-acculturated clients who may be experiencing psychological distress because of racism or prejudice in their lives. Counselors can also assume an advocate role, wherein they literally speak for their clients when low English-speaking ability or low acculturation may make it difficult for the client to be understood by others. Counselors may also serve as facilitators of indigenous support systems and facilitators of indigenous healing systems by identifying available cultural resources and support networks that clients believe may be helpful to them. The role of consultant is frequently used with more highly acculturated individuals who may seek counseling to aid them in preventing or mitigating externally caused problems that stem from discrimination. In the role of change agent, counselors attempt to change social environments that may lead to discrimination. In the traditional counselor role, helping professionals seek to prevent problems. This
role is used mainly for more acculturated clients who might feel comfortable talking about personal issues. Finally, the role of psychotherapist is somewhat different from that of the counselor role. The psychotherapist role is typically applicable to highly acculturated clients who want relief from an existing problem that has an internal origin. Atkinson et al.'s (1993) model illustrates the importance of flexibility in the helping professions, as well as the value of potentially integrating indigenous healing systems into more traditional counseling practices.

People of Color and Indigenous Forms of Healing and Helping

Culture is a matrix through which behaviors and attitudes are viewed in a hierarchy of normality and abnormality (Banerjee & Banerjee, 1995). Mulatu and Berry (2001) outlined three theoretical orientations referred to in the study of culture and behavior: absolutism, relativism, and universalism. Absolutism is the stance that human phenomena are the same across people and across cultures. Hence, culture is seen as playing a peripheral role in the display of behavior. The opposite of absolutism is relativism, which assumes that culture dictates all behavior and that comparisons of similar behavior between different populations cannot be made because the behaviors may not be equivalent. Between the poles of absolutism and relativism, Mulatu and Berry also described universalism, or the assumption that there are basic physiological qualities common to all people and that differences in individuals exist as a function of culture. Cultural psychologists have often embraced the latter two perspectives in emphasizing how important it is to recognize that behavior is culture bound (e.g., Miville et al., 1999; Myers, 1999b; D. W. Sue & Sue, 1999).

Different cultural groups have developed their own explanations and conceptualizations of abnormality, mental health, and well-being, in addition to having identified culture-bound ways of coping with problems (Lee & Armstrong, 1995; Myers, 1999b). For example, the prevailing belief in some cultures is that the etiology of problems or illnesses could stem from phenomena such as imbalances in the homeostasis of various forces, obstructions in the flow of energies within the body, disobedience of natural laws, and malevolent spirits (e.g., Campinha-Bacote, 1992; Lin, Inui, Kleinman, & Womack, 1982; Uba, 1992; Wing, 1998; Wing & Thompson, 1995). Thus, what may be viewed as normal or abnormal phenomena in one culture may differ greatly from the same phenomena in other cultures. Within certain cultures, designated individuals or groups are considered to be healers, who may not only address physical problems but also issues related to psychological distress or “unusual” behavior (Lee & Armstrong, 1995). These indigenous healers are seen as having particular skills and wisdom that help people solve problems and make decisions (Lee, Oh, & Mountcastle, 1992). Because distress or illness may be viewed as an imbalance at some level, indigenous healers aid individuals in seeking and reestablishing harmony or balance (D. W. Sue & Sue, 1999). Moreover, because indigenous healers
frequently share the cultural values of the people who seek their assistance, they are able to understand individuals' behaviors within the context of salient cultural data (Helms & Cook, 1999).

Unlike traditional models of helping, indigenous healing practices tend to promote harmony between physical, mental, social, and spiritual dimensions of the human experience (Highlen, 1996; Lee, 1996; Queener & Martin, 2001). Human behavior and its consequences are viewed in a circular and interconnected context, and indigenous helping models are often predicated on the notion that the effects of some type of distress may be multidimensional or may stem from multiple sources. Consequently, indigenous forms of healing typically take holistic and interdependent approaches to well-being (Grills & Rowe, 1998; D. W. Sue & Sue, 1999; Wing, 1998). There is the belief in many non-Western cultures that all life forms are interrelated. For example, in Native American philosophy, holism is symbolized in the circle or the hoop of life (Heinrich, Corbine, & Thomas, 1990). The mind, body, and spirit are not differentiated, and the integration of three domains is present in daily activity. Thus, it is not uncommon for many individuals of color who are experiencing mental distress to present with or experience somatic concerns or to attribute such distress to social causes (e.g., Atkinson & Lowe, 1995; Luk & Bond, 1992; Narikiyo & Kameoka, 1992; Tracey, Leong, & Glidden, 1986; Zhang et al., 1998).

One interdependent means of addressing mental health problems among many people of color is through social support resources in the form of relationships with significant others, such as family members and close friends (Constantine, Chen, & Ceesay, 1997; Helms & Cook, 1999; Liu, 1986; Narikiyo & Kameoka, 1992; Utsey et al., 2000). For example, M. L. Carter (2000) found that Black individuals in her sample tended to report emotional support from family members and participation in community church services as essential social support factors. Furthermore, Shibazaki (1999) found that high levels of emotional support from family members were predictive of less psychological distress among self-identified Mexican Americans. Asian Americans also have been found to use family members and close friends as important means of social support (Ebreo, 1999; Solberg et al., 1994; Yeh & Wang, 2000). Moreover, McMillan and Weisz (1996) indicated that both Blacks and Latinos tended to use a greater number of informal resources, such as family members and friends, before contacting a formal mental health agency for services. Hence, for many people of color, using existing social support networks may serve as an important culture-specific and indigenous form of coping with mental health issues in their lives.

Shamanism is based upon individuals' fundamental interconnectedness with the universe and the maintenance of balance among their physical, psychological, social, spiritual, and cosmic experiences (Lee et al., 1992; Krippner, 2000; Singh, 1999). Shamans believe that illnesses and diseases are the results of imbalances in people's lives; the shaman attempts to restore balance in individuals' lives by entering an altered state of consciousness to acquire knowledge about the cause(s) of the illness and to identify appropriate remedies (Lee & Armstrong, 1995; Metzner, 1998; Singh, 1999). Within
the universal shamanic tradition, helpers may assume more active roles in
the intervention process and may assume partial or even total responsibil-
ity for helping individuals in their community. For instance, social or rela-
tional problems may contribute to some people’s health problems, or physical
illness might be the result of malevolent spirits that have been imposed by
individuals’ ancestors for breaking laws or customs. In the latter case, sha-
mans could work to dispel these spirits from people’s lives or they may
provide solution-oriented advice to individuals who are seeking help.

Among some American Indian populations, a common healing practice is
the vision quest, a rite of passage that elevates individuals to a different level
of consciousness through the concentration of life energy in sweat lodges and
herbal treatments prescribed by a medicine man (Garrett & Wilbur, 1999;
Heinrich et al., 1990). During a 4-day fast (i.e., no food or water), individuals
focus on what their elders have taught them, their goals and experiences, and
their relationships with the universe. Among some Latino populations, the
practice of herbalism or yerbería (Falicov, 1999) allows for the restoration of
homeostasis within the body through the application or ingestion of wild
and domestic herbs. Similarly, Chinese herbal medicine, or kampyo in Japan,
emphasizes inner balance through the construct of yin and yang (i.e., the male
and female counterparts of the universe that represent the reciprocal nature
of all contrasts; Barnes, 1998; Pourat et al., 1999). Moreover, behavioral inter-
ventions, such as Morita and Naikan therapy (Morita, 1998) for the cluster of
anxiety symptoms called shinkeishitsu, emphasize the reciprocal process of
give-and-take among people and nature throughout the life cycle and may
play important roles in restoring balance to the lives of many Japanese indi-
viduals. Buddhism is also concerned with the restoration of balance among
individuals by emphasizing harmonious relations between the individual and
the rest of the world (Wallace, 2001).

Some individuals’ belief in metaphysical levels of existence may also influ-
ence their use of indigenous healing methods. For example, energies, both
positive and negative, are believed to inhabit and affect the body. Thus, ill-
ness may be explained in terms of an individual having angered spirits or
transgressed from a predetermined life course. That is, various illnesses are
believed to result when some energies are stuck in specific organs (Barnes,
1998). Healing may occur through movement of these energies by the laying
on of hands (Heinrich et al., 1990; Vontress, 1991), chanting, anointing, bone
setting (Falicov, 1999; Koss-Chioino, 1995), Tai Chi, or Chi Gong (Barnes, 1998).

Spirituality may represent one way through which some people com-
bine beliefs about a transcendental reality into their worldviews and self-
conceptions (Myers, 1999b; Shimabukuro et al., 1999). This can include teleologies
of life and afterlife and the meaning of death, conceptions of higher beings and
nonhuman forces, and the interconnectedness of living things. In Latino cul-
tures, spirituality is manifested through healing methods used by curanderos,
espiritistas, and santeros (Falicov, 1999). In curanderismo (Applewhite, 1995; Koss-
Chioino, 1995), helpers known as curanderos use cleansing rituals and objects
to heal their clients. These individuals are believed to have received healing
ability from God (i.e., “El Don”) and have an awareness of and a sensitivity to the suffering of others. Curanderos also use some interdependent aspects of collectivistic cultures by including family members in various aspects of treatment (Falicov, 1999). Espiritistas are spiritual mediums who are thought to communicate with spirits and have the power to heal. Santeria (Falicov, 1999) is a religion rooted in Yoruba and Catholic belief systems whose figures, called santeros, resolve situations on earth through communication with the saints and other divine beings through object manipulation and worship. Spirituality as an indigenous form of healing has also been prevalent among many American Indian individuals and includes cultural elements such as medicine (i.e., the essence of one’s inner being and that which gives one inner power), harmony (i.e., everyone and everything have a reason for being), relation (i.e., all things are interconnected), and vision (i.e., inner knowledge of one’s own power and purpose; Garrett & Wilbur, 1999).

Religion is often defined as the relationship that members of a culture have with their deity(ies) through formalized institutions (Constantine et al., 2000). The people of a given culture may defer to a higher power to direct the course of their lives. Distressed individuals may call upon the higher power themselves through prayer, or they may request the services of a respected spiritual leader (Helms & Cook, 1999). For example, the Black church has been a particularly salient resource for many African Americans throughout their history in the United States by serving as a place to celebrate the relationship between spirituality and daily life and to feel liberated from racial injustices (Cook & Wiley, 2000; Frame, Williams, & Green, 1999; Queener & Martin, 2001). Because the Black church represents a social, political, familial, psychological, and healing institution (McRae et al., 1999), some African Americans may seek help within the Black church (e.g., pastors, deacons, or congregation members) to aid them in dealing with problems in their lives. For example, Queener and Martin (2001) underscored the collaboration between counselors and the Black church in order to provide mental health assistance to African Americans. Furthermore, Organista and Muñoz (1996) encouraged the use of church attendance and prayer as means of helping Latinos deal with stress and negative mood states. However, it is important to note that some people of color may be reluctant to seek more traditional mental health services in conjunction with religious participation because of their concern that mainstream services may interfere with indigenous approaches, such as receiving spiritual guidance or prayer (Falicov, 1999).

Other common types of indigenous healing methods used by some people of color and immigrants include massage, acupuncture, meditation, yoga, astrology, fortune telling, burning incense, and aromatherapy. Moreover, the use of culture-based, creative arts practices may aid some individuals in the restoration of their mental health. For example, Cuento therapy has been used successfully with Puerto Rican children in reducing their trait anxiety as compared to traditional therapeutic practices and to no intervention (Costantino, Malgady, & Rogler, 1986). Cuento therapy involves the telling of folktales that are meant to enhance children’s and adolescents’
adaptive emotional and behavioral functioning by (a) improving their attentional processes; (b) modeling salient cultural values, beliefs, and behaviors; and (c) modeling appropriate relationships with parental figures (Costantino & Malgady, 1996). Folktales have also been used to communicate culturally specific values, customs, and wisdom among American Indians and African Americans (e.g., Bruchac, 1991; Caduto & Bruchac, 1991; Hamilton, 1985). Furthermore, among some African Americans, the use of music, song, dance, and poetry have been noted as important means of reducing stress, solving problems, increasing cultural awareness (Alexander & Sussman, 1995). Because of cultural norms associated with de-emphasizing emotional expressiveness, the use of nonverbal therapy techniques (e.g., art therapy) among some Asian Americans and American Indians may be helpful in alleviating distress (Alexander & Sussman, 1995; Jones et al., 2001).

Although indigenous healers, similar to Western practitioners, vary by culture and type of healing, some undergo rigorous training and education to achieve their positions (D. W. Sue & Sue, 1999). Oftentimes, because they are the only care providers available in a given community, indigenous healers are trained generally to care for the body, mind, and spirit (Vontress, 1999). Unlike many of their Western counterparts, however, some indigenous healers are thought to have innate mystical powers, and part of becoming a healer is the notion of “being called” to the position by fate or an external force (Vontress, 1999; West, 1997).

Improving Counselor-Indigenous Healer Interactions to Promote Well-Being in People of Color

Despite mixed feelings by some Western counselors about advocating the use of indigenous healers and helpers to address mental health concerns (Vontress, 1999), such resources are often the only available options for most people throughout the world (Torrey, 1986). Thus, indigenous healing methods may continue to be a primary means of addressing problems among less-acculturated U.S. immigrants because many people tend to be satisfied with these services (Mbiti, 1988; Pourat et al., 1999). To this end, we present nine ways that counselors might integrate various forms of indigenous healing into their practices and maximize treatment compliance and effectiveness with people of color and immigrants.

1. Examine their own worldviews and cultural biases to identify ways that they may either consciously or unconsciously interfere with their effectiveness with some populations of color (Myers, 1988, 1999a).
2. Become more culturally at ease by supporting and encouraging clients to share their beliefs about the etiology of their distress and the best means to alleviate it. In addition, involve clients in the selection of preferred and appropriate treatment strategies and plans and create alliances that involve both clients and indigenous healers and helpers (Jones et al., 2001).
3. Use existing culturally based client values to increase the effectiveness of the counseling process (Kim, Atkinson, & Umemoto, 2001; Myers, 1999). For example, drawing upon collectivistic cultural values in developing support or self-help groups for people of color may increase their use or efficacy by these populations.

4. Seek the assistance of family members and significant others within clients' communities to aid in treatment when warranted (Jones et al., 2001).

5. Be open to the idea of indigenous healing strategies and resources as they may arise in working with people of color and immigrants (Helms & Cook, 1999; D. W. Sue & Sue, 1999).

6. Obtain comprehensive information about various forms of indigenous healing or helping (Grills & Rowe, 1998; Lee & Armstrong, 1995).

7. Develop alliances with indigenous healers and helpers from various cultural groups (Lee, 1996).

8. Acknowledge that it will not be possible to be an expert on all forms of indigenous healing practices. However, being open to such practices may be critical in counselors' quest to work more effectively with diverse cultural populations (D. W. Sue & Sue, 1999).

9. Explore ways in which non-Western ways of being can be of value to the counselor in his or her everyday life and work.

Conclusion

In response to the need for increased multicultural competence in the counseling profession, it will be important for mental health practitioners to consider integrating indigenous helping practices or resources into their work with clients (D. W. Sue et al., 1998; West, 1997). Thus, counselors should be open to the idea of indigenous healing approaches in relation to clients of color, particularly clients from cultures that may mistrust more traditional mental health interventions. It is important, however, that counselors exercise due care in making referrals to and interfacing with indigenous helping resources that would not place clients at risk of psychological, spiritual, or physical injury. Nonetheless, informed by knowledge of indigenous healing practices, counselors may be able to recognize potential similarities and differences between indigenous and Western approaches to helping and may begin to bridge gaps between traditional helping institutions and the cultures of the individuals they serve.

References


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