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**THE ROLE OF TRADITIONAL HEALING IN  
DEVELOPING REHABILITATION PROCESSES AND ITS  
CONTRIBUTIONS TOWARD DEVELOPMENT**

**KING YU KWOK  
1993**

THE ROLE OF  
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DEVELOPMENT

THESIS  
BY  
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## PREFACE

This thesis is the outcome of my experiences with people during my five and a half years residency in New Zealand and an eight-week visit as a Visiting Graduate Student to the Pacific Basin Rehabilitation Research and Training Center of Hawaii, U.S.A.

## ABSTRACT

The emphasis on Western ways of biomedical health care and rehabilitation has met with problems of practicability in many parts of the world, and particularly problems with those issues related to culture. Reform in rehabilitation and health care should be carried out according to the thinking of people. Being culturally acceptable with philosophies of people, traditional healing can be an invaluable means for innovative rehabilitation health care. Attention to the needs of minority groups, for example, people with disabilities and ethnic minorities, is essential. This thesis sets out a new and innovative rehabilitation model of Individual-Rehabilitation-Society for the use of traditional healing in developing rehabilitation processes. The new model is conceptualized in general systems theory and a basic needs approach. "Think globally and act locally" is the key phrase for health care and development. The contributions of traditional healing and rehabilitation toward development are also discussed.

## INTRODUCTION

What this comes down to is that a nation looking to health reform is hard pressed to find useful ideas to guide its actions...whether physicians or the public have the primary responsibility for health maintenance...

(Ginzberg, 1978, p.202)

The concept of health reform should be based on the notion of improving the existing health care system for promotion and maintenance of health of people. This means that the existing health care system is in a state of incoherence or deficiency as related to current and/or future health needs of people. Establishment of a flexible health care system is important to the development of a country so that its citizens have the right to health. Health and development cover and contribute to each other (Ramalingaswami, 1984, p.252). This recognises the need to attend to interactions that exist between various components of the whole. Health of an individual is not only the concern of the individual. It also involves, for example, a network of relatives, friends, local and state governments. Events happening in one part of the world may have important implications or impacts on other parts of the world. Current social movements of indigenous groups have nurtured ideas of health care for these sections of population. The necessity of meeting the needs of minority groups as opposed to the notion of generalization of needs of all people is under hot debate. However, I do not agree that basic needs of minority groups and the total population are different. This is based on the fact that all people live in one world. The differences lies only in the ways these basic needs are met. This is influenced by the historical and cultural make-up of people involved and also by the diversity in their surroundings.

Through time, the practice of various ways to achieve the state of health has resulted in a pluralistic health care system that

pervades every corner of the world. Conflicts exist within this pluralistic system. The current political dominance of biomedical health care systems creates limitations and is often queried. As a consequence, there is an urgent need for health reform within the biomedical health care system and, to a greater extent, the pluralistic health care system. In this report, a new solution in response to these conflicts is set out. The focus is on the rehabilitation of a particular minority group, people with disabilities, as this group is still the most neglected or under-served group in many countries and their basic needs are not fulfilled. This attention to needs of people with disabilities is in line with current social movements of minority groups. The solution set out here advocates the wider and formal use of traditional healing in development of rehabilitation processes. Associated contributions toward development are also revealed. In this account traditional healing means not only traditional healing itself, it also includes indigenous healing. This includes various healing strategies, except biomedical health care, which are employed by different native, ethnic, refugee, immigrant or migrant-worker groups. Traditional healing systems not only exist in the developing or underdeveloped countries, but they also persist in the developed ones. The employment of traditional healing is suggested as it is a part of the culture of local people, and hence, is precious in the provision of culturally-sensitive health care. This approach to rehabilitation can be further related to the development of other health care services.

This report is made up of three sections. Section One deals with the development of a model of rehabilitation which gives attention to both personal and social aspects of people with disabilities. This model provides a new methodology to help people with disabilities. Section Two explains the application of this model of rehabilitation in areas of health, traditional healing and development. Emphasis is on the importance of efficient use of local health resources. In Section Three a research proposal is set out which is based on relationships

among health, rehabilitation, traditional healing and development. The primary data for the research is to be collected through a questionnaire administered to samples of people with disabilities in the Pacific Basin, in order to evaluate the use of traditional healing strategies by the target population.