21ˢᵗ Annual Convention of American Indian Psychologists and Psychology Graduate Students Training Module Two: Current Issues in Tribal/Native Behavioral Health

Scientific Mindedness: Form and test hypotheses about a culturally different client's issues, rather than making premature conclusions about that client and his/her culture.

A Focus on Dynamic Sizing: Know when to generalize about certain behaviors and when to individualize.

Culture-Specific Expertise: Develop a through understanding to the cultural groups most prevalent in the marketplace. In some areas such as rural Washington this might imply an understanding of cultural groups less prevalent on a national level and more prevalent on a local level.

Disease Epidemics: Around 1790 as high as 80% of tribal peoples living in Washington/ Oregon died of smallpox, cholera, and other diseases of European origin. A second major epidemic around 1820 occurred w/ an estimated 30 – 70 per cent native death toll[1].

Treaties: Basis for sovereign status of tribes, legal protections of resource rights, and health and educational benefits. Have a history of deceit, social scapegoating, loss of independence, and failed promises. In exchange for restrictions on freedoms, unwanted supervision, and unfulfilled promises of long-term rights and benefits, native people made enormous concessions of resources and land have been made by native peoples. Leads to feelings of persecution and mistrust by tribal people and blatant hostility on part of non-natives resentful of Indian treaty rights.

Ethno-centric attitudes: Many Euro-Americans assumed that lifestyle, values, beliefs, and institutions were superior and thusly, they had a manifest right to impose "civilization" on tribal peoples.

Repeated Shifts in Federal Indian Policies: Anglicization through private property, education, and religion (Hagen, 1966)[2].

> Systematic separation from lands – lack of understanding: tribe – belongs to land – sacred trust – do not own, thus can't sell
>
> Privatization and confiscation of historically tribal lands
>
> Reversal or sabotage of federal acts: uphold treaty rights
>
> Late 1880's pressure from settlers, gold issues, etc
>
> In 1887 the Dawes Act or General Allotment Act
> In 1934 Indian Reorganization Act

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[1] Probably smallpox
[2] Hagen, T. *The American Indian*, 1966 p 121.

- Between 1887 & 1934 lost over ½ of remaining treaty-based land and resource holdings

Indian Reorganization & "New Deal"

1924 Citizenship – resulted from WW1 service record

1928 'Meriam Report" devastating effects of forced acculturation

1934 – The Indian Reorganization Act -> options grant not available before -> during 1930's and 1940's land loss slowed down and self-determination/self-governance increased

Termination & Relocation Policies of 1950's

In 1950's government attempted to end federal connection & responsibility toward native people

Moved native people to the urban areas, but the assumption that tribal people's children would disappear into mainstream community unfounded[3]

- Depression, isolation & alcoholism

Lump sums to end federal responsibility forever (only accepted by two tribes).

Public Law 83-280 allowed states to impose their civil and criminal laws on tribes

Tribal Resource Development and Self-Determination

By end of 1950's Federal polices revised – ensure termination not forced on tribes and steps taken to protect land rights & cultural heritage

In 1960's reservation economic development emphasized

- Population increase & lack or resources/infrastructure -> poverty and unemployment

By end of 1960's the Bolt decision about tribal fishing rights and Public Law 93-638 "The Indian Self-Determination Act" favorably affected tribal status

Recent Trend in Federal and State Indian Policies

Periodic shifts have created unstable atmosphere
Despite generally conservative political climate, most tribal people believe that

[3] *The People Speak: Will You Listen?* Report of the Governor's Indian Affairs Task Force, 1973

self-determination (sovereignty) is on the rise

Indian Child Welfare

Removal of Indian Children from Families & Tribes.

The Indian Child Welfare Act, PL 95-608 was designed to stem the flow of children from tribal homes and communities

- In Washington State, the adoption rate for Indian Children was 19 times that of non-Indian children[4].

Prejudice against Native lifestyle & lack of understanding of tribal family systems and religious beliefs

Poverty – insufficient cause – lack of remedial alternatives – unethical practices by child placement agencies, caseworkers, and special interest groups

- Certain religious groups made special efforts to remove and "save" as many tribal children as possible[5].

Lead to the development of serious social & emotional difficulties – frustration, confusion, and anger without a clear sense of cultural identity

Contributes to fear, suspicion & hostility of Native adults toward caseworkers and other authorities

Lead to lost educational, health, fishing, enrollment, or other rights

In 1978, the federal Indian Child Welfare (ICW) Act

Unprecedented protection for Native children, families, and tribes

Jurisdiction, monitoring, establishing dependency or termination, & placement preferences

Congressional appropriation of funds (i.e. remains inadequate)

Washington State Department of Health & Social Services have negotiated and signed a statewide Tribal-State agreement for the provision of child welfare services: affirms and strengthens the Federal Indian Child Welfare Act & changes the parameters for involvement of the Washington State Children's

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[4] Todd, Goldie Denny, "Indian Child Welfare," in *Indian and Alaska Native Mental Health Seminars,* Seattle Indian Health Board, 1982, p. 489.

[5] The Mormon Placement Program, in the year 1993-1993 all (100%) of the clients I treated at the Salt Lake City Indian Alcoholism Counseling – Recovery House Project had been placed with Mormon families as children.

Administration with tribes

The Suppression of Indian Religion

Active persecution and ongoing misunderstanding of tribal religious practices

Multiplicity and subtle complexity

Christian missionaries used technological superiority

- Many tribal people made public conversions but retained private practice & belief in Native/Tribal spiritual and religious ways

In 1800's Indian religion, spiritual practices, and healing were outlawed

- Natives were fined & jailed – therefore – traditional practices went underground

Tribal children were placed in boarding schools and developed a confused perspective on tribal religious practices & beliefs – guilt about families and tribes religious practices

- Lead to losses of medical and healing knowledge -> thus Native healing systems were also hurt by the attack on tribal religions

Despite pressures to abandon Native religions, many beliefs and practices have continued, are taught, and affect the worldview of many tribal people

In 1978, The Indian Religious Freedom Act was passed, officially repealing the ban on Indian religious beliefs and practices

Today, Natives are highly varied in their beliefs and practices: a slow and cautious recovery of tribal religious practices was begun in the 1930's & 1940's

In the 1960's and 1970's, there was a burst of renewed interest in tribal/native religious beliefs and practices

Typically, Tribal people are tolerant of other's religious beliefs and practices – there is much fragmentation in native communities

Education of Tribal Children as a Means of Forced Acculturation

Removal of Indian children to boarding schools

Policy of forced acculturation[6]

- Physical punishment of Tribal cultural orientation (speaking native languages, following Indian spiritual practices, etc)
- Prohibiting even non-English speaking children from speaking their own languages and using their native names
- Teaching academic subjects to native children which bore no relation to their experience or culture
- Placing tribal children in residential schools dedicated to de-Indianizing and Americanizing them
- Separating children from the same tribe or who spoke the same language
- Forced separation of Indian children from their families and tribes
- Forcing children to wear non-native clothing and hairstyles
- Requiring participation in Christian religious practices

Native parents resisted and were denied food rations, often, native children were forcibly removed or kidnapped[7]

The death rate of tribal children in BIA boarding schools was abnormally high[8]

Boarding schools were the major cause of the loss of tribal languages

Language is the primary carrier of culture, often ideas and concepts are not translatable across languages, thus the attacks on tribal languages in BIA boarding schools weakened native culture tremendously

Tribal children who did attempt to return to their culture had extreme difficulty fitting in – delayed in their social and emotional development as native people and a large number developed severe adult problems: alcoholism, depression, or violent behavior[9]

A lasting consequence: upsurge in child neglect and cycle of removal of successive generations of tribal children from their families[10]

In 1960's authorities recognized a problem – BIA boarding schools still exist, but are fewer, smaller, and attended by less children

Public School Experiences

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[6] Meriam, Lewis, "The Problem of Indian Administration; 1928, p 573-577, Bergman, Robert, 'The Human Cost of Removing Indian Children from Their Families," in Unger, Steven, *The Destruction of American Indian Families*, Association of American Indian Affairs, New York, 1977

[7] Coolidge, Dane, 'Kid Catching" on the Navajo Reservation: 1930, in Unger, Op. Cit, 1977

[8] Meriam, Lewis, "The Problem of Indian Administration; 1928

[9] Attneave, Carolyn, "The Wasted Strengths of Indian Families," in Unger, Steven, *The Destruction of American Indian Families*, Association of American Indian Affairs, New York, 1977

[10] Hollow, Walt, "Health and Mental Health", in *Indian and Alaska Native Mental Health Seminars*, Seattle Indian Health Board, 1982, p.263.

Prejudice from both teachers and non-native students

Direct comparison with students from non-Indian homes
- a greater emphasis on academic achievement
- more material possessions
- better educated parents
- more money

Tribal students face a lack of understanding by school authorities of their home life and culture: may convey the unconscious attitude that native ways are inferior to dominant culture ways

Tribal children typically fall behind and by 3rd or 4th grade lag considerably – issues with rebellion and puberty complicated by cultural identity issues

The native dropout rate in Washington State varies from 60 – 80 per cent, many tribal students leave school be 10th grade[11]

Many native parents are suspicious, hostile, and mistrusting and may convey this attitude to students:

Students are caught between divergent expectations and become discouraged, angry, and self-destructive

Many native adolescents develop problems with alcohol or drugs

The Effects of the Introduction of Alcohol to Indian Communities

Natives were unfamiliar with alcohol, had no idea what to expect, and, historically, tribal cultures had no norms for drinking alcohol prior to its' introduction by white traders[12]

Because of the concern of early tribal leaders, it became illegal to sell alcohol to Indian people on or off reservations for over 50 years beginning in 1902

- Often, natives drank out of rebellion or simply to defy the prohibition on alcohol
- Native people faced enormous social, economic, and personal problems
- Indian people were vulnerable to drinking-related problems
- Tribal people experienced anger, frustration, & depression

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[11] Swinomish Tribal Specific Health Plan, 1985

[12] Weber, Richard, 'Alcoholism in the Indian Community", in *Indian and Alaska Native Mental Health Seminars*, Seattle Indian Health Board, 1982, p. 825-826

Natives developed a particularly negative drinking pattern: drank quickly, gulping drinks and consuming all available alcohol

- Drinking with the express purpose of becoming intoxicated
- Drinking associated with anger and rebellion
- Drinking for drinking's sake
- Drinking large quantities

Alcohol became incorporated into traditional cultural patterns: special, must be shared, could not be refused without giving offense:

- Alcoholism became common among tribal people sent to the cities through the relocation program
- During World War I, natives who could not obtain alcohol at home learned to drink heavily

In 1953, the federal ban on the sale of alcohol to natives was lifted, allowing it to be more easily obtained

Stresses Placing Tribal Communities at Risk

Poverty (30% – 90%), unemployment (13% - 40%), accidental death (3 times the national rate), alcoholism (30% - 80%), domestic violence, teen pregnancies, child neglect and suicide (@ times the national rate). At some tribes, a drop-out rate: 10 out of every 13 high school students[13], the lowest educational achievement level of any group, nationally[14].

The Spiral of Failure[15]

Native children enter public school behind in academic skills, labeled as learning disabled or delayed, public school system is foreign and frightening, subtle prejudice of peers and teachers damages emotional well-being, less likely to complete high-school, often continue a cycle of depression, problem drinking, and unstable family life: results in high levels of emotional and social disturbance

Interacting Mental Health Problems

- Chronic mourning, frustration, denial, hopelessness, violence, suicide, grief over tragic (needless) deaths, child abuse, and family breakup[16]
- Post-Traumatic Stress Disorder: psychological numbness, stimulus overload, preoccupation, and hopelessness

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[13] Swinomish Tribal Specific Health Plan, 1985
[14] Office of Minority Health Testimony before Senate Select Committee on Indian Affairs on 7/7/88
[15] Vanderhorn, Craig, Director, Division of Clinical and Prevention Services, Indian Health Service, Testimony before Senate Select Committee on Indian Affairs on 7/7/88
[16] Debruyn, Hymbaugh, & Valdez, 'Helping Communities Address Suicide and Violence', *American Indian and Alaska Native Mental Health Research* 1 (*3*), March, 1988, p.56.

- Acute symptoms masked by related problems: alcoholism, delinquency, violence, or physical illness
- Externalization of psychological/emotional problems: physical, somatic, or caused externally
- Multiple interacting family, financial, physical, legal, and psychological problems
- Diagnosis complications: cross-cultural values or symptom patterns
- Alcoholism and complications of family dysfunction
- Pervasiveness of depression in native communities
- Violence and alcohol abuse[17]

Triad of Depression, Alcohol Abuse and Destructive "Acting Out"

Alcoholism, depression and a variety of stress-related acting out behaviors often occur together and seem to lead one to another:

- Child Sexual Abuse (Situational Molestation)
- Unsafe Sexual Activity
- Domestic Violence
- Reckless Driving
- Impulsive Theft
- Truancy
- Suicide
- Fighting
- Rape

Triad of Disturbance

DEPRESSION

Racism →   **←Broken Familes**

Language Loss →   **CULTURAL**   **← Poverty**
                   IDENTITY PROBLEMS

Religious Oppression →   **←Relocation &**
                                                       Dispossession

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ALCOHOL ABUSE   **DESTRUCTIVE**
                                                       "ACTING OUT"
                                                       BEHAVIORS

Theoretical Root Causes:

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[17] Skagit Community Mental Health Center

Violence: child abuse leads to depression, low self-esteem, and substance abuse later in life → become abusers of others

Depression: fatalistic self-defeating attitudes and behaviors, including alcohol abuse, suicide, school failure, etc.

> *Alcoholism: Depressant effects of alcohol on the body, negative life events resulting from alcohol, correlation of alcohol abuse with violence, accidents, family dysfunction, and death*

Lack of (Cultural Identity Confusion) or a Negative Cultural Identity & Current Severe Life Stresses, Thus, Cultural Insecurity Creates the Psychological Condition Out of Which the Triad of Alcoholism, Depression, and Destructive "Acting Out" Behaviors are Manifested

Depression

"Anomic" Depression[18]:

- Multiple losses – personal – family – tribal level
- Chronic depression (Dysthymic Disorder)
- Feelings of inevitable personal doom
- Helplessness & hopelessness
- Unresolved grief & anger
- Acute reactions: suicide
- Physical illness & pain
- School & job failures
- Emotional numbing[19]
- Low Productivity
- Low self-esteem
- Anxiety
- Fatigue

Alcohol Abuse in Tribal Communities

Alcohol abuse is extremely pervasive and devastating

Indian Health Service calls it the number one problem

Not only individuals, but fabric of tribal communities

Many native adults do not drink at all

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[18] Jilek, W. *Indian Healing: Shamanic Ceremonialism in the Pacific Northwest Today.* Blaine, WA.: Hancock House, 1982.

[19] Bates, Edward, Promotion of Indian Health, from *Indian and Alaska Native Mental Health Seminars,* Seattle Indian Health Board, 1982, p.114

- Clinical experience suggests that a larger proportion of native alcoholics are able to stop drinking, then are non-native alcoholics
- Strong cultural tendency of tribal people to take responsibility for self and community in their forties[20]
- Strengthening Indian cultural identity may help individuals overcome problems with drinking

Alcohol is a particular problem with teens and young men

- "….some tragic things happened when they were young. Booze is a fine way of stopping the hurt. The trouble is it catches up and becomes the pain, the hurt"[21]
- The loss of culturally acceptable roles: especially for men
- Considerable social pressure to drink: especially for men
- Cultural identity confusion
- Parental alcoholism
- School problems
- Low self-esteem
- Family conflict

Strands in the Web of Alcohol Abuse

Lack of Positive Role Models (Especially for Indian Men)
Social Pressure to Drink (Fear of Losing Friends)
Breakdown of Traditional Family Life
Childhood Exposure to Alcohol Abuse
Excuses Made for Drunken Behavior
Hopelessness about Social Problems
Cultural Identity Confusion
Low Self Esteem

Tacit acceptance of drinking to handle stress

- Excused as the result of unbearable personal stress
- Attributed to financial problems
- Attributed to marital conflict
- Attributed to lack of a job
- Attributed to illness
- Attributed to death

Many tribes are recognizing the issue of community acceptance and are creating new, community-wide healthy expectations: pressure for abstinence, widespread tribal support for recovery and non-drinking lifestyles

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[20] Weber, Richard, Alcoholism in the Indian Community, *Indian and Alaska Native Mental Health Seminars,* Seattle Indian Health Board, 1982, p. 821
[21] Stelzer, U. & Kerr, C. *Coast of Many Faces,* 1979, p.114.

Destructive "Acting Out" Behaviors

A variety of destructive or self-destructive responses to stress

- Child physical or sexual abuse (situational molester)
- Sexual misbehavior or "unsafe sex"
- Impulsive suicide attempts
- Reckless driving
- Domestic violence
- Truancy
- Fighting
- Rape

Although impulsive violence is often associated with alcohol abuse, clearly, it is also an unhealthy way of releasing tension and responding to stress

It is important for tribal communities to challenge the thinking that stress-related self-destructive and other impulsive acting out is unavoidable or "just the way it is".

Problems related to the Triad of Major Disturbances

Suicide is of related to a combination of long-term depression, anger, and impulsive "acting-out" & alcohol is often involved

Unresolved or Delayed Grief

Staggering losses, often in rapid succession, thus a normal period of mourning, readjustment, and recovery might not have been possible

- Often, western methods are important adjuncts to traditional treatments and spirituality
- Must resolve losses through grief and mourning
- Traditional methods are available and helpful
- Early childhood losses create vulnerability
- Contribute to adult depression

The Sense of Personal Doom

Tribal individuals cannot identify with the strengths of tribal culture

- Powerful self-image with almost mythic dimensions: destiny of a life of tragedy, failure, and early death
- Unexpressed anger, guilt, exaggerated ideas of self-importance: sense of personal doom
- Serious sign of depression to see one's self as marked for alcoholism or victimization
- Often talented natives with exceptional abilities, charisma, and potential

Suicide

The national tribal rate is at least twice the national average

Young tribal men between the ages of 15 and 40 seem to be at particular risk for suicide

- Talking about wanting to join dead relatives, an experience of being visited by the dead might fore shadow suicide
- The increased risk of impulse suicide following rejection or disappointment
- Alcohol is involved in over 90 percent of native suicide
- Greater vulnerability of young native men

Must address not only the attempt, but the underlying cultural identity confusion, alcoholism, & depression

Violence

Violence often clusters in tribal families, but is a community wide problem requiring:

- Services for both victims and perpetrators to explore positive alternatives
- Social disapproval of violence and confrontation of abusers
- Education for non-violent choices and lifestyles
- Protection for victims in crisis

Child Abuse and Neglect

Neglect is often based on three things: poverty, parental alcohol abuse, and lack of adequate knowledge about parenting in today's world

- Help the children express and work through emotional difficulties resulting from family conflict, neglect, or out-of-home placement
- Evaluate the strength of the parent-child relationship
- Advocate for the family with the child welfare workers
- Provide support to native parents

Historically, it was rare that tribal people physically punished children, many native people encountered physical punishment in the BIA boarding school system (typically it was frequent and severe)

- As adults, BIA boarding school attendees imported physical punishment into the traditional tribal culture
- Often, when combined with parental alcohol abuse, physical punishment becomes physical abuse

Sexual abuse has become a serious problem, closely associated with alcohol abuse, some expert's estimate that 90% of native women with psychiatric problems have been sexually abused[22]

- Alcohol or drug abuse
- Low self esteem
- School failure
- Depression

School Problems

Learning problems, behavioral problems, dropouts, withdrawal, and truancy are common: often abuse, neglect, and depression is first detected in the school system

Post-Traumatic Stress Disorder

Tribal people who have experienced repeated or chronic violence, tragedy and culture loss, dispossession, alcoholic or abusive families often experience symptoms similar to rape victims, battering victims, child sexual abuse victims, and military combatants: continuing anxiety, emotional numbness, preoccupation, or "flashbacks".

Somatic Disturbances:

Tribal client often experience physical problem instead of "anxiety" or "depression".

- Cultural belief that spiritual problems often cause physical problems
- Cultural beliefs that body, mind, and physical are inseparable
- Greater social acceptance

Often, referral to a traditional healer is helpful

HIV / AIDS

There is concern that HIV / AIDS will spread rapidly in tribal communities:

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[22] Testimony of Phyllis Old Dog Cross before Senate Select Committee on Indian Affairs, 7/7/88. U.S. Government Printing Office, Washington, 1988, P. 21

- The highly contagious and lethal HIV / AIDS virus might devastate small, relatively self-contained tribal populations
- Impulsive behavior while drinking might lead to unplanned and unsafe sexual activity
- The generally poor health of tribal people leads to increased vulnerability to infection
- A high rate of occurrence of other sexually transmitted diseases

A Note Concerning "Personality Disorders"

A personality Disorder is a fixed behavior and personality pattern which is (1) substantially outside of the social norm for a given society and (2) which causes the individual to have recurrent problems.

Be cautious in applying a personality disorder diagnosis to native client

A Note Concerning "Psychotic" Conditions

Outright psychotic conditions are relatively rare for tribal populations[23]

Question is if less common or underdiagnosed

- Often borderline psychotic states: natives abuse alcohol or act in other destructive ways. Drinking is seen as the cause of their problems.
- Might receive spiritual treatment and improve
- Might die early as a result of "acting out"

Summary: Tribal Mental Health Problems and Cultural Identity

Local cultural factors should be considered in diagnosis and treatment. Local cultural consultants of native or tribal decent are of great value in this process/effort. Treatment should attempt to resolve cultural confusion and support the development of a positive cultural identity.

THE IMPORTANCE OF CULTURE FOR MENTAL HEALTH

The Role of Cultural Identity in Mental Health

All human experiences are culturally determined: culture is the integrated pattern of human behavior which includes thought, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious or social group[24]. All the things that we take for granted.

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[23] Testimony of Dr. Scott Nelson, Chief of Mental Health of the Indian Health Service. Before Senate Select Committee for Indian Affairs, 7/7/88.

[24] Terry Cross, "Cultural Competence Continuum," Focal Point, Fall, 1988

Personal Identity is Deeply Tied to Cultural Identity

Tribal people often have been taught to devalue their culture, therefore, they often devalue themselves

Native children often in a no win situation; they cannot meet the contradictory expectations of tribal versus native cultures. Therefore, they often feel doomed to failure

Most natives choose an eclectic mix of tribal and dominant value orientations: it is rare that an individual transcends the confusion, self doubt and frustration created by a conflicted social environment

A positive cultural identity is crucial for mental health: we must feel at ease with who we are and basically like and accept our culture

Assessment and treatment of all native clients must include:

- Development of a positive cultural identity should be a treatment goal whenever ambivalence, conflict or a devaluation of the self or culture group exists
- The cultural aspects of the client-therapist relationship should be considered and often need to be discussed during treatment
- The client likely can not be helped to change until he or she understands his or her cultural values
- Treatment approaches must be congruent with the client's cultural values and lifestyle
- An evaluation of his/her cultural background and identity

Cultural Deprivation

True cultural deprivation is the condition of having been cut-off from or having become emotionally alienated from one's own culture

- Out-of-balance: psychologically/emotionally
- In limbo, neither knows or accepts self
- Incomplete and vulnerable
- Confused and depressed
- Anxious or amoral

Cultural Congruence In Mental Health Services (Jennifer Clarke, Ph.D.)

Belief systems, lifestyle, perceived problems, and culturally identified service needs should determine the choice of services to be provided

- The structural components of the services: intake procedures, time availability and duration of sessions, charting procedures, therapeutic

goals, therapy techniques, therapy techniques, and the involvement of traditional healers in treatment
- Consider client belief systems, spiritual practices, extended family relationships, and child rearing patterns, but <u>mental health services must be directly derived from the cultural base of the group being served</u>
- The traditional versus dominant culture orientation and exposure to mainstream society of each client (individual & population) must be assessed
- The greater the service cultural congruence and cultural compatibility, the greater the effectiveness of the service for a native client
- The setting within which the services are delivered
- The cultural identity of the service providers
- Religious and cultural beliefs
- The language spoken

Dimensions of Culturally Congruent Mental Health Services

- Culturally influenced symptom patterns
- Therapist – client cultural sensitivity
- The therapist's cultural integration
- Involvement of ethnic authorities
- Religious/spiritual appreciation
- Client and therapist social roles
- Concepts of health and illness
- Extended family involvement
- Degree of social involvement
- Use of traditional healing
- Therapeutic approaches
- Timing of the services
- Setting of the services
- Treatment techniques
- Diagnostic services
- Therapeutic goals
- Center of control
- Record keeping
- Intake process
- Language

Stereotypes and the Experience of Prejudice

Stereotypes, both positive and negative, are over-simplifications that make people into abstract "objects", "types, or "things", rather then human beings. In most cases, when a group with greater power holds a stereotypical view about a minority group, the stereotypes tend to justify oppression and discrimination. In fact, all prejudice, discrimination, and ethnic oppression is based on stereotypes. Thus, it is reasonable to examine some of the most common stereotypes held about tribal people:

Stereotype: Tribal people live on reservations because….

- They can't make it on the outside
- They are undereducated
- They have no choice

Fact: There are many alternative reasons why tribal people live on reservations, including:

- To shield their children from the prejudice of outsiders
- To maintain their culture and way of life
- Fear of prejudice or of being alone
- To avoid outside interference
- To maintain a family feeling
- To be with their own people
- It is their land and home

Stereotype: Tribal people would naturally want to leave the reservations….

Fact:
- Many natives prefer to live on reservations
- Consider it their home
- Pride in their tribe

Stereotype:

- Natives all get "per capita" checks from the government just for being Indian.

Fact:

- Most do not receive substantial per capita or lease: those that do are as equally entitled to them as any investor
- Some receive dividends from the sale/lease of jointly held resources or investment in the stock market
- Some have individual or tribally administered land leases

Stereotype: Government programs for tribal people are charities

Fact
- The Indian Health Service (IHS), Bureau of Indian Affairs (BIA), educational services and benefits are attempts to fulfill treaty obligations for services guaranteed to tribal people by treaty

Stereotype: All native people drink excessively and are alcoholics

Fact

- Many tribal people do not drink or drink very little, some tribal people have serious problems with alcohol, but others do not

Stereotype: Indians are lazy and can't work hard or keep a steady job

Fact

- Often, native people do not see the value of continuing to work, once they have obtained what they need
- Tribal people often have different priorities than do mainstream whites
- Family and/or spiritual pursuits might be more highly valued
- Hard work is usually not valued in and of itself
- Accumulation of wealth is less valued

Stereotype: Indians are careless and wasteful of money and property

Fact:

- Some tribal people feel that it wrong for one person to have more then others
- Sharing is valued over saving, which is seen as selfish hoarding
- Natives often share resources among their extended families
- The best insurance is the goodwill of others

Stereotype: Tribal families are usually separated and have little cohesion

Fact

- Families are often large and very fluid in structure: people move freely between homes, while maintaining adequate internal cohesiveness
- Family is of critical value to native people

TRIBAL/NATIVE WORLDVIEW AND HEALING CONCEPTS

Spiritual World View

In tribal settings, spirituality and religion is pervasive, it effects world view, family relationships, health, wellness, and illness, ways of healing, and ways of dealing with grief. It is broad and encompasses religion, psychic, visionary, telepathic and synchronistic experience.

Spirituality is understood as a fundamental reality of all life and people – there is a profound interconnectedness between all things – inseparably connected and continuously interacting

Natives are less likely to perceive the world as falling into discrete categories (i.e., physical, mental, social)

World is seen by tribal people as less mechanistic, matter-of-fact, or ruled by scientific laws

- Tribal people commonly believe that taking spiritual maters lightly leads to harm. It is thought inappropriate to play with spiritual powers without proper commitment or guidance. Proper spiritual training carries responsibility and builds character.
- There are often prohibitions observed in some spiritual matters and practices, because of the quality of danger associated with the spiritual practice or belief
- Many natives believe that not only are some spiritual phenomena not understandable or explainable, but that is in appropriate to attempt to do so
- Often, tribal spiritual leaders do not desire or can not reduce native culture to simplistically explained spiritual phenomena
- Many non-natives are seen as disrespectful, because they take some spiritual things too lightly
- Often, the eagerness of non-tribal people is thought of as intrusive or rude
- Most native people approach spiritual events with great care and respect
- Disharmony is a dangerous and vulnerable state of being
- Complex, powerful, ambiguous, and dangerous
- Intensely personal sort of experience
- How one conducts oneself
- What happens to someone
- Beliefs

Spiritual Privacy

Many tribal spiritual beliefs and practices are extremely private in nature

- Privacy preserves ones special relationship to a spiritual being
- Privacy avoids ridicule or persecution from non-natives
- Privacy avoids potential misuse of spiritual knowledge
- Privacy avoids the loss of spiritual power
- Privacy demonstrates respect

Spiritual Healing Tradition

Ceremonial practices and methods: traditional mechanisms for healing of physical and spiritual disturbances

- Helping the family of the deceased to safely and successfully complete a period of mourning

- Keeping in proper balance with the seasons and with forces of nature
- Acknowledging a new spiritual power or song
- Teaching proper conduct to young people
- Showing respect for spiritual forces
- Honoring the dead
- Healing the sick

Most tribal groups acknowledged certain persons as having special knowledge, healing or spiritual power or gifts

Many natives believe that the spirit must be healed in order to heal the mind

Family participation is often a prerequisite to a healing ceremony

Prayer, music, and song

Prayer is a tribal person's way of putting themselves in tune with the universe: music, drumming, and songs have a special significance to many tribal peoples as forms of prayer

TRADITIONAL CONCEPTS OF HEALTH, ILLNESS, AND MENTAL ILLNESS

The idea of being in balance or right with the world is central: the actions of family members are seen as having either positive or negative repercussions for tribal individuals. Illness can result from bad feelings, ill will, social conflict, or unresolved tensions

Severe emotional/psychological disturbance may be attributed to soul loss, spirit possession, loss of the breath of life, or "evil" work by an enemy

Compelling intuition, visions, and powerful dreams are common: in many cases are thought of as gifts, rather than pathology

Personal problems are often seen as externally caused, rather then as the result of internal conflicts
Mental illness is often seen as shameful or unnatural

Traditional Ways of Helping and Healing

- Seeking to restore the balance of spiritual forces both around or within the individual
- Certain individuals or families recognized as helpers
- Removing dangerous spiritual influences
- Giving immediate emotional support
- Bringing family groups together
- Dietary and/or herbal remedies

- Consultation with elders
- Prayer and song
- Sharing meals

Mental health workers can consult with traditional elders/medicine people
These can be combined with modern western methods/techniques

Traditional Expectations of Helpers

Should lead exemplary lives and have some special qualities: caring, understanding, or spiritual powers

Available when needed, goes to client's homes, stay as long as needed

The Extended Family

Often-tribal families are large and inclusive: fluid and flexible

Childhood

Loved and indulged, greater freedom than non-native, individuals, but with reflections on their families

Teaching

Special teachings, advice, or knowledge kept within the family

Individual Gifts

Born with or obtained through spirituality: carefully cultivated

Role of Elders

- Their past achievements and contribution to the welfare of others
- Whether or not they are respected by their own family
- The overall social standing of their family members
- Their current helpfulness to younger people
- Their spiritual and traditional knowledge
- Their ancestry
- Their age

Grief and Loss

- Burning or giveaway of private owned materials of the deceased
- Elders speak about tribal issues and provide support for grieving
- Large funerals in a tribal building: work often ceases

- Socially constructed roles for helping during death
- Death to funereal: enormous social support
- Traditional cleansing following a death
- Large meal followed by a give-away
- Mixed Christian/tribal ceremonies
- Support of family and friends
- Prayer services and vigils

Respect for Ancestors

- Spirits of people, whose gravesites have been disturbed might cause problems, sickness, or misfortunes
- Spirits might come out at night and cause harm to people, especially near burial sites
- Spirits can haunt a house and might cause harm to people living there
- Spirit might attempt to take family members to ease their grief
- Spirits might make family sick if possessions are not burned
- Spirit might linger and cause trouble

Social Etiquette: The Unspoken Rules of Tribal Relationships

- Togetherness, hospitality, and sharing
- Inter-Family Relationships
- Social Involvement
- Social Status
- Informality
- Respect

Gift-giving

- To please someone by giving them something that they have admired
- To blot out a shame, dishonor, mistake, or insult
- To pressure someone to do something
- To even out a status imbalance
- To thank others for their help
- To demonstrate superiority
- To show respect

To honor, thank, or even insult or shame others

Decision-making

Typically done in a consensus fashion, by entire families or groups, may take a long time, might be based on the advice of an elder, might not be made at all: allowing events to unfold

Non-self assertion and non-interference

Consensus and group decisions more valued then individual methods

Social Pressure and Social Controls: Gossip, Ignoring, and Shaming

Values

- Share your money, your time, and your possessions
- Respect religious and spiritual leaders and beliefs
- Participate in community gatherings and events
- Value native traditions, do not be too "white"
- Don't be too assertive, know your place
- Contribute to the community good
- Be loyal to your family members
- Do not stand out as different
- Recognize your relations
- Respect your elders

Attitudes towards time

Social responsibilities take precedence over appointments

"Indian time" refers to doing things at a natural pace

Being on time is less important than being present

Verbal versus non-verbal communication

Handshakes are often less gentle then non-native handshakes: sometimes leads to negative impressions and misunderstandings between natives and non-tribal people

Expression of overt emotionality is often less dramatic, especially negative affect might be expressed more subtly
Humor, joking, and teasing is very common and tends to be dry, subtle, and deadpan. Understatement is common.

Direct eye contact is often avoided: it is considered disrespectful, rude, intrusive, or intimidating

Native may prefer longer silences than are comfortable for non-Indians

Primary Resource for this Lecture

A Gathering of Wisdoms – Tribal Mental Health: A Cultural Perspective. (1991). Swinomish Tribal Mental Health Project. Veda Vangard: Mount Vernon,

Wa.

I would like to acknowledge the powerful and important book mentioned here as the primary resource for this lecture. Its value and the contribution of the authors to current and future mental health programs and practitioners who serve tribal clients can not be overstated. I am grateful to them for their fine efforts and extend full credit to them for the basic ideas underlying this lecture outline.

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