

SPECIAL SECTION

INDIGENOUS PEOPLES:
Promoting Psychological
Healing and Well-Being



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Introduction

We Bear the Fruits of Our Histories

Bertha G. Holliday

We bear the fruits of our histories. Indeed, our post-modern world is shaped and defined by the contacts that Europeans initiated with other cultures throughout the world during the 15th through 19th centuries. Those contacts were not merely adventuresome and exploratory: They were deliberate conquests of land, resources, people, and cultures with the intent of transforming and using all of these for the benefit of the conqueror and his/her and enrichment and empowerment.

Such intents, as conquerors are well aware, are always met with resistance — hence the need for oppression of “conquered” people and cultures. We now recognize that the scars and wounds of oppression on descendants of both the conquerors and the indigenous people and cultures “conquered”, as well as their multi-racial/ethnic/cultural descendants, are profound and multi-generational, resulting in continuous enactments of micro and macro symbolic and psychological vignettes of the original conquest/resistance. We bear the fruits of our histories.

We further have come to recognize that despite oppression and its historical trauma, globalism, instant world communication, Madison Avenue — people and their cultures are durable, resilient, and persistent yet adaptable. And it is these characteristics — in the face of the legacies of conquests, trauma, and social-historical transformations, — that are at the nexus of health and well-being. Cultural beliefs and practices, family, kingroup, and ancestors are the “source” to which many return for centeredness, authenticity, and strength. And nowhere is this more vividly clear than in the responses of the world’s indigenous peoples to their current challenges related to psychological healing and well-being.

This special section seeks to increase psychologists’ understanding of such issues. Three months ago, OEMA disseminated a call for brief articles:

We seek papers from psychologists that address 2 or more of the following issues: (a) the history and culture of an indigenous culture; (b) the contemporary challenges faced by that culture and related effects on mental illness and well-being; (c) traditional indigenous perspectives on mental illness, mental health and/or other "special" populations (e.g., lesbian/gay/bisexual, elders, persons with disabilities, etc.); (d) contemporary culture-specific practices (i.e., those that are responsive to traditional beliefs and practices) for the treatment and/or promotion of well-being of persons with mental illness or other "special" populations; and, (e) related implications for psychological research, training and practice.

The response was unexpected in its enthusiasm, enabling OEMA to produce this Special Section of 15 articles. Collectively, these articles are broad in scope, describing a panorama of indigenous cultures throughout the Americas and the Caribbean and their approaches to healing and well-being. Among the indigenous groups addressed are Alaska Natives, American Indians, Arawaks, Chamorros of Guam, First Nations people of Canada, Haitians, Latinos of Cuba, and others. Equally as varied are the specific topical foci of the articles. But what is most striking is the communality of themes and concerns across the various articles and cultural groups, and the differences between these communalities and major thematic concerns of Western (U.S.) psychology.

The Special Section is divided into four subsections focusing on: (a) overviews of indigenous mental health issues and related implications for psychology; (b) critical indigenous cultural, historical, and spiritual issues; (c) guidance for clinical practice with indigenous peoples; and, (d) exemplary targeted interventions.

OEMA hopes this Special Section will promote increased multiculturalism in psychological education and training, research, practice, and advocacy. Doing so is an imperative, as we bear the fruits of our histories.



OVERVIEWS

Is There Such a Thing as Indigenous Mental Health? Implications for Research, Education, Practice and Policy-making in Psychology

Carlota Ocampo, PhD
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Carlota Ocampo, PhD

There is little question that mental and physical health are top priorities for Indigenous and First Nations' peoples' well-being globally. Ask First peoples themselves: On a National Aboriginal Health Association survey undertaken in Canada (Silversides, 2010), Inuit, Metis and other First Nations peoples identified mental health and substance abuse among their top five health issues (with cancer, diabetes and diet and nutrition). Suicide is prevalent in First peoples' communities. Estimates vary, but the U.S. Indian Health Service consistently reports that suicide rates are much higher (i.e., up to 70% higher) among American Indians

and Alaska Natives than the general population, particularly for young men and boys (see [IHS suicide prevention website](#)). Grief and trauma responses are also prevalent among First peoples (Bryant-Davis & Ocampo, 2006). The observation that mental health issues are rampant in Indigenous communities is nothing new.

And yet: "Research into Indigenous health has been largely focused on non-Indigenous, rather than Indigenous, notions of health" (King, Smith & Gracey, 2009), while at the same time, "counseling of Indigenous patients from mainstream perspectives may perpetuate oppression" (Duran & Duran, 1995). In other words, our mental health frameworks, when applied among First peoples, may result in further trauma and perpetuate, rather than address, their problems. What to do?

...our mental health frameworks, when applied among First peoples, may result in further trauma and perpetuate, rather than address, their problems.

I call on psychologists to take a leading role in promoting evidence-based, culturally relevant mental health practices that emerge from a constructionist framework rooted in Indigenous psychologies. Black psychologists have identified constructionism as a culturally relevant paradigm that goes beyond redefinition of Eurocentric models for use among people of color (or oppressed peoples) but that constructs unique psychological models and practices from the homogenous individual cultural and historical experiences of oppressed peoples (Jones, 1998). To this end, I would like to outline several key elements researchers, educators,

practitioners and policy-makers must consider in enhancing the psychological well-being of First Nations peoples. Keep in mind that globally, there is wide diversity among First Nations' peoples and their cultures. Each culture and individual within a culture must be approached as unique. At the same time, themes emerge from shared experiences of genocide, bondage, colonization and alienation that have affected and continue to affect First Nations peoples worldwide.

- **Identity/Self:** Many First Nations peoples embrace a shared group identity whose substance is formed not just by one's relationship to the community but also to the land and one's ancestors, which may include plants, animals and other elements of nature. For example, traditional Native Hawai'ians consider the taro, a root staple that nurtures them, a physical ancestor now under their guardianship. Thus, reduction or dispossession of land/loss of stewardship of one's traditional plants and animals is experienced as an alienation or unmooring from the self, and in some communities is directly correlated with suicide (i.e., among the Guarani of Argentina - see Robinson, 2008). Psychologists must identify and investigate evidence-based practices that reverse this erosion of the self among First Nations' peoples. (Please note that this is a tricky political proposition as Indigenous land dispossession is ongoing in many parts of the world, and restoration of the self theoretically would accompany Indigenous sovereignty.)

- **Historical Trauma:** Many First peoples suffer not only from the proximal traumas of emotional, physical and sexual abuse and/or family violence but also from intergenerational trauma inherited via shared experiences of genocide, colonization, and alienation. Psychology must designate historical, inter-generational and racist incident-

Psychology must designate historical, inter-generational and racist incident-based trauma symptoms as legitimate trauma sequelae and do a better job of leadership in the areas of research and policy-making around acknowledging and healing historical trauma, of Indigenous and other oppressed peoples.

based trauma symptoms as legitimate trauma sequelae and do a better job of leadership in the areas of research and policy-making around acknowledging and healing historical trauma, of Indigenous and other oppressed peoples.

- **Cultural-specific Mental Health and Well-being Practices:** First Peoples have traditional psychological systems and healing practices, often based in spirituality, ceremony and ritual (e.g., "limpias" or spiritual cleansings among Mayans in Guatemala), but also relevant are language, harmony with the community and the environment, and cultural practices. While much anecdotal evidence exists that such models are beneficial for First peoples, we need more reliable data regarding

evidence-based practices that really work, perhaps in combination with psychological and psychiatric approaches (such as CBT and medication). We especially need evidence regarding effective approaches for acculturated (i.e., dispossessed and alienated) urban Indians and Indigenous peoples.

- **Cultural Mistrust:** Psychologists must find a way to measure and address the cultural mistrust that many First peoples feel toward government (i.e., colonized) medical services. For example, at a recent conference Inuit leaders reported they would not allow travel "south" (off the reservation) for medical care, due to past experiences where children disappeared and were never heard from again (as in the 1950's tuberculosis epidemic in Canada) (Silversides, 2010). Cultural mistrust is a particularly tricky proposition when psychology is a product of the culture of the colonizers and even Indian or Native psychologists must receive training within the colonial education system.
- **Empowerment:** Recruit more Indians, Alaska and Hawai'i Natives, and global Indigenous peoples into the field of psychology as researchers, educators, practitioners and policy-makers. Empower them with the necessary tools to elucidate and develop evidence- based culturally relevant mental health constructs and paradigms that are community specific. This requires financial investment, i.e., more money.
- **Political Action:** Psychology must stand up for the dispossessed but also support political movements that preserve the existing way of life of traditional Indigenous communities. The age of colonization is not yet over, and we must use our education and our power to resist it. This would be a primary prevention approach to Indigenous mental health issues — address them before they are created.

Is there such a thing as Indigenous mental health? I hold that we do not yet fully know what such a construct will look like, other than restoration of the Indigenous to an uncolonized state. Yet even this conceptualization has its limitations - it must not be viewed through the lens of romantic naivete which many in our mainstream culture use to gaze in simplistic nostalgia on the "primitive". Indigenous people are just as much a part of the complex modern world

Indigenous people are just as much a part of the complex modern world as any of us, and Indigenous psychologies are equally complex and important. They may not look like our psychologies; they may be different, they may be unique, but they must be nurtured, respected and allowed to emerge. A key concept psychology must focus on in Indigenous mental health: empowerment.

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nurtured, respected and allowed to emerge. A key concept psychology must focus on in Indigenous mental health: empowerment. As Nathan Obed, the director of social and cultural development for Nunavut Tunngavik, Inc, an Inuit group, told a recent body of conference-goers: "The definition of normal must be changed" (Silversides, 2010).

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Promoting the Wellbeing of Indigenous People in Mental Health and Education

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Historically, American Indians have been victimized and discriminated against by generations of immigrants as well as Federal and State governments (Yellow Bird, 2006). Unjust and demeaning acts committed against this ethnic group include the forceful seizure of their lands and resources, attempts to eliminate their cultural heritage, broken promises and breach of contracts, wars, and betrayals of trust (Yellow Bird, 2006). Even though overt discrimination against this cultural and ethnic group is illegal, it is still possible to identify vestiges of oppression toward American Indians in current educational and mental health practices. Thus, the purpose of this article is to highlight some contemporary challenges facing indigenous peoples including American Indians and Alaskan Natives. In addition, we will outline some strategies to begin addressing these problems.

Socioeconomic and Health Disparities

The United Nations Development Program noted that the countries regarded as *the developed world* are consistently at the top of the Human Development Index (HDI), which is a measure of the economic, educational, and health status of a population (Webber, 2007). However, the indigenous peoples residing in these developed nations exhibit poorer health and live in conditions that are substandard than those of their non-indigenous counterparts

According to SAMHSA's statistics, the American Indians and Alaska Natives face multiple challenges such as: (a) suicide rates that are more than twice the national average, (b) pervasive substance abuse problems (e.g., more than 70% of the mentally ill indigenous population suffer from an addiction), (c) inadequate financial resources to respond to the needs of this population, and (d) lack of family and consumer support services...

(Webber, 2007). In the United States, the American Indians and Alaska Natives are among the populations identified as being disproportionately affected by health disparities (Office of Minority Health and Health Disparities: OMHD, 2009). According to SAMHSA's statistics, the American Indians and Alaska Natives face multiple challenges such as: (a) suicide rates that are more than twice the national average, (b) pervasive substance abuse problems (e.g., more than 70% of the mentally ill indigenous population suffer from an addiction), (c) inadequate financial resources to respond to the needs of this population, and (d) lack of family and consumer support services in their communities (Bearsheild, Dolchok, & Griffin, 1993).

Educational Obstacles



Andrea Zainab Nael, MEd

Sadly, it is not only American Indian and Alaska Native adults who are affected by social challenges, but also their children and families (Bearsheild, Dolchok, & Griffin, 1993). In a recent survey, school teachers from South Dakota and Montana were asked to report the obstacles faced by American Indian students. Results of this survey indicated that American Indian students experience pressure to assimilate the American dominant culture, while remaining loyal to their own traditions (Werdel, 2010). According to this survey, American Indian students also experience oppression and are the subject of cultural misunderstandings. Further, their educational development is hampered by the negative attitudes of parents and/or grandparents towards the formal education system (Werdel, 2010).

The attitudes of parents and grandparents are often based on negative, but real personal experiences and poor educational outcomes. In fact, only 7 % of American Indian students attending postsecondary institutions graduate annually (Office of Educational Research and Improvement, 2003). This statistic illustrates the often insurmountable difficulties that this population encounters in educational institutions. Other reasons for the low educational outcomes are related to socioeconomic disadvantages, disparities in access to educational resources and differences in learning styles. Research studies show that American Indians and Alaska Natives prefer

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concrete experiences and reflective observation as their primary means of learning (Ornstein, and Hunkins, 2004). Unfortunately, most educational institutions still maintain Eurocentric methods of teaching that do not benefit ethnic minorities.

Challenges Related to Mental Health Systems

American Indians have not received enough attention in the mental health area. Their worldviews regarding mental illness and healing have been frequently ignored in the psychological and psychiatric literature. It was only in the early 1990's, for instance, that the American Psychiatric Association began placing more emphasis on investigating this ethnic group's understanding of mental illness, and systematically incorporating relevant information in its publications (Mezzich, Kleinman, Fabrega, & Parron, 1996). In 1994, an appendix on *culturally-bound syndromes* was included in the fourth revision of the *Diagnostic and Statistical Manual* in an attempt to address the gap between Indigenous and Western practices, (Mezzich et al., 1996). In 2002, the American Psychological Association (APA) approved a set of *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists* (APA, 2003) to ensure that American Indian and Alaska Natives (and other minority groups) receive appropriate psychological services.

Although current psychological practices strive to advocate and promote the wellbeing of indigenous people, the methods utilized by psychologists have historically failed to take into account the beliefs about health and healing held by this population. American Indians and Alaska Natives, as many other indigenous peoples throughout the world, understand "wellness" holistically, that is, in terms of a

American Indians and Alaska Natives... understand "wellness" holistically, that is, in terms of a combination of physical, mental, emotional, and spiritual elements. Illness is seen as an imbalance between these basic elements...Healing practices ...attempt to restore the natural balance...through spiritual ceremonies and herbal remedies...Treatment for mental illness also revolves around storytelling, teaching and sharing circles, sweat lodges, and vision quests.

combination of physical, mental, emotional, and spiritual elements (Patel, 1995; Rice, 2003). Illness is seen as an imbalance among these basic elements that is brought about by ancestral spirits, bad airs, and witchcraft. Healing practices, on the other hand, attempt to restore the natural balance among soul, mind, and body through spiritual ceremonies and herbal remedies prescribed by community elders and cultural healers (Poonwassi & Charter, 2005). Treatment for mental illness also revolves around storytelling, teaching and sharing circles, sweat lodges, and vision quests (Poonwassi and Charter, 2005). In spite of marked

differences between indigenous healing practices and traditional psychology, as illustrated in these examples, the Western study of mental illness has rarely considered cultural or contextual factors in its conceptualization, diagnosis, and treatment (Mezzich, Berganza, & Ruiperez, 2001).

What Psychologists Can Do?

American Indians and Alaska Natives are resourceful and resilient. Despite the insidious and persistent predicaments that they have experienced, they continue to strive to maintain their cultural identities and heritage as well as overcome the socio-economic challenges impacting their communities. In the 21st century, much effort is required to address the social issues affecting indigenous peoples. The responsibility for the improvement of the psychological and physical wellbeing of these people should be, however, shared by everyone.



*Maria Cristina Cruza-Guet,
MEd*

Psychologists working in educational institutions can promote a welcoming environment for indigenous peoples and develop programs of study that are relevant to the growth of their communities. Studies have shown that American Indians and Alaska Natives benefit from educational environments that are consistent with their cultural norms and are respectful of their ethnic identity (Korkow, 2009). Their level of connectedness with their families and communities has been identified as a persistent factor for staying in college until graduation (Guillory, 2003). Further, research assessing what motivates American Indians to attend college suggests that they hold a desire to "give back" to their communities upon the completion of their degrees (Guillory, 2010). Specifically, they want to help their families to escape poverty and unemployment (Brown and Lavish, 2006).

Psychologists working in governmental and philanthropic institutions can continue creating and implementing programs that facilitate the development of researchers and clinicians with expertise in indigenous people. SAMHSA and other governmental (Federal, State and Tribal) agencies already support the educational initiatives of students from indigenous backgrounds. An example of this type of programming is that of Werdel (2010), who set out to implement a strategic plan that facilitates the recruitment and retention of American Indian students in the South Dakota region. Funded by the US Department of Education, this strategic plan attempts to (a) increase academic achievement, (b) improve the recruitment and retention of highly qualified teachers, (c) integrate the local culture (Lakota-Dakota-Nakota) into the State Standards of education, and (d) develop a dynamic informational website regarding American Indian education in South Dakota.

Psychologists working in clinical settings can improve their efficacy in working with indigenous peoples by familiarizing themselves with the belief systems and treatments of mental illness utilized by these varied populations. It is our hope the APA continues to foster partnership programs that facilitate access to mental healthcare and the education of students from indigenous backgrounds. We encourage APAGS members to strive to complete their externships and/or internships in regions identified with indigenous populations, as well as to participate in the mentoring of American Indian and Alaska Native students. We encourage both psychologists and APAGS members to firmly commit to promoting the well being of these populations.

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***CULTURAL, HISTORICAL, AND SPIRITUAL
ISSUES***

The Chamorro People of Guam

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Chamorros are the indigenous people of the Mariana Islands of which Guam is the largest and southernmost on an island chain. Archeological evidence identified civilization dating back 5,000 years.

Historical Background

In recorded history, the Chamorro people have, as a community experienced traumatic periods that remain unresolved (Pier, 1998). These include the near total genocide and colonization by the Spanish (1521-1898). It had been a possession of the United States from 1898 to 1941 until Guam was attacked and occupied by Japanese forces from 1941–1944. The island was once again assaulted by the United States to recover Guam from the Japanese, but what followed was more destructive than any of actions made on the island previously, including death and destruction wrought by war. It was reoccupied in 1944 and in 1950 became an unincorporated territory of the United States. Consequently, Guam is one of the few remaining colonies of the world and as a colony has no power.

The destructive effects of colonization, possession, and Guam's current political status include numerous losses — especially the loss of the cultural practices such as the arts, crafts, and those practices passed on by men, as the focus of genocide was directed toward their control and elimination. The gradual elimination of the dances, chants, and songs of the past was also painfully noted. The loss of the language was destructive to their identity and how Chamorros viewed themselves within the dominant culture,

...the current political status include numerous losses —especially the loss of the cultural practices such as the arts, crafts, and those practices passed on by men...The loss of the language was destructive to their identity...Loss of the Chamorro people's voices continue to be evidenced as their concerns are consistently ignored and silenced throughout history. Worst yet, they are not invited or considered in the current arena in which the United States and Japan are at the table deciding the destiny of the island...

as English was strictly imposed as the language of instruction and business. Loss of the Chamorro people's voices continue to be evidenced as their concerns are consistently ignored and silenced throughout history. Worst yet, they are not invited or considered in the current

arena in which the United States and Japan are at the table deciding the destiny of the island without regard to the effect on the people of Guam and specifically on the Chamorros. This loss of power is one of the most destructive effects of colonization.

Current Predicament



Patricia L. G. Taimanglo, PhD

Negotiations have been waged between the United States and Japan in the last few years and most significantly in this last year. The focus had been the relocation of 8,000 Marines and their dependents from Okinawa to Guam. These negotiations are without input from the indigenous people of Guam. In order to accomplish this massive build-up, the U.S. military will require the importation of people to make the relocation possible. In other words, the build-up includes a projected population increase by some 80,000 people in 2014. This constitutes a 45% increase from Guam's current population of 180,000 people.

The federal Environmental Protection Agency has stated their concerns related to the significant and adverse environmental and social impact. The social impact includes overcrowding and over use of limited resources including the educational system, as well as social/human service agencies. Competition for housing, jobs, medical care, psychological and psychiatric care will further exaggerate the gap between that haves and the have nots. In addition, the plans for the build-up include taking of more land.

Most indigenous people have a deeply rooted and emotional relationship to the land and sea. Both provide sustenance; hold the stories and way of life of the people that are passed on from one generation to the next. The projected land taking includes taking land in an area called Pagat. This location encompasses the richest and largest archeological evidence of the Chamorro people, their way of life, as well as a fresh water source. Incredibly, this land is earmarked for use as a firing range. The disregard for the meaning of such sacred sites is abhorrent to the people of Guam and has been the focus of the collective and historical hurts and energies.

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Open forums to educate the islanders of the impending change evidenced calmly articulated responses to highly and emotionally charged accounts of why the islanders are in favor of or in opposition to the military build-up. Interestingly, these forums were scheduled after decisions have been made about the build-up.

Social and Cultural Responses: Pathways to Healing

Some Chamorro people sleep soundly on the pillows of denial, lack of awareness, and/or struggling to meet their family's basic needs. Others work intensely to address the history of losses and to meet the challenges of the present and future. To address the loss of language, Chamorro language instruction is a part of the educational curriculum in the public schools. Chamorro language competitions are held annually. To address the loss of cultural practices, a cultural renaissance is evidenced in the use and making of shell jewelry by artists whose art is based on archeological evidence. Several cultural groups that nurture the development of a positive ethnic and cultural identity have blossomed throughout the island. These groups encourage the youth and adults to learn about the Chamorro history, culture, songs, and dances. Such groups also provide a natural venue to practice and speak Chamorro.

Cultural activists have been a part of island life over the years, however, the need to address concerns were not wholly embraced by all members of the Chamorro community. Ironically, the anticipated military build-up has elicited growing collective voices and presence of young and older Chamorro people who are willing to share their thoughts and feelings from a passionate as well as objective perspective. The act of speaking out, although historically viewed as negative behavior within the Chamorro culture, is now viewed as acceptable.

The young Chamorro people are at a great advantage because they are bicultural and not bound by the strict rules of behavior that include silence and accepting directives from authority without question — both behaviors, ironically, that enabled Chamorros to survive over the centuries. These young people are educated in both cultures, and are armed with the skills of media and technology. In addition, the fourth year of a Chamorro conference that is inclusive of the Chamorros living in the Mariana Islands, is a forum for learning, sharing, and support to nurture a psychologically healthy and informed Chamorro people on Guam and throughout the Mariana Islands.

The greatest benefit of the military build-up is that people are standing up and expressing their thoughts among themselves but also at national and international forums to inform others of our current plight. It has promoted increased awareness, empowerment — both pathways to healing as a people.

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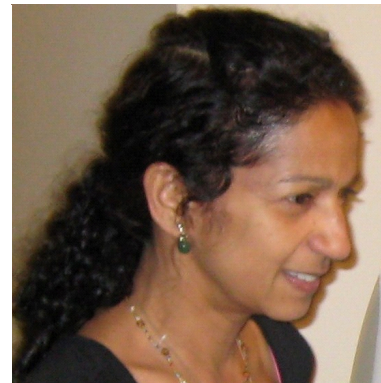
Unbodies of Water: The Health Effects of Extinction and Genocide — Arawak Perspectives^{1/}

M. C. L. Provost
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Overview

Arawaks, one of the first Peoples of the Circum-Caribbean, southern North America, Central America and northern South America, are falsely said to be extinct (Provost, 2001), and this leads to the challenge of non-existence. How can we articulate Arawak perspectives on health if we must conduct our lives in a foreign grammar and language where we must speak of ourselves in the third person? What are the health effects of being extinct? Is extinction the same as genocide?^{2/}

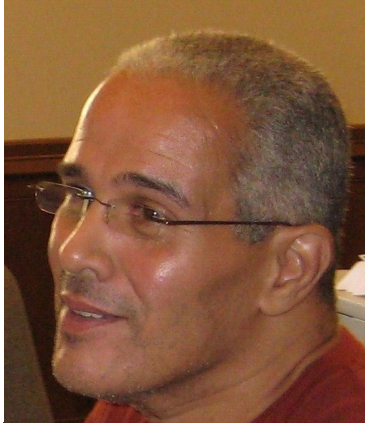


M. C. L. Provost

The noun *genocide* refers to mass killings of people on account of their racial origin. The adjective *extinct* describes beings who were killed off, leaving no living representatives. The verb forms are *to extinct* and *to be extincted*. The Arawak language we use is based primarily on J. P. Bennett's (1984; 1994) language work. In that language, extinction might be translated as *yakosa* – to extinguish (the fire/life - literally, "resemble/allow eye" – a type of 'heart'). From this comes *yakosahe* – the state of being extinguished (homicide); and, *yakosoa* – to extinguish oneself (suicide). *Yakosa* is related to *yahoda* - to die, and *aiyada* - to weep. Wholeness of 'eye-heart' is key to Arawak well-being. The language provides a kind of *sonographic ecology* through myth and song, so that being "out-of-[eye-]heart" has an adverse health effect (Taylor, 1951), as in *Guahayona's* story below.

^{1/} Portions of this paper were previously presented at side events of the 6th session (2007) of the United Nations Permanent Forum on Indigenous Peoples I and the 9th Session (2010) of the United Nations Permanent Forum on Indigenous Issues.

^{2/} United Nations Convention on Genocide, Article 2 (1948), includes 5 areas that apply to cultural genocide.



M. Quintana

The challenges to achieving this ecology of healthfulness began with the invasions of foreign Empires (i.e., Spain, France, Portugal, Netherlands, & Britain) at First Contact (1492). Each invasion was like the collision of two tectonic plates of Earth's surface breaking or shifting then colliding (Provost & Quintana, 2007). Earth is alive and earthquakes and aftershocks are evidence of her search for balance and equilibrium. But the cumulative damage of earthquakes increases in logarithmic increments, not by simple multiplication. Arawak identity is closely linked with all bodies of water and a waterquake would be a hurricane (*Húrankan* — a Divine name and attribute).

The Problem of Non-Existence: Zombification

Genocide psychology is well known from stories of the Holocaust, but Extinction creates extreme difficulty in telling one's story, particularly in one's occupied homelands. The closest analogy is *zombification*. A *zombie* is a 'living-dead' – an unbody – created in one of two ways: (a) the zombies of *Vodun* by use of Tetrodotoxin from the Puffer Fish;^{3/} or (b) the zombies by isolation from one's home-family culture and socialization to an alien one.

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Similar violations and traumas occur in both forms, rupturing the self and its relationships. *Zombies* must live in this world without being of this world, as they do not really exist and are 'not-human' beings and this causes a sense of disembodiment.

^{3/} Vodum, though commonly known as a Afro-Caribbean religion, is actually a syncretism of Arawak with African and Christian iconography, known across the region also by other names. Tetrodotoxin reduces bodily functions to an imperceptible state so that the individual, appearing dead, could be buried alive but may be exhumed and enslaved. Tetrodotoxin use was publicized by W. Davis (1994) in *Passage of Darkness*, based on his work for an American pharmaceutical firm — but from indigenous perspectives, his report was a form of theft.

The Colonial Disease

The Colonial Disease — our term for the spectrum of ill-being due to the Euro-colonial social experiment — negatively impacts all the social determinants of health due to a several factors: identity-loss; substance abuse; changes in diet, lifestyle and environment; pollution, and gender construction which may be imposed or self-initiated as life-strategies of last resort. The "cure" for *the Colonial Disease* always involves some form of ceremonial self-recovery through self-study of the languages, storying-arts, and environmental knowledge. We describe the Arawak

The Colonial Disease — our term for the spectrum of ill-being due to the Euro-colonial social experiment — negatively impacts all the social determinants of health due to a several factors: identity-loss; substance abuse; changes in diet, lifestyle and environment; pollution, and gender construction which may be imposed or self-initiated as life-strategies of last resort. The "cure" for the Colonial Disease always involves some form of ceremonial self-recovery through self-study of the languages, storying-arts, and environmental knowledge.

sense of *Participation as Imekohe andábo kake* — "Willingly joining together for life, we awaken" -with an agitated awareness and an impetus to learn. *Imekohe andábo kake korokodawa* involves becoming whole in heart, as well as a moment when we ceremonially enact the myths across the generations. Then, positive emotions evoked by ceremonial tribal family arts rekindle the fires of the Ancestors and the Divine in our own shared embodied ^{4/}myth-dreams. This Arawak deeper-identity is heard throughout the myths (Provost & Quintana, 2009).

We have seen that Arawak grandparents and great-grandparents, who live generally healthy and well-adjusted lives in the Hinterlands of Guyana, do still possess a certain level of immunity and resistance to *the Colonial Disease*. Their environment and ways of life make this possible, even though they honor their adopted religions alongside their Indigenous beliefs. The grandparents see *the Colonial Disease* as a threat to the younger generations while the young may not yet perceive it as such. The young tend to begin losing their Arawak identity (i.e., attachment) as they come under the illusions of affluence (i.e., individuation) through education and schooling in European /non indigenous languages, entertainment or work.

^{4/} The body tends to respond to learning the arts with health-producing chemical reactions rather than toxic ones, with a resulting sense of loving oneself, others, and of being loved. Arts therapies and arts interventions have therefore become a growing trend amongst non-natives.

The Example of Guahayona's Story

The Family Principle of Giving is expressed in different ways but as *Imekohe andábo kake korokodawa*, it is violated in Guahayona's story as reported by Ramón Pané:

Guahayona (literally "we cried [for] them"), the brother of an Arawak chief, sent one of the men to gather digo (an herb used for healing skin conditions and curative baths by Surinam Arawaks) ... Later Guahayona said to the women in Cauta (a place where Cauta trees grow, which have inedible fruit and resemble another tree with edible fruit), "Leave your husbands ... leave your little ones (here by the stream) ... I will come back for them, and we will take with us only the güeyo" (coco plant — once a staple food — but now cocaine is made from it). Guahayona took the women to Matinino (literally "Without Fathers") island and abandoned them there. He did not go back for the children. The little children abandoned by their mothers were hungry and began crying out for food. And so they became frogs, who cry until this day "Toa, toa, toa" (a term for self, the eye-heart, food for a journey, the song of frogs and thunder). A while later, Guahayona becomes ill and Guabonito (Deep Waters Woman), a celibate, teaches him how to heal by bathing in the sea. He goes to live with his father Hiauno (the name for an aggressive predator parrot) and takes a new name: Albeborael Guahayona (translated by some — as "henceforward Guahayona" — but the authors transliterate the name as "Steals + We Cry [for] Them") and then he brings all knowledge to future generations.

What is wrong with this picture? Knowing our story-patterns and the nature of myth, we can distinguish various editorial impositions by Ramón Pané, a Catalan friar, and subsequent writers. Let us review: Traditionally, the woman's and man's voice would be present for balance and to avoid invalidity, but the woman's perspective is missing throughout Pané's account. *Guahayona* also breaks all the traditional principles. He deposed his own brother, misused his knowledge of Arawak Healing Medicines by over-harvesting *güeyo* and *digo*, and taking much of the 'medicine' of *guanin* (a precious metal) from the island of the same name. He misused his charisma to manipulate the women into deceiving themselves, by drawing upon their love for child and family, so that they abandoned their husbands and children. But he departed from the teachings of family and so his immune system attacked him and ego-greed manifested itself in his illness. The children, abandoned, regress to a pre-verbal animal state. The abandoned women have no way to recover their families or to begin new ones. The abandoned husbands lose their sense of being spouses and fathers. *Guahayona*, a self-appointed messiah-type, overcomes his infirmities and returns to live in his father's home. Enter the idea of celibacy in a place of solitude and a means for healing the disrupted self. But this is not a teaching for Arawak health; it is a Catholic religious intervention — and these types of transformations create individual and cultural invalidity.

Pané and later writers, in demonizing Arawak sexuality and family life, wrongly assume *Guahayona's* disease is syphilis; this is evident from a closer reading. *Guabonito's* prescription that the ill *Guahayona* bathe in the sea subsumes Arawak ritual bathing in Catholic baptism, yet he becomes mysteriously healed of his sores. After his spiritual rebirth, *Guabonito* presents him with gifts of *guanin* and *ciba* (precious stones) and he is cast as a hero to his People. But the missing children — embodiments of the fire of eye-heart — are never found. The women, exiled in a place without spouses or children become a type of the celibate woman *Guabonito*. This is the ideal of *La Virgen* (Spanish – the Virgin) for whom self-annihilation involves giving up her child and husband. But in pursuing their personal good as being for the good of all, the women and *Guahayona* have forsaken the reality that: "Willingly joining together for life, we awaken". The result is ill-health and ill-being for all except *Guahayona* who eventually becomes a self-made man.

Breaking the principle of family health perpetuates Extinction. Arawak self-identity embodies deep and multi-faceted relations with ancestors, family members, the environment and cosmos, with whom we are one being. *Andábo*

Breaking the principle of family health perpetuates Extinction. Arawak self-identity embodies deep and multi-faceted relations with ancestors, family members, the environment and cosmos, with whom we are one being. Andábo (joining) creates individual self-identities as well as family self-identities, simultaneously. But separating the family (individuating) creates self-annihilation.

(joining) creates individual self-identities as well as family self-identities, simultaneously. But separating the family (individuating) creates self-annihilation. *The Colonial Disease* does result in non-existence, death and dismemberment, orphaning, alienation and wounding. And because many of us are now a people of mixed-blood-and-culture, we must balance fragmented and divided identities. Thus an Arawak faces many deaths in Eurocentric society as her/his 'joining' self becomes socialized to 'separating'. An Arawak also has several other 'hearts' as we discuss elsewhere. Losing any one of these 'hearts' is like experiencing brain-death, cardiac-death or spiritual-death. Arawaks can hope to achieve health where Earth is also 'heart', for wholeness requires that we willingly join together for life and awaken — *wa'imekohe andá kake korokoda*.

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The Indigenous Peoples of Alaska: Appreciating the Role of Elders in Shifting Toward a Strength-Based and Culturally-Appropriate Approach to Mental Health

Jordan Lewis, PhD

Tina Marie Woods, MS

Ruth Zuniga, MA

E. J. R. David, PhD

University of Alaska Anchorage

Background

Although often simplistically regarded as "Alaska Natives," Alaska's indigenous peoples are highly diverse, composed of seven groups including *Eskimo* (Yup'ik, Cup'ik, Sugpiaq/Alutiiq, & Inupiaq) *Aleut/Unungan*, *Eyak*, *Athabaskan*, *Haida*, *Tlingit*, and *Tsimshian* (Roderick, 2008). Alaska Native peoples have inhabited Alaska for over 10,000 years and depended on the land for resources. The land provided Alaska Native peoples subsistence needs such as food, clothing, and shelter. Thus, Alaska Native values, beliefs, and traditions are geared toward maintaining a respectful and harmonious relationship with the land.



Jordan Lewis, PhD

...prior to Western contact, the Alaska Native population was approximately 100,000. However, after the Great Death, the population decreased to 26,000. Furthermore, despite the benefits of the Alaska Native Claims Settlement Act, Alaska Native peoples still lost millions of acres of ancestral land and, consequently, many aspects of their culture that are closely tied to the land. This...oppression, ...[is] linked to the mental health issues faced by Alaska Native peoples today.

In the 1700s, Russians, Europeans, and Christian missionaries colonized Alaska. In 1867, Russia sold Alaska to the United States. This colonial history is when Alaska Native peoples began to experience oppression such as Christianization and the loss of their indigenous beliefs, Westernization of their behaviors, values, and ideals through boarding schools, and the slavery of Aleuts in the 1860s and their internment during World War II. Such oppression negatively affected Alaska Native peoples. For instance, prior to

Western contact, the Alaska Native population was approximately 100,000. However, after

the Great Death, the population decreased to 26,000 (Boraas, 1991). Furthermore, despite the benefits of the Alaska Native Claims Settlement Act, Alaska Native peoples still lost millions of acres of ancestral land and, consequently, many aspects of their culture that are closely tied to the land. This historical and contemporary oppression, along with cultural loss, are linked to the mental health issues faced by Alaska Native peoples today (Napoleon, 1996; for a review, see Sullivan & Brems, 1997).

Psychological Issues in Alaska Native Communities



Tina Marie Woods, MS

Significant attention has been paid to the mental health concerns of Alaska Native peoples, with emphasis on alcoholism and suicide. The alcoholism rate among Alaska Native peoples is double the national average (Division of Alcoholism and Drug Abuse, 1999). Alcohol is related to high crime rates (Alaska Department of Health and Social Services, 2007), and Alaska Native peoples experience five times more alcohol-related deaths than any other group (Alaska Behavioral Health Survey, 2002). The suicide rate among Alaska Natives is also twice the national average and 117% higher than any other indigenous American group (Morgan & Freeman, 2009). Relatedly, this group also has high rates of depression and psychological distress (Alaska DHSS, 2007). Among Alaska Native adolescents, high rates of school drop-outs and pregnancies have also been reported (Sullivan & Brems, 1997). However, despite such concerns, Alaska Native individuals seek mental health services at very low rates. Indeed, only 11% to 13% of American Indians and Alaska Natives have sought professional help (Novins et al., 2004), suggesting that many Alaska Native individuals have unmet mental health needs.

A Shift in Approach: Appreciating Alaska Native Elders

The common reasons for the lack of effectiveness of existing efforts, and the low rates of service utilization among Alaska Native peoples, are the services' lack of cultural sensitivity and deficit-based approach. A shift toward incorporating Alaska Native strength and culture into our conceptualization of and interventions for the issues they face may improve our understanding of their experiences and the effectiveness of our services.

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One way to incorporate Alaska Native strength and culture into our efforts is to collaborate with Alaska Native elders. Generativity is a cultural value among Alaska Natives, and the idea of leading and caring for the next generation impacts elders' sense of purpose. For elders, having a role in one's community and being involved in decision-making are keys to successful aging (Lewis, 2009).



Ruth Zuniga, MA

Resilience-based approaches are effective alternatives for improving health (Saylor, Graves, & Cochran, 2006). Alaska Native elders are examples of resilient individuals who have experienced historical and contemporary oppression, who have taken control of their well-being, and who may serve as role models for the younger generations. Elders are also culture bearers who are often the source of guidance in Alaska Native communities. Thus, efforts can be guided by elders to ensure that cultural values and ways of knowing are considered. In this sense, Alaska Native elders may be instrumental in broadening our understanding of success to

also include culturally-valued skills such as beading and hunting, instead of western-based indicators such as school grades and drop-outs. Such cultural skills may also serve as protective factors against other behavioral concerns among youth such as substance use, unprotected sex, and many others.

Alaska Native elders also view life with optimism, a cultural value that maintains a positive outlook regardless of difficulties (Lewis, 2009) which possibly makes Alaska Native elders healthier than their counterparts from other ethnic groups. For instance, suicide among Alaska Natives over 55 years-old is low to nonexistent. In contrast, individuals over 55 in the general population have the highest suicide rates among all age groups (Sullivan & Brems, 1997). Thus, there is plenty to learn from elders regarding the problem of depression and suicide.



E. J. R. David, PhD

Many elders also continue to use herbs and circles (Lewis, 2009), and thus, can also be instrumental in integrating Western and traditional healing. This is one manner in which services can become more culturally-sensitive, and one way in which service utilization rates can be improved. Finally, given that alcoholism is considered as the most concerning issue among Alaska Native communities, it is often overlooked that this

population also has the highest rate of alcohol abstinence in the country, and many who abstain from alcohol are elders. Thus, there is plenty to learn from elders as well in terms of identifying factors that facilitate sobriety.

Conclusion

As more efforts take into consideration the words, stories, and knowledge of Alaska Native elders, there will continue to be a shift towards a strengths-based and culturally-appropriate approach to health. What is perhaps the best example of how successful an elder-guided, strength-based, and culturally-appropriate effort can be is the People Awakening Project (Mohatt et al, 2004), showing that change is already beginning to take place.

As more efforts take into consideration the words, stories, and knowledge of Alaska Native elders, there will continue to be a shift towards a strengths-based and culturally-appropriate approach to health. ...This shift...and the realization that elders are the sources, models, and bearers of strength and culture - are needed in order to improve the effectiveness of our services.

This shift toward incorporating the strength and culture of Alaska's indigenous groups - and the realization that elders are the sources, models, and bearers of strength and culture - are needed in order to improve the effectiveness of our services.

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Indigenous Healing en La Comunidad Latina

Brian W. McNeill, PhD
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Cultural Roots of Latino Healers



Brian W. McNeill, PhD

Walking down the *calle* (street) in Havana, Cuba, you encounter a modest residence and are directed to a private room filled with sacred objects and symbols, some of which appear to resemble various catholic saints. You are then introduced to Orlando, the healer or *Santero* who asks you to describe what is bothering you and listens attentively as you describe your situation in an attempt to understand. The *Santero* asks you about your relationships with friends and family, and perhaps your personal or work history. At the end of the consultation or *registro*, you are given a "homework" assignment to visit the shrine of San Lazaro. You then leave a monetary offering. Your visit to the shrine precipitates reflection upon your life circumstances, which results in feelings of relief and calmness.

Such encounters with practitioners of *La Religión* (The Religion) known as *Santería* occur not only on a daily basis in the *barrios* (neighborhoods) of Cuba, but also in Cuban-American communities in the United States. Similar spiritual healing traditions exist for the variety of Latina/o American peoples in the form of *Curanderismo* for Mexican-Americans or *Espiritismo* for Puerto Ricans. While such practices often serve as a complement to conventional psychological treatment, in many cases the *Santero/a*, *Espiritista/o*, or *Curandero/a* is the primary healer one turns to in cases of both physical and/or psychological illness, especially when one lacks monetary resources, health insurance, or when previous conventional treatments have been ineffective. These healers may possess any number of special areas of expertise, and are often knowledgeable in the use of herbal remedies for emotional problems or particular cultural syndromes.

Latina/os are mestizo (mixed) peoples both culturally and genetically as they represent an amalgamation of influences, practices and worldviews. For example, *Santería* is an Afro-Cuban mix of magic rites of the Yoruba and the traditions of the Catholic Church in which the catholic saints have been syncretized with deities known as *Orishas* (McNeill, Esquivel, Carrasco, & Mendoza, 2008). *Espiritismo* combines pre-Columbian, African, Catholic, and European spiritual/religious practices to fulfill the spiritual and psychocultural

needs of Puerto Rican people (Torres-Rivera, 2005). Similarly, *Curanderismo* reflects the mutual influence of the Spanish/Iberian and Native/Nahuatl cultures in the Americas (Ortiz, Davis, & McNeill, 2008). All of these traditions represent holistic systems of healing that addresses communal, physical, and psychological, as well as spiritual aspects in treatment. However, it is the spiritual/religious aspects that are not well understood by conventional mental health practitioners.

Underlying Worldviews

Many segments of the Latina/o population hold a worldview that includes beliefs that illness and health are strongly influenced by spiritual and religious factors that may ultimately affect therapeutic outcomes. These include the belief that religion and spirituality permeate human experience, as

Many segments of the Latina/o population hold a worldview that includes beliefs that illness and health are strongly influenced by spiritual and religious factors that may ultimately affect therapeutic outcomes.

Many of these beliefs are part of complex medicine systems that originated in pre-Columbian times and continue to be represented in the mestiza/o worldviews of Latina/as (Ortiz et al., 2004).

an individual's life is a spiritual phenomenon, where humans, animals, plants, and the natural world are interrelated, with God being the driving force. Many of these beliefs are part of complex medicine systems that originated in pre-Columbian times and continue to be represented in the mestiza/o worldviews of

Latina/as (Ortiz et al., 2004). Thus, it is vitally important that mental health professionals who wish to be effective in their work with Latina/os attempt to become familiar with these worldviews in order to understand, treat, and communicate with Latina/os.

Practices consistent with the mestiza/o worldview may include the seeking of a traditional healer who is known in one's *barrio*, or through a visit to a *Botánica* or store that sells spiritual and religious products where a healer may practice. Interventions may take the form of the previously mentioned *registro*, herbal remedies, *limpias* (ritual cleansings), and communication with the supernatural through prayer or mediumship, as well as other healing rituals.

Universal Healing Principles

Why is the traditional healer often effective? For decades, Jerome Frank (e.g., Frank & Frank, 1991) has argued that all healing practices share (a) an emotionally charged, confiding *relationship* with a healer; (b) a *healing context* in which the therapist has the power and

expertise to help and a *socially sanctioned* role to provide services; (c) a *rationale or conceptual schema* to explain problems, and (d) a *ritual or procedure* consistent with the treatment rationale. Fisher, Jome, and Atkinson (1998) provide evidence for what they term "universal healing conditions" in a culturally specific context, which includes the therapeutic relationship, a shared worldview, client expectations, and a ritual or intervention. Recent research in factors responsible for psychotherapy effectiveness by Wampold (2001a, 2001b) supports the view that all healing traditions share common healing factors responsible for effectiveness. Wampold also presents a strong case for the lack of evidence supporting the medical model of psychotherapy where specific therapeutic treatments or "ingredients" (e.g., empirically supported treatments) are assumed to be primarily responsible for the effectiveness of psychotherapy. Perhaps for these reasons, traditional healing practices continue to survive and serve vital functions for Latina/o communities.

The work of these researchers has recently had an influence on conventional mental health policy in the form of the 2006 report of the APA Presidential Task Force on Evidence-Based Practice (EBPP) defined as "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (APA, 2006, p.273). EBPP also "involves consideration of the client's values, religious beliefs, world views, goals and preferences for treatment with the psychologist's experiences and understanding of the available research" (APA, 2006, p. 278).

Conclusion

Thus, within this context, it is crucial for practitioners to be open and accepting of a mestizo/a worldview which incorporates traditions with which practitioners may be unfamiliar. Healing traditions such as *Curanderismo*, *Santería*, and *Espiritismo* are experiencing a resurgence in Latina/o communities as they provide strength, resilience, and comfort during difficult times and life transitions. It is gratifying that organized Psychology is beginning to acknowledge these traditions. As the practitioners of *Santería* say "*hay muchos caminos*" (there are many ways).

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Contextual Understanding of Two-Spirit Peoplehood

Mark Standing Eagle Baez, MA, CSP, LCDC

Native American and First Nation (Canada) gay and bisexual people are a misunderstood and misrepresented group. This paper is a basic overview and a historical look at Native American and First Nation communities and their embracing of the "Two-Spirit" personhood.

According to Sabine Lang, author of "Man as Women, Women as Men," the terminology of "Two-Spirit" originated in 1989 during an international/intertribal gathering of gay and lesbian Native Americans. Native American lesbians and gays have long been struggling to find an identity and to develop self-identifying

terms appropriate to them. Although we understand there is increased acceptance of "Two-Spirit" societies, hate crimes continue to persist. They seek terms reflecting both their sexual orientation and their specific ethnic heritage. In tribal societies, modern Native American gays and lesbians regard the combination of masculine and feminine potentials as a more abstract, "spiritual" quality inherent, or inborn, in homosexuals (Lang, 1998).

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A Historical View of Two-Spirit in Native America



*Mark Standing Eagle Baez, MA,
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An extensive study of the "berdache" culture among Native Americans was conducted by Walter L. Williams (1986, 1992). In Williams' research, he describes the "berdache" as practice, social roles, and history, and also as an understanding of belief in sin and prejudice of sexual diversity from Europeans. Will Roscoe (1998), author of *Changing Ones: Third and Fourth Genders in Native North America*, said that upon arriving in the New World, explorers learned of cultures that did not adhere to the same social mores. Roscoe goes on to say that the notion of three, four, or even an infinite amount of gender categories was the norm (1998). Roscoe also points out that men who lived as women, or "Two-Spirit Men," were

not necessarily ostracized by their societies. In fact, some of these "Two-Spirit Men" were regarded as spiritual leaders (Roscoe, 1998; Williams, 1992; Lang, 1998). Williams (1986, 1992), states that many tribes see the berdache's role as signifying an individual's gifts as a

dreamer and a visionary. For example, among the Papagos, these qualities are accepted as a compelling gift for the supernatural world (Williams, 1986,1992).

Dr. Wesley Thomas, a professor at Dine' College and co-author of "Two-Spirited People," and expert on the subject of the Navajo nádleehí tradition, describes the five genders recognized by the Navajo. The first is the feminine woman ('asdzaan). The second is the masculine man (hastiin). The third is the male-bodied person who has a feminine essence (nádleeh). The fourth is the female-bodied person who has a masculine essence (nadleeh). The fifth is the androgynous/hermaphrodite (nadleeh) (Jacobs, Thomas and Lang, 1997).

Most tribes were aware of the persistence of "Two-Spirit" people, and many still have a name in their traditional language. For example, the Dine' (Navajo) referred to two spirited people as nádleehí , the Lakota (Sioux) as winkte, the Mohave as alyha, the Zuni as lhamana, the Omaha as mexoga, the Aleut and Kodiak as achnucek, the Zapotec as ira' muxe, the Cheyenne as he man eh, and the Hopi as Ho va (Roscoe, 1988a). The Lakota, according to Williams (1986, 1992) believe that the white buffalo calf is a "berdache." The Lakota word winkte is composed of win "women," and kte, would become. One way one may become a winkte is to be put on the hill by a medicine man for a vision or to have a vision given by a winkte from the past (Williams, 1986, 1992).

Today's Two Spirit in Native American Communities

Today's societal standards look down on feminine males and this prejudice has found its way into Native society. Thomas states that much of the western world has adopted the term "berdache" to describe the "Two-Spirit," however this is actually considered offensive by traditional Native Americans. "Berdache" was a term coined by the French for "Two-Spirit" members of tribe. It meant "kept boy; male prostitute, catamite," from the Arabic bardaj. (Jacobs, Thomas & Lang, 1997).

Adam Armstrong is a member of the Northeast Two-Spirit Society and works professionally in a healing capacity as a New York City Fire Department Paramedic and Hazardous Materials Technician. He states that today, "many Two-Spirited people begin their journey by identifying as lesbian, gay, bisexual, or as intersex/transgendered" (Armstrong, 2007). He goes on to say that "Two-Spirited" people often feel something else, something more than merely to whom we are sexually attracted: a strong and inherent connection to either feminine or masculine energies, with some feeling

"Two-Spirited" people often feel something else, something more than merely to whom we are sexually attracted: a strong and inherent connection to either feminine or masculine energies, with some feeling a balance of both energies.

a balance of both energies (Armstrong, 2007). Today there are many "Two-Spirited" societies throughout the United States and in Canada.

According to Gilley (2006), the use of the term "Two-Spirit" has increased in popularity, thus making more people to feel connected to their indigenous tradition (Gilley, 2006, p. 30). There has been movement by Native people to reclaim the term "Two-Spirit" as a cultural identity separate from the White mainstream gay and lesbian society. Although we understand there is increased acceptance of "Two-Spirit" societies, hate crimes continue to persist. As a Native practitioner, I support the idea that the "Two-Spirit" have been with us for centuries and accepted in Native communities. However, the Western idea has imposed the identity of "Two-Spirit" as deviant and has harmed many Native kids.

The "Two-Spirit" have been with us for centuries and accepted in Native communities. However, the Western idea has imposed the identity of "Two-Spirit" as deviant and has harmed many Native kids.

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GUIDANCE FOR CLINICAL PRACTICE

Pivotal Protocols: The Spirit Dimension in Indigenous and Western Psychologies

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Variants of these conditions [spirit possession states] have been described in nearly every traditional society on every continent. ("Dissociative Trance Disorder" listed in Appendix B, Criteria Sets and Axes Provided for Further Study, *DSM-IV-TR*, pp. 783-785).

It [spirit possession states] shifts the question from "How is it that other peoples believe the self [person] to be permeable by forces from without?" to "How is it that Western models have repeatedly denied such permeability?" (Boddy 1994, p. 427).

The Best of Both Worlds Side-by-Side

As the American Indian "patient" explores the meaning of well-being in the 21st Century, providers involved are offered a parallel opportunity. Indigenous peoples are currently telling researchers how they envision attaining well-being. Accustomed for centuries to traveling back and forth between cultures, American Indians increasingly see concurrent dual treatment

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protocols as a means to find relief from the accumulating sufferings resulting from the devastations in history and acculturation. As trust is rebuilt between practitioner groups with two epistemologies, American Indian healers and Western psychologists, best practices may occur side-by-side. Culturally-derived tandem approaches may heighten understandings of well-being in each worldview better than highly collaborative climates. When one culture fosters consciousness of its own identity's strengths and limitations, a compassionate embrace of a different culture becomes possible.

Well-being in most Indigenous communities includes the overlapping relationship between humans and forces in the spirit world. Generally, this blending of dimensions respects a permeable boundary which organizes the seen, physical human world on one side and the unseen spirits on the other.

Well-being in most Indigenous communities includes the overlapping relationship between humans and forces in the spirit world. Generally, this blending of

dimensions respects a permeable boundary which organizes the seen, physical human world on one side and the unseen spirits on the other. In many Indigenous cultures it is also a normal interface for a spirit force to manifest itself in a human body. Here, in the mingling point of the unseen with the seen, is an elegant coherence between long-held Indigenous cosmology and new Western sciences. The logical mind is capable of grasping some of the mysteries embedded in contemporary explorations of non-linear time; cause and effect relationships based on universal connectedness of all existence; and the power of consciousness to impact non-local physical reality (Braden 2008, Emoto 2004, Parry 2006).

How, then, does this mingling of dimensions inform culturally-derived approaches for American Indians who want concurrent healing modalities from their own traditions and Western psychology? Prior to the current era for Western psychology, one of the biggest gaps a Western trained psychologist had to leap was into the American Indian everyday experience which seamlessly includes a spirit dimension. Notions of isolating, measuring, and manipulating discreet parts of reality believed to be separate, inert, and non-impacting on other areas of reality hampered the jump. Today, providers working side-by-side using different protocols with no expectation to dominate or convert may enjoy a natural outgrowth of research investigations and sharing of best practices which emerge in the interest of their patients. Consciously sharing the whole universe in mysterious movement with all living beings in an interactive, fluidly interconnected relationship is quickly becoming common ground for informing best practices in both Indigenous and Western psychologies. Patients who live in Indian Country and the U.S., citizens of nations within a nation, might feel supported by providers who authentically consider reality to be both manifest and unmanifest.



Suzan McVicker, MA, LPC

A Center from Which to View the Whole

The root metaphor of the circle contains valuable perspectives for viewing, naming, and exploring effective practices for restoring well-being after generations of trauma transmission. Each part of the circumference of a circle is a point of information connected with the center, a central viewpoint. The available intelligence in this intersection of central location carries the potential for an equal influence with the perspective from each unique part. Useful for organization of the whole in a visible, physical community or circle, this metaphorical center also serves as a pivotal point for turning inward to understand psychological and spiritual unseen reality. Passed down from many empowering Indigenous sacred languages are terms which describe the human center: This profound, universal

essence is translated as sacred space, heart, zero point, self, no-self, the void, source, within direction, and more. Deeply held across American Indian cultures is the belief that all living beings possess a center essence which is in connection with the center essence of each human.

Transgenerational spirit or soul wounding is increasingly understood to cascade the poison of its impacts down the descending familial, kinship, and community line into measurable maladies like addictions, anxiety, depression, and violence. Genuine interactive familiarity with the impacts of the unseen dimensions on the visible, measurable world leads to fruitful dialogue about best practices for the treatment of historical trauma.

Transgenerational spirit or soul wounding is increasingly understood to cascade the poison of its impacts down the descending familial, kinship, and community line into measurable maladies like addictions, anxiety, depression, and violence. Genuine interactive familiarity with the impacts of the unseen dimensions on the visible, measurable world leads to fruitful dialogue about best practices for the treatment of historical trauma. The center-to-center connections inherent in all forms of the natural world

and all manifestations of the inner world have been described by Indigenous and Western scholars in terms which link all domains with the Center of the Cosmos in a universal dimension. Confronted with such a worldview of time-free enmeshment of all dimensions, Western psychology is drawn to new perspectives. If inner forces are interactive with external life and the Heart of the universal Cosmos simultaneously, the possibilities for understanding spirit or soul wounding in a context of historical trauma open further. Spirit possession, described in the DSM-IV-TR as a ubiquitous tenet of Indigenous cultures, is less a leap and more a natural step into understanding American Indian well-being.

The circle metaphor can be helpful again for deepening the concept that nothing is outside of core human essence. Spirit possession is a state of consciousness which is altered by the replacement of a customary sense of personal identity by another identity. This new identity is attributed to the influence of a spirit, power, deity, or other person who overpowers the self of the host person.^{1/} The invasive spirit at times takes over in order to get something which a human can obtain: alcohol, revenge, or the familiarity of returning to an earthbound environment, for example. Based on a permeable construct of self (heart, center, source, essence, or within direction), spirit deposal is the practice of conducting the overpowering spirit safely back to its place of origin. This departure liberates the patient. Unlike the specters of forceful banishment raised by the term "exorcism", spirit deposal

^{1/} Many cultures make room for alliances between human beings and spirit beings which are consensual and positive within permeable boundaries.

accomplished with skill and compassion does not induce increased trauma, but rather, results in the reclamation of separate boundaries for both the conscious human host and the possessing spirit. Both, in a real external and internal sense, are patients. Reestablishment of separate boundaries for each restores personal identities and holistic balance for the host and the formerly possessing spirit. Depossession, then, may be conceptualized as one form of unburdening, clearing, or transmuting the overpowering spirit.

By understanding human core essence through the root metaphor of the center, Indigenous and Western psychologies may find a continuum of approaches for effective tandem work. When the overlaps of the human world and forces of the spirit are considered to be normal occurrences, American Indians may enter into psychotherapy feeling more assured of being understood, respected, and knowledgeably treated. For example, in a routine case of unwanted spirit possession, it is important to authentically grasp the context of a cosmos without borders. If presenting indicators are mistaken for a serious psychiatric disorder, the patient could suffer intensely with incorrect treatment while proper care for spirit deposal would not be considered.

The Center Sets the Field for Pivotal Protocols

Qualities of the center, heart, or self set the field for psychotherapeutic protocols which are finding effectiveness in treating historical trauma and its transgenerational impacts. As researchers link brain states with well-being, patterns appear which affirm ancient knowing: Inner states of compassion, calm, and clear, settled ability to witness all which exists in the mind and deep in the within direction have a healing effect, in turn, on body, mind, spirit, and energy. Across traditional Indigenous cultures is agreement that healing arises from the inside. Wisdom and teachings to access centered states are once again emerging to be shared after the recent centuries when American Indian healing practices were actually prohibited by U.S. law.

As researchers link brain states with well-being, patterns appear which affirm ancient knowing: Inner states of compassion, calm, and clear, settled ability to witness all which exists in the mind and deep in the within direction have a healing effect, in turn, on body, mind, spirit, and energy.

In particular, the teachable skills that open the doors to a centered state are described in the vocabulary of psychotherapy protocols. Therapeutic trance states, mindfulness meditation, and schools teaching awareness for inner dialogue have brought terms such as "going inside" and "inner parts" into common parlance. Jung, the seminal scholar and practitioner whose body of work influenced the models of both Schwartz (1995, 2001) and Duran & Duran (1995), embraced the spirit dimension in psychology. Schwartz' Internal Family Systems

(IFS) model trains practitioners in holding an energy field of centeredness with a specific language for exploring the within direction. In case studies describing his "hybrid" Post-Colonial Psychology which fuses Indigenous and Western bases, Duran & Duran use language to directly address the spirits that upset the harmony and balance of well-being. "Direct access", a term to describe vocalizing a spirit's communication through the voice of the patient, has since ancient times been a way of communicating across the porous boundary between humans and spirits.

Both Indigenous and Western psychologies are vast, complex systems which provide treatments to maintain well-being. The language, skills, and worldview inherent for practitioners who support spirit deposal in their work naturally cultivate strong abilities to communicate with those who are different. Beginning treatment protocols by setting the energy field with an invitation for centering, for example, is an implicit understanding of sacred space. Welcoming Indigenous language is an empowering support for transcending theoretical conflicts. Differentiating the human patient from the spirit force; tracking the spirit's progress as it makes its way "home"; continuing care after re-establishing harmonious boundaries; supporting cognitive and behavioral pattern change once the spirit influence is cleared: Practitioners carrying these skills increase their capacity to serve American Indian populations who are at risk from the exponentially multiplying wounds of historical trauma.

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Cultural Health Beliefs and Conceptualization of Illnesses Among Haitians

Guerda Nicolas, PhD

María José Rendón
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It is well documented that the integration of indigenous cultural beliefs in the treatment of migrant and ethnic minority groups is not only important but necessary (Bernal, Jiménez-Chafey & Domenech Rodríguez, 2009). Indeed, cultural notions of health and illness progression have been noted to influence people's health behaviors and treatment choice (Pan American Health Organization, 2007). However, mental health care in the United States still falls short from integrating indigenous notions of health and mental health progression and treatment.



Guerda Nicolas, PhD

This paper provides a brief overview of the indigenous health model for a particular cultural group, Haitians. Along with this overview, we propose strategies that practitioners can use to incorporate their clients' health beliefs model, as well as the participation of family and community partners into the treatment.

As culturally-sensitive care for Haitians involves a much broader knowledge of the etiology and manifestation of mental health illnesses within this group, we refer readers to the work of Nicolas and colleagues (Nicolas, Schwartz & Pierre, 2010; Nicolas, DeSilva, Beltrame, 2009; Nicolas, DeSilva, Prater & Bronkoski, 2009; Nicolas et al., 2007; Nicolas, DeSilva, Grey & Gonzalez-Eastep, 2006) which present more in-depth information on this topic.

Conceptualization of Health, Illness and Treatment Among Haitians

Among Haitians, "good health" is constructed as being able to maintain a good internal equilibrium between cho (hot) and fret (cold), being strong and plump, having good color, and in general, being free from pain. This state of well-being is moreover, acquired through good diet, hygiene,

Among Haitians, "good health" is constructed as being able to maintain a good internal equilibrium between cho (hot) and fret (cold), being strong and plump, having good color, and in general, being free from pain. ...Illnesses may come about due to the disruption of good habits...but may also be attributed to unnatural courses of illness, such as a curse.

sleeping habits, physical activity, and spiritual practices (Colin & Paperwalla, 1996; Kirkpatrick & Cobb, 1990; Laguerre, 1984; Miller, 2000, in Nicolas, Hirsh & Beltrame, 2009). Illnesses may come about due to the disruption of good habits, as described above, but may also be attributed to unnatural courses of illness, such as a curse.



María José Rendón

When people get sick (either mentally or physically), illness progression is tracked across four stages. An illness often begins with the person reporting *Kom pa bon* ("I do not feel well"), a stage with mild, rather than severe symptoms. The next stage is characterized by a decrease in activity, confinement to home and the patient reporting *moin malad* ("I am sick"). In the next stage, severe symptoms are accompanied by confinement to bed, and a report of *moin malad anpil* ("I am very sick"). The final stage is accompanied by hopelessness about ever getting better, in which the person reports *moin pap refe* ("I am dying") (Angel & Guarnaccia, 1989; in Nicolas, Hirsh & Beltrame, 2009).

The treatment of illnesses among Haitians is very much linked to spiritual and folk medicine practices such as consulting with a leaf doctor that may provide the appropriate herbs for the specific symptoms suffered. Cultural healing rituals with a Hougan or Mambo (Voodoo priest or priestess, respectively) are also regarded as necessary when the illness is attributed to a curse. Within Haitian communities in the U.S., healers are certainly accessible and sometimes collaborate with medical doctors to provide clients with the best care possible (Prince, 2005, in Nicolas, Hirsh & Beltrame, 2009).

Working with the Haitian Client

For Haitians, the idea of seeing a psychologist is rather extraordinary, if not stigmatized, as is the case in many other cultural minority groups. Moreover, Haitians often experience stress as physical, rather than mental, which may further delay their search for psychological services (cf. Nicolas et al., 2007). When (and if) a Haitian patient arrives at a clinician's office, it is only after attempts at recovery through other resources in the *lakou* (extended family), church, Voodoo and folk medicine,

For Haitians, the idea of seeing a psychologist is rather extraordinary, if not stigmatized,...When (and if) a Haitian patient arrives at a clinician's office, it is only after attempts at recovery through other resources in the lakou (extended family), church, Voodoo and folk medicine, have failed.

have failed. Recognizing the journey that these patients have traveled to get to us is hence necessary to build a strong foundation to the therapeutic relationship.

As discussed above, developing a culturally-congruent treatment necessitates an integration of indigenous health beliefs. Though ways to engage the client into this conversation may vary, we offer some strategies to facilitate dialogue:

1. Health beliefs may be inquired through questions such as *"How do you think these symptoms came about?"*, *"What meaning do you make of them?"* and *"Why do you think that these things are happening to you now?"*
2. Sense of illness progression and severity may be inquired through questions such as *"How does the symptom feel like?"*, *"When and where in the body does it start? When and where does it feel stronger?"* and *"How long does it last, when it comes?"*
3. Client's beliefs surrounding appropriate treatment may be a more sensitive subject to discuss. As previously stated, being familiar with the role of folk medicine and spiritualism in the cultural group of the client can facilitate the sense of safety clients need to explicate their story. Questions such as *"What actions have you taken to relieve your symptoms so far?"*, *"Have you been to a priest, a healer, or other resource in the community?"* and *"In your culture, what is the best way to treat the symptoms that you have described?"* are a good start to these conversations.

In bridging indigenous practices with westernized models of treatment, it is sometimes useful to partner with, and consult with local herbal doctors or Voodoo practitioners, depending on the illness, level of acculturation, and interest of the client. Although consultation with indigenous healers may become necessary, the process for establishing such partnerships in the community may be daunting to many clinicians. Whereas other authors (Trimble & Fisher, 2006; Goodenough, 1996) provide specific strategies for making those connections, it is sufficient to say that the more involved clinicians are in the community of interest, the more they will learn how to make those contacts, and whom to contact. When in doubt, seek the guidance of the leaders of the community.

Conclusion

Many years of clinical practice and research experience with Haitian clients has taught us that treatment that fails to integrate clients' culture will also fail to elicit positive behavioral change. Hence, we strongly recommend that treatment of Haitians be informed by the cultural traditions of the Haitian people, be integrated with community resources, and be linked to traditional folk remedies that are central to the healing process within their culture.

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Respecting Traditional Healing: A Journey of Understanding Where Spirituality and Cultural Competence Intersect

Patricia Isaac, PhD
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Patricia Isaac, PhD

Three years after leaving the Navaho Reservation, where I was once employed as a school psychologist, I find the knowledge I gained while being there is with me still. In retrospect, my life was changed forever. My personal worldview was challenged and expanded with every encounter. A large part of my responsibility comprised of spending countless hours in Individualized Education Program-IEP meetings. During these meetings, parents and students shared the advice they sought from a traditional healer. Through my multicultural counseling lens I understood why traditional healing was important and of value to the family. Yet I felt woefully inadequate in my ability to truly understand the profundity of traditional healing. It was my desire to learn more in a respectful manner because the situation demanded it.

In truth, one does not go about asking such direct and personal questions about healing ceremonies in an IEP meeting. Over time I learned about traditional healing through sustained personal contact and friendships with my fellow school psychologists, the mental health counselors, native teachers and staff, administrators, friends and the families I served. I was fortunate enough to be trained by a school psychology supervisor, who I consider to be one of my greatest teachers, Dr. Cecelia Yazzie. Under her firm and watchful eye, I navigated through the intricate cultural norms of the Navaho.

I learned to listen quietly and wait until all the speaking was done before I spoke. I did not always get this right. There were several occasions where Dr. Yazzie admonished me for speaking too directly or sustaining eye contact too long. It was expected that I visit students at their homes. In those conversations with a translator I learned how to enter the home respectfully. I learned to let the family tell me their story.

Up until January 2007, my understanding of traditional healing was still more cerebral. However, all of that changed when I was in a second car accident in less than a year. My brother, Mark Standing Eagle Baez, told me I needed a ceremony and I didn't take him seriously after the first accident. He insisted after the second accident that I have a ceremony and I acquiesced. In fact my Director, Assistant Director and close friends insisted as well.

I cannot describe the ceremony, but will discuss what I brought from it. It was a fellowship where close friends brought their good intentions. I had not felt so loved and cared for as I did that cold January night. We formed very deep bonds of friendship that still connects us today through space and time.

My reason for sharing this personal account is two-fold: first to honor those individuals who patiently helped and befriended me during my stay on the Navaho reservation; and second is to share my experience of being an outsider and the importance of being culturally responsible. I formulated guidelines on being culturally responsible based on these experiences; and continue to use them in my work with teachers and in diverse communities.

The Importance of Being Culturally Responsible

- It is very important to enter the community in a respectful manner by not bringing your expectations, judgments or making assumptions about the community
- Quietly observe and wait until you are approached by members in the community (in some communities)
- Ask questions when appropriate
- Offer a hand when appropriate
- Understand your purpose for being there
- Be respectful of their use of spiritual healing
- Be respectful of sacred places and where ceremonies take place

Patricia Isaac, PhD earned her Doctorate in Educational Psychology – School Psychology from Northern Arizona University. Prior to her work on the Navaho reservation she was involved in a school-wide behavior program on the Havasupai reservation and did her doctoral practicum on the Hopi reservation. Presently, Dr. Isaac is on faculty with SUNY Empire State College in the Master of Arts in Teaching Program where she trains pre-service teachers and mentors teachers in high need schools.

EXEMPLARY TARGETED INTERVENTIONS

Legislative Efforts to Eliminate Native-Themed Mascots, Nicknames, and Logos: Slow but Steady Progress Post-APA Resolution

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APA Resolution Calling for the Immediate Retirement of Native-Themed Mascots

Of most concern to those opposed to the adoption of the resolution was the scarcity of scientific evidence of the harm ...One has to wonder at the irony of this concern. Academic institutions have a long history of ethnocidal, if not genocidal, practices directed towards Native people...Thus, this scarcity of scientific evidence makes sense —...why would a Native community agree to participate in research conducted by the very institutions that have, and do, perpetrate harm on their members?

In August, 2005, the American Psychological Association Council of Representatives adopted the *APA Resolution Recommending the Immediate Retirement of American Indian Mascots, Symbols, Images, and Personalities by Schools, Colleges, Universities, Athletic Teams, and Organizations* (APA, 2005). The adoption of this resolution represents the courage, dedication, and grit of many who engaged in complex and difficult discussions with APA governance and membership. Of most concern to those opposed to the adoption of the resolution

was the scarcity of scientific evidence of the harm perpetrated on American Indian and Alaska Native people by the use of Native-themed mascots, nicknames, and logos. One has to wonder at the irony of this concern. Academic institutions have a long history of ethnocidal, if not genocidal, practices directed towards Native people beginning with the boarding school era (Brave Heart & DeBruyn, 1998; Witko, 2005) and continuing today where Native people are subjected to racism, stereotyping, and marginalization in many, if not most, academic settings. Thus, this scarcity of scientific evidence makes sense — why would a Native community agree to participate in research conducted by the very institutions that have, and do, perpetrate harm on their members?



Jesse A. Steinfeldt, PhD

Still, this is a journey of hope and commitment for those psychologists and allies dedicated to the right of all people to be psychologically healthy and to live in our society free from violations of civil rights. Of note is the recent increase (albeit slow and inadequate) of American Indian and Alaska Native psychologists who are developing research partnerships with Native communities that are responsive to the research needs of the communities and inclusive of the issues surrounding the impacts of racism, stereotyping, prejudice, and, yes, Native-themed mascots. As these research partnerships move forward, we will continue to see more scientific evidence emerging in the literature that addresses the harms experienced by Native communities as

well as the strengths and resiliencies that have kept Native communities healthy. The *APA Resolution Recommending the Immediate Retirement of American Indian Mascots, Symbols, Images, and Personalities by Schools, Colleges, Universities, Athletic Teams, and Organizations* represents an important step in this journey of hope and commitment. This brief article will describe recent legislation that is another important and historical step on this journey toward the eradication of Native-themed mascots, nicknames, and logos.

American society is inundated with stereotypic representations that appropriate American Indian culture (Merskin, 2001). One need not look further than the aisles of a grocery store (e.g., Land o' Lakes Butter), the local YMCA (e.g., Y-Princess camps), cars on the street (e.g., Jeep Cherokee), the floor under one's feet (e.g., Mohawk carpet), or simply turn on ESPN to see the highlights of the Washington *Redskins* game. These omnipresent images perpetuate misinformation and stereotypes about American Indians, including the stereotype of the noble savage, the bloodthirsty savage, and that American Indians are a historic race that only exists in past-tense status. These stereotypes threaten the psychological functioning of American Indians and remind American Indian communities of the narrow view that society has of them (Fryberg, Markus, Oyserman, & Stone, 2008)



Lisa Rey Thomas, PhD

One of the most prominent mechanisms of perpetuating societal stereotypes and misinformation about American Indians is the use of American Indian names, culture, and imagery in sports (King, Davis-Delano, Staurowsky, & Baca, 2006). According to scholars from a variety of disciplines outside of psychology, sports-related representations of American Indians (e.g., *Redskins*, *Braves*, *Indians*, *Fighting Sioux*) are problematic because

they (a) misuse sacred cultural symbols and spiritual practices; (b) perpetuate racist stereotypes of American Indians; (c) deny American Indians control over societal definitions of themselves; and (d) create a racially hostile environment for all students (Baca, 2004; Fenelon, 1999; King, Staurowsky, Baca, Davis, & Pewewardy, 2002; Pewewardy, 1991; Russel, 2003; Staurowsky, 2004; Staurowsky, 2007; Williams, 2006, 2007). In 2005, the American Psychological Association validated these interdisciplinary contentions by passing a resolution recommending the immediate retirement of American Indian mascots, symbols, images and personalities by schools, colleges, universities, athletic teams and organizations because this practice (a) undermines the educational experiences of members of all communities; (b) establishes an unwelcome and hostile learning environment for American Indian students; (c) has a negative impact on the self-esteem of American Indian children; (d) undermines the ability of American Indian Nations to portray accurate and respectful images of their culture; and (e) may represent a violation of the civil rights of American Indian people (APA, 2005). Emerging psychological research (e.g., Fryberg et al., 2008; Kim-Prieto, Goldstein, Okazaki, & Kirschner, 2010; Steinfeldt & Wong, 2010; Steinfeldt et al., in press) has supported this resolution by investigating and reporting the negative psychological effects of these race-based mascots, nicknames, and logos.

In spite of emerging psychological research and institutional condemnation (in addition to APA, over 115 professional organizations have produced similar resolutions), the longstanding omnipresence of stereotypic images of American Indians in society (Merskin, 2001) creates the impression that these images must be acceptable (King et al., 2006). These images in sport have been hegemonically woven into the fabric of society, often disallowing a discussion about the possibility that this practice could be offensive, racist, or harmful to American Indians. Thus, although research and education are essential components for effectuating long-term attitudinal change, legislative enforcement is needed to penetrate this hegemony so that education, research, and the perspective of others can become a part of the discussion. There are a variety of legislative mechanisms that have been designed to effectuate change at multiple levels of sport in society. For example, at the level of professional athletics, a lawsuit has challenged the trademark of the Washington Redskins. At the collegiate athletic level, the NCAA enacted a policy in 2005 that prohibits teams with Native-themed mascots from participating in postseason play. However, at the level of high school, middle school, and grade school athletics, there has been no state-wide legislation to address this issue-until now.

On May 5, 2010, Wisconsin made national history when Governor Jim Doyle signed Senate Bill 25 (WI SB-25) into law. As a result, Wisconsin became the first state to enact legislation that intends to offer a fair process to address the use of race-based mascots, nicknames, and logos in schools. Prior to this legislation, if a community member were to raise the issue that a school's Native-themed mascot, nickname, or logo is offensive or produces negative

psychological outcomes, their claim is often rejected — often in a hostile manner — by the local school administration, community, and school board. Even if one were to be granted a hearing and presented an armory of legitimate evidence — the school board often chooses to reject their claim, usually based on their own desire to maintain tradition and based on false contentions that this practice honors American Indians.

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However, this new legislation seeks to change this dynamic so that members of racial or ethnic minority groups no longer bear the burden of proof in matters where they face racial discrimination and educational disenfranchisement. According to WI SB-25, if a resident of a school district files a complaint that indicates that the school mascot, nickname, or logo promotes (a) discrimination; (b) pupil harassment; **or** (c) stereotyping, this law now requires the matter to go to an external third party (i.e., State Superintendent, Department of Public Instruction) where a more legitimate process can conceivably occur. In this process, scientific evidence can be held up against contemporary arguments of honor and tradition that are often used as trump cards in the discussion at the local level about why the race-based mascot, nickname, or logo should be retained. It is important to note that this law does not directly ban race-based mascots, nicknames, or logos. Instead, this law intends to initiate a fairer and less biased process to critically examine this issue. If this process determines that a school district's mascot, nickname, or logo does promote discrimination, pupil harassment, or stereotyping, then the school district can be fined up to \$1,000 per day until they remove the mascot, nickname, or logo in order to be in compliance with the law.



Mattie R. White, MS, MEd

Legislation such as WI SB-25 can be considered a complementary extension of APA's 2005 resolution, and this legislation can be used as a template for other states to initiate a fairer process to evaluate if the practice of race-based mascotry promotes discrimination, pupil harassment, and/or stereotyping. This process is important because people who raise this issue to the local power structure often face discrimination and retribution for their complaints, and the local school board often minimizes the issue and claims that American Indian communities should focus their attention on more serious issues they are facing (e.g., alcoholism, Type II diabetes). However,

according to Davis (2002), if mainstream Americans can't understand the problem of Native-themed mascots, nicknames, and logos, they can't understand sovereignty or other issues affecting the quality of life for American Indian communities. As it relates to psychologists, an awareness of the marginalization of American Indians through the practice of race-based mascotery can help mental health professionals examine their own stereotypes and gain a more comprehensive understanding of their American Indian clients by including unique aspects of their reality that may contribute to their worldview and even their presenting concerns (Steinfeldt & Wong, 2010).

Conclusion

In sum, emerging legislative enforcement (e.g., WI SB-25) can enhance the effectiveness of professional organizational resolutions (e.g., APA, 2005), scientific psychological research, and educational efforts that aim to end the use of mascotery. As a result, it becomes a reasonable question to ask — in 30 years, how will we look back at this period of history, and how will we judge our society's continued engagement in this racist practice of appropriating another culture for use as sports mascots, nicknames, and logos? Similarly, it seems so obviously objectionable when we use hindsight to look back at the period in our history when *Blacks were not allowed to drink from the same drinking fountains as Whites*. However, it is important to understand that at the time, this too was a practice that was hegemonically woven into the fabric of society — it was seen by the majority of people as part of the normal order of society, and it took legislative efforts (e.g., Civil Rights Act) to accelerate the process of change. Thus, legislation like WI SB-25 can be an important component of a multifaceted approach to encourage people to stop the practice of appropriating and marginalizing another culture through the use of race-based mascots, nicknames, and logos. Doing so can hasten the process by which this contemporary practice becomes a historical footnote about stereotypes and civil rights violations, rather than an ongoing practice of stereotyping and violating the civil rights of a group of people.

...emerging legislative enforcement (e.g., WI SB-25) can enhance the effectiveness of professional organizational resolutions (e.g., APA, 2005), scientific psychological research, and educational efforts that aim to end the use of mascotery.. Doing so can hasten the process by which this contemporary practice becomes a historical footnote...

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Wuyámush (Be Happy, Be Well – Pequot): Adapting a Mental Health and Healing Experience to a Southeast New England Native American Community

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Tribal Community Members Who Have Taken Part in the MPTN Circles of Care Project

Overview

Since colonial times the systematic process of dispossessing Native Americans from their land and relabeling them racially — coined "pencil genocide" (Richmond, 2010) — so as not to acknowledge Native American racial/ethnic identity, has lingered in this community as an invisible pain.

However, the counter narrative...is the ability ...to transcend colonial boundaries and make strategic decisions to maintain ethnic identity culture, and physical, mental, spiritual and environmental well-being.

Native American children in southeastern New England have to confront many stereotypes, myths and barriers that have been perpetuated over four hundred years: first, being part of the "invisible minority" and confronting the mythology that there are no Indians east of the Mississippi. Since colonial times the systematic process of dispossessing Native Americans from their land and relabeling them racially — coined "pencil genocide" (Richmond, 2010) — so as not to acknowledge Native American racial/ethnic identity (Mancini, 2008), has lingered in this community as an

invisible pain. Our community is now confronting how this historical, intergenerational trauma impacts on the health and well being of our youth. However, the counter narrative to this part of history is the ability of the southeast New England Native American (SNENA) community to transcend colonial boundaries and make strategic decisions to maintain ethnic identity culture, and physical, mental, spiritual and environmental well-being.

The Mashantucket Pequot Tribal Nation's Circle of Care (MPTN COC) is a three year planning project funded by the Substance Abuse and Mental Health Services Administration(SAMHSA). The project is led by a Native American Advisory Board to help southeastern Connecticut Tribal communities collaborate with providers in order to design a culturally appropriate mental health service model for youth and families. We listened to the voices of our community. Our elders advised us that the historical and cultural adaptive practices should be used to help the youth and families today. Our youth recommended that we link popular contemporary art forms with mental health awareness through poster and logo contests, poetry, video, music, photography. Providers suggested the need for ongoing dialogue where mental health providers learn about the community needs and culture, and community members learn about services. In response to these strategic goals the MPTN COC has sponsored a Mental Health Awareness Fair for the past two years in conjunction with National Children's Mental Health Awareness Day (NCMHAD) sponsored by SAMHSA.



Gretchen Chase Vaughn, PhD

Mental Health Awareness Day



Michele Scott, BA

This event was designed to engage the community in the vision of the MPTN COC - that southeast New England Native American youth and families will have complete access to comprehensive, culturally appropriate mental health services with linkages to agencies collaborating in a system of care. A planning committee was formed which included Tribal community members, providers, parents, youth and elders. During bi-monthly meetings held before the event, community members and providers were able to interact as equals and worked to develop interactive booths which would be informative about both mental health and cultural healing practices.

There were informational tables and interactive booths addressing various mental health issues (including a booth representing the National Indian Child Welfare Association, NICWA). Booths included disabled bowling, yoga, meditation, communication exercises, team building, good touch/bad touch, listening to popular songs to identify the mental health themes, drawing and journaling about feelings, etc. Mental health providers were able to meet and describe their services to Native American youth and families in a non-threatening environment. Raffle prizes were awarded to youth who visited each booth.

SNENA traditions of adaptation, passing knowledge through oral history, and maintaining inter- and intra- Tribal community connections were used to adapt the Children's Mental Health Awareness Day activities....The cultural interactive booths allowed youth to not only acknowledge problems in our community , but to also recognize the traditions and cultural practices that can be used to heal those problems.

Cultural Adaptation

SNENA traditions of adaptation, passing knowledge through oral history, and maintaining inter- and intra- Tribal community connections were used to adapt the Children's Mental Health Awareness Day activities. The planning committee decided that the event should always include cultural stations/activities. The cultural interactive booths allowed youth to not only acknowledge problems in our community , but to also recognize the traditions and cultural practices that can be used to heal those problems. Our follow-up feedback indicated that the youth seemed the most engaged with the cultural stations, such as the following.

- **Pequot Language & Art Project** – youth drew a picture of something that made them feel happy. They also learned the imperative "Be Happy/Be Well" in Pequot (Wuyámush) [adapted from the "My Feelings are a Work of Art" component of NCMHAD].



- **Mashantucket Pequot Museum & Research Center (MPMRC)** provided displays and treats from the exhibit that dealt with "tricky treats" that included diabetes prevention stories for Native American children [Eagle books diabetes prevention stories were developed by the Center for Disease Control].
- **Foods of Our Culture** – youth learned about the foods that sustained the community hundreds of years ago and how to incorporate them into everyday living now so that the youth can remain healthy. The Mashantucket Pequot Cultural Department Coordinator explained to the youth that certain foods improve a person's brain function and mental health and that these foods were essential to our tribal history and traditional ceremonies and events.
- **Family Tree Exercises** – Eastern Pequot and Mashantucket Pequot Elders were present to teach our youth how closely the two Tribal families are connected.
- **Storytelling** – a Native American elder was able to tell stories to youth and parents and explain the healing power of storytelling.

Conclusion

This activity has been a highly successful method to bring attention to both mental health and traditional cultural practices as resources for healing in our community. Over the past two years with support from the Native American Advisory Board, Tribal Councils, Tribal government departments, and local providers, approximately 400 community members have participated. Local providers also had the opportunity to meet with and learn from members of the southeastern New England Native American community.

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Honoring Children, Making Relatives: Indigenous Traditional Parenting Practices Compatible With Evidence-based Treatment

Dolores Subia BigFoot, PhD

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Cultural/Historical Background

The Indian Country Child Trauma Center designed a series of American Indian and Alaska Native (AI/AN)^{1/} transformations of evidence-based treatments. Parent-Child Interaction Therapy (PCIT), an effective treatment model for parents who have either difficulty with appropriate parenting skills or children with behavior problems, was examined within the cultural framework of AI/AN parenting teachings. Honoring Children - Making Relatives, embeds the empirically based, assessment driven PCIT model within a framework that honors AI/AN traditional beliefs of wellbeing and parenting practices.

Present day disparities within AI/AN populations can be traced to changes in the political, economic, social, cultural, and spiritual pathways that previously served to hold tribal or village groups together and provided the structure for family relations and social order. Boarding schools, missions, military conflict, broken treaties, oppression, exploitation, and removal undermined the structure of that order. Major concerns

Present day disparities within AI/AN populations can be traced to changes in the political, economic, social, cultural, and spiritual pathways that previously served to hold tribal or village groups together and provided the structure for family relations and social order. Boarding schools, missions, military conflict, broken treaties, oppression, exploitation, and removal undermined the structure of that order.

remain about the ability of vulnerable AI/AN parents to parent their children in a stable, healthy, non-violent environment.^{2/} Honoring Children - Making Relatives recognizes the old

^{1/} American Indian and Alaska Native terminology is used to describe the Indigenous people of the continental United States; other terms use in the literature include Indians, Treaty Indians, Tribal, Native Villages, Alaskan Native Villages, Native Corporations, Native American, Native, First Americans, Tribal Nations, First Nations, Indigenous Nations, American Indian Tribes, plus other terms; more information can be found at the websites listed in foot note 2.

^{2/} American Indian and Alaska Native people's service needs are well documented in *Profiles of American Indian and Alaskan Native Populations in Various Settings*, (U.S. Census Bureau, 2000). This publication presents the wide variation in demographic characteristics for all tribes, villages, and rancherias, and includes descriptors of housing, (continued...)

wisdom that was applied to parenting and family relationships for many generations, the teachings and practices that were interrupted when the structure of the Indigenous social composition was almost destroyed.

Examination of components of traditional parenting practices reveals that PCIT, an evidence-based treatment which combines elements of social learning, family systems, and play therapy techniques, actually reflects some traditional practices. PCIT uses live coaching of the parent during a play/discipline situation to attain specific skills in nurturing parent/child play interactions, effective instructions and consistent consequences. AI/AN cultural consultants assisted with the adaptation process to assure that the beliefs, practices, and understandings incorporated were consistent with AI/AN cultures. Developers or leading trainers of the treatment models were included to maintain fidelity to the model and clarify their perspectives.



Dolores Subia BigFoot, PhD

PCIT Reflects Indigenous Traditional Ways

In the typical PCIT protocol, there is little or no discussion of family traditions and family values, particularly regarding discipline. The Honoring Families - Making Relatives approach allows for discussion of traditions and beliefs about discipline.

The nurturance practices in PCIT target goals compatible with traditional AI/AN beliefs about the "planting of good seeds," i.e., directing a child's thoughts and actions. Indigenous beliefs assumed that each child possessed qualities to develop into a worthwhile individual with caregivers encouraging correct behavior by acknowledging traits that would be helpful

as the child grew older. For example: "My son brings me pride because he helps keeps the shelter warm through his willingness to help with the fire," or "My daughter is considerate of my old bones because when I move about, she watches and helps me as I rise." Even small efforts by children were honored by family members who "tended that good seed." The use

^{2/} (...continued)

population, sources of income, employability, education level, household members, and primary providers. Additional information on the mental health needs of American Indian and Alaska Native population can be found at www.ihs.gov; www.icctc.org; www.nihb.org; Additionally, proceedings on these same are available by the U.S. Senate Committee on Indian Affairs at <http://indian.senate.gov/>. For specific information on individual tribes or Native corporations, please visit their respective websites.

of praise to encourage positive actions is an old AI/AN method of rearing children (BigFoot, 1989).

In the typical PCIT protocol, there is little or no discussion of family traditions and family values, particularly regarding discipline. The Honoring Families - Making Relatives approach allows for discussion of traditions and beliefs about discipline. Children were not granted unlimited freedom in traditional AI/AN practices (BigFoot, 1989). A concept that has been widely described in AI/AN cultures is that of non-interference - let things happen the way they are meant to be. While the concept of non-interference is important in the traditional context of living in close quarters, maintaining peaceful relations with extended family, or allowing natural consequences to happen, *non-interference* was never intended to result in inaction in the face of grave potential harm. Presenting an alternative to an unsuccessful condition is not interfering but allowing a person to have choices. Historic skills in negotiations, treaty making, and especially tribal protocol, demonstrate that there is a place for active resolution of problems in AI/AN traditions. It is helpful to view discipline as the teaching of self control as opposed to only punishment. For many Tribes, self discipline is highly prized, as demonstrated by traditions of fasting, vision quests, endurance during ceremonies, or self denial in ceremonies.

Adaptions for Engagement of AI/AN Families

There is great sophistication in tribal protocol depending on status (chief, headman, elder, visitor), activity (ceremony, meals, blessing), or purpose (recognition, sacrifice). Following protocol to accomplish a positive outcome is not new for Indigenous people. Thus, it is helpful for many families to describe PCIT,...as a structured protocol that provides boundaries and encourages respectful behaviors...

There is great beauty in American Indian Plains dancers in full regalia with twin bustles made of Eagle feathers and coordinated beadwork on leggings, armbands, and moccasins. There is not only form but there is function to their movements. There is great sophistication in tribal protocol depending on status (chief, headman, elder, visitor), activity (ceremony, meals, blessing), or purpose (recognition, sacrifice). Following protocol to accomplish a positive outcome is not new for Indigenous people. Thus, it

is helpful for many families to describe PCIT, or indeed any evidence-based treatment, as a structured protocol that provides boundaries and encourages respectful behaviors in much the same way a traditional dancer complies with dance protocol. Once AN/AI parents understand the structure and sequence of the protocol (e.g., behavioral coding, learning specific words, and meeting criteria) that serves to accomplish the broad outcome of improved warmth, cooperation, and mutual respect, they tend to not be distracted by it.

With the mindset of following a proven protocol to achieve a desirable goal, the individual components of the EBT can be discussed using words that avoid jargon and incorporate familiar terms. For example, the PCIT clinical term, Behavioral Description (an important skill acquired in PCIT) was reframed as telling the story of the child's play.

Another difficult requirement of PCIT is that of giving very specific praise to the child. Culturally, recognition of accomplishments often is given indirectly in AI/AN families. For example, a parent might say "Your Uncle will be proud when I tell him how well you listened today." Using culturally appropriate praise words like "honor" or "respect" or calling a child after a namesake, i.e., "little grandma" or "little grandpa" might be comfortable labeled praises for the Indigenous adult to use. This is another method in which a transformation of the wording was used while the basic intent and outcome remain unchanged.



***Beverly W. Funderburk,
PhD***

Cultural Accommodation Process

The cultural transformation of PCIT, Honoring Children-Making Relatives, did not change the basic PCIT tenets; rather the foundation is observed from a world view that can honor the teachings and the practices that have been part of AI/AN understandings for generations. Old wisdom does not lose meaning; its deeper truths only become more relevant with time.

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Dolores Subia BigFoot, PhD is an enrolled member of the Caddo Nation of Oklahoma and is an Assistant Professor in the Department of Pediatrics, University of Oklahoma Health Sciences Center. Dr. BigFoot is recognized for her efforts to bring traditional and spiritual practices and beliefs into the formal teaching and instruction of American Indian and Alaskan Native people and to the professionals who work with American Indian and Alaskan Native populations.

Beverly W Funderburk, PhD is an Associate Professor of Research at the Center on Child Abuse and Neglect in the University of the Oklahoma Health Sciences Center's Department of Pediatrics. She conducts treatment and training in Parent-Child Interaction Therapy. Research interests include issues of training and dissemination in PCIT.

Teaching American Indian Children about Mental Illness: Developing a Culturally Sensitive Curriculum about the Science of Mental Illness

Rebecca K. Dogan, MA, PLMHP

William J. Warzak, PhD

Maurice Godfrey, PhD

Munroe–Meyer Institute and The Department of Pediatrics
University of Nebraska Medical Center

Background



Rebecca K. Dogan, MA,

schools on six Indian reservations in Nebraska and South Dakota. In 2009, NIH provided a supplement to the primary SEPA award to address issues related to mental illness and healthy behaviors. With William Warzak, PhD, Professor of clinical psychology at Monroe-Meyer Institute, UNMC, serving as Co-PI, we adapted curricula initially developed by the Biological Sciences Curriculum Study (BSCS), an NIH/NIMH supported non-profit program that is focused on designing educational science curricula for teachers and students. Our primary curriculum, *The Science of Mental Illness*, strives to enable students to make informed decisions regarding their own health and the health of others in the community by providing information about the science

The National Institutes of Health (NIH) has established a program to provide science education to children K-12. Entitled, "Science Education Partnership Award" (SEPA). This program funds initiatives throughout the country. Since 2005, Maurice Godfrey, PhD, Associate Professor at the University of Nebraska Medical Center (UNMC), has served as Principal Investigator for a SEPA program entitled: *Breaking Barriers: Health Science Education in Native American Communities*. Through the efforts of Dr. Godfrey and colleagues, initiatives to enhance science education have been provided to teachers and students in some sixteen

Through the efforts of Dr. Godfrey and colleagues, initiatives to enhance science education have been provided to teachers and students in some sixteen schools on six Indian reservations in Nebraska and South Dakota.

underpinning mental health and mental illness. Given the NIH initiative, the goal of the current project was to develop a mental health curriculum sensitive to American Indian values.

Developing a Culturally Sensitive Curriculum

Our efforts to present a science curriculum sensitive to American Indian cultural beliefs required a multi-month effort to obtain a) relevant cultural research, b) needs assessment and feedback from local tribal representatives regarding initial drafts of the curriculum, and c) tribal representatives to deliver a portion of the curriculum.

Curriculum development presented a number of unique challenges, not the least of which was reconciling American Indian beliefs about mental illness with current research and commonly accepted scientific understanding of mental illness. Our efforts to present a science curriculum sensitive to American Indian cultural beliefs required a multi-month effort to obtain a) relevant cultural research, b) needs assessment and

feedback from local tribal representatives regarding initial drafts of the curriculum, and c) tribal representatives to deliver a portion of the curriculum. It is important to note that the curriculum was not focused on mental health issues in the Native American community; but rather, was focused on the science of mental illness in general, while being sensitive to tribal and cultural issues perhaps not considered by the scientific community at large. Nevertheless, American Indians are at a higher risk for a number of psychological problems including suicide, substance abuse and depression (Gone, J. P., 2004), and these issues were addressed by the curriculum.

Review of the Literature

An extensive literature review was completed to better understand how American Indians perceive mental illness, including etiologies and interventions. Indeed, American Indian views of traditional health care, which is a reflection of the dominant culture, often influence the extent to which Native Americans choose to access typical health care services (Plawecki, H. M., Sanchez, T. R., & Plawecki, J. A., 1994). For example, for many American Indians there is a link between spirituality, physical health, and healing that requires living in harmony with nature. Disharmony may result in illness (Sanchez, T. R., Plawecki, J.A., & Plawecki, H. M., 1996). As a result of these beliefs, tribal members may



William J. Warzak, PhD

seek assistance from designated tribal members who can address disharmony through sacred ceremonies. Nevertheless, there are those who will seek treatment from both health care professionals and traditional healers (Sanchez, T. R., Plawecki, J. A., & Plawecki, H. M., 1996).

It should be noted that American Indian culture is not monolithic (Jervis, L. L. & AI-SUPERPPF Team, 2009). Indeed, beliefs among different tribes may vary widely, thereby introducing another level of complexity in developing a curriculum anchored in science but sensitive to the cultural needs of several different tribes and traditions. Furthermore, providing education to American Indian students regarding the science of mental illness is not to dissuade people from the use of traditional practices but rather to reduce the stigma of mental illness and provide empirical evidence that disease does not develop from disharmony alone. With this understanding and additional knowledge American Indian children will be more capable of making informed decisions in the future about their health regardless of their choice of Native or Western treatment.

Needs Assessment and Feedback from Community Members



Maurice Godfrey, PhD

In addition to reviewing native health care beliefs and practices, a needs assessment was completed by 85 administrators and teachers in seven schools throughout Nebraska and South Dakota. The participants self-identified as Caucasian or affiliated with one or more of the following tribes: Santee, Yankton, Wichita, Ponca, Rosebud, Blackfeet, Winnebago, Sioux, Cheyenne, Prairie Band Potawatomi, Omaha, or Sisseton-Wahpeton. Assessment items included queries regarding whether or not the school had a mental health curriculum, if faculty were interested in addressing the science of mental health as a curriculum (e.g., current concepts and potential interventions for various disorders). In addition, participants were asked what issues may be controversial or should be addressed with particular sensitivity given the cultural experiences of the students. Results from

the needs assessment identified further interests of the participants, such as information regarding developmental disabilities, and suggested additional resources pertinent to students from specific tribes. Lastly, feedback regarding the initial curriculum was obtained from representatives of the local American Indian community.

Obtaining Native Presenters

Obtaining guest speakers to address various topics, particularly those related to historical trauma and how it relates to current beliefs about mental illness and mental health was crucial. Furthermore, supplemental readings from the *Journal of the National Center on American Indian and Alaska Native Mental Health Research* were provided and reviewed daily. These articles provided information applicable to American Indian culture while investigating mental health concerns from both Native cultural and scientific perspectives.

The Final Curriculum

The BSCS curriculum ultimately was enhanced by UNMC and community professionals to include presentations on Mood Disorders and Suicide, Developmental Disabilities, Addiction and Historical Trauma, among others, as well as a discussion of tribal resources available in local communities. It is our hope that this enhanced science curriculum will extend the awareness of mental illness by American Indian students and teachers. It is our goal to provide current scientific concepts regarding causes and treatments of mental health disorders while demonstrating respect for individual beliefs and Native American cultural identity.

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Maurice Godfrey, PhD is an Associate Professor of Pediatrics, University of Nebraska Medical Center. He is the Principal Investigator of the SEPA grant, described above and has a longstanding interest in science education. In addition, he has a distinguished history as an investigator of connective tissue disorders and is considered an international expert in Marfan Syndrome.

The Society of Indian Psychologists

Gayle Morse, PhD
Utah State University

Pamela Deters, PhD
SIP President

Jacqueline Gray, PhD
SIP President Elect

SIP was developed solely for the purpose of bringing together Indigenous psychologists and mental health providers to advocate for the physical and mental well-being of Native peoples by increasing the knowledge and awareness of issues impacting Native mental health.

The year 2010 marks the 23rd annual retreat and convention (June 25-29 in the Logan, Utah area) of the Society of Indian Psychologists (SIP), which is primarily comprised of Native American psychologists, psychology graduate students, and friends of Native people. SIP was developed solely for the purpose of bringing together Indigenous psychologists

and mental health providers to advocate for the physical and mental well-being of Native peoples by increasing the knowledge and awareness of issues impacting Native mental health. Moving from a small group of Native mental health providers, SIP is now a well-established national organization and is one of four national ethnic minority psychological associations recognized by the American Psychological Association (APA). The SIP annual convention has regularly been financially supported by APA, specifically the Office of Ethnic Minority Affairs (OEMA), Indian Health Service (IHS), and Utah State University's American Indian Support Project (USU AISP).

This gathering is of utmost importance to us not only as psychologists but as a Native community. During the retreat and convention we take the opportunity to renew, reinvigorate, and recommit ourselves to Native health and wellness. The three-day retreat sets the tone for the convention and embodies ceremony, spirituality, and community. While at the

...the community of Indigenous Psychologists is a very small membership of approximately 250 clinically trained American Indian and Alaska Native psychologists. Native people represent only 0.3% of 84,883 psychologists;...

retreat we take the time to hike ancient mountains and ride on horseback as our ancestors have done for generations. Our main goal during the retreat is to come together as multiple Indigenous Nations, and receive the guidance and mentoring of our elders and spiritual leaders.



Gayle Morse, PhD

Immediately following the retreat the two-day annual convention begins. The convention centers on research questions focused solely on indigenous issues. It is a warm and welcoming program for students to present their research ideas, as well as meet with Native mentors and nationally known Indigenous psychologists. These connections are important because the community of Indigenous Psychologists is a very small membership of approximately 250 clinically trained American Indian and Alaska Native psychologists. Native people represent only 0.3% of 84,883 psychologists; therefore, this is an

opportune time for students to meet with Native professionals who work with communities, who conduct research, and who are engaged in obtaining their college degrees (SAMHSA 2004).

This convention at Utah State University (USU) has multiple purposes including time to get acquainted, renew old friendships, and discuss ideas, as well as disseminate knowledge and new information relevant to Native People. We are guided by our elders, while seasoned Native psychologists support new emerging native leaders, graduate students, and undergraduate students.

Our students come from multiple American Indian and Alaska Native Indian into Psychology programs across the country including University of North Dakota, Oklahoma State University, University of Montana, University of Alaska and Utah State University. It is an honor to watch our students blossom from unsure undergraduates to confident graduate students who are eager to help their communities. This maturation process underscores the importance of mentoring programs to ensure the success of our American Indian students.



Pamela Deters, PhD



Jacqueline Gray, PhD

At this year's meeting, SIP created a journal to train American Indian student scholars, created a committee to help students negotiate the bewildering world of student funding, and affirmed its commitment to students at the general meeting of the SIP members. The students and psychologists have agreed to work toward an even stronger association through their membership in SIP, to support student involvement in the annual convention of the SIP, to mentor student involvement in the national American Psychological Association (APA), and to help students better understand possible funding for their education as psychologists. In addition, this year we were joined by Indigenous faculty and students from New Zealand who have experienced many of the same difficulties American Indians have. We were able to embrace our New Zealand relatives to create ties and projects that will cement our international relationships and support our mutual advantage. We look forward to the growth of SIP and future retreats and conventions. For more information on SIP, go to: <http://aiansip.org/>.

Gayle Skawennio (Nice Flowing Words) Morse, PhD is the Co-Director of the American Indian Support Program, a licensed Psychologist and assistant professor at Utah State University. She has conducted research in the areas of environmental health, Native American Culture, and mental health. She has presented findings in peer reviewed articles, as well as at international and national conferences.

Pam Deters, PhD (Cherokee/Choctaw) is the current president of the Society of Indian Psychologists (SIP). She formerly worked at the University of Alaska Fairbanks as an Associate Professor and Director of the Alaska Natives into Psychology (ANPsych) program. Dr. Deters now works in private practice in Louisiana.

Jacqueline Gray, PhD is president-elect for the Society of Indian Psychologists, a career navigator and mentor for the North Dakota IDeA Network for Biomedical Research Excellence, and an assistant professor in the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences. Her work is in the areas of native health and mental health, suicide prevention, and ethical research in American Indian communities.