

7. KEEPING CULTURE IN MIND

Transforming Academic Training in Professional
Psychology for Indian Country

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Some years ago during a visit home to the Fort Belknap Indian reservation in Montana, I was approached in an uncharacteristically serious manner by a close family member who confided with evident desperation that he needed to talk with me at once. We found a quiet space near the woodstove and settled into stuffed chairs across from one another. I sat silently and waited for my relative to speak. After mustering his courage, he whispered determinedly, "I'm going through a really tough time and I need your help. Will you do therapy with me?" I was stunned into silence, quickly reviewing my years of doctoral training in clinical psychology in search of an adequate response. After several seconds passed, I mumbled something about the impropriety of conducting psychotherapy with a close relative and haltingly suggested that he could pursue therapy with an Indian Health Service clinician or substance abuse counselor. He winced almost imperceptibly, and then his voice hardened: "What makes you think I would trust anyone outside of this family with my problems?" A moment later, he was gone. And he has not entrusted me with his problems since.

Such encounters are not unfamiliar to most American Indian or Alaska Native psychologists who live or work in Indian country, where the tools of our trade often seem woefully inadequate. Not surprisingly, Native American people are relative newcomers to the ranks of academic and professional psychology.¹ Although precise numbers are difficult to obtain, there can be no more than 150 Native persons to have earned doctorates in psychology during the past half-century in the United States.² Furthermore, if the participants at the annual convention of American Indian Psychologists are at all representative of our professional population, the vast majority—particularly among the more senior cohorts—found their graduate training in psychology perplexing, alienating, and

even infuriating.³ As a result, the majority of Native psychologists have steered clear of the academy—indeed, the number of Indian psychologists actively employed as full-time faculty in academic institutions must surely number less than one-sixth of the trained population. If one further reduces this academic population to those Native psychologists who serve on faculties in professional psychology training programs, while actively publishing scholarly research in peer-reviewed journals and books about topics and issues directly related to the well-being of American Indian or Alaska Native communities, the persons so designated can be counted on one's fingers.

Those of us who remain in the Western academy as faculty in professional psychology training programs (especially the clinical and counseling psychology subfields) seek to render our research, teaching, and service relevant to Indian country. In my mind, such dedication entails two distinct (but related) goals, including transforming the conventions of mental health service delivery in Native communities on the one hand, and transforming the conventions of academic training in psychology on the other hand. The first goal is designed to ensure that mental health services within Native communities are fundamentally responsive to the local cultural constituents of "mental" health and well-being, while the second goal is designed to ensure that cross-cultural proficiency and sophistication characterize the preparation of all psychologists in the multicultural twenty-first century. Since the doctorate is required for licensure to practice psychology in the United States and Canada, both goals converge in the training of graduate students in professional psychology—especially American Indian and Alaska Native students—who must profit from the latter if they are to accomplish the former. Indeed, it would seem that similar commitments must characterize any professional psychology training program dedicated to facilitating competency in research, teaching, and professional service with the "culturally different."⁴ But in the case of contemporary indigenous America, where "Indians into Psychology" training programs have proliferated at several universities over the past decade, we are in serious danger of placing the cart before the horse. That is, in our enthusiasm to recruit, retain, graduate, and credential Native psychologists, we must not forget that *substantive transformations* are in order, for conventional training in professional psychology is suited *neither* for reconfiguring mental health services in terms of local cultural practice *nor* for preparing mental health professionals who are proficient in sophisticated cultural analysis.

This, then, is the curricular conundrum that threatens to confound even our most affirmative efforts within academic psychology to provide Indian country with more effective psychological researchers and service providers.

In the remainder of this chapter, I will first elucidate the (post)colonial⁵ predicament of professional psychologists who aspire to relevance for Native American communities, namely that the conventions of professional practice in psychology are Western in origin and frequently diverge in profound and problematic ways from the cultural concepts and practices of contemporary Native communities. Then I will illustrate the character and significance of such cultural divergences with summary analysis of the career of a famous nineteenth-century Gros Ventre medicine person, Bull Lodge, whose preparation and performance as an unusually effective healer is situated in a complex web of cultural meanings and practices that contrast markedly with those of the modern psychotherapies. Finally, I will attempt to resolve the (post)colonial predicament by outlining a strategy for “indigenizing” academic training in professional psychology toward the preparation of professionals who are proficient in the kinds of cultural analysis necessary for ultimately grounding innovative mental health service delivery in the local concepts and practices of Native American communities. Throughout this essay, I use the terms “American Indian,” “Indian,” “Native American,” “Native,” and “indigenous” to refer to the contemporary descendants of the aboriginal communities of North America—since each of these terms may be found in both academic and colloquial discourse by Native individuals, I will use them more or less interchangeably.

The (Post)colonial Predicament of Professional Psychology

That the “elders” of American Indian psychology would consistently voice great ambivalence regarding the value of their graduate training over the course of their lengthy careers is testament to a deep incommensurability between the tenets of academic psychology and the practices of indigenous lifeways. The signs of such discordance are usually immediately evident to Native students pursuing psychology doctorates in graduate school. During my own graduate student years, for example, I was frequently asked about my studies whenever I traveled home. On various occasions when I explained to a community member that I was pursuing a degree in psychology, someone would inevitably joke (with evident anxiety) that he hoped I was not reading his mind. Although

much has changed culturally at Fort Belknap during the past century, this concern can be traced historically to complex understandings regarding the power of thought and its use by others, sometimes even for harmful purposes. Of interest here is the simple fact that such responses depend upon an extant (but, in most instances, a deeply implicit) indigenous “ethno-” (or culturally local, emergent, or emic) psychology of mind, self, and personhood. This local ethnopsychology is fundamentally dependent upon an ancient Gros Ventre cosmology detailing (in part) the supernatural properties of thought. Indeed, one Gros Ventre name for the Supreme Being is loosely translated as “He Who Controls All by the Power of Thought.” The notion occurred to me in the aftermath of these encounters that if modern professional psychologists are implicitly suspected by some community members of using such power for intrusive and controlling purposes, then extreme reluctance to consult a mental health professional—especially in vulnerable times of distress—seems perfectly reasonable.

In the realm of clinical research, the long pursuit by psychological clinical scientists for effective therapies, treatments, and interventions has generated a variety of techniques that are proven to reduce suffering, impairment, and distress in the lives of individuals struggling with psychological problems.⁶ In fact, mental health professionals now command an arsenal of approaches specifically developed to assist people suffering from nearly every major category of disorder classified in the American Psychiatric Association’s fourth edition of its *Diagnostic and Statistical Manual of Mental Disorders*.⁷ Nevertheless, when it comes to this country’s small population of American Indians and Alaska Natives, there is not a single, rigorously controlled outcome study that has assessed the efficacy or effectiveness of a conventional psychological intervention with Native clients. It remains an empirical question as to whether—and under what conditions—state-of-the-art mental health interventions are likely to benefit Native persons in distress. Nevertheless, there are clear reasons to suspect that conventional psychological interventions might in fact be detrimental to American Indian “mental health” even if they could be proven to reduce symptoms and improve functioning for particular individuals, owing to the thorny (post)colonial context in which mental health professionals find themselves vis-à-vis Native people. More specifically, the history of Euro-American colonization renders the provision of conventional psychological interventions to Native people a potentially detrimental encounter, resulting from the

fundamental cultural incongruence of such interventions with the extant healing traditions of many tribal nations.

In the context of cross-cultural mental health service delivery, the dominant treatment paradigms typically employed by Western psychologists are suffused with concepts and categories, principles and practices that are culturally alien to most indigenous ways of being in the world. Consider the Freudian legacy of the tripartite mind, defense mechanisms, or the alleged role of unconscious emotion in the etiology of psychopathology that shapes both public and professional discourse on human psychology in the West despite its inherent unsuitability for scientific refutation.⁸ These influential (albeit often untested and untestable) concepts, models, and orientations comprise a Western ethnopsychology with all manner of implications for the construction of Western minds, selves, and persons, as well as for the pathologies that afflict them and the interventions that heal them. The problem is that these influential Western ethnopsychologies—which quite naturally inhabit conventional mental health practices owing to their Western origins—are discordant with most tribal ethnopsychologies with regard to emotional experience and expression; norms governing kinds and qualities of acceptable communication; the nature of distress, disorder, and its treatment; and the meanings of personhood, social relations, and spirituality.

Western ethnopsychologies of the person typically embrace the traditions of dualism, individualism, and modernity, conceptually separating mind from body, prioritizing the individual self over social relationships, and typically excluding attention to spirituality. One implication of these formative cultural assumptions is the organizational segregation of “mental health” from the rest of biomedicine within Western health care systems. In contrast, it is routinely observed that most Native cultures conceptualize the person in holistic terms without fragmenting selves into physical, mental, and spiritual components. Furthermore, illness is frequently understood in Native cultures to result from disrupted spiritual and social relationships. Finally, and perhaps most important, healing in Native communities is modally understood to require access to sacred power.⁹

In considering similar comparisons and contrasts, we must never forget that the Western cultural assumptions embedded within conventional psychotherapeutic practices are not merely mundane ideological alternatives—instead, they emerged historically in the context of a brutal U.S. colonialism. Any particular instance of an American Indian “client”

or “patient” seeking assistance from a Western mental health professional is inherently shaped by a colonial tradition of power relationships, the troubling implications of which have been widely unexamined within academic and professional psychology. Given the fundamental cultural incongruence of Western psychological interventions with American Indian and Alaska Native cultural practices in the historical context of U.S. conquest and colonialism, the disturbing possibility arises that conventional mental health practices may actively undermine the stated commitment of most contemporary tribal communities to cultural preservation and revitalization by surreptitiously displacing key facets of the local ethnopsychology with those of Western ethnopsychology. In this regard, it may be that professional psychologists (and mental health practitioners of all stripes) have become the secular missionaries for a new millennium, unwittingly proselytizing Native clients through psychotherapy and related interventions by facilitating a “conversion” to Western forms of personhood. And it is the contemporary (post)colonial context specifically—emerging from long histories of asymmetrical power relationships—that renders this ongoing cultural proselytization and conversion distinct from otherwise similar cross-cultural encounters.

For instance, I well remember a fascinating family interaction that first impressed this point upon me. In the midst of an otherwise pleasant afternoon visit, my grandmother paused to recount an incident involving her favorite sister, who died while both of them were still adolescents. As she talked of her sister, Grandma was momentarily overcome with grief and wept quietly for a minute or two before resuming her account. Shortly after my grandmother departed for home, a relative from my mother’s generation confided (with evident frustration) that Grandma needed to “confront her unresolved grief” because crying over a lost loved one several decades later could only lead to emotional problems. What impressed me most vividly about this exchange was the striking generational difference in terms of ethnopsychology. I knew that my grandmother would have considered the failure to intermittently express her feelings of loss for her favorite sister (no matter how many years had passed) as a morally inappropriate abdication of her kinship obligations. In contrast, however, my middle-aged relative considered the expression of this particular form of kinship obligation as certainly dysfunctional if not actually pathological. To what did I attribute this contradiction? Although I may never know for sure in this particular instance, I reasoned that my relative’s perspective originated from her previous participation

in substance abuse treatment and psychotherapy that quite probably socialized her into the view that “unresolved” emotional experiences are necessarily harmful in psychological terms. As psychologists we must directly confront the distinct possibility that Western clinical interventions represent a nearly invisible (but ongoing) “cultural proselytization” of distressed American Indian clients in their most vulnerable hour.

Incongruent Healing Traditions: The Career of Bull Lodge

If the provision of conventional psychological interventions within Native American communities truly represents the potential for neocolonial cultural proselytization, the implications for professional training in psychology are both disturbing and profound. As a result, it seems appropriate here to illustrate the relevant cultural incommensurabilities more concretely. There are undoubtedly numerous facets of the modern health care system that could be examined with regard to deep cultural incongruence with indigenous communal traditions, but the focus here will simply encompass the incompatibility of psychotherapeutic practices with extant Gros Ventre healing tradition. In order to canvass the relevant issues as concisely as possible it will be instructive to consider briefly the career of Bull Lodge, the most renowned healer in Gros Ventre history.¹⁰

Bull Lodge (ca. 1802–86) was widely revered throughout the northern Plains for his prowess in war and success in healing, both of which earned him uncommon distinction among the Gros Ventre people. In order to comprehend his remarkable place in Gros Ventre life, one must understand that historically, leadership and recognition in the community depended on valor and generosity.¹¹ Honors in war, including ferocity in the face of life-threatening odds, merited the highest regard, and every young Gros Ventre man aspired to an illustrious career in horse raiding and battle. Additionally, political and economic influence for both men and women was earned through obtaining supernatural powers for healing. The formal pursuit of supernatural powers, however, was less esteemed than cultivating and relying on one’s own personal resources for success—in fact, Gros Ventres believed that the ritual use of sacred powers actually shortened one’s life. The preferred means to success and recognition thus depended principally on individual talent, initiative, and tenacity, including personal religious devotion and prayer.

Bull Lodge came to exemplify such valor and generosity—augmented by unusual healing powers—following a series of impressive supernatu-

ral encounters that commenced when he was merely a boy. Bull Lodge was born to a poor family but, even as a youngster, nurtured his ambitions to become a prominent person by praying devoutly to the community’s sacred Feathered Pipe to pity him and help him “to be a man.” At the age of twelve, he had a vision in which the spirit of the Feathered Pipe told him, “Your cries have moved me with compassion—I pity you, my child.” The Pipe promised Bull Lodge that he would be “powerful on this earth” and promised a series of subsequent experiences in which the requisite sacred knowledge would be conveyed. In one subsequent vision, for example, a Spirit Being displayed a war shield to Bull Lodge and taught him how to construct it. This sacred shield was understood to have supernaturally protected Bull Lodge on numerous war parties throughout his life. Still later, Bull Lodge was instructed to fast and pray on seven buttes throughout present-day north-central Montana. On each butte, Bull Lodge received additional spiritual instruction regarding the procurement, construction, and use of a wide range of objects endowed with supernatural powers for help in healing and war. For instance, Bull Lodge was known to “operate” with a woodpecker tail feather during his healing ceremonies. Near the end of a very prominent career, he was bestowed with perhaps the greatest honor a valorous and generous man could receive: he was selected as a ceremonial Keeper of the sacred Feathered Pipe medicine bundle. This Pipe provided the Keepers (husband and wife) with additional supernatural abilities necessary to fulfill their roles as intermediaries with the Thunder Being (who was accountable to the One Above) on behalf of the community.¹²

Now, it turns out that even this briefest of accounts is actually quite fertile with regard to the comparison of Gros Ventre healing tradition and psychotherapeutic practice and the contradictory implications of each for personhood. In the interest of space, I will identify only two principal incompatibilities or incongruities. First, Bull Lodge exemplified the path to prominence through uncommon valor. Indeed, the “ferocity”¹³ required in such circumstances to compellingly demonstrate the personal ambition, energetic agency, and unyielding tenacity that Gros Ventres have esteemed for centuries characterizes not just Bull Lodge’s most famous war exploits, but the narrative arc of his career as well (as recounted by his daughter, Snake Woman, to my great-grandfather, Fred Gone, in the 1940s). This pronounced esteem for tenacious agency is grounded in the Gros Ventre ethos of self-sufficiency in which persons should not need to depend upon other people (outside of the appropriate kinship

relations) for material assistance, support, or other kinds of resources toward success in life. Such was evident in the case of Bull Lodge, in which his ambitions were ultimately realized because of unusual religious devotion and resultant supernatural favor—in fact, the narrative of Bull Lodge's life does not recount even one instance of his seeking guidance or resources from other community members.

This regard for *tenacious agency* and *self-sufficiency* persists among contemporary Gros Ventres and leads to a dilemma when it comes to psychological intervention of the kind familiar to mental health professionals. Gros Ventres are culturally committed to a view of personhood that celebrates forbearance, emotional reserve, and strength of mind in the face of hardship, suffering, or distress. As a result, to this day many modern Gros Ventres interpret the explicit pursuit of “counseling” or “mental health” services in times of distress as a serious moral failure, a sign of weakness, impotence, and dependency in a world that requires uncommon stamina and personal resourcefulness in the pursuit of one's ambitions. This is why it was so difficult for my close relative to approach me for “therapy” and why he was so easily alienated by my blundering response. Such a view of personhood stands in sharp contrast to the cultural assumptions embedded within the most prevalent contemporary psychotherapies, in which confessional acknowledgements of weakness, fragility, or dependency are explicitly encouraged and unvarnished expressions of illicit thought or troubling emotion are directly solicited. Gros Ventres today who commence psychotherapy are immediately confronted with the jangling psychological discordance that results from deep incongruence in conceptions of personhood.

A second incongruity or incompatibility with obvious relevance pertains to the significance of suffering for Gros Ventre personhood. More specifically, sacrifice and suffering are understood by modern Gros Ventres as the necessary prerequisites for supernatural intervention (which is why fasting, the Sweatlodge, and especially the Sacrifice Lodge all involve hardship and endurance). That suffering in the context of personal religious devotion was crucial to Bull Lodge's success as a healer and leader cannot be overemphasized. His unique boyhood relationship to the sacred Feathered Pipe during which he prayed in anguish to the Pipe to “have pity on me” inaugurated a healer's training that depended directly on an impressive series of supernatural encounters providing the requisite “professional” knowledge to perform supernatural acts of healing. This is an essential point: among the Gros Ventres it was histori-

cally meaningless to conceive of healing practices in the absence of ritual smudging, singing, smoking, and supplicating that was understood to result finally in access to sacred power. To elaborate further, this power was obtained from Spirit Beings by evoking their pity through ritual. The operative phenomenon here is *pity*, and in order to interpersonally evoke pity from powerful Spirit Beings, it is necessary for humans to become pitiable through sacrifice and suffering. This is why Bull Lodge fasted and prayed (or “cried”) on seven buttes for days at a time in order to obtain pity and thereby win divine favor—sometimes, he sacrificed strips of his own flesh in order to become even more pitiable. In sum, Bull Lodge's sojourns of suffering were the necessary prerequisite for him to later become a powerful healer—otherwise he would have had no means to access the sacred knowledge that allowed him to harness supernatural power for beneficial healing purposes.

The regard for suffering, pity, sacred knowledge, and supernatural power in Gros Ventre healing persists among contemporary Gros Ventres, and it leads to a second dilemma when it comes to conventional psychological interventions. Gros Ventres are culturally committed to a view of personhood that encompasses interpersonal relations with a wide variety of Spirit Beings and the resultant potential for accessing sacred power for the purposes of sustaining life “in a good way.” As a result, to this day many modern Gros Ventres expect that bona fide healers have endured numerous experiences of ritual hardship and sacrifice to garner the favor of Spirit Beings who directly instructed them in the ceremonial practices designed to access sacred power for curative purposes. Such a view of personhood stands in sharp contrast to the cultural assumptions embedded within the most prevalent contemporary psychotherapies, in which therapeutic efficacy is understood to result from extensive training in the theory and techniques of psychological intervention within the secular context of graduate study in the Western academy. This represents another instance of psychological discordance resulting from the deep incongruence in conceptions of personhood as experienced by contemporary Gros Ventres who commence psychotherapy.

These fundamental incommensurabilities reveal the crucible of mental health service delivery in indigenous cultural contexts, namely, that professional psychologists—using the conventional therapeutic techniques of our trade—may unwittingly enculturate our suffering patients into the ways of Western personhood through the subtle negotiations and transformations of self that occur in the psychotherapeutic encoun-

ter. In the end, considering just two facets of the complex divergence in concepts of personhood embedded within Gros Ventre healing traditions and contemporary psychotherapeutic practice, respectively, leaves psychologists with a single pressing question: In the face of such cultural divergences and the resultant potential for implicit cultural proselytization, what is the appropriate and acceptable response of faculty (Native or otherwise) in professional psychology training programs who are committed to the well-being of indigenous individuals and communities?

Indigenizing Academic Training in Professional Psychology

The commitment to “indigenizing” North American colleges and universities is shared by each of the essayists in this collection. In order to envision more concretely what this commitment might entail for doctoral training in professional psychology, three brief observations related to this endeavor are in order. First, contemporary American Indian and Alaska Native people continue to struggle with the historical legacy of Euro-American conquest and colonialism, including the bereaved pursuit of viable (post)colonial sources of coherence, connectedness, and historical continuity in the face of rapid and cataclysmic disruptions in our aboriginal ways of life. Second, Native American experiences of Euro-American colonialism have always inspired acts of resistance, discourses of critique, movements of agentic negotiation, and moments of alternative possibility, though always in the context of asymmetrical power relations. Finally, those of us who pursue doctorates and subsequent careers in the university professoriate inevitably negotiate these processes of (post)colonial meaning-making and countercolonial critique with specific regard to the institutions and traditions of the Western academy. To the extent that we are committed to refashioning, reenvisioning, or reforming the Western academy with recourse to indigenous thought and practice, we are inevitably prescribing (whether implicitly or explicitly) what we are willing to adopt from the Western university tradition, what we are willing to adapt of our own indigenous epistemological traditions, and which aspects of these disparate traditions we are prepared to omit from the transaction altogether. The intrinsic complexity here involves an infinite array of strategies for deciding what to adopt, what to adapt, and what to omit from these divergent ways of knowing and learning within our visions for transforming the academy. It is essential to acknowledge at the outset that my recommendations for indigenizing doctoral training in professional psychology reflect my own

proclivities as an American Indian psychologist for adopting, adapting, and omitting as I attempt to hurdle the colonial abyss, and I offer them with all humility.

There can be no doubt, however, that my willingness to seriously consider what it means to indigenize psychology reveals my own commitment to the discipline: while I worry about the cultural dangers of practicing psychology-as-usual in Native communities, I also believe that the profession harbors the potential to contribute something of value for modern indigenous lives. This is so for at least four reasons. First, the doctoral degree in professional psychology is one distinctive and influential pathway to mental health service provision within the contemporary U.S. health care system. As such, psychologists lay claim to expertise, access, prestige, and resources in their efforts to assist persons in distress in ways that are distinct from other kinds of health care professionals—in fact, virtually every federally recognized Native American community receives services from a professional psychologist through the Indian Health Service. Second, doctoral training in psychology—even in professional psychology—emphasizes familiarity and facility with complex variable-analytic methodologies for conducting psychological research. In short, psychologists are routinely trained in relatively sophisticated strategies of inquiry that prepare them to investigate a wide range of psychological phenomena, including those of potential interest to Native communities. Third, the traditions of empirical inquiry that predominate within mainstream psychology have reinforced the discipline’s claim to “scientific” status within American society. As a result, psychological findings wield concrete influence in contemporary U.S. policy and decision making (albeit not nearly as extensively as most psychologists would prefer). Certainly, most tribal governments would appreciate similar opportunities to influence the particular governmental policies and practices that directly affect their communities. Finally, psychology is a diverse discipline with a wide range of subfields typically organized by phenomena of interest, including clinical, community, cognitive, developmental, personality, social, biological, industrial-organizational, and quantitative psychology, to name the most prevalent branches within typical psychology departments. This diversity testifies further to the wide variety of domains addressed by the discipline. More important, it speaks to the potential of the field to accommodate novel areas of inquiry either within, between, or across subfields, a characteristic seemingly necessary to the viability of an indigenized psychology.

In response to the question regarding the appropriate and acceptable response of faculty in professional psychology training programs who are committed to the well-being of indigenous individuals and communities, my view is that the opportunity to indigenize psychology basically entails a transformation of professional training in the discipline so as to render the field *pragmatically beneficial* (as opposed to irresponsibly irrelevant or actively detrimental) for Native communities. This transformation should minimally result in *the preparation of professional psychologists for innovative "mental health" service delivery that attends substantively to the co-constitution of indigenous cultural practice and psychological wellness*. Two facets of this explicit objective warrant explanation and comment. First, in contrast to typical psychologists whose professional training consists of an extended apprenticeship guaranteed to reproduce existing clinical approaches, technologies, and techniques, the next generation of professionals who aspire to relevance for indigenous lives must be prepared for reflective and systematic innovation in their psychological theories of wellness and disorder, in their therapeutic practices of assessment and intervention, and in their institutional conventions for providing helping services. Since it is often impossible to predict in advance what these innovations might look like in the context of any particular indigenous community, such professionals cannot be instructed in detailed approaches and procedures that have yet to be devised. Instead, they must be trained broadly in the conceptual, methodological, cultural, political, and interpersonal principles and orientations that will equip them *not* with the concrete knowledge of what to do in a given indigenous setting (e.g., burn angelica root before talking of serious personal matters within certain California tribal communities), but will equip them instead with the tools and skills to actively formulate such concrete knowledge as part of their negotiated entrée into one of any number of indigenous communities with widely variant practices and traditions.

One significant tradition for equipping innovative professional psychologists with the necessary tools, skills, and approaches to undertake more open-ended (and open-minded) service in Indian country can be found within community psychology. Established in the 1960s as a critical alternative to conventional clinical psychology, community psychology has sought to integrate its professional commitments with rigorous psychological science, human resource development, and progressive political activity in the context of explicitly embracing cultural relativity, diversity, and ecology.¹⁴ With regard to the conventions of mental

health service delivery, community psychologists have long advocated community-based education and consultation (as opposed to clinic-based psychotherapeutic services) emphasizing collaborative and empowering relationships with community stakeholders (as opposed to expert-client relationships with patients) toward the development of strengths-focused (as opposed to deficit-focused), preventive (as opposed to rehabilitative) interventions.¹⁵ More concretely, a community psychologist might take the following steps in her efforts to assist Native communities in a mutually beneficial collaboration targeted at promoting psychological wellness: (1) identify and engage a variety of local community members, agencies, and institutions in order to forge relationships that will sustain the development, implementation, and assessment of the intervention; (2) determine with involved community members what the focus of the intervention should be (e.g., to promote prosocial behavior among troubled community youth, to facilitate effective support and advocacy by individuals on behalf of distressed family members, to consolidate and extend treatment or healing resources within the community, etc.); (3) consult with community members to design a specific intervention with careful attention to targeted participants, required resources, desired outcomes, and assessment methodology; (4) pursue extramural funding from private foundations or government agencies to fund the project; (5) implement the intervention in close collaboration with community members; (6) assess intervention outcomes; and (7) disseminate results, revisions, and modifications of the program within the community itself as well as to other scientific and grass-roots circles. The emphasis here is clearly on the development of a demonstrably effective intervention that directly addresses the pressing "mental health" concerns of the community of interest.

If preparing psychologists for more innovative work in American Indian and Alaska Native communities is essential to indigenizing academic training in professional psychology, then ensuring that such innovation is thoroughly responsive to the cultural foundations of health and wellness in indigenous communities guarantees that novel efforts and interventions will actually remedy the dangers of Western cultural proselytization. Thus, a second important facet of indigenizing professional psychology is the requirement that the next generation of professionals who aspire to relevance for indigenous lives must be prepared for sophisticated analysis and inquiry related to the mutually constituting aspects of culture and mind. For it is only by respectfully engaging

tribal conceptualizations of health and wellness, disorder and dysfunction, ceremony and healing that professional psychologists might come to understand the local ethnopsychology within particular indigenous communities with enough sophistication to formulate alternative kinds of helping interventions that reinforce and extend (rather than subverting and displacing) endangered cultural practices related to tribal notions of self, personhood, emotion, social relations, and spirituality. Once again, it is quite difficult to equip professional psychologists in advance for service in specific indigenous communities with adequate knowledge regarding the cultural practices related to wellness and healing; rather, such professionals require more general conceptual and methodological preparation for studying culture and mind that they can later apply in the particular settings in which they work.

In this regard, academic training in professional psychology would recommend a great deal more for Indian country if it were less methodologically parochial. That is, psychology's longstanding "physics envy" has yielded the canonization of analytic tools and strategies that reinforce the field's status as "scientific." As a result, credible methodology in psychology is almost always statistical and variable-analytic, as applied to experimental or correlational studies of psychological phenomena.¹⁶ Such approaches retain clear advantages for investigating many kinds of psychological phenomena, but scientific psychology's hegemonic celebration of these methods in the construction of disciplinary knowledge renders many other kinds of inquiry into a variety of legitimate psychological phenomena extremely difficult. Moreover, these privileged methods are best suited for testing *a priori* (i.e., hypothesized in advance) explanations of phenomena as opposed to developing *a posteriori* (i.e., following empirical discovery) explanations in the first place.¹⁷ The implications of these divergent modes of inquiry are readily apparent if one considers, for example, the contrasting ways in which social psychologists (within the variable-analytic traditions of social science research that privilege standardized surveys and statistical analysis of coded responses) and sociocultural anthropologists (within the interpretive traditions of social science research that privilege participant-observation and qualitative analysis of meaning-full phenomena) undertake the study of cross-cultural differences in human behavior. With regard to indigenizing academic training in professional psychology, the former must be augmented with the later.

It is absolutely essential that academic training in professional psy-

chology incorporate additional (as opposed to displacing existing) methods of inquiry that are specifically tailored to the sophisticated study of cultural meaning and practice. More specifically, the adoption of interpretive or qualitative methods—methods that are patently nonscientific to most psychologists' way of thinking—is a necessary prerequisite for ensuring professional psychology's viability in American Indian and Alaska Native communities. Absent facility with such methods—especially ethnographic methods—it is unclear precisely how psychology might ever substantively formulate local ethnopsychologies in the effort to systematically guide clinical innovation so as to develop alternative, culturally appropriate helping interventions.

Psychology must diversify methodologically if it is to keep culture in mind—that is, if it is to attend seriously to the cultural construction of mind, self, and personhood in Native communities. An increasingly influential interdisciplinary tradition with clear relevance here is the reemerging field of cultural psychology.¹⁸ Cultural psychology takes as its conceptual point of departure the co-constitution of culture and mind.¹⁹ Its central locus of inquiry therefore concerns the semiotic (i.e., symbolically mediated) nature of human experience. The resultant formulation of local ethnopsychologies within the framework of cultural psychology will encompass multiple relevant content areas, including culture, language, and mind; self and personhood; emotional experience and expression; concepts of health, illness, and healing; and research reflexivity (i.e., attention to how the knower constructs the known). Each of these phenomena harbors important implications for the transformation of conventional psychological intervention within Native communities, and each requires alternative methodological tools for its appropriate investigation. Therefore, it would seem that the investigation and analysis of each would be necessary and appropriate between steps (1) and (2) in the development of a community-based intervention as detailed above. In any case, without proper training in the sophisticated study of such phenomena, professional psychologists will never be able to circumvent the dangers of invisible cultural proselytization that remain inherent to our work.²⁰

Conclusion

My vision for indigenizing academic training in professional psychology is thus complete: drawing on the extant traditions of community and cultural psychology respectively, new generations of professional psy-

chologists who aspire to relevance for Indian country will be equipped conceptually and methodologically through their training to re-envision mental health service delivery in Native American communities so as to facilitate and enhance cultural preservation rather than unknowingly subverting it. Indigenizing psychology will challenge both the dominant conventions of clinical intervention as well as the dominant conventions of conceptual and methodological training within the discipline, thereby allowing it to overcome a formidable (post)colonial predicament. This is, of course, an extremely modest proposal: I harbor no fantasies of integrating indigenous epistemologies with psychological training because I concede that the essence of professional psychology is fundamentally dependent on the Western rationalist and empiricist epistemologies that are largely incommensurate with Native ways of knowing. Instead, my vision for a pragmatically beneficial professional psychology assumes that it will remain Western in essence, albeit tailored to appreciate and engage the local epistemologies and ethnopsychologies of Native communities in substantive, supportive, respectful, and constructive ways.

The actual prospects are promising for establishing a handful of training sites within professional psychology that adequately equip future psychologists with the necessary conceptual and methodological tools for apprehending the subtle nuances of cultural meaning and practice in Native (and other non-Western) communities. Even though psychology remains a relatively conservative discipline in the generally traditionalist social sciences, its breadth and diversity—combined with the realities of an increasingly multicultural U.S. population desiring or requiring professional services—suggests that current tolerance and (perhaps) eventual regard for the adoptions, adaptations, and omissions of indigenous psychologists pursuing viable (post)colonial alternatives to psychology-as-usual will characterize at least some of the most reputable psychology departments in the country.

Notes

1. For an origin story, see T. D. LaFromboise and C. Fleming, "Keeper of the Fire: A Profile of Carolyn Attneave," *Journal of Counseling and Development* 68 (1990): 537–47.
2. The American Psychological Association (*The Directory of Ethnic Minority Professionals in Psychology*, 4th ed. [Washington DC: APA, 2001]) currently lists 106 Native American psychologists among its membership of roughly 150,000 professionals.

3. For a personal account, see J. E. Trimble, "Bridging Spiritual Sojourns and Social Science Research in Native Communities," in M. H. Bond, ed., *Working at the Interface of Cultures: Eighteen Lives in Social Science* (London: Routledge, 1997), 166–78.

4. D. W. Sue and D. Sue, *Counseling the Culturally Different: Theory and Practice*, 3rd ed. (New York: Wiley, 1999).

5. In considering the colonial experience of the indigenous peoples of the United States, the issue of appropriate terminology becomes tantamount. Despite its currency in contemporary literary circles, the term "postcolonial" seems inappropriate to the contemporary indigenous circumstance because the colonizers (or their descendants) retain dominance over the domestic, political, and economic affairs of tribal communities—indeed, the U.S. Congress might well exercise its plenary power to terminate tribal communities at any time. At the same time, the term "colonial" also seems inappropriate because U.S. policies of military conquest, occupation, and resource theft ended a few short generations ago. In fact, since the era of self-determination commenced in the 1970s wherein tribal governments exercise a degree of authority and autonomy uncharacteristic of colonial subjects in other parts of the world, the term "colonial" seems even less appropriate. Furthermore, for several generations now many American Indian peoples have found innovative sources of meaning and coherence within established Euro-American symbols and institutions (e.g., sovereignty, literacy, legal claims, military service, blood quantum, IRA governance, Christianity, star quilting, cattle ranching, casino operation, tribal college administration, etc.), effectively rendering them distinctively our own (in the "postcolonial" sense). In order to capture this extremely complex state of affairs, I have chosen to adopt the ambiguous term "(post)colonial" from Chadwick Allen (*Blood Narrative: Indigenous Identity in American Indian and Maori Literary and Activist Texts* [Durham NC: Duke University Press, 2002]), albeit with slightly different connotations.

6. For example, see D. L. Chambless and T. H. Ollendick, "Empirically Supported Psychological Interventions: Controversies and Evidence," *Annual Review of Psychology* 52 (2001): 685–716.

7. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. (Washington DC: APA, 2001).

8. F. C. Crews, ed., *Unauthorized Freud: Doubters Confront a Legend* (New York: Viking, 1998).

9. For more detailed reviews of such cultural contrasts, see: T. D. LaFromboise, J. E. Trimble, and G. V. Mohatt, "Counseling Intervention and American Indian Tradition," *The Counseling Psychologist* 18, no. 4 (1990): 628–54; S. M. Manson, J. H. Shore, and J. D. Bloom, "The Depressive Experience in American Indian Communities: A Challenge for Psychiatric Theory and Diagnosis," in A. Kleinman and B. Good, eds., *Culture and Depression: Studies in the Anthropology and Cross-cultural Psychiatry of Affect and Disorder* (Berkeley: University of California Press, 1985), 331–68; J. E. Trimble, S. M. Manson, N. G. Dinges, and B. Medicine, "American Indian Concepts

of Mental Health: Reflections and Directions," in P. B. Pedersen, N. Sartorius, and A. J. Marsella, eds., *Mental Health Services: The Cross-cultural Context* (Beverly Hills CA: Sage, 1984), 199–220.

10. See F. P. Gone, *The Seven Visions of Bull Lodge as Told by His Daughter, Garter Snake*, G. P. Horse Capture, ed. (Lincoln: University of Nebraska Press, 1980).

11. For much more detail see R. Flannery, *The Gros Ventres of Montana: Part I. Social Life* (Washington DC: Catholic University of America, 1953); L. Fowler, *Shared Symbols, Contested Meanings: Gros Ventre Culture and History, 1778–1984* (Ithaca: Cornell University Press, 1987).

12. Gone, *Seven Visions of Bull Lodge*, 30, 32.

13. Fowler, *Shared Symbols*.

14. J. Rappaport, *Community Psychology: Values, Research, and Action* (Fort Worth TX: Holt, Rinehart, and Winston, 1977).

15. See J. Rappaport and E. Seidman, "Social and Community Interventions," in C. E. Walker, ed., *The Handbook of Clinical Psychology: Theory, Research, and Practice* (Homewood IL: Dow Jones-Irwin, 1983), 1089–123.

16. L. J. Cronbach, "The Two Disciplines of Scientific Psychology," *American Psychologist* 12, no. 5 (1957): 671–84.

17. Drawing on the distinction between the contexts of discovery and justification in H. Reichenbach, *Experience and Prediction* (Chicago: University of Chicago Press, 1938).

18. See J. S. Bruner, *Acts of Meaning* (Cambridge MA: Harvard University Press, 1990); M. Cole, "Cultural Psychology: A Once and Future Discipline?" in J. J. Berman, ed., *Nebraska Symposium on Motivation* 37 (1990): 279–336; R. A. Shweder, "Cultural Psychology—What Is It?" in J. W. Stigler, R. A. Shweder, and G. Herdt, eds., *Cultural Psychology: Essays on Comparative Human Development* (New York: Cambridge University Press, 1990), 1–43.

19. See R. A. Shweder, *Thinking Through Cultures: Expeditions in Cultural Psychology* (Cambridge MA: Harvard University Press, 1991); R. A. Shweder and M. A. Sullivan, "Cultural Psychology: Who Needs It?" *Annual Review of Psychology* 44 (1993): 497–523.

20. For a more detailed discussion, see J. P. Gone, "American Indian Mental Health Service Delivery: Persistent Challenges and Future Prospects," in J. S. Mio and G. Y. Iwamasa, eds., *Culturally Diverse Mental Health: The Challenge of Research and Resistance* (New York: Brunner-Routledge, 2003).

8. SHOULD AMERICAN INDIAN HISTORY REMAIN A FIELD OF STUDY?

Devon Abbott Mihesuah

Why do we write American Indian history? What is the point of attempting to reconstruct the past? Historians usually say they study and write Native history because they are curious about long-ago happenings. Something—a specific event, a person, a chain of happenings—has caught their interest. Perhaps they are interested in their ancestors, human nature, or discovering stories of those who are often ignored in U.S. history texts. These are among the reasons I entered graduate school in 1984.

Thousands of books and essays have been written about Native peoples and Indigenous-white relations, so obviously, there is a great deal of interest in historic Natives among scholars and readers. However, there is a great deal of difference between historians who are concerned about present-day realities Natives face and historians—both non-Native and Native—who pursue their armchair interests while vehemently supporting academic freedom and claiming to be inclusive in their writings, yet simultaneously appearing to have no concern for the people they write about.

Most humanities scholars argue that acquiring knowledge of the world's cultures and their histories is important to understanding ourselves and is the mark of an educated person. Even many individuals who are not formally educated watch *National Geographic Explorer*, The Discovery Channel, or read *Biography* because they are curious about humanity. While curiosity about Others is not a problem in itself, it becomes a moral problem when scholars write colonialist histories about Others for distribution only among themselves in the ivory tower and only for their benefit.

Grants, fellowships, and awards have been bestowed upon hundreds of historians who write about Natives, and there is no question that many

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