Ways of Knowing

Cedric was a large, poor, amiable, Black man in his mid-50s who lived on a farm in rural North Carolina, near Butner, a state psychiatric hospital. He had been arrested and put into jail for trespassing on a White man’s property. When the officials realized he considered himself a “diviner,” Cedric was transferred to the psychiatric hospital, described as delusional, diagnosed as “schizophrenia, simple type,” and medicated with chlorpromazine (Thorazine).

I met Cedric at Dorothea Dix Hospital in Raleigh, North Carolina, in the mid-1960s after he was transferred to this formerly all-White hospital, as a result of the state’s plan to comply with federal integration rules or risk losing funding. I learned that he did not believe he had been trespassing because the farmer had hired him to find a well site. Cedric found such well sites, where successful drilling yielded good water supplies, by using a large, forked tree branch, which “dipped” as his hands held it in response to a signal he felt.

Since I had worked in New Jersey with a project preparing patients for court hearings to clarify their legal status, Cedric became one of my students. I taught him how to present himself to the judge, answer questions, and negotiate the hearing process. We even found the farmer, who was willing to talk to the judge. Cedric was released from Dorothea Dix Hospital and resumed his divining practice.

Annie was Cedric’s cousin and she lived near him. She, too, was large, poor, amiable, Black, and in her mid-50s. She, too, had been at Butner and was transferred to Dorothea Dix Hospital. She had been arrested and jailed for being “a public nuisance, annoying people with her gibberish.” Her diagnosis was also schizophrenia, which was treated with Thorazine.

I met Annie in a group therapy setting and learned about her special powers. She described herself as a “healer,” and she was able to tell good spirits from bad, and to discern where they were and on whom they were about to cast spells. In her practice, she helped people avoid the bad spirits and cope with their spells. She never was scheduled for a court hearing during my five summers at the hospital, conducting continuing education workshops with Dr. Hildegard Peplau. My queries to the scheduling officer were never answered.

What’s my point? Cedric’s “delusion” was believable or understandable. The White farmer who hired him testified to his credibility. Annie had no such validators. The people she served were poor, rural, and Black. What they believed or said did not count. Her “delusion” stayed a delusion.

Our ways of knowing can be studied from the viewpoints of both patients and clinicians. JFN readers probably have similar stories to tell about patients whose real, credible, verifiable stories were first judged delusional.

Another example is my father-in-law, Steve who, while hospitalized in a cardiac unit in a major teaching hospital, was referred to a psychiatrist when he told his attending physician the following story. Steve said his daughter-in-law (me) had visited him after midnight the night before and told him about a huge fiasco at Newark Airport. Dr. Peplau and 350 other passengers had to be moved from one plane and placed on another because someone had mixed up the planes. Rather than changing the pilots on the two planes—one bound for Chicago and one for Los Angeles—the passengers disembarked and reboarded. They were told their luggage would reach them the next day. Because Dr. Peplau was in a wheelchair, I had been allowed to board the plane and saw the entire silly thing. When I came to see Steve, I brought his favorite Hungarian cookies, which had been intended for Dr. Peplau but which she insisted Steve have instead because my
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visit would be so late. This story was entirely true. The psychiatric consultation was aborted when one of the nurses validated that she had heard the story told exactly as Steve told it. Steve and Cedric had validators. Annie did not.

How often do we decide to change our minds about something because we hear a credible person suggest that a new idea might be in order or that an old—or even ancient—practice may have some use in today’s world? How often have we reflected on things we did in our practice that had no scientific basis but which seemed to work, like hydrotherapy?

The world’s former “minority” people swiftly are becoming the majority. As this happens, and the influence of European philosophers and theoreticians is diminished, the ideas and practices of cultures formerly not in the mainstream are being considered seriously (Castillo, 1997). Practices formerly seen only as home remedies or folk healing now are being mainstreamed into traditional practice settings, or used by consumers who choose not to tell their traditional practitioners. In the future, “traditional” probably will take on the connotation of “outdated.” A recent issue of Consumer Reports (“The Mainstreaming of Alternative Medicine,” 2000) provides survey results on readers’ experiences with traditional and alternative approaches.

Have any of your patients or clients shared their different (or alternative, or complementary) experiences with you, for example exorcism, magnets, acupuncture, chiropractic, imagery, aromatherapy, reiki? Are you aware that most of Western medicine clinical practice simply is taken for granted and does not rest on any scientific basis (Smith, 1991)? Arguments against the use of alternative approaches have centered on the point that they are not based on solid research. Apparently, that is also the case for traditional approaches, such as the range of psychotherapeutic modalities. The quality and quantity of research on alternatives such as prayer and healing at a distance have increased dramatically in the past few years. Dossey’s book (1999), Reinventing Medicine: Beyond Mind-Body to a New Era of Healing, summarizes the new evidence on the efficacy of nontraditional healing practices.

What are your current beliefs about the adequacy of these different practices to meet your clients’ needs? Does your practice include stress and coping? How do you decide what works?

REFERENCES

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