for the children. Altogether, a third of the variance in CAM use was accounted for by characteristics of the mothers alone. This indicates that a primary force behind CAM use for children may be parental characteristics. By comparison, only 4% of the variance was accounted for by characteristics of the children.

The most important implication of these findings for clinical care is that parent characteristics, rather than child characteristics, were empirically associated with the decision to use any CAM therapies. However, once the choice was made to use CAM therapies, the child’s disability was associated with choice of therapy.

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REFERENCES


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SCHIZOPHRENIA: A SHAMANIC CALL OR NOT?

Dear Editors:

After reading Suzanne Mendelsohn’s letter about schizophrenia (Mendelsson, 2004), I would like to comment about her statement that schizophrenics are intermediaries between the worlds. It has been said some shamans are “crazy” or at least go through a period of disorganization and reorganization that can resemble insanity.

However, having an aunt with the disorder, I can say quite honestly that she is not in touch with anything that remotely resembles a higher realm. Instead, she is quite tortured and unhappy when she hears voices calling her name and thinks that they are the voices of people to whom she feels attracted. That is not to say she would not benefit from a spiritual healing approach, which would be far less dismissive and invasive than conventional medicine. But illness is illness and, while it certainly has meaning, I do not think denying that it is illness is helpful.

I have met others with the disorder and feel strongly that they are not ready for shamanhood. They are very sad and unhappy people who could use someone like Dr. Mendelsohn to treat them with compassion. Showing them even a little kindness and respect, even when they are imagining things, earns one a gratefulness one has to experience to believe. It takes patience because these unfortunate individuals cannot operate normally and sometimes cues get mistaken badly, but, on the whole, while respect cannot cure them, it at least provides them with some dignity and temporary relief from their pain.

I can see why Dr. Mendelsohn dislikes conventional medicine. She has probably been dismissed by some conventional doctors when she offered something kind and good to people with mental illness—a form of help that may have even complemented or supplanted conventional methods of treatment. It is my hope that more practitioners will adopt Dr. Mendelsohn’s approach while recognizing the need for additional ways to heal this terrible illness.

REFERENCE


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