

# Bridging the Gap between Western and Indigenous Medicine in Eastern Nicaragua

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## ABSTRACT

In Nicaragua there are attempts, at various levels, to bridge the gap between Western and indigenous medicine and to create more equal forms of therapeutic cooperation. This article, based on anthropological fieldwork, focuses on this process in the North Atlantic Autonomous Region, a province dominated by the Miskitu people. It examines illness beliefs among the Miskitu, and how therapeutic cooperation is understood and acted upon by medical personnel, health authorities and Miskitu healers. The study focuses on ailments locally considered to be caused by spirits and sorcery and problems that fall outside the scope of biomedical knowledge. Of special interest is the mass-possession phenomena *grisi siknis* where Miskitu healing methods have been the preferred alternative, even from the perspective of the biomedical health authorities. The paper shows that Miskitu healing knowledge is only used to compensate for biomedicine's failure and not as a real alternative, despite the intentions in the new Nicaraguan National Health Plan. This article calls for more equal forms of therapeutic cooperation through ontological engagement by ongoing negotiation and mediation between local and biomedical ways of perceiving the world.

KEYWORDS: Miskitu, medical pluralism, healing, *grisi siknis*, Nicaragua

## Introduction

Today, in most complex societies, various healing systems exist parallel with biomedicine (Western medicine).<sup>1</sup> Although these systems may collaborate, biomedicine usually

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<sup>1</sup> Anthropological fieldwork was carried out in the Eastern Nicaraguan city of Puerto Cabezas, in the regional capital of the RAAN, for a total period of eleven months during 2005–2008, and mainly funded by the Swedish Research Council (427–2005–8695). This urban environment, with a population of about 30,000 inhabitants with various forms of health care choices and healing forms, provided a good opportunity to study therapeutic cooperation and medical pluralism among the Miskitu. Fieldwork included interviews with 38 informants; including 14 Miskitu healers, several patients or former patients and their families, medical personnel, university employees, health educators and local representatives of the Nicaraguan Ministry of Health (MINSa). Informal and semi-structured interviews, narratives, group discussions, and extended case studies with key informants were carried out. I took part in healing rituals and therapies in which both Miskitu healing and biomedicine were used.

dominates over alternative systems, and biomedical workers have had difficulty accepting other healing traditions (Baer and Davis-Floyd 2005). Efforts to create so-called holistic or integrative medicine, where biomedicine and alternative medicine are supposed to coexist, have often resulted in an unequal relationship. Biomedical practitioners have selectively integrated certain alternative practices and, at the same time, forced alternative medicine to adapt to the biomedical system (Fadlon 2004).

These concerns come out of a long tradition of studies in medical anthropology focusing on medical pluralism. Kleinman (1980), for example, distinguishes overlapping sectors of health care while Janzen (1978) focus on how people resort to various medical systems using a network of family members, colleagues and friends (see also Van Wolputte et al. 2002). Finkler (1991) focus on medical encounters and Whitaker (2003) on how individuals combine explanatory models and treatments. The fact that health care choices are intertwined with moral dilemmas was demonstrated by Brodwin (1996). Reis (2002) and Greene (1998) show how 'traditional' healers incorporate biomedical practices, and recent studies argue that physicians must adapt themselves to the local belief systems (see Koss-Chioino et al. 2003).

Other studies have focused upon the ways in which power relations shape medical systems and how people utilize alternative medical systems when challenging biomedical dominance (see Baer 2004). The interface between biomedicine and alternative medicine, and the cooption of bio-medicine have been discussed in a number of recent works (Baer 2005). Therapeutic cooperation and the encounter between biomedicine and 'traditional' medicine have been examined by, for example, Bastien (1992), Velimirovic (1990), Langwick (2008), Calvet-Mir et al. (2008) and Pylypa (2007) and in an edited volume by Luedke and West (2006). Studies exist in areas such as AIDS prevention, family planning, traditional midwives, oral rehydration therapy, mental illness and rehabilitation of drug addicts (see Helman 2007: 91). However, there is a need for further studies concerning the ways in which biomedical personnel and spiritual healers think about, and relate to, possible forms of therapeutic cooperation and how they may collaborate on more equal terms.

In Nicaragua, in the North Atlantic Autonomous Region (RAAN), a province dominated by the Miskitu people, there is an ongoing process around this issue. The objective is to integrate so-called 'traditional' medicine into the Western biomedical health service, and encourage a development whereby biomedicine and other forms of healing should collaborate and offer services to the population on equal conditions. This policy was stated both in Nicaragua's recent National Health Plan 2004–2015 (MINSa 2004) and as part of a new health policy. One of the aims was to 'incorporate the cosmovision of the communities in the health services... as well as the practices of traditional medicine and other alternative and complementary practices' (MINSa 2004: 47f). In this radical *New Model of Health* (Comisión de Salud de la RAAN 1996), biomedical personnel, local healers, and midwives are meant to cooperate, and patients may choose from various forms of health care and healing without restraint.

In this article, I focus on ailments locally considered to be caused by spirits and sorcery and problems that fall outside the scope of biomedical comprehension. Of special interest is the mass-possession phenomena *grisi siknis* where 'traditional medicine' is the

preferred alternative, even from the perspective of the biomedical health authorities. Treatment of this problem, which has been considered a ‘culture-bound’ syndrome (Dennis 1985), has resulted in a therapeutic cooperation where biomedicine has relied on Miskitu indigenous medicine. This has not only posed a challenge for biomedicine, but has also highlighted the fact that Miskitu medicine and biomedicine are grounded in different ontological truths with very different ideas about illness and its causes.

## Illness and healing among the Miskitu

The Miskitu population in Nicaragua consists of about 100,000 people (Dennis 2004: 23), the majority of whom reside in the RAAN. Among the Miskitu, many afflictions are related to the otherworld, to acts of sorcerers or spiritual beings, or because of the afflicting spirits of dead ancestors. According to Miskitu cosmology, and depending on the cause and its symptoms, these ailments are treated by healers known as *curanderos* (herbal/spiritual healers), *sukias* (shamans) or *profetas* (prophets). Miskitu healing therapies and beliefs about illness and health have, to some extent, been studied previously (García 1995; Dennis 1985, 1988, 2004; Cox Molina 2003; Barrett 1993, 1995; Fagoth et al. 1998; Pérez Chiriboga 2002; Hobson Herlihy 2006).

Illness among the Miskitu is commonly held to be caused by spirits such as *muertos* or *isingni* (spirits of deceased persons), and spiritual beings in the natural surroundings, such as *liwa mairin* or *sirena* (a spirit related to water and to the reproductive system, often described as a mermaid); *duende* (gnome, spirit related to hunting and wild animals); *prahaku* (spirit of the wind); and *aubia* (forest spirit). These spirit entities may provoke both mental and physical problems, often by means of, or in relation to, the environment. The *duende*, for example, protects the wild animals of the forest and may punish hunters with illness and madness if they have hunted too many deer. The spirits may also be used by a sorcerer to send an illness, or other misfortunes, upon someone. By using divination and by dreaming about the client, an experienced healer will determine if the problem is caused by the spirit directly or if a sorcerer is involved, although the symptoms themselves will also give an indication. The sorcerer could also strike back on someone performing a healing ritual and might, for example, send an illness to the healer or her/his relatives. For this reason, many healers are reluctant to take on a case believed to have been caused by sorcery.

The symptoms of a spiritual illness may be similar to, or even the same as, an illness recognized by Western medicine, according to Miskitu beliefs; however, as it is spiritually caused, biomedical treatment is said to be ineffective. During fieldwork, I was often told about the dangers of injecting pharmaceutical products into the body of someone who suffered from a spiritual illness, as injections and chemical medicines were believed to be in contradiction with illnesses caused by sorcery. If a substance was forced into the patient’s body, it was said that this could be fatal and the patient would die. Many of the nurses and physicians that I spoke to had come across similar beliefs and many other people spoke of sorcery and the dangers with injections. One woman, who had brought her suffering husband to the hospital in Puerto Cabezas, told the following story:

My husband was shivering and throwing up. They checked his urine, blood and so on. Everything was normal, but he had a high fever and was given an injection. Then something strange happened. The liquid did not enter, all of it went back! The doctor became very surprised. He told me that all the exams were normal and that he did not know what to do. He said: "This does not belong to science, it's something else. Take him wherever you want." [...] We took him home. A female healer, *curandera*, told us that someone had done 'something bad' [sorcery] with him and he was given some herbal baths. But he became worse. The following day he could not speak. The *curandera* said that she could do no more. We went to another healer who said that a sorcerer had done very strong sorcery with the dead at the cemetery and that we had to find a very strong healer. Finally we found a healer. He gave my husband some herbal liquids and baths. After just an hour he was well again. We were told that it was a friend of ours who was behind this, because of envy and hate. He became surprised when we told him, but he never confessed.<sup>2</sup>

People in general were reticent towards some biomedical treatments if they suspected spirits and sorcery as an underlying cause of their problem. Many first went to a healer to divine and inquire into their problem. Frequently, the healer performed some cleansing rituals and would afterwards allow the person to undergo biomedical treatment. At the hospital in Puerto Cabezas, patients who suspected their illness to be provoked by sorcery would ask the nurse or doctor not to give them any injections. If the condition was serious from a biomedical perspective, and the patient still wanted to leave the hospital without treatment, he/she first had to sign an agreement saying that the patient had left without the doctor's consent.

### **Therapeutic cooperation from the healer's perspective**

Healers were generally positive about therapeutic cooperation, although averse to some biomedical treatments if they suspected a sorcery-related or spiritually-caused illness. Many healers also had some knowledge about biomedical treatments and gave injections or prescribed pharmaceuticals. When discussing therapeutic cooperation with a *curandero*, who also had some biomedical knowledge, he reported that he often sent patients to the physician or hospital after establishing the cause of the problem:

If a child has diarrhoea because of parasites for example, I treat it like any [biomedical] doctor. But diarrhoea may also be caused by [the dog-like spirit] *cadejo*. Both problems may be interpreted as cholera, and the symptoms are almost identical. The only difference is that with *cadejo*, the child's eyes will turn upwards. Then I have to use traditional medicine or the child will die.

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<sup>2</sup> All translations from Spanish are my own. When people only spoke Miskitu, an interpreter was used.

According to this *curandero*, certain symptoms will tell the healer that an illness is caused by sorcery:

The patient may, for example, suddenly have extreme, unbearable pain in a leg, in the testicles or in the digestive system. The [biomedical] doctor who diagnoses will not find anything. Then we know it is sorcery and we have to apply herbal medicine.

Another respected *curandero* said that he regularly sends patients to the hospital or a medical doctor. He also treats patients after they have been receiving biomedical treatment as many ailments are caused by sorcery: 'The doctor may conclude that a person has, for example, diabetes, AIDS, or is allergic, but the treatment won't work because they have been bewitched.' A female healer, *curandera*, who received many clients similarly claimed:

If someone is bleeding from the underbelly, for example, it could be because someone has done a 'work' with *liwa mairin*. The patients come here and I can tell them if it's a legitimate illness or if it's provoked. If it's legitimate, the doctor should take care of it. If it's provoked, I take care of it.

A famous female prophet, *profeta*, who received many clients in her home, treating them with herbs, liquids and animal bones, held a similar opinion. With the help of a blue-eyed male spirit, she used dreams to diagnose problems:

When a patient has a worm in the stomach or tuberculosis, for example, I send them to the hospital, but there are problems that the doctors don't understand. When someone, for example, becomes very weak, it could be that a *muerto* [spirit of the dead] has caught the person. This I have to treat. In the dream I will be told how.

Another *curandera* held a similar view:

I talk to the patient and examine her, like any doctor. If she should be treated by a doctor, I don't keep her here. I send her to the hospital. Someone may come here with dizziness and think she has been bewitched. I tell her that it could be the antibiotics she is taking, and advise her to drink a lot of coconut water. But sometimes it is because of bad spirits; if the person is depressed, is seeing things, speaks to herself, and is afraid of being touched. Then I use herbs.

A *curandero* also claimed that:

There are many illnesses, and the [medical] doctors don't have solutions for all of them. It means that the traditional doctors should be accepted. It's better to treat an illness both ways. That way we can better deal with the health situation.

In a similar vein, another *curandero* complained that ‘...many Western doctors are stubborn. They don’t want to recognise that there exist certain [supernatural] things. They want to act like super-doctors, but nobody is a super-doctor.’ Furthermore, it was a commonly held view among all the traditional healers I interviewed that medical doctors would never send a patient to a traditional healer. Many of them belonged to the ‘Organization of Traditional Doctors of the North Atlantic Autonomous Region’ and were working to change this situation and to strengthen the healers’ influence. The organization’s leaflet, *Proposal of Interrelation of the Traditional and Western Health Systems* (Propuesta de interrelacion del sistema tradicional de salud con el sistema occidental, 2006) discusses how the two systems should improve therapeutic collaboration. The document states that there should be respect and permanent coordination and communication between the two systems, and that healers should be recognized and have authority from the regional government to carry out their profession. It also states that medical personnel should be informed about the idiosyncrasies of the indigenous people and about the health model in the region, and that Western doctors who are treating a patient, and do not see any improvement, should consult a ‘traditional doctor.’

## **Biomedicine and therapeutic cooperation**

The notion that nurses, and especially those with a Miskitu origin, were more ‘culture-sensitive’ was a commonly held view among people of Miskitu origin in Puerto Cabezas. Some also said that medical doctors who were of Miskitu origin, or who were from the Miskitu area, were easier to talk to and that they understood people’s problems. Biomedical personnel, especially nurses of Miskitu origin, were generally optimistic about therapeutic cooperation and the ongoing development of the *New Model of Health*. One of them stated that she had ‘...on many occasions recommended a healer’ and added that ‘sometimes belief can cure a person.’ Several nurses whom I interviewed emphasised ends before means, practice before theory, and the well-being of the patient before strict biomedical reasoning and did not find biomedicine to be contradictory to other healing systems in their daily work. *Curanderos* were sometimes let into the hospital in Puerto Cabezas and allowed to apply herbs on a patient’s body. Healers were not, however, allowed to give any herbal mixture to patients inside the hospital ‘because of possible intoxications.’ A survey at the hospital in Puerto Cabezas further showed that many Miskitu nurses believed in illnesses caused by spirits (Dennis 2004: 211). When I discussed therapeutic cooperation with a Miskitu nurse at the hospital in Puerto Cabezas, she claimed there was a difference in attitude between nurses and medical doctors towards Miskitu healers:

The doctors here usually don’t send patients to a healer maybe because most of them are from the Pacific [side of Nicaragua] and don’t believe [in Miskitu medicine]. But most of the nurses have also studied traditional medicine at [the local university] URACCAN. [...] Maybe nursing is more open as we accept that a person can go to the healer. We are from the region and from this culture and we understand.

Another Miskitu nurse, who had been working in the countryside, similarly stated that: 'In the communities, the nurses now exchange patients with the healers. But with the doctors we have not yet achieved this coordination.' She also emphasized the need to work together with the healers:

A patient may for example avoid taking her prescribed medication against vaginal fungus because a healer says that *liwa mairin* is affecting her and that the medicine will not help anyway. If we had been working together with the healer instead, it would have been much better for the patient.

I also discussed therapeutic cooperation with a physician holding an important position at the Health Ministry in Puerto Cabezas. She was from Managua and had recently begun her work in Puerto Cabezas. She claimed that biomedical and 'traditional' systems should complement each other in order to respond to health problems in a more satisfying way and that there should also be an exchange of patients. In contrast to the nurses' view, however, she said that this did not imply that biomedical personnel and healers should learn from each other, although she found it important that nurses and doctors had some knowledge of the customs and beliefs of the people in the region.

A medical doctor with a Miskitu origin who worked in a private clinic in Puerto Cabezas was more open-minded and even claimed that healers are better at treating some ailments. He was positive about therapeutic cooperation, but stated that 'it has to be well-known and respected persons with references if we are to work with them. Then I would do it.' He was, though, critical of the current situation and the attitude of many medical doctors:

MINSAs does not permit us to work together with the healers in the hospital. Here, nobody would recommend a *sukia* or a *curandero*. Most of the doctors come from the Pacific [side of Nicaragua]. This is an isolated and abandoned place and many don't want to come here. When they do, they come with 'negative expectations' (*mala cara*). They clash with our culture, they don't believe and protest. People ask themselves why they should quarrel and be scolded in a discriminatory way, so they prefer to avoid all this.

A physician, who was born in the region, was also rather open-minded and claimed that a better understanding of how people comprehend and interpret illness and pain was an important part of the *New Health Model*:

Let's say that a pregnant woman visits a health care establishment because of pain in her belly. She stays three days and then leaves. The following day she is found dead in her house. When inquiring about the case, it is found out that she left because she saw her problem as related to *liwa mairin* (the mermaid) and that she thought the doctors

could not help her. She visited the health establishment in the first place because she needed help. If she left, it was because she was treated badly or felt discontented. If we don't have knowledge about how she thinks and why she wants to leave, we just let her go and that's it.

The narrative points to the fact that there exists little understanding of Miskitu illness beliefs among medical personnel. This kind of knowledge is important also for moral and legal reasons, according to the physician:

I was to give an injection to a child when her mother said, 'No, don't do that, she is receiving traditional treatment.' Before giving her an injection, the *sukia* treating her had to give permission. If I had persisted and given her the injection, and the patient had died, not of the injection but of some other reason, they could blame me as a doctor and say I killed her.

Several of the healers and medical professionals of Miskitu origin whom I talked to were disappointed and said that very little had been put into practice with the *New Model of Health*. They considered it a far-reaching vision. When I interviewed the Director of Health at the Regional Government in Puerto Cabezas about the Model, he claimed that the initiative still had to be implemented:

It intends a structure whereby Western medicine and traditional medicine exist side by side as two departments under the same regional health system. Both should be the responsibility of the State. People should feel free to choose between doctors, nurses, midwives, *curanderos*, *sukias*, and so on. They should recommend patients to each other if they think someone else can better resolve the problem. People have different perceptions of their illness and by whom it should be treated. This could imply that a person brings with him a healer to the hospital where a space is prepared, in order to have privacy and maybe to perform some rituals. Perhaps we will have to change some of the infrastructure at the hospital.

Despite these visions, there also existed a certain uneasiness towards Miskitu healing therapies, especially from nurses and physicians who had little knowledge of Miskitu culture. For example, it was felt that herbal medicines and other therapies could be toxic and dangerous or that healers could interrupt biomedical treatments and contribute to non-compliance, or simply hamper or delay biomedical consultations. Miskitu medicine was, at best, seen as a possible solution where biomedicine could do no more, rather than a genuine alternative in the daily care of patients.

## **Bridging the gap: Treatments and responses to grisi siknis**

A more in-depth therapeutic cooperation has been carried out when dealing with the illness and mass-possession phenomena known as *grisi siknis* (crazy sickness) or *pauka prukan*. The most severely afflicted victims of this ‘culture-bound’ syndrome (Dennis 1985, 2004), mainly adolescent men and women, will first feel anxiety and irritation, followed by headache and dizziness. They will then go into a state of possession trance, and will not be contactable, or able to recognise people in their surroundings. This is followed by a period of severe convulsions and a hysterical reaction, when they may rip their clothes and hair, try to bite or hurt others, and finally grab a knife or machete and begin to run around with other afflicted people.

Occasionally, at some outbreaks, the afflicted have been said to vomit hair and insects, and objects such as candles, coins and metal nails are supposedly taken out of their bodies. They may also have severe pain in a certain part of the body. A *curandero*, who treated an outbreak with twelve patients, told me that three of the men afflicted had a terrible pain in their right leg, ‘as if they had been shot by a bullet.’ The nine afflicted women, in contrast, suffered from a painful, swollen belly. During a trance, the afflicted often experienced a *duende* or a black man on a black horse who threatened them with a knife and urged them to drink a cup of blood. *Grisi siknis* may afflict only one person, but if a sorcerer has used one or more spirits to provoke an epidemic, a large number of people are likely to be affected.

During the last ten to fifteen years, there has been an increase in both the number of outbreaks and in persons afflicted. A *curandero* with a long experience of treating *grisi siknis* said, ‘Before, there used to be five to ten people affected in an outbreak. Now it’s more than thirty, sometimes almost the whole community. It’s like a pandemic.’ For example, during 2003–2004 in the village of Raiti, 139 of its 1,600 inhabitants suffered from *grisi siknis* (Espinoza Blanco n.d.) and the crisis even led *The Guardian* (2003) to report about a ‘village in grip of madness’ and the national press to describe how the Health Ministry tried to control the outbreak (*La Prensa* 2003a; 2003b). When *grisi siknis* later spread to the town of Waspam, a nurse who attended the afflicted was reported to have been affected (*La Prensa* 2004). The problem commonly occurs at boarding schools or in poor remote villages. The anthropologist Philip Dennis, who has studied *grisi siknis* extensively, relates the illness to stress, sexuality and anxiety in relation to rebellion against parental control (Dennis 1985, see also Jamieson 2001; Trübswasser et al. 2005).

Treatment of mass-outbreaks is performed by a few skilled Miskitu healers who first establish that the problem is caused by sorcery. The patients are then isolated as the healers use a combination of spiritual exorcism, herbal cleansing and Christian prayer. Patients usually recover after a week. Elsewhere, I have written about how a *curandero* explained the healing procedure:

We have to do the therapy in a very strict and ordered way. Otherwise they [the afflicted] will become worse instead [of better]. No sex, no drinking, no pagan thinking or talking. It’s very sacred. We also become part of the suffering of the patients. We pray with them on our knees beside their beds. We sing and read from the Bible. When they cry, we

cry together with them. Each day the attacks become less severe and less frequent. On the third day their vision begins to change. First it has been very violent and aggressive with blood and knives. Then it changes and the spirit transforms into a nice person. On the fifth or sixth day, they [the afflicted] will cry for him. They say things like, 'I am sad because he's greeting me from far away. I want to go with him but I can't.' When they say this the attacks have almost ceased and we know that the person will become well (Wedel 2009, forthcoming).

When discussing *grisi siknis* with the Director of Health at the Regional Government in the RAAN, he said that the Health Ministry had been incapable of resolving the problem or making a biomedical diagnosis: 'The Health Ministry has sent multidisciplinary teams to take medical exams and to check the drinking water for drugs, but they have never found anything.' A physician who had been present during several outbreaks similarly emphasized that he felt impotent and powerless:

There are certain problems, such as *grisi siknis*, that we don't have the treatment for. I have seen it. They [the afflicted] first feel dizzy, then lose consciousness and say that a rider comes and offers them blood to drink. Then they start running around very aggressively with a machete and it takes five men to hold them. The doctors run away, they are afraid. What should I do, take a blood test? What should I find in the blood?

Since about the year 2000, many outbreaks of *grisi siknis* have been resolved together with the local Miskitu healers and funded by the Health Ministry. Biomedical personnel have been rather passive during the healing process, mainly taking blood and urine tests and dispensing tranquilizers. This cooperation, however, has been considered expensive for the State as the healers usually ask for large sums of money. In addition, *grisi siknis* is sometimes said to be provoked in order to make money. The physician who worked at the Health Ministry in Puerto Cabezas discussed earlier, explained some of the problems:

We have tried to include *grisi siknis* when planning our budget, but then we have to give all details and everything that the *curandero* uses. It's difficult when the Health Ministry is going to buy large amounts of garlic, lime, *azulio* [bleaching agent used in spiritual cleansings], and things like that. It's also difficult to find money for the *curandero*'s honorary payment. ... I think the population should pay for that. The Health Ministry could maybe pay the transportation [to the affected site], as some villages are very remote and it costs much to go there by boat.

When I discussed the matter with the Director of Health in Puerto Cabezas he explained the problem from his perspective:

There are no funds for this illness as it does not exist in the health registry. Nobody goes to a health clinic with *grisi siknis*. We still have to figure

out how to set aside funds for it. We cannot say that we, for example, expect it to be five outbreaks with fifty people and that each cure will cost 25,000 cordoba [about 1,380 US dollars]. It's a delicate question.

In this process, the Institute of Traditional Medicine and Community Development, IMTRADEC, at the local university URACCAN (*Universidad de las Regiones Autónomas de la Costa Caribe de Nicaragua*) in Puerto Cabezas, has come to play a key and intermediary role. The institute, which is funded by an Austrian NGO, employs medical doctors, nurses, and Miskitu healers and functions as a link between the Health Ministry and local healers. IMTRADEC also keeps a farm with medical herbs and organizes workshops with healers and medical personnel in order to discuss the New Health Model and to share knowledge about 'traditional' illnesses and herbal treatments. The institute has coordinated several multidisciplinary health brigades, with healers and biomedical personnel, during outbreaks of *grisi siknis* and other problems said to be related to sorcery and spirits (see Carrasco et al. 2000; Rupilius 1998; Trübswasser et al. 2005). Among the activities are research into herbal medicine and the organisation of courses in 'traditional medicine' offered to nurses and other health workers.

As a response to two major outbreaks of *grisi siknis* among students at the undergraduate level living on the URACCAN compound, the institute issued a pamphlet entitled *Guide for attention and prevention of Grisi Siknis* (Espinoza and McDavis 2006). It suggests how the staff should be organized in case of an outbreak, and that 'sessions of [spiritual] cleansing' should be performed every six months by skilled Miskitu healers. When I spoke to one of the persons in charge of the institute, who was also a nurse with a Miskitu origin, she said that the idea of the New Health Model was to make the biomedical and the 'traditional' systems work together more efficiently. In contrast to the physician, who held an important position at the Health Ministry, discussed above, she emphasized the importance of breaking down the barriers between biomedical personnel and the healers:

We need to learn from each other and to work together as people have more confidence in the healers. We need to unify different criteria. But there are obstacles. The doctors have studied five years at the university and many *curanderos* cannot read or write. [...] When there have been outbreaks of *grisi siknis* we have done the coordination and employed healers, but it has been difficult as MINSA has not recognised *grisi siknis* as an illness because it does not have a biological origin. But the traditional doctors are the only ones who have resolved the problem.

Discussing the New Health Model with a nurse who was employed by IMTRADEC, she had a similar view:

It's possible to combine [Miskitu medicine and biomedicine] because there are positive outcomes. People are really cured. But to actually work together there has to be a new theory and we have to change the

minds of the medical students and at the nursery schools. This is the only way to face the *grisi siknis* problem.

Another physician, who partly worked for IMTRADEC, and was born in the region, held a similar opinion: 'I attended an outbreak of *grisi siknis* and gave tranquilizers so that they would not hurt themselves and to calm their aggression, but I could not cure them. The healer has to do that.' The physician admitted that although *grisi siknis* could be seen as a form of hysteria, the Health Ministry had difficulties categorizing the problem: 'It's not respiratory, not generative, and not digestive; so we used a special category and called it a "cultural illness."' In the case of *grisi siknis*, he was willing to accept and overlook the fact that the explanations and treatments by Miskitu healers were in conflict with Western biomedical scientific premises:

When people have a psychosis we give them anti-psychotic medicine and many have become well. With *grisi siknis*, it's different and sometimes tranquilizers don't work. If someone has done *un mal* [something bad, i.e. sorcery], and the population wants a traditional doctor because they are helped by him, then I have to understand that and communicate with him. I have to accept the working methods of the *curandero* even though my theory is not the same. Otherwise we can't work together. We are both working for the health of the population.

## Discussion

The case of *grisi siknis* in Eastern Nicaragua shows the importance of indigenous responses to illness and the need to take seriously traditional healing methods in order to deal with illness and suffering. *Grisi siknis* also brings to the fore biomedicine's powerlessness and inability to respond to ailments that fall outside the biomedical model, with its view of the body as a natural, bounded and material entity separated from the self and the social world (Amarasingham Rhodes 1996; cf. Wedel 2004:116–120). In the biomedical model, sickness is individualized and seen as a natural, biological process with little room for the social origins of suffering. The claim that an affliction is caused by sorcery, for example, challenges scientific reasoning and is commonly dismissed as irrational and as superstition. Biomedicine thereby denies other ontological assumptions.

As *grisi siknis* falls outside of the 'natural' biomedical categories, it has been 'culturalized' by the Nicaraguan health authorities and labelled a 'cultural illness.' Albeit well-intentioned, this makes it less 'real' from a biomedical perspective. Thus, the local health authorities have had difficulties financing Miskitu healing and treatments and including *grisi siknis* in the health budget, despite the intentions in the New Health Model to incorporate traditional medicine in the health services. In this process, Miskitu healing is seen as supplementary, despite its proven ability to successfully treat *grisi siknis*. Miskitu healers' knowledge becomes a somewhat marginalized complement used only when trying to compensate for biomedicine's failures, rather than as a real alternative in the struggle for better health.

To realize the intentions of Nicaragua's National Health Plan and the New Health Model, there is a need for greater tolerance and ontological engagement on various levels. Health authorities and biomedical personnel must take seriously 'that biomedicine is only one element in a broader therapeutic ecology' (Langwick 2008). They need to support, encourage and take part in attempts at mediating between biomedicine and traditional medicine. A non-governmental institution such as IMTRADEC, which both biomedical personnel and traditional healers have confidence in, and which cannot be reduced to either biomedicine or traditional medicine, is essential as a third party in this process.

Nurses and physicians of a Miskitu origin, with their pragmatic, practical and often more relativistic attitude, could also play a more prominent and mediating role and resolve conflicts between local and biomedical explanatory models. This would also work against patients' negative assumptions about biomedicine and their fears of being discriminated because of their illness beliefs. Miskitu medical doctors' and nurses' comments that 'I have to accept the working methods of the *curandero* even though my theory is not the same,' and that 'sometimes belief can cure a person,' as well as the organization of preventive spiritual cleansings at sites affected by *grisi siknis*, point towards a less strict distinction and an ongoing negotiation between traditional medicine and biomedicine. This eclectic attitude can also be seen among many *curanderos*, *sukias* and *profetas* who use both systems. The understanding that 'belief can cure' also points towards a broader understanding of illness and health; to an openness to the placebo effect or 'meaning response' (Moerman and Jones 2006), that is, to possible physiological effects of mental and spiritual healing. Similarly, it shows an awareness of possible nocebo effects, e.g. that certain beliefs and fears, such as dangers with injections when exposed to supposed sorcery, may provoke negative bodily reactions.

An ontological engagement with Miskitu traditional healers would, first of all, imply an understanding of biomedicine, with its individualistic view of the person and its rather peculiar concept of the body, as only one medical system among many and as only one of several therapeutic resources – all with their advantages, disadvantages and limitations. Such an engagement would also require a profound sensitivity and an understanding of how the Miskitu perceive their world. This could take place through education, verbal communication and by working with biomedical personnel of Miskitu origin. A more profound insight, however, could be acquired through participation in therapeutic encounters and healing sessions. In the case of *grisi siknis*, it could mean that biomedical personnel and Miskitu healers assist each other and exchange therapeutic knowledge during outbreaks. This would not require biomedical personnel to subscribe to Miskitu magico-religious beliefs or become indigenous healers, but it could help to challenge assumptions about how the world is constituted and how illness is created and health is achieved. Hence, this could offer an opportunity to gain a profound ontological insight concerning both biomedicine and Miskitu medicine and may well lead to more equal and humble forms of therapeutic cooperation.

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## POVZETEK

V Nikaragvi na različnih nivojih poskušajo premostiti razkorak med zahodno in avtohtono medicino ter na ta način ustvariti bolj enakopravno obliko terapevtskega sodelovanja. Pričujoči prispevek temelji na antropološkem terenskem delu in proučuje ta proces v Severnoatlantski avtonomni regiji, v provinci, ki jo naseljujejo pretežno pripadniki ljudstva Miskitu. Članek opisuje verovanja glede bolezni med Miskituji in to, kako si terapevtsko sodelovanje predstavljajo in ga izvajajo z medicinsko osebje, zdravstveni organi in Miskitu zdravitelci. Študija se v prvi vrsti osredotoča na bolezni, za katere v lokalnem okolju verjamejo, da jih povzročajo duhovi in čarovnije ter na tiste težave, ki presegajo področje biomedicinskega znanja. Posebna pozornost je v tem pogledu posvečena množično-posesivnem pojavu *grisi siknis*, za katerega so Miskitu zdravitelne metode najbolj priljubljena alternativa tudi z vidika biomedicinske zdravstvene oblasti. V članku je razvidno, da se znanje Miskitu zdravitelcev kljub drugačnim namenom nikaraškega nacionalnega zdravstvenega načrta uporablja zgolj kot nadomestek zaradi neučinkovitosti medicine in ne kot resnična alternativa. Članek tako skozi ontološko obravnavo ter nenehno pogajanje in posredovanje med lokalnim in biomedicinskim dojemanjem sveta, zagovarja bolj enakovredne oblike terapevtskega sodelovanja.

**KLJUČNE BESEDE:** Miskitu, medicinski pluralizem, zdravlilstvo, *grisi siknis*, Nikaragva

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