

Encountering Professional Psychology: Re-Envisioning Mental Health Services for Native North America

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In the late 1870s, with the imminent closing of the western frontier, a “humanitarian” reform movement occasioned a dramatic shift in United States Indian policy. In contrast to the prevailing assumption that Western civilization must inevitably extinguish the “savage” inhabitants of the North American continent, “progressive” visionaries such as Captain Richard Henry Pratt – an Army officer initially appointed to oversee Apache prisoners at St. Augustine, Florida – sought instead to demonstrate that Native peoples could be effectively socialized into “civilized” habits under carefully controlled conditions (Adams 1995). The result of this bold experiment was the creation of a federal education policy for American Indians that dispatched Christian missionary organizations to the far reaches of the western frontier to school the wild Redman in the habits of enlightened American society (albeit principally for occupational roles judged appropriate to the Indian’s station). Comparable efforts were undertaken during this same historical moment to assimilate First Nations peoples into Euro-Canadian society, with mutual influence on federal policy across the 49th parallel attested to by the report of Nicholas Flood Davin in 1879 (Miller 1996; Milloy 1999). For the next several decades, Native students who arrived at these missionary schools were stripped of any clothing and personal property, shorn of their too-long hair, dressed in Army uniforms, schooled in military drill and the industrial arts, and forbidden to speak any language but English on penalty of brutal corporal punishment. The catastrophic consequences of this policy (in which the US and Canadian federal governments openly subsidized missionary outreach by underwriting mandatory parochial education with public monies) require little elaboration for Native audiences today since the vestiges of these educational experiences – both psychological and material – still influence many of our home communities in profound ways. Certainly, the unifying slogan for these assimilative efforts, inspired by Captain Pratt himself, seemed prosaically descriptive of the enterprise at hand: “Kill the Indian, Save the Man.”

Over a century later, most contemporary Tribal communities no longer fret about the Christian missionaries in their midst, as church influence is no longer wedded to the coercive power of the nation-state. Nevertheless, there are frequently instructive insights to be gleaned from cursory historical analysis. Indeed, what seems so remarkable about the missionary education complex of the late nineteenth century is that an explicit campaign of cultural eradication, coupled with coercive socialization into mainstream American and

Canadian cultural mores, was embraced and supported by *progressive humanitarians*, all in the name of *helping* the indigenous North American to *adjust* or *adapt* to quite challenging societal circumstances. In hindsight, of course, even the casual observer might readily critique the unjust colonial purposes served by the so-called progressive policies of the time, which never once interrogated the supremacist ideology that suffused the historical American and Canadian discourses of “civilization strategies” and the “Indian problem.” Nonetheless, although there can be no doubt that federal policies (and the political and ideological agendas that motivate them) relative to these countries’ enduring “Indian problem” have shifted dramatically in our contemporary era, as a Native person – and more specifically, as a Gros Ventre person from the United States – I remain committed to vigilant analysis and critique. Such vigilance is necessary because North America’s indigenous communities still struggle for self-determination and cultural survival in an increasingly globalized world and because the US and Canadian nation-states, through their agents and agendas, still police and patrol these struggles (Jaimes 1992).

If the colonizing campaigns undertaken through church and school are no longer fashionable in America and Canada at the opening of the twenty-first century, a more recent constellation of progressive humanitarians – once again bound together in the name of helping indigenous North Americans to better adjust or adapt to challenging societal circumstances – continues to expand its influence in Native lives and communities through what might be loosely termed the “psy-fields” (Ward 2002) or the “mental health” professions. I myself am trained as a clinical psychologist and obtained my doctorate following nearly thirteen years of higher education in 2001. Throughout those years, visits home to my Tribal community on the Fort Belknap reservation in Montana always presented me with a bit of a dilemma. Typically, community members inquired about my lengthy course of study in graduate school, and when I explained that I was training to become a psychologist, I immediately elicited suspicious glances and awkward jokes about “psychos” and “couches” and “mind reading.” I suppose that Native North Americans are not the only people in the United States and Canada to glance askance when in the presence of a psychologist, but what does seem unique about American Indian and First Nations responses to psychology and the other psy-fields is the recognition by Native people that these endeavours are culturally alien approaches to understanding human behaviour (Gone 2003, 2006b, forthcoming b; Gone and Alcántara 2006). That is, these fields of inquiry are built on *ways of knowing* that are completely foreign to indigenous thought and practice in this hemisphere. These ways of knowing are not *our* ways of knowing – indeed, as I have already noted, many of our ancestors were forcibly taught to think in these alien ways as compulsory students in government or religious boarding schools. Nevertheless, these foreign ways of knowing now dominate the world in which many of us live, and Native people throughout the Americas have encountered psychology, psychiatry, mental health, and human services whether we wanted to or not. The anxious responses I elicited from people at home when they learned of my study of psychology suggested to me that the members of my community were still uncomfortable with the intrusion of psychology into their world.

I suspect that many Native people within the mental health professions also experience some discomfort with the intrusion of psychology and psychotherapy into our worlds, and I wish to propose that within this discomfort lies the key to envisioning a completely different kind of delivery system for mental health services. Thus I aspire to unpack here a few facets of this Native discomfort with the psy-disciplines – and especially psychology – beginning with a handful of personal and professional observations that I originally formulated during my graduate training. In so doing, I doubt that much of what I write here will be new to most Native mental health professionals. Even so, we rarely seem to openly discuss these matters, as though we are afraid that powerful outsiders, when confronted with our misgivings, might take away our hard-earned credentials. But outsiders, too – especially those in positions of authority with regard to the formulation, funding, delivery, and evaluation of mental health services – need to hear our misgivings in order to improve their efforts at effectively assisting and serving our communities. Thus the observations and recommendations I wish to summarize in this chapter have emerged from the paradoxes and contradictions that I have observed within the Native professional community – and more specifically, within the community of Native psychologists – concerned with indigenous mental health. First, I will examine why Native people bother to endure years of culturally alienating graduate education in order to become professional psychologists. Second, I will ponder why some American Indian and First Nations professionals express disdain for the scientific foundations of psychological practice while simultaneously embracing a wide variety of theoretical concepts that would seem to depend on science for their validity. Finally, I will explore how both Native and non-Native psychologists might maintain a unique role in the mental health service sector by cultivating effective alternatives to conventional therapeutic services for indigenous peoples. Note also that as an American Indian who is most familiar with the relevant professional issues in the United States, several of my examples and illustrations draw on details from the American context in particular, although political, professional, and institutional parallels in Canada will ensure, I hope, relevance for First Nations, Inuit, and Métis communities as well.

The Cultural Perils of Graduate Education for Native North America

The evident discomfort with psychology that I have observed in my own community reflects in part a Native discomfort with mainstream education more generally (Deloria 1991). The institution of formal education as we now know it in the United States and Canada is a “Western” invention and is thus understood, from the perspective of many Native people, to be adopted from our conquerors (Noriega 1992). Such formal education is clearly foreign to indigenous worldviews insofar as thirty thousand years in this hemisphere produced nothing remotely resembling it. Furthermore, our experience of Western education is marked by great ambivalence. On the one hand, the colonial projects that became the United States and Canada required some form of resolution to their perennial “Indian

problem,” and the formal education of Native children was a primary strategy to effect civilization among the “savages” in stark assimilationist terms. On the other hand, a formal Western education is increasingly essential to finding a sustainable place within the contemporary globalized economy, and Native communities, like so many others, do not wish to be left behind. The result is a longstanding conundrum for many Native people regarding the utility and value of a Western education: under what conditions do education’s vocational prospects compensate for its assimilationist transformations?

Between a Rock and a Hard Place

With regard to mainstream education, then, Native people recognize that we are caught between a rock and hard place, for learning to think like a “whiteman” forever alters the kinds of cultural experiences available to a formally educated Native person. That is, no matter how much we appreciate the concept of biculturalism (LaFromboise, Coleman, and Gerton 1993), once we learn to think certain kinds of thoughts, there is ultimately no going back to an (ab)original state of mind, as though we had never encountered such transformative ideas and perspectives. Once we learn, for example, as psychologists and other social scientists do, how to “objectify” people by studying their experiences in terms of detached and abstract concepts, there can be no complete return to experiencing social life without the occasional intrusion of such detached and abstract analysis. Perhaps a more subtle example involves the languages we speak. In the face of declining fluency in our traditional language, I have often heard my own Elders insist that our culture is in the language. By this, I take them to mean that language itself structures our thinking and knowing (and thus the “reality” that is crafted through these human activities) in nearly invisible but extraordinarily profound ways – an idea known in academic circles as the Sapir-Whorf linguistic-relativity hypothesis (Lucy 1992). Thus merely learning to speak and think in English circumscribes Native experience in ways that can never fully capture what our experience might have been if we were fluent only in our traditional languages. As professionals of any kind, then, we as Native people must acknowledge along with our Elders that formal education forever eradicates the possibility for certain kinds of cultural experiences. There is no getting around it: learning to think like a whiteman in the process of formal education necessarily implies some inability to think like our ancestors did. Thus the education of Native people in North America cannot help but invoke the colonial dynamics that originally sought the eradication of our cultures (Adams 1995; Miller 1996; Milloy 1999). And graduate training of any kind, including that in psychology, social work, counselling, or the other mental health professions is no exception.

Note here that I assume that contemporary formal education in the United States and Canada remains assimilative for contemporary Native peoples. Certainly, this is true for the underfunded public schools in the reservation bordertown of Harlem near my home reservation, in which white teachers send their own children to all-white schools in adjacent counties so they might escape the contaminating influence of the Native students they teach. But this is also true for tribally controlled educational institutions that depend on public monies and accreditation for their operation, in which curricula and pedagogy

remain responsive to imposed expectations. In either case, Native students are schooled in the use of math, science, and English; socialized into prescribed modes of interpersonal interaction; channelled into certain vocational pipelines; and transformed into specific kinds of persons that even the Elders in their own communities can have difficulty recognizing. Not surprisingly, most Native people never arrive at university campuses to commence postsecondary education, and of those who do, disproportionate numbers never complete their undergraduate degrees (US Department of Education 1991). So, although I acknowledge that formal education within our respective countries has indeed evolved in many respects beyond the bald assimilationist agendas that structured it in the days of our grandparents, what remains continues to fail too many of our peoples in systematic and predictable ways.

Nonetheless, if the ideological perils of formal education burden us on the one hand, the driving need to control our own destinies as indigenous peoples in the modern world presses us on the other. For as my grandmother often reminds me in an ironically adopted idiom, there is no use in “crying over spilled milk.” The history of Euro-American and Euro-Canadian subjugation of our peoples is a *fait accompli* (although always throughout this colonial enterprise there has been indigenous resistance). The milk is spilled, and we need sensibly to find alternative nourishment the best way that we can. Although the colonial pressures of formal education are indeed oppressive, the costs to our communities of allowing cultural outsiders to determine our collective fates are more oppressive still. And within the dominant society, the path to community control and self-determination is paved with the skills, experiences, and especially the credentials of formal education. Thus Native people are indeed between a rock and a hard place. If we truly desire to control our own destinies and preserve our cultures, formal education is nearly essential. But the requisite educational experiences transform us in permanent ways, forever altering our ability to participate in and reproduce for future generations certain cultural processes and practices that we otherwise struggle so ardently to preserve. It is this dilemma, and the discomfort produced by it, that each of us as indigenous persons must confront and negotiate.

Nowhere has this dilemma been more salient to me than at the annual conventions of American Indian psychologists and psychology graduate students convened by professor of psychology Carolyn Barcus (Blackfeet) and sponsored by Utah State University and the Indian Health Service for nearly two decades running. During my previous attendances at these conventions, I have benefited tremendously from the presence of many people who have come to be called the “Elders” of Indian psychology. Their wisdom and encouragement were invaluable to me during the formative years of my professional development and (in part) have inspired the words offered for your consideration here. Indeed, I have observed several interesting paradoxes in the words and lives of these professional pioneers, contradictions that emerge from their historical positions at the enigmatic confluence of mainstream education and cultural tradition. These contradictions are in no way unique to these Elders, for as my introductory observations suggest, all of us as Native people labouring or training in the academy or the professions must navigate the same thorny path. Nevertheless, as I look

toward a professional psychology with relevance for Native communities in the twenty-first century, it stands to reason that younger indigenous psychologists must stand upon the shoulders of our forebears in order to see all the more clearly into the not-so-distant future. We can start by considering the many paradoxes that have shaped their lives and their careers as psychologists and that will surely shape ours.

The Relevance of Psychology Training?

One significant paradox that I have observed among Native psychologists at our annual conventions is a wry cynicism or even open disdain for the many years of Western education that these individuals completed in order to become practising professionals. This cynicism is not infrequently expressed in terms of the perceived irrelevance of both psychological science and psychological practice for our peoples. In fact, I remember one of our Elders of Indian psychology admonishing that if Native people want to be effective healers in our communities, we should learn at home from our own medicine people rather than embarking upon doctoral careers in psychology. This question merits further scrutiny: if graduate training in psychology is neither readily accessible nor culturally relevant for Native people, why do Tribal members pursue such training, and why do Indians and non-Indians alike in the United States (including the US Congress through its legislation of “Indians into Psychology” training programs) support efforts to recruit more Natives into the discipline?

There can be no question that doctoral education in psychology – and graduate education in general – is typically inaccessible to Indian and Aboriginal people. A host of societal factors, ranging from inadequate educational preparation to lack of adequate financial resources, conspire to ensure that most Native people could not undertake professional training in psychology even if they wanted to. In addition to these factors, however, is the perceived cultural incongruity of psychology for Native lives (Gone 2003, 2004b, 2006c, 2007, forthcoming a). I will elaborate further on this incongruity shortly, but observe here that psychological theory and practice depend on overt or covert conceptualizations of what it means to be a person living in relationship to other persons and one’s milieu. I suspect it is obvious that the ways that mainstream psychology conceptualizes the person contrast markedly with the ways that our peoples have traditionally conceptualized the person (Anderson 2001; Hallowell 1955, 1976; Straus 1977; Kirmayer et al., Chapter 13). It is no wonder, then, that Western psychology seems irrelevant to the concerns of many indigenous communities.

So why is it that Native psychologists find it useful and important to complete graduate study in psychology? Speaking as a recently minted Indian psychologist, allow me to suggest that we do so primarily because doctoral training in psychology results in credentials that the dominant society recognizes. This recognition of credentials in turn allows us as Native people to assert greater control over the futures of our communities. Thus our graduate training in psychology is an important contribution to the larger project of Tribal self-determination. In pursuing these credentials, however, it is important that we never forget that they come at a price: in obtaining them, we have all “majored” in “White Studies” (Churchill 1995), and majoring in White Studies changes us in the process. Nevertheless,

especially in societies (and a world) so heavily structured by inequality, autonomy and opportunity may be the greatest antidotes to ongoing vulnerability to exploitation and oppression. Thus it may be that beyond the merely vocational and assimilationist functions of Western education lies a third alternative: the possibility for an education that *liberates* people from these vulnerabilities. This promise of a liberal education has deep roots in the West, grounded as it is in a philosophical liberalism that champions individual rights and the autonomous pursuit of happiness. Such grounding is undoubtedly assimilationist for many Native communities. However, by seeking to cultivate customary modes of critical reason and analytic engagement as a means to anchor authoritative knowing within the individual, a liberal education is likely to equip any oppressed and marginalized community with habits of mind and conduits of critique that – at least insofar as formal education can serve such purposes – hold the highest promise for enabling communities to exercise autonomy and realize a more just and meaningful world. Beyond this, of course, are more politically radical educational projects that are overtly dedicated to community building and consciousness raising, but these remain largely unavailable for Native peoples. In the end, I promote the more familiar ideals of liberal education as my own rationale/ rationalization – I leave it to individual Natives and their communities to determine whether the price of such assimilative transformations is too high to pay.

The one thing of which I am certain is that, once Native psychologists have obtained the PhD, we have an obligation to our communities to do much more and much differently than the average Euro-American or Euro-Canadian psychologist. And although I will describe my specific vision for psychologists who work with Native people in more detail later, I will assert here that, in my opinion, we cannot afford to obtain our doctorates primarily to practise individual psychotherapy in our communities. In this regard, I agree with the view expressed by an Elder of Indian psychology at one of our previous conferences: if your primary goal is to relieve individual distress and restore individual lives within indigenous communities, then become a medicine person or traditional healer – we simply need something different from our doctoral psychologists. Finally, let me conclude this discussion by confessing to some ambivalence about our efforts to recruit more Native people into doctoral-level training in psychology. In my mind, the benefits to American Indian or First Nations people of their recruitment into and retention in psychology depend on the *kind* of psychology for which they are recruited (Gone 2004a); both the mainstream discipline of psychology and future cohorts of Native students deserve a more thorough appraisal of the substantive implications of endorsing and embracing doctoral training programs for Natives in psychology.

The Utility of Psychological Science for Native North America

A second notable paradox I have encountered among Native psychologists involves the simultaneous adoption of a frank skepticism toward the scientific principles and methods of psychology on the one hand and an uncritical acceptance of a wide variety of prevailing

theories and concepts from the discipline on the other. Thus it is not exceptional in our midst to dismiss even well-established research findings on the basis of our mistrust of the scientific enterprise while concurrently and routinely referencing concepts like “codependency,” “addictive personality,” “defence mechanisms,” “chemical imbalance,” “suicidality,” “inter-generational trauma,” “anger discharge,” “assertiveness training,” “communication skills,” “mental health,” and so forth. The irony here lies in our circulation of culturally foreign ideas and concepts in our communities, resulting in some instances in the unintentional displacement of already-disappearing indigenous concepts and understandings, together with a simultaneous rejection of the scientific basis on which such foreign concepts empirically stand or fall. I hasten to add, however, that this contradiction is not exclusive to practising Native psychologists but evident in similar form among psychological practitioners of many backgrounds and commitments (Tavris 2003). In fact, it is the dismissive attitude of many practising psychologists toward the scientific foundations of their profession that led almost two decades ago to the fracture of the disciplinary guild in the United States into the well-established American Psychological Association and the break-away American Psychological Society (now the Association for Psychological Science). Thus I posit another question for consideration: if we as Native professionals do not trust the scientific foundations of psychology as a discipline, how can we then proselytize our communities with abstract theories and concepts that otherwise emerge from a Western understanding of the “psyche”?

The Profound Implications of Divergent Ethnotheories

I mentioned earlier that psychology as an academic and professional discipline is grounded in Western ways of knowing. That is, most academic psychologists esteem a methodology of inquiry grounded in both inductive and deductive reasoning: we first propose theoretical explanations for human behaviour and then test the validity of these hypothesized explanations through careful empirical investigation (Campbell and Fiske 1959; Cronbach and Meehl 1955). For psychologists, then, the value of any given theoretical construct (e.g., “repression”) supposedly depends on the kind and quality of evidence obtained in support (as opposed to refutation) of these hypothesized entities. The history of professional psychology in particular, however, demonstrates that theoretical constructs may persist in the complete absence of systematic empirical tests of their validity. For example, certain hydraulic models of the mind initially popularized by psychoanalysis continue to wield influence in modern professional psychology despite their persistent resistance to scientific study (for exceptions, see Luborsky and Barrett 2006; for critiques of Freudian theory more generally, see Crews 1996, 1998). In sum, a variety of theoretical concepts are influential in psychology that either resist scientific validation or presuppose it (pending further investigation).

These prevalent (but untested) theoretical constructs owe their un- or underwarranted professional proliferation not to any corpus of compelling scientific evidence demonstrating their explanatory power but to their resonance with the experiences, approaches, traditions, and practices of the clinicians who endorse them. Given the cultural orientations of these professionals and the cultural origins of the therapeutic traditions they embrace, it should

come as no surprise that most of these concepts are typically derived from modern Western notions about mind, body, and person (which are perhaps most appropriately designated “ethnotheories” of mind and behaviour). Moreover, such Western ethnotheories not infrequently contradict Tribal ethnotheories concerning mind, body, and person. For example, one set of Western ethnotheories evident in the mental health professions tacitly posits an authentic or “true” self buried deep within each of us that is naturally inclined to unique individual expression and thus lies in wait of recognition and actualization through introspection, communication, achievement, and interpersonal validation (Ward 2002). In contrast, my own community (as but one concrete example) still tends to configure wellness (i.e., life lived “in a good way”) much differently than the “mental health” of professional psychology, emphasizing respectful relationships instead of egoistic individualism and the ritual circulation of sacred power instead of the liberating enlightenment of secular humanism (Gone 1999, 2006a, 2008a, 2008b, forthcoming c; Gone, Miller, and Rappaport 1999). Such comparisons are readily apparent to most Native people familiar with the mental health professions and illuminate cultural divergences in multiple arenas in regard to “ethnopsychology”: mind-body dualism versus “holistic wellness,” the significance of secular versus sacred therapeutic orientations, the ascription of illness and dysfunction to endogenous rather than interpersonal causes, and so on (for additional reviews of these and other salient cultural contrasts, see LaFromboise, Trimble, and Mohatt 1990; McShane 1987; Trimble et al. 1984).

Since mainstream professional understandings would appear to contradict our complex Tribal ethnopsychologies in many significant ways, my view is that embracing and disseminating Western concepts in indigenous communities when there is no valid scientific reason to do so is counterproductive to cultural preservation and reproduction – indeed, doing so arguably represents an extension of the Euro-American and Euro-Canadian colonial enterprises. Instead, psychologists and other mental health practitioners need to collaborate more closely with the communities we serve in order to conceptualize culturally appropriate theories of the person and to employ these in designing alternative programs and services that are directly tailored to the experiences of Native peoples. Proper attention to these Tribal ethnopsychologies will guarantee that services fit the prevailing cultural norms, including those that govern communication and interpersonal interaction.

So, for example, we cannot design a culturally appropriate intervention for Native communities without first understanding in normative terms who talks with whom about what and under which circumstances (for examples of such analysis, see Basso 1990; Carbaugh 2005; Darnell and Foster 1988; Philips 1983; Sherzer and Woodbury 1987). In some important sense, then, all of us need to become “cultural” psychologists (Shweder 1991; Shweder and Sullivan 1993), attentive to the subtle but formative nuances of the predominant cultural practices and traditions within Native communities. In so doing, we will come to realize that “culture” is much more than participation in ceremony or fluency in traditional language – in fact, cultural practices comprise the almost invisible participation in shared thought and activity that need never be conscious since most people in the community are socialized

into such routines. Whether psychologists learn these things as Native people living in our own communities or simply as advocates and professionals working within these settings, we are together assured that our majors in “White Studies” will not typically expose us to such matters in graduate school.

The Pressing Relevance of Scientific Epistemology

I am thus critical of the tendency for Native psychologists to adopt a host of professionally salient concepts, categories, principles, and practices – many of which persist solely because of their resonance with Western ethnopsychology as opposed to their scientific validity – without directly confronting the ideological implications of disseminating these Western cultural artefacts within Native communities. But I have also noted the reluctance of Native mental health professionals to embrace a scientific epistemology, owing to both its Western origins and its association with the colonial legacy. What, then, are we to make of the scientific enterprise itself, clearly another Western way of knowing? Before addressing this question, I must turn briefly to matters of definition. It is of course rather challenging to characterize scientific knowing with any precision given the wide range of approaches adopted by scientists of all sorts, ranging from paleontologists to particle physicists and from astronomers to evolutionary anthropologists. Nevertheless, by “scientific epistemology” I simply mean a way of knowing that privileges systematic inquiry involving the precise, investigator-independent measurement of observables that is progressively or cumulatively employed to evaluate falsifiable theoretical explications of a phenomenon. By “investigator-independent” I simply mean that such observations are dependent on the particular method used to obtain them as opposed to the particular specialist who obtains them and that any competent specialist should be able to reproduce the observations in question. Thus, for example, psychological scientists aspire to determine whether a specified clinical intervention does or does not result in the therapeutic effects claimed by the intervention’s proponents using one form of scientific inquiry – the experiment – that purportedly lends itself to the establishment of reliable causal attributions (for much more detail, see Gone and Alcántara 2007).

Returning then to the question of scientific inquiry vis-à-vis the colonial legacy, there are at least two approaches that Native psychologists might adopt with regard to the scientific basis of our discipline. One is to reject a scientific epistemology as a legitimate way of knowing about human behaviour and interaction (especially in terms of causal attribution). This position could either assert that (a) scientific knowing is inherently unsuitable for assessing causal claims in the world (an assertion sufficiently contradicted, I think, by everyday technology) or that (b) human behaviour and interaction are not amenable to scientific study, particularly when it comes to causal questions (which implies, of course, that all that remains of psychology are Western ethnotheories). I reject both of these characterizations, although many Native psychologists do not. A second approach, one that I personally embrace, is that scientific knowing is *probably all that recommends psychology as a profession* (McFall 1991, 1996, 2000; Meehl 1997). More specifically, I believe that the application of

scientific methods may be the only way for human beings to establish reliable causal attribution when it comes to the evaluation of certain complex but pressing causal claims (Campbell and Stanley 1963). Thus, in contrast to the professional tendency I have observed among many Native psychologists, I am persuaded of the utility of a scientific epistemology for improving Native lives (James 2002) even as I remain skeptical of the utility of incorporating the latest clinical theories and techniques into Native service-delivery settings.

Of course, none of this is intended to assert that a scientific epistemology is the only means to know the world – indeed, an overzealous scientism would actually cripple the important work required of professional psychologists working in American Indian and First Nations communities. Instead, scientific methods are merely tools that remain available to mental health professionals for exploring certain kinds of significant questions. And despite their Western origins, these methodological tools – liberated of much of their former ideology in our postpositivist age – may have demonstrated a universal applicability for certain purposes that appears to transcend culture and time (for a discussion relevant to clinical contexts, see Meehl 1997). For my purposes here, a scientific epistemology is utterly essential to indigenous “mental health” concerns because any effective (post)colonial efforts to render psychology useful to Native communities must be methodologically equipped to establish causal claims grounded in alternative ethno-psychologies. This would seem especially important in the context of clinical intervention, where practice frequently ventures far ahead of empirical validation and where causal claims are routinely asserted yet typically remain inadequately tested – recent examples include the alleged benefits of Thought Field Therapy (Beutler 2001) and Eye-Movement Desensitization and Reprocessing (Herbert et al. 2000). As a result, the scientific foundations of psychology deserve far greater emphasis within Native-community contexts than the latest assemblage of theoretically driven concepts that routinely suffuse clinical intervention. Instead of importing and embracing Western ethnotheoretical notions and their attendant practices, mental health professionals serving Native North Americans ought to be struggling with how best to tailor a scientific epistemology to the grassroots efforts of Tribal communities that seek to more effectively combat distress and promote wellness among our peoples.

As mental health professionals, we routinely encounter a host of causal claims, including the claims of ethnotheories of all kinds – for example, scientology or neurolinguistic programming at the margins of mainstream society, but also the assertions of Native-community advocates and practitioners (Duran 2006). At least some of the more important of these can be either substantiated or not with recourse to scientific methods. Thus, in the context of mental health services for American Indian and First Nations communities specifically, I will provocatively suggest that – at least in comparison to the conventional mental health concepts, categories, principles, and practices that are so clearly grounded in Western ethnopsychology – a rigorous methodological training grounded in a scientific epistemology may be all that recommends psychology as a profession with relevance for Native communities. For even in our postpositivist era, well-trained psychologists are haunted

by what Meehl (1997) has referred to as the two searching questions of positivism: “What do you mean?” and “How do you know?” Having said this, however, let me hasten to add that my endorsement here of scientific methods is not an endorsement of *scientism* – I do not think that science can speak meaningfully to many of life’s questions, or even to the most important ones. Nevertheless, if scientific psychology cannot equip professionals with useful tools for the assessment of certain theoretical and causal claims – a process with evident utility for all communities, including indigenous ones – then I am not sure that it offers anything useful at all.

Creating a Niche for Professional Psychology in Native North America

A third and final paradox I have observed among Native psychologists concerns the tension between the overwhelming levels of distress in our communities and our professional monopoly in the health care service-delivery market. National epidemiological surveys of the prevalence of mental illness in America have revealed that nearly half the adult American population have suffered from a diagnosable “mental disorder” in the course of their lives (Kessler et al. 2005). Comparable state-of-the-art epidemiological studies of mental disorder within two American Indian reservation communities have identified slightly lower overall prevalence rates for a history of mental disorder in these populations (Beals et al. 2005a), but cross-cultural methodological complexities render the interpretation of these findings somewhat open to speculation (Beals et al. 2005b; Gone 2001; for an overview of the methodological limitations that plague Native mental health research in general, see Waldram 2004; Chapter 3). Nevertheless, few of us need to be persuaded that the lifetime prevalence of diagnosable psychiatric distress in many indigenous communities is much higher than in Middle America or Canada – including, for example, alcohol dependence and posttraumatic stress disorder, which Beals and colleagues (2005a) did find in higher proportions. Yet, as clinical researchers have noted for some decades, the production of psychologists (as well as psychiatrists and every other kind of mental health professional combined) is so gradual that the population of practising professionals will *never* be sufficient to meet the mental health needs of our respective national populations (Albee 1968, 1990), not to mention our indigenous ones, thereby establishing an “infinite insufficiency” of professional therapeutic resources (Gone 2003). If one believes in the efficacy of mental health services for the management of distress in Native lives, it goes without saying that the pace of preparation of mental health professionals is so discordant with the levels of distress in Native communities that it recommends despair (Nelson et al. 1992).

Thus, assuming that the delivery of some form of “mental health” services to indigenous peoples is desirable, anything that we can do to extend and multiply the natural helping resources available in our communities would seem to be the order of the day. Unfortunately, Native psychologists seem subject to the same politics of our professional guild as other psychologists. That is, the more that nonprofessionals are encouraged to provide the kind

of services for which our doctoral training has supposedly prepared us, the more likely it is that we will feel insecure about the value of our many years of professional education and experience. The temptation is to preserve our status, salaries, and prestige by excluding all but the few doctoral-level initiates from the important work that we do (although “managed” health care in the United States has helped to ensure otherwise; see Cummings 1995 and McFall 2006). So I submit a final question for consideration: if the low number of mental health professionals – especially Native mental health professionals who presumably have a greater commitment to working in often isolated indigenous settings – can barely begin to meet the needs of our peoples, how might psychologists cultivate and expand the non-professional “mental health” resources available in Native communities without either re-pudiating our years of training and experience or rendering our roles obsolete?

Shifting Professional Roles

The answer to this question depends on a reformulation of what training in professional psychology must be about for future mental health service delivery in Native North America. More specifically, new generations of psychologists with aspirations of relevance for indigenous communities must be equipped not so much for direct delivery of clinical services (such as individual psychotherapy) as for innovative administration, program development, grant writing, outcome assessment, community-based research, local outreach and training, and clinical supervision (McFall 2000). That is, the effective psychologist of the future will act primarily as the steward of a locally tailored community-based service system that cultivates endogenous helping resources already existent in the community and procures additional necessary resources from outside the community. The backbone for this creative facilitation of community-accessible and culturally appropriate helping services will be partnerships with community leaders, traditional healers, and other natural helpers. These partnerships will enable professionals to learn about potentially effective therapeutic practices already employed in the community while concurrently contributing additional resources, professional legitimacy, and helpful organizational structures toward the wider availability and success of these local therapeutic efforts. Other helping interventions may need to be developed from the ground up in cultural terms and then evaluated and revised as necessary in response to measured outcomes. Still others may be locally tailored versions of more familiar professional approaches, depending on the evidence in support of their efficacy and the community’s willingness to vet such activities for local relevance. These diverse skills in administration, program development, outcome evaluation, clinical supervision, and community collaboration are skills that professional psychologists should learn in the course of their graduate preparation – owing to our mandatory training in research, no other mental health professional stands as ready to develop such skills as the doctoral-level psychologist.

Additional implications of this shift in professional role are worthy of further consideration as we envision future “mental health” service systems with greater relevance for Native North America. First, professional psychologists trained at the doctoral level and bound for service in Native communities need only rarely see “clients” in individual psychotherapy

during the majority of their postdoctoral careers. In fact, given the overwhelming levels of distress in Native communities and the incredible scarcity of professionals trained at the doctoral level who serve Native people, it may be time to consider whether it is actually ethical for psychologists to spend most of their time conducting individual psychotherapy in Native communities. Coincidentally, rapid shifts in health care policy are quickly rendering the practice of psychotherapy by doctorally trained clinicians less viable in the United States (Cummings 1995; McFall 2006). Thus, in America at least, psychologists in “Indian country” may now be able to assume their proper roles as creative administrators, program developers, local researchers, and clinical supervisors while reserving the therapeutic activities for compassionate and competent individuals with different skill sets and less-costly credentials. This necessarily implies that professional psychologists must obtain the necessary skills in their graduate training to be effective at program development, outcome assessment, and effective administration as a matter of course, and I therefore have recommended that such skills take precedence over training in psychotherapy within doctoral-level psychology education.

As an aside, I should note briefly that rather extensive scientific inquiry during the past few decades has examined the question of whether doctoral training and pre- and post-doctoral clinical experience lead to improved clinical outcomes for psychotherapy clients (Berman and Norton 1985; Bickman 1999; Christensen and Jacobson 1994; Durlak 1979; Hattie, Sharpley, and Rogers 1984; Landman and Dawes 1982; Smith and Glass 1977; Stein and Lambert 1984; Strupp and Hadley 1979). Interestingly, the assumption that higher levels of professional training and experience would lead to better therapeutic outcomes has not been borne out in the literature: professors, students, community members, and even computers (Selmi et al. 1990) with rather limited backgrounds in psychology or clinical practice have been proven to function as effective therapists for many people in distress. Instead of threatening our professional livelihoods, however, such scientific findings are cause for inspiration among credentialed psychologists who serve Native communities, for at the very least they promise a future with much greater availability of therapeutic resources than marginalized indigenous communities utilizing conventional service-delivery models can presently muster.

Keeping Culture in Mind

A second implication worthy of elaboration as we envision future “mental health” service systems with greater relevance for Native North America concerns the cultural appropriateness of conventional therapeutic activities for indigenous communities. I have already noted that professional psychologists within indigenous communities ought to conceptualize culturally appropriate theories of the person in an effort to ensure that local services are tailored to existing cultural norms. In this light, I have made reference to psychotherapy somewhat awkwardly, for although there is ample evidence that psychotherapy can be effective for a variety of problems that people might experience (Smith, Glass, and Miller 1980), I am less persuaded of the effectiveness and appropriateness of psychotherapy for Native communities in particular. For one thing, I am aware of no studies demonstrating the efficacy of individual

psychotherapy for Native “clients” (Gone and Alcántara 2007), and for another, there seem to be many intimidating cultural barriers to providing therapy to indigenous people, regardless of whether these interventions are proven to reduce symptoms and improve functioning for non-Native people (Gone 2007, 2008a, 2008b, forthcoming c; Gone and Alcántara 2006). For example, I well remember the occasion when an older relative was referred by her physician to the Indian Health Service “behavioural health” staff for emotional support during a time of distress. She described a visit with the social worker for a single session before leaving, never to return. In recounting the incident to me, she laughed while asking, “What could that [young Euro-American] social worker possibly have to say to me?” And in a scene that might seem familiar to many Native mental health professionals, a close family member once approached me for “counselling,” explaining that under no conditions would he trust someone outside our family with his difficulties and concerns.

These instances offer a glimpse into the very different worlds in which many Native people live. I have already argued that as highly educated professionals in tense (post)colonial contexts, we have the special obligation to attend very carefully to these cultural worlds prior to imposing Western psychological practices on suffering and sometimes desperate people. This obligation to attend to the cultural worlds of Native communities implies the aforementioned opportunity to discover already-existing therapeutic interventions as well as to develop new ones grounded adequately in the local cultural dynamics. One relevant area of inquiry, for example, with regard to the formulation of culturally tailored therapeutic interventions involves the culturally local experience and expression of emotion. The psychological study of emotion still retains a conceptual bias toward the biophysical and intrapsychic character of affect that affords little room for any primary role of social and cultural processes in the constitution of emotional experience – leading, for example, to Ekman’s (1984) six universal, or “basic,” human emotions. This perspective fails to recognize, however, that emotional experience is simultaneously constituted by the symbolic meanings and social interactions that render such experience intelligible in the context of human communities (Harre 1986; Kitayama and Markus 1994; Leavitt 1996; Lutz and White 1986; Shweder 1992; Shweder and Haight 1999). As a result, human emotion depends on *both* biology and culture for its realization in the lives of persons: without the requisite biology, humans would have nothing to interpret and meaningfully represent as emotion; without the requisite enculturation, humans would have only bodily sensations and perturbations with no symbolic framework of meaning to render them intelligible to self and others. The result is a fantastic diversity in emotional experience and expression around the world, and Native North America is no exception. Perhaps the best-documented instances of these divergences in the context of psychological functioning or “mental health” concerns in Native communities are Briggs’s (1970) ethnography of Inuit emotion and O’Neill’s (1996) exploration of Salish “loneliness” and depression.

In any case, the development of truly appropriate interventions will necessarily require that psychologists working in Native communities attain actual competency in “thinking through cultures” (Shweder 1991) – that is, in the conceptualization and exploration of

cultural practice and process in social life (Gone and Kirmayer 2008). In my mind, beyond the standard variable-analytic statistical procedures that psychologists typically master in their graduate training, such competency requires professional familiarity with qualitative or interpretive methods (see, for example, Denzin and Lincoln 2005); never again should culture be considered as merely an independent variable (Valsiner 1996). Furthermore, the effective psychologist in Native North America will learn to engage and involve a variety of community leaders, cultural authorities, ritual practitioners, and natural helpers to guide our work, recognizing that the end results of our collaboration may bear little resemblance to conventional psychotherapy. And finally, we must not forget that we owe Tribal communities a systematic assessment of outcomes for these novel interventions developed in close collaboration with local community members.

Expanding Therapeutic Resources

Once we have identified or developed culturally resonant helping services for Native communities, we can then begin to expand the availability of these resources. Such expansion will necessarily require more person power. Thus a final implication worthy of elaboration as we envision future “mental health” service systems with greater relevance for Native North America concerns the cultivation and development of presently untapped human resources for the relief of distress in indigenous communities. It remains for professional psychologists to identify local people with proven track records in helping others through crisis and distress. Once such people have been identified, we might then muster our resources to support these individuals in the very efforts for which they have already demonstrated proficiency. One place to start may be within the nucleus of American Indian or First Nation life, the extended family. Extended families in Native North America have survived untold hardship over past decades (and in some cases, centuries), so it stands to reason that professional psychologists should attempt to cultivate family relationships as one important source of strength. One way to do so might be to facilitate the abilities of already-supportive members in each extended family to better assist their relatives in times of trouble. A second pool of untapped resources is the many students who matriculate at tribally controlled (or other nearby) community colleges in human-services curricula. At the University of Illinois, where I was a graduate student, the psychology department administered a Mental Health Workers Program consisting of trained undergraduates who receive academic credit for assisting members of the community in times of distress or crisis. There is no reason why similar programs could not also be developed within tribally controlled community colleges.

A third pool of untapped resources is the adolescent population in Native communities. Adolescents in Native North America clearly face great challenges in their transitions to adulthood (for a review of challenges facing American Indian adolescents, see Office of Technology Assessment 1990), and the formation of a culturally grounded peer support system does not seem out of reach for many indigenous communities. Perhaps we might even facilitate the establishment and nurturance of adolescent cultural societies (think of these as

prosocial “gangs”) that would create a mentored context for our youth to exercise autonomy, respect, reciprocity, and influential relationships with their Elders; such support systems might displace the antisocial gang activity that seems to be on the rise in too many of our communities. A fourth resource pool is the myriad participants in a variety of self-help groups in Native communities. These groups already thrive in many urban and reservation enclaves, providing their membership with an effective, empowering, and cost-effective “intervention” for unmanageable (or sometimes just underfulfilled) lives. Interestingly, the psychological benefits of many self-help endeavours have been empirically demonstrated (Gould and Clum 1993; Scogin et al. 1990). The list could go on and on, for the cultivation of untapped resources within Native communities is limited only by our energy and imagination. Clearly, Native communities stand to gain a great deal when professional psychologists move out of the clinic and apply our talents and expertise to the facilitation and expansion of alternative and natural helping systems that rely on nonprofessional community members for their design, availability, and efficacy (Rappaport and Seidman 1983).

Conclusion

I have summarized three paradoxes or contradictions that I have observed among Native professionals in psychology and have examined each with regard to its implications for the future of mental health services in indigenous communities. I have noted that despite the cultural incongruity of graduate education in psychology, Native professionals obtain degrees and credentials to maintain control of our own destinies (and perhaps to cultivate habits of critical and liberating inquiry). I have also asserted that we cannot reject the scientific basis of psychology and the mental health professions while simultaneously adopting and disseminating in Native communities various psychological concepts established in Western ethnopsychology. Finally, I have observed that Native professionals cannot afford to protect the privileges of our guild at the expense of greater person power in service systems of the future. Rather, the professional psychologist who aspires to future relevance in Native North America must instead act primarily as administrator, program developer, researcher, and facilitator in the discovery and expansion of culturally appropriate, demonstrably effective helping services. Progress in establishing such services for indigenous communities will require of psychologists (1) professional skills other than psychotherapy, (2) conceptual approaches that afford insight into extant cultural resources, and (3) enduring commitments to expanding the effectiveness and availability of people involved within these community-responsive helping systems. It is my concentrated wish that these words will help us to eschew the road of the so-called “progressive” and “humanitarian” assimilationist educators of the nineteenth century and thereby stimulate development of an alternative vision for mental health service delivery in Native North American communities of the twenty-first century.

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