

DINÉ (NAVAJO) HEALER PERSPECTIVES ON COMMERCIAL TOBACCO USE IN CEREMONIAL SETTINGS: AN ORAL STORY PROJECT TO PROMOTE SMOKE-FREE LIFE

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Abstract: Many American Indian (AI) healers are faced with a dilemma of how to maintain the ceremonial uses of traditional tobacco meant to encourage the restoration and balance of mind, body, and spirit, while discouraging commercial tobacco use and protecting against secondhand smoke exposure in ceremonial settings. To explore this dilemma and offer culturally informed solutions, researchers conducted qualitative interviews with Navajo healers who describe the history and role of commercial tobacco within ceremonial contexts. Healers understand the importance of their role on their community's health and expressed deep concern about the use of commercial tobacco in the ceremonial setting. Healers play an important role in curbing the use of commercial tobacco and limiting the exposure to secondhand smoke in ceremonial settings and beyond. Study implications include the importance of understanding traditional and cultural knowledge and its potential as a pathway to solve contemporary public health issues facing AI communities.

BACKGROUND

For centuries, American Indian (AI) societies have used traditional tobacco to restore and balance spiritual, emotional, and physical wellbeing (Kahn-John & Koithan, 2015). While many AIs maintain a strong spiritual connection to traditional tobacco and fully exercise their right to use tobacco in accordance with their traditional and religious beliefs (Forster et al., 2007; Pego, Hill, Solomon, Chisholm, & Ivey, 1995), commercial tobacco, since its introduction into AI societies, has gradually gained acceptance as a substitute for traditional tobacco in AI prayer and ceremony (Margalit et al., 2013). For traditional healers of the Diné (Navajo) Nation, this shift has been noticeable, particularly in tobacco-based ceremonies (Chief et al., 2016; Nez Henderson et al., 2009). As a result, many healers are faced with a dilemma of how to maintain the ceremonial uses of traditional tobacco meant to encourage the restoration and balance of mind, body, and

spirit, while discouraging the use of commercial tobacco and protecting against secondhand smoke exposure in ceremonies. The purpose of this research is to explore Diné healer's knowledge, attitudes, and beliefs regarding this dilemma and their solutions to curbing the use and public health impact of commercial tobacco within ceremonial settings.

Tobacco and the Diné Context

Traditional tobacco is grown, harvested, and prepared for specific healing purposes (Nadeau, Blake, Poupart, Rhodes, & Forster, 2012; Boudreau et al., 2016) and not for recreational use (Daley et al., 2006). In contrast to traditional tobacco, commercial tobacco is manufactured for recreational use and contains thousands of harmful chemicals and additives (USDHHS, 1988; 2014). In recent decades, traditional tobacco has been substituted or used in combination with commercial tobacco products, such as pipe tobacco, in some ceremonies and spiritual practices (Margalit et al., 2013; Arndt et al., 2013; Nadeau et al., 2012). This expanded use of commercial tobacco is controversial within many AI communities as concerns are being raised about the harm of secondhand smoke to people in ceremonial environments (Margalit et al., 2013; Arndt et al., 2013; Nadeau et al., 2012). This issue is a contested topic of discussion among healers who have varying perspectives on the power and agency of ceremonial forces to cleanse environments of harm to participants (Margalit et al., 2013; Arndt et al., 2013; Nadeau et al., 2012).

One of the most widely used traditional tobaccos for the Diné is *dził nát'oh* (traditional mountain smoke), which is a blend of indigenous plants found in and around Diné homelands, particularly in mountainous climates. Healers and herbalists treat *dził nát'oh* plants with great care and respect. Special songs, prayers, and sacred offerings are provided for the plants before collecting (Wyman & Harris, 1941). When smoked reverently, it is believed this sacred medicine helps heal and rejuvenate the mind and physical body (Holiday & McPherson, 2005).

Historical Trauma and Commercial Tobacco in American Indian Life

Contemporary use of commercial tobacco among AI societies has been shaped by their experiences with American imperialism over the past few centuries (Burhansstipanov, 2000; Unger, Soto, & Thomas, 2008). With the passage of the Indian Removal Act in 1830, AI groups were forcibly removed from their homelands to clear the way for the westward expansion of settlers (Irwin, 1997). This law and its resulting actions were assaults to the ceremonial and

spiritual practices of many AI groups and a form of historical trauma (Braveheart-Jordan & DeBruyn, 1995). The resulting disconnection from their traditional lands and spiritual spaces bore heavy impact on ceremonial ways, including traditional tobacco use (Irwin, 1997). The forced relocation and loss of land impacted AIs' access to the traditional tobacco, and, more concerning, cultural protocols were lost (Boudreau et al., 2016). The Indian Religious Crimes Code in 1883 further suppressed the expression of Native religious beliefs by outlawing the performance of ceremonial dances, rites, songs, and prayers (Forster et al., 2007; Irwin, 1997). As a result, the use of ceremonial items, like traditional tobacco, was prohibited. In order to compensate for this prohibition, tribes substituted or mixed traditional tobacco with commercial tobacco in their spiritual practices. Such historical policies and the processes of colonization influenced the present use of commercial tobacco by people of the Navajo Nation today.

Role of Healers and Elders and Commercial Tobacco

Traditional healers and elders hold highly esteemed positions within tribal communities, including those on Diné Nation, and are often looked to by younger generations for their guidance and cultural wisdom (Joe, Young, Moses, Knoki-Wilson, & Dennison, 2016; Kahn-John & Koithan, 2016). Through ceremonies and other cultural activities that promote holistic health and well-being, healers play powerful and important roles in shaping cultural norms of health in their communities (Bassett, Tsosie, & Nannauck, 2012; Joe et al., 2016). Healers are the resource about the traditional ways of life (Nadeau et al., 2012) and often serve as the link between Indigenous knowledge and Western medicine. For the Diné, traditional and cultural beliefs, often with guidance and support of a healer or medicine person, promotes personal and collective health inclusive of the family and community (Joe et al., 2016). Evidence of this relationship is the integration of Diné healers into Indian Health Service clinics to work alongside physicians and other providers to provide cultural services (e.g., prayers and ceremonies) to patients and their families (Joe et al., 2016). Integration of healers into Western medicine contexts have resulted in patients feeling empowered and comforted when treated with familiar traditional ceremonies (Joe et al., 2016).

The Present Study

Conversations were sought with Diné healers to further understand the history and public health impact of commercial tobacco to advance culturally embedded solutions for reducing the use of commercial tobacco and exposure to secondhand smoke within ceremonial settings. The Diné Tobacco Oral Story Project (DOSP) study aimed to: 1) explore Diné healers' perspectives on the role and influence of commercial tobacco and secondhand smoke in the ceremonial setting and 2) develop culturally appropriate media-based prevention education focused on secondhand smoke exposure. This paper focuses on the healers' perspectives of the history, impact, and solutions for eliminating the use of commercial tobacco in various Diné ceremonial settings.

METHODS

The DOSP is a research component of the National Cancer Institute funded "Networks Among Tribal Organizations for Clean Air Policies" research project aimed at assessing commercial tobacco smoke-free policy efforts on Diné Nation. Through a community based participatory research approach, the DOSP was guided by an advisory board consisting of members from Team Navajo, a health advocacy coalition focused on smoke-free policy on Diné Nation, and two Diné healer associations, the Diné Hataalii Association (DHA) and the Azeé Bee Nahaghá of Diné Nation (ABNDN). The DHA and ABNDN respectively represent two contemporary spiritual healing systems practiced by the Diné. The first set of ceremonies are defined traditional Diné ceremonial practices, of which there are hundreds, some of which engage tobacco, all protected by cultural and traditional protocol. The DHA represents the traditional *hataaliis* (healers) of the Diné Nation that practice the traditional Diné-centric healing way, or *hataal*. The second set of ceremonial practices examined in this study included those of the Native American Church, of which represents the intertribal peyote-based healing way, including the ABNDN (Begay & Maryboy, 2000; Lamphere, 2000). ABNDN continues to promote, protect, and advocate for the traditional healing practices centered on the *Hinááh Azeé* (peyote herb) and core Diné philosophy principles (Azeé Bee Nahaghá of Diné Nation, 2014). Both the DHA and the ABNDN involve the use of *dził nát'oh* (traditional mountain smoke) to initiate spiritual, mental, and physical healing and channel prayers to the *Diyiin Diné* (Holy People) and the Creator. Due to cultural and traditional protocol, we are unable to describe in detail any particular ceremony.

Procedures

In collaboration with our advisory board, community partners and researchers co-developed a semi-structured guide to interview Diné healers. The interview consisted of eight standard questions regarding: 1) the history (e.g., “When did you first see commercial tobacco used in Diné traditional ceremonial settings?”); 2) role (e.g., “Why did Navajo healers start using commercial tobacco in ceremonies? How is commercial tobacco used in Diné ceremonial settings today?”); and 3) impact of commercial tobacco on Diné ceremonies (e.g. “How do you think the secondhand smoke from commercial tobacco affects people’s health in the Diné ceremonial setting?”). Interviews were co-facilitated by two Diné researchers; one of whom is fluent in the Diné language. The interviews averaged between 60-90 minutes, were audio recorded, and conducted in the location most convenient to the healer, either at a central location or the healer’s home.

Sampling and Recruitment of Traditional Healers

Through a purposive sampling strategy, researchers worked with leadership of the two prominent Diné healer associations to identify 15 healers who hold specific cultural knowledge about *dził nát’oh* (traditional mountain smoke) and Diné culture. Diné researchers engaged Diné values of *k’é* (i.e., personal conduct and kinship) through the fundamental cultural practice of expressing one’s individual identity. *K’e* derives from the clans and the clanship system and allows Diné individuals to determine how they are connected (Bluehouse & Zion, 1993). In line with recommended indigenous health research practices, we have found this practice creates a positive relationship between the Diné researchers and research participants and contributes to building trust and mutual respect during the development of the study, the recruitment process, and the interviews (Chief et al., 2016). Diné researchers contacted the identified healers to explain the study using a recruitment strategy and research protocol approved by the Navajo Nation Human Research Review Board and Mayo Clinic’s Institutional Review Board. All participants provided informed consent and received an incentive to participate in the study.

Analysis

Audio recordings were translated and transcribed from Diné to English. To ensure accuracy, the primary interviewer, who is Diné and holds cultural knowledge, reviewed each of

the transcripts for context and meaning. Once finalized, a team of five Diné and non-Diné research staff used a collaborative analysis approach to discuss and identify common stories and themes from the interviews (Teufel-Shone & Williams, 2010).

RESULTS

A total of 14 Diné male healers and 1 female oral storyteller were interviewed. Among the healers, all practiced traditional Diné ceremonies, and 10 (71%) were considered healers of the ABNDN. The following sections describe healers' perspectives on the history of commercial tobacco use in the ceremonial setting, the rationale for its use, and perspectives on proposed policy or regulatory approaches for curbing the use of commercial tobacco in such contexts. On the outset of our interviews, healers made a clear distinction between commercial tobacco use within traditional Diné-centric healing way, or *hataal*, versus the *azeé bee nahaghá* (peyote herb based) ceremony of the ABNDN. Healers stated they have yet to observe the use of commercial tobacco in the traditional Diné-centric healing; therefore, the results section will only discuss commercial tobacco use in the *azeé bee nahaghá* ceremony of the ABNDN.

History and Rationale for the Use of Commercial Tobacco in Ceremonial Settings

Most healers have observed the use of commercial tobacco in *azeé bee nahaghá* ceremonies for as long as they can remember. One healer recalls that his earliest observation of commercial tobacco within this ceremony was 1947. Healers describe the use of Bull Durham as the most commonly used loose-leaf commercial tobacco, which was mixed with *dził nat'oh* (traditional mountain smoke). Others described that the use of commercial tobacco within the *azeé bee nahaghá* ceremony was as old as the history of the Native American Church, so healers were simply practicing ceremonies as they had always done.

In response to why Diné healers began using commercial tobacco in ceremonial settings, healers explained how *dził nat'oh* is harder to obtain than commercial tobacco because *dził nat'oh* requires rigorous cultural protocols to collect. Such protocols require the individual to be culturally prepared and knowledgeable of the specific songs, practices, and seasons related to collecting *dził nat'oh*. For other healers, the use of commercial tobacco was provoked by the quality of the *dził nat'oh*, which is described as much stronger and bitter than commercial tobacco. Therefore, healers began mixing commercial tobacco with *dził nat'oh* to soften the taste. This softer taste was also

mentioned to be preferred by patients that are not accustomed to smoking dził nát'oh. Some healers attributed the use of commercial tobacco to the influence of tobacco advertising, which was prevalent during many healers' youth (1950s-1960s). One healer described that he observed the use of commercial tobacco beginning in 1958 and that using commercial tobacco was associated with being "a high-class person."

According to some participants, commercial tobacco is used in various ways during ceremonies. It can serve a very practical purpose as a tool to light and maintain the burning of dził nát'oh. It is also used as a filler to supplement the large amounts of tobacco required while conducting the ceremonies, which are often all night and attended by many people. Smoking a cigarette within a ceremony is considered offensive; however, smoking a cigarette during breaks or after the ceremony occurs often.

Public Health Implications of Commercial Tobacco Use in the Ceremonial Setting

Healers varied in their opinions on whether commercial tobacco should be used in the ceremonial setting. Some were adamant that commercial tobacco should not be used as these ceremonies were aimed to restore balance and health, and using commercial tobacco and knowing that it causes serious health problems was not acceptable. Healers recalled stories of their own grandfathers who were reverent of dził nát'oh; in their day, commercial tobacco was never acceptable within ceremonies. Others explained that the use of commercial tobacco within a ceremony was the choice of the patient, or the individual for whom the ceremony was being performed, and to dictate to a patient was not respectful.

Despite the current mixing of commercial tobacco with dził nát'oh, healers were deeply aware of the potential harmful health effects of secondhand smoke from commercial tobacco. They understood that secondhand smoke is harmful to "the throat and lungs" and that it has cancer-causing chemicals or additives, as one of the oldest healers interviewed described:

The mixture of the tobacco with other people sitting around that person who is smoking, and us blowing smoke among those around us, some maybe having health issues, and with the blowing smoke we will likely inhale into our system...there's a risk/danger present, like our cold or coughing and other health ailments. It's concerning to me. The old traditional mountain smoke in its plain use has no negative effects.

In terms of the effects of commercial tobacco during a ceremony, healers described how secondhand smoke from the mixture of commercial tobacco and *dził nát'oh* has the potential to cause harm. Healers believed that if commercial tobacco dominates the mixture, then harmful effects could occur. Healers were also concerned about the risks of secondhand smoke exposure on youth who participate in ceremonies. As one elder healer describes:

The commercial tobacco is not good for us. Because I am aware of it and understand it, it is best that we don't use this. If they want to go outside [of the ceremonial setting] and smoke commercial tobacco, then that's up to them. Inside the tipi/Hogan where the ceremony is taking place, the secondhand smoke exposure poses a risk to children, youth, and students, and they are not allowed to smoke. There's a risk present that could affect them.

Healers know these negative effects of commercial tobacco for various reasons. Some healers drew on their own personal experiences as young adults and their previous personal use of commercial tobacco. Others described the harmful effects they observed among their grown children who had become addicted to commercial tobacco products. Some healers came to understand the potential harmful effects of commercial tobacco through their grandparents who were also healers and respected people in the community. They discussed their elder relatives' reverence for *dził nát'oh*, the ways they would make known their concerns about mixing commercial tobacco with *dził nát'oh* during the ceremonial setting, and how their elder relatives avoided doing it.

It will affect someone. That's what my father used to say...When he would smell commercial tobacco, and it would not be entirely holy in that ceremonial setting, he would excuse himself, and he would sit at the entrance/exit of the Hogan because of the strong stench of commercial tobacco in the air. To him, the commercial tobacco had an awful smell. He was strict and reverent in the area of traditional herbs. For our children to use *dził nát'oh* in a ceremonial way is good, even though they are getting comfortable with commercial tobacco as acceptable use of tobacco in a ceremony. That's why it's good to tell these stories and inform people so that ABN[DN] road men and medicine men can clearly understand this.

High levels of knowledge regarding the scientific evidence of the detrimental health effects of secondhand smoke were discussed and debated in juxtaposition with the transcendent nature and healing power of the actual ceremony. Healers debated the actual effect of commercial tobacco during a ceremonial setting on a person's health. Healers described protocols a practitioner must conduct to begin the ceremony and ensure that the ceremonial artifacts are blessed. Once blessed, the artifacts, including the tobacco, are considered to be protected. Healers reflected on the power of the ceremony to transcend mind, body, and spirit and to create spiritual mindset and potentially transmute the negative properties in the commercial tobacco used in the ceremony, as one healer suggested:

I don't smoke commercial tobacco. However, when there is someone smoking beside me, it does impact me, and I think the smoke coming from them stinks. But when I actually go into the ceremonial setting, your mindset changes. The tobacco becomes sacred when it is used....But, on the other hand, I think that the ingredients that...commercial tobacco has...are still there. And so...it would be a concern.

Yet, given healers' knowledge of the known risks associated with the use of commercial tobacco and secondhand smoke, many want to see scientific evidence on the health effects of commercial tobacco on patients and participants in the ceremonial context.

Well, this is very sensitive and very controversial, as you may already know. Some say that there is a claim that the commercial tobacco is safe within the context of an actual ceremony....They say it's safe, but I really don't think so. I wish there was a case study by young people, you know, that could look at that, you know, maybe 5 years, 10 years. And you'll find that these people that utilize commercial tobacco within a ceremony would develop those problems that are associated with cancer. That has never been done. There is no study whatsoever that I know – as far as I know – there has been no study to substantiate...that it poses a health hazard.

While other healers were unclear in their understanding of the potential risk of using commercial tobacco in their ceremonial practices, one healer who does not use commercial tobacco in his ceremonies observed:

My concern with commercial tobacco is that it is identified to contain *doo izhdo'yeeligii* [substances that one should not consume], chemicals that [are] released when lit in a ceremonial setting. Everyone in a traditional ceremonial setting partakes of the smoke, and if abused in this way, it would cause a lot of harm [rather] than good.

Risks posed by commercial tobacco and secondhand smoke were widely understood by healers, yet the specific health risks posed by commercial tobacco in the context of ceremonial settings were debated.

Perspectives on Smoke-free Policy within the Ceremonial Setting

Finally, healers reflected on the benefits and challenges of a smoke-free policy that prohibits the use of commercial tobacco in ceremonial and whether it would place a greater reliance on *dził nát'oh*, which was potentially both beneficial and worrisome to healers. In terms of benefits, some healers said practitioners would be obligated to reconnect with the earth and ancestral teachings and practices where *dził nát'oh* is collected, and this process alone would require practitioners to remember the sacred songs, stories, and prayers that accompany those rituals. As one of the younger healers suggested:

It would force practitioners to get up and get out and return to nature, to remember those songs and prayers. [To go] to these spots where ancestors gathered these medicines, which is not practiced so much today. So, if [a policy prohibiting commercial tobacco in ceremonial settings] was passed, it would benefit practitioners [by] bring[ing] them back to earth.

Conversely, some healers expressed concern that such a policy would be burdensome and described *dził nát'oh* as difficult to obtain because the natural supply is limited and harvested from specific mountainous locations during distinct times of the year. Healers said mixing commercial tobacco is so common that some healers would probably continue to use commercial tobacco despite a prohibitive policy. A few healers mentioned that such a policy would at very least generate discussion among practitioners to identify alternatives and solutions to commercial tobacco.

DISCUSSION

Our study provides valuable insight into the history, role, and impact of commercial tobacco in the Diné ceremonial setting and the dilemma posed by policy that prohibits healers from mixing or replacing traditional tobacco with commercial tobacco in such a context. Diné healers are highly knowledgeable about the scientific evidence related to the harms of commercial tobacco and secondhand smoke and expressed deep concern about how to manage the use of commercial tobacco by practitioners in the ceremonial setting. Our findings were consistent with emerging research with healers and elders from other tribes, for whom commercial tobacco is not considered sacred and is considered to diminish quality of life, including the potential for living a full and good life (Arndt et al., 2013; Margalit et al., 2013; Struthers & Hodge, 2004).

Healers also described practical dilemmas of supply and demand of *dził nát'oh*, the sheer convenience and accessibility of commercial tobacco, and the loss of cultural and traditional knowledge required to keep commercial tobacco out of ceremony. Such phenomena are in line with emerging research in this area. Lakota elders and Ojibwe healers have acknowledged the struggle with the ways in which commercial tobacco has been used in place of traditional tobacco over time and is currently imbued with traditional tobacco's cultural meaning (Arndt et al., 2013; Margalit et al., 2013; Struthers & Hodge, 2004). For the Menominee tribe, tobacco is also considered sacred and required to be used only in a sacred way; however, the loss of cultural and traditional teachings about tobacco has also contributed to the integration of the use of commercial tobacco (Arndt et al., 2013).

In 2015, the ABNDN amended their association bylaws to prohibit the use of commercial tobacco in the ceremonial setting. Although this policy has not been completely implemented, ABNDN has taken a proactive step in recognizing the health, social, and cultural risks posed by using commercial tobacco in ceremonial settings. The ABNDN policy promotes the use of *dził nát'oh* and encourages healers to limit the use of commercial tobacco. The policy also allows patients seeking ceremonies to choose non-commercial tobacco and for healers to honor the patient's request to use unadulterated *dził nát'oh* in his/her ceremony. This healer-patient dialogue presents an opportunity for discourse on the issue of commercial tobacco in the ceremonial setting and beyond. Healers involved in this study described the ways in which a commercial tobacco free policy that bans the use of commercial tobacco within the ceremonial setting could promote the greater use and reliance for *dził nát'oh*; however, they are also concerned about the quantity and availability of *dził nát'oh*. Some healers believe a commercial tobacco free policy serves as a pathway to reclaim traditional knowledge of *dził nát'oh*. By using and collecting traditional herbs,

certain cultural protocols will be required of healers and other community members; therefore, the increased use of traditional herbs may contribute to decreasing exposure to secondhand commercial tobacco smoke and promote the reclamation of traditional knowledge.

Critical to the advancement of integrating Indigenous knowledge into public health, and more specifically smoke-free policy and practice, is the application of culturally driven intervention strategies that empower behavior change (Davis, Peterson, Rothschild, & Resnicow, 2011; Geana, Greiner, Cully, Talawyma, & Daley, 2012). In the United States, such indigenous knowledge holders and elders have been engaged to inform multi-level public health intervention to improve health outcomes in many areas of Native health and well-being, including nursing practices (Kahn-John Dine & Koithan, 2015), youth suicide prevention (Wexler et al., 2017), parenting and child well-being (Walkup et al., 2009), and cancer prevention (Christopher, Gidley, Letiecq, Smith, & McCormick, 2008). Traditional knowledge holders have been particularly important to the systems and policy issue of food sovereignty (CDC, 2015; Hoover 2014). In the United States, seventeen tribes developed traditional food programs aimed to reclaim traditional foods by embracing their identity and history and recovering traditional ways of combating chronic disease epidemic in their communities (CDC, 2015). One extraordinary example is the Tohono O’odham tribe, which worked heavily with traditional knowledge holders to develop and implement a series of food sovereignty initiatives (CDC, 2015; Tohono O’odham Community Action, 2017). The initiatives were centric to the traditional Tohono O’odham ways and demonstrated to be a successful pathway to reach youth, families, and elders (Tohono O’odham Community Action, 2017). Elders and healers can play a similar role in curbing the use of commercial tobacco and limiting the exposure to secondhand smoke in ceremonial settings (Daley et al., 2006; Nadeau et al., 2012; Chief et al., 2016).

Limitations

Information generated from this study is not intended to be representative of, or generalizable to, all traditional healers practicing various Diné traditional ceremonies or those of the ABNDN. Despite this limitation, several scientific and cultural protocols were used which increased the likelihood of the generation of meaningful qualitative information from a section of the population – elder and traditional healers – whose perspectives on the topic of commercial tobacco are largely unknown. Another limitation of the study was the purposeful selection of healers may have excluded healers who would have additional stories or perspectives on the issues.

CONCLUSION

Traditional knowledge and knowledge holders (i.e., healers and elders) play an important role in reclaiming traditional knowledge to promote the health and well-being of indigenous people globally. To optimize the impact of culturally appropriate prevention and care for AI populations the in the United States, healers must be recognized as agents of change. Healers in our study understand the importance of their role and influence on their patients' and community's health. Strategies to meaningfully engage healers in understanding contemporary public health problems, such as the exposure to secondhand commercial tobacco in ceremonial settings, among many other health and well-being issues, are required. Continued engagement and dialogue with elders and healers are fundamental in locating traditional knowledge and pathways to solve contemporary public health issues facing AI communities today.

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