Traditional, Complementary and Alternative Medicine use in the remote setting by Aqua Hastings.

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Little is known about Traditional, Complementary and Alternative Medicine (TCAM) use in the remote context, yet it has a higher prevalence of use in rural and remote areas than in urban areas in Australia (Adams et al., 2011b, p. 1; Adams et al., 2003b, p. 297; Robinson & Chesters, 2008, p. 64; Wardle et al., 2011, p. 197; Wilkinson & Simpson, 2001, p. 166; WHO, 2009). Whilst it is known that remote areas have poorer health outcomes than urban areas (Australian Institute of Health and Welfare [AIHW], 2008), the role TCAM plays in health care provision in remote areas is not known. Current discourse associated with remote health has a deficit lens, presenting (rural) and remote health for what it lacks rather than what it achieves and overlooks TCAM in remote health policy. Greater understanding of TCAM in the remote Australian setting contributes to sociological, anthropological and TCAM practice and research knowledge.

My study was conducted over 4 years in the remote Australian location I have named Apmere Thetheke. This site is classified as geographically remote and is 1500kms from the nearest capital city (see Figure 1). I interviewed 44 people who use and/or practice TCAM. This study explored how users and practitioners of TCAM perceive and experience it as a form of health care in relation to their remote context. The aim was to gain understanding of the role of TCAM in this remote location.

Existing sociological literature of TCAM in the Australian context tends to focus on urban use and has investigated user characteristics, user perceptions and prevalence of use using data from a longitudinal women’s health study. A small number of studies investigate geographical differences of use across the urban/rural divide. The studies that have been conducted on rural TCAM focus on the interface between TCAM and the biomedical model, for example the nature of referrals between doctors and TCAM providers. These types of studies have been conducted with the intent to inform policy makers how TCAM might fit into public health structures. A few studies have included token remote TCAM users amongst a body of rural users, and investigated TCAM use amongst cancer patients. Other studies evaluate the profile of the CAM workforce.

Much of the literature of TCAM in the remote Australian context is anthropological and investigates Australian Aboriginal medicine from an ethnographic behavioural and belief perception perspective. Other literature is ethnobotanical or pharmacological. Much of the existing literature on remote public health focuses on access. Geographical access to medical services is considered to be a major factor affecting health for remote residents and reports claim that it is harder to attract and retain health providers in remote areas. Other authors challenge this deficit view suggesting there are positive aspects to rural and remote living and that the reduced number of service options may result in “more integrated, cooperative and holistic care” (Malatzky & Bourke, 2016, p. 159).
Although access difficulties have previously been thought to be the reason TCAM use is higher in rural and remote areas both in Australia and globally than in urban areas, recent research shows that TCAM has high use in remote areas due to cultural accessibility (Bainbridge, McCalman, Clifford & Tsey, 2015; Poche, 2016; WHO, 2012). Cultural accessibility refers to health care that is available and acceptable to people in culturally specific contexts. However, when evaluating health service options, policymakers overlook TCAM excluding it from policy on primary health care.

Remote health needs are different to urban needs and bureaucratic decisions do not always reflect remote needs. Judith Justice (1987) suggests that many primary health care programmes are ineffective because they reflect bureaucratic needs, but are not necessarily adapted to local contexts of culture and conditions. Strasser (2003) emphasises the need for the development and delivery of health services in rural areas to be specific to the rural context and different from that in the cities. Added to this is the fact that remote needs tend to be lumped together with rural needs, yet remote needs are different.

My study found that in Apmere Thetheke TCAM practitioners are engaging with concepts of health and healing that fall outside of biomedical concepts. Instead of the ‘absence of disease’ healers conceptualise health as entwined in community networks, inseparable from the living landscape, and imbued with spirituality. Community relations are central to health and TCAM providers take time to care and build partnerships.
For example: Theresa, an oncological massage therapist and yoga teacher in Apmere Thetheke said this about remote patient care:

I don’t think I can treat them for everything but there’s certain things that I know are nourishing and helpful. And touch and listening is very big in somebody’s …healing. They need to talk to somebody that they trust. I think it’s really important for people.

Bec, a holistic wellness coach says this:

We develop such a relationship and a rapport with people because we have more time to spend with them, and get to know what their problems are, and engage with them on a really human level.

Although overlooked in public health policy, there are many TCAM practitioners in this setting. They don’t advertise and have no online presence. They actively refer to medical and TCAM practitioners in the community. Giulia, an elegant Italian woman who practices Traditional Chinese Medicine and acupuncture said this:

It’s very culturally diverse. And I thought mmmm, I think I’ve landed in the perfect demographic. I was busy from my very first week. Absolutely, I did not hand one business card out... and I’ve had a strong practice ever since.

Judith, Director of alternative Aboriginal health care centre explains that the centre:

"is all about people having somewhere where they belong in town and everyone can get together and get what they need to stay healthy".

Leo, an Aboriginal traditional healer (ngangkari) links the healing inherent in community, country and spirit together through the use of conversation.

Healing expertise comes from conversations – building relationships with people – and from country – the land is alive with spirit and people need to have their spirit in the right place – ngangkaris can do this – and it’s about where people come from – naturopath healing and ngangkari healing is the same.

Climactic and geographic factors impact brutally on health, yet the landscape is also embedded in conceptualisations of healing. People seek TCAM treatment for environmentally induced health conditions such as snake and spider bites, burns, skin infections, ear problems from driving on rough bush tracks, and other conditions specific to the remote context.

Participants describe experiencing a “heart connection” to the region, a sense of “love” for the landscape, coming there to “heal” on “an energetic level”, and that “there is something in the energy of the place and the area around here that helps them from a healing point of view”.

Their eyes and lips are really dry and the water tastes horrible. So they’re dehydrated but they don’t want to drink the water because it’s, kind of, quite heavy water. And then your skin dries out and all this. So in Chinese medicine we’d call that like a yin deficiency. So you do get a lot of prevalence of yin deficiency here.

Paddy, acupuncturist

Concepts of health are imbued with concepts of spirituality ranging from sorcery to displaced spirits to energetic alignments to healing journeys. Spirituality is central to wellbeing in this setting,
and TCAM is used as a vehicle for spiritual expression and healing.

[Healing is]…Working with a lot of emotional blockages, displaced souls… Welcoming the soul back into the body and coming… Allowing them to find that holiness again, that sacred presence inside themselves.

Liliana, Sound Therapist

It’s about talking to people and getting people to have that positive outlook about their healing. And in having this conversation people will open their minds that there is the possibility of better health. Healing is about a person seeing themselves in a positive light.

Leo Abbott, Ngangkari

Choosing to be with people and to take active steps to do that, that’s where this healing can take place. Feeling connected, feeling valued, not by somebody who has a whole set of ideas about how they can help you.

Joshua, Spiritual Healer

Conclusion

Research needs to stay in touch with actual lived experiences of people in remote areas. In the remote context, health is intrinsically linked to community and relationships, the landscape and spirituality.

Engaging with culturally relevant practices, local healers are providing contextualised health care and thereby enhancing social and cultural wellbeing. In the remote context of this study TCAM fills gaps in health need.

Recognition of the broad manifestations of TCAM such as those specific to the remote context, and of Aboriginal Traditional Medicine can help address health access and needs, and thereby improve health outcomes.

Note on pictures: Picture of burning wheelchair and Billy fire credited to Nathaniel Muller used with permission. All other photos property of Aqua Hastings.

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References


Poche (2016) Traditional Aboriginal Healing & Western Medicine, Indigenous Health Network; Opinion Paper, 7th Key Thinkers Forum, 28th April 2016.