

# Mental Health, Wellness, and the Quest for an Authentic American Indian Identity

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**W**hen I first arrived on the Fort Belknap Indian reservation in north central Montana to live and work following my graduation from college, I began systematically asking some of the more respected members of my community what it means to be American Indian (or, more precisely, what it means to be “Ind’in”—very few reservation community members used the term *Native American* at that time). I soon discovered that they too had devoted much thought and energy to the question despite their close and enduring ties to the reservation. It was during these conversations that I first encountered some of the surprising complexities that characterize the politics of identity in Indian country.

One particularly memorable conversation involved a former chairman of the Fort Belknap Community Council, the elected head of our tribal government. This quiet, middle-aged man was born and raised at Fort Belknap to a Gros Ventre parent and an Assiniboine parent. His Certificate Degree of Indian Blood—the U.S. Bureau of Indian Affairs’ (BIA’s) official record of an Indian person’s degree of Native ancestry—attested to his “full-blood” status, a designation somewhat uncommon for his generation at Fort Belknap. He described a time in his life when he had just completed a successful reelection campaign, having previously been the youngest tribal chairman in Fort Belknap history. Once

the new council was sworn in, the first order of business was to determine which of their members should be made the new chairman. Naturally, some of the council members nominated this accomplished former chairman for a second term on the basis of his experience and success in the position. A debate ensued, however, in which the former chairman's fitness for the office was challenged by a faction of dissenters. More specifically, these individuals complained that the former chairman was not "Indian enough" to continue representing the people of Fort Belknap in the highest elected office of the tribal government. Supporters of the former chairman immediately countered with a detailed presentation of his credentials: He was a full-blood, born and raised on the reservation, of good character, with an established record of proven efficacy as a tribal leader, and the like. In short, these supporters attested to the authenticity of the former chairman's "Indianness" relative to the cultural identities of the challengers by recounting a laundry list of characteristics that were understood locally to capture the very essence of Indian identity. A heated exchange ensued in which the former chairman's opponents ultimately grounded their challenges on the fact that he had not been raised in an alcoholic home and had not himself become an alcoholic. Fortunately, these arguments were ultimately dismissed as ridiculous by a majority of the council, and the former chairman was reelected to a second consecutive term, an extremely rare occurrence at Fort Belknap.

This example is instructive in several regards. First, it exemplifies the tumultuous interpersonal arena in which American Indian identity is alternately contested and established in complex ways. In fact, very few American Indian people would be unfamiliar with the kind of heated exchange described above, and most have participated in such discourse and contributed to (or endured) its force and function at one time or another.

Second, this example reveals the operative mechanism of Indian identity discourse along with several of its most familiar constituents: The assertion or refutation of an authentic Indian "essence" as evidenced usually by blood quantum, duration of reservation residence, language fluency, ceremonial practice, and the like. This is not to suggest, of course, that "essentialism" is actually viable as a conceptual framework for understanding the complexities of American Indian identity; rather, such essentialism is characteristic in practice of Indian identity discourse.

Third, this example illustrates the often implicit deficits, disorders, or pathologies that an authentic American Indian identity is assumed to entail, sometimes even among Indian people themselves. In this instance, elected tribal leaders contested the authenticity of one of their own to govern the community on the grounds that neither he nor his

parents had habitually abused alcohol. More typically, of course, such implicit deficits are more subtle: Authentic or “real” Indians (it is supposed) cannot sustain happy marriages, raise terrific children, excel in their academic work, pursue successful careers, manage money well, thrive in the big city, and so on. Indeed, these subtle assumptions regarding an authentic Indian identity are most directly concerned with mental health or wellness insofar as they hobble the aspirations and expectations of contemporary Indian people who harbor them.

Fourth and finally, this example underscores that the implicit deficits, disorders, and pathologies that too often suffuse notions of an authentic Indian identity were cemented in the context of a brutal Euro-American colonialism. Although this observation may seem too obvious to mention, it is absolutely crucial to this chapter and this book because the colonial project known as the United States of America sought to shatter the cultural foundations on which the mental health and well-being of entire communities of Indian people depended, inaugurating a sometimes desperate pursuit of (post)colonial<sup>1</sup> alternatives for grounding personal and communal meaning-making. It is this nearly frantic pursuit of a viable (post)colonial source of coherence, connectedness, and continuity that renders concerns about American Indian mental health and contemporary American Indian identity utterly inextricable.

Given the centrality of identity to wellness among American Indian people, it is the purpose of this chapter to provide a conceptual overview of Native identity that will enable mental health professionals, practitioners, and researchers to more effectively address the mental health needs of American Indians in urban settings. This chapter thus

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<sup>1</sup> In considering the colonial experience of the indigenous peoples of the United States, the issue of appropriate terminology becomes significant. Despite its currency in contemporary literary circles, the term *postcolonial* seems inappropriate to the contemporary indigenous circumstance because the colonizers (or their descendants) still 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 outright resource theft ended a few short generations ago. In fact, since the era of self-determination commenced in the 1970s, when tribal governments began to 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, Christianity, star quilting, cattle ranching, casino operation, and tribal college administration), effectively rendering them distinctively our own (in the postcolonial sense). To capture this extremely complex state of affairs, I have chosen to adopt the ambiguous term *(post)colonial* from Chadwick Allen (2002), albeit with different connotations.

summarizes and evaluates a range of approaches that psychologists and other social scientists have used to conceptualize Indian identity, with an emphasis on the ability of variant models to effectively capture the complexities of lived American Indian experience. Finally, this chapter draws out the implications of such complexities (and the conceptualizations that best describe them) for the mental health professional or practitioner engaged in serving Native people or communities in urban settings.

### *Theorizing American Indian Identities: Conceptual Alternatives*

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When it came to cultural identity, I was often instructed by the behavior of my youngest siblings who were born and raised at Fort Belknap. On more than one occasion during their childhoods, I observed them engaging in a make-believe activity or donning an article of traditional dress, only then to declare, “Look, I’m an Indian!” Sometimes it was explained to them that they were Indian regardless of how they dressed or the activities in which they engaged. Nevertheless, my siblings had some difficulty accepting the explanation that Indianness involves something one is, not something one does. I attribute this confusion to two sources. First, portrayals of American Indians are so stereotyped in (post)colonial America that it remains difficult even for Indian young people not to think of authentic or real Indians as stoic figures in feathers and paint who dance, ride horses, and hunt with bows and arrows. Second, these young siblings had difficulty recognizing their Indianness because their lives had unfolded in the insular routines of a fairly remote Indian community. Like fish in water, then, they simply had yet to recognize the distinctive features of the culturally saturated environment that nurtured them from birth (rendered suddenly salient once they later attended the nearby off-reservation public schools). Naturally, as they came of age, my siblings quite easily embraced the notion that being Indian involves intrinsic rather than enacted qualities. Reality, of course, is more complicated than superficial attributions of the *intrinsic* (what one is) versus the *enacted* (what one does), and so the range of ways that Indian identity has been conceptualized in theoretical terms (primarily within the social scientific disciplines of psychology, sociology, and cultural anthropology) has proliferated.

Most formal models of Indian identity were developed by White researchers to describe the variations in orientation and experience of Indian people in the rarified terms of the Western academy. These conceptualizations usually reflect a mix of intrinsic and enacted explanations in their efforts to classify American Indian identities for analytic purposes. To discuss these models in detail, however, it is imperative to consider briefly the colonial legacy that colors all conceptualizations of American Indian identity, whether in the research of social scientists or the routine interpersonal interactions of Native people. More specifically, the most influential conceptualization of Indian identity throughout the colonial era depended on a distinctively American ideology of race (Omi & Winant, 1994).

### *Sovereignty and Identity: The Influence of Racial Ideology*

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For a century or more, U.S. Indian policy has rested on the twin pillars of collective tribal sovereignty and individual political identity. The sovereign right of the various tribal communities that comprise Native North America to govern their own affairs is the unlikely result of Western conceptions of international law: As historical parties to treaties with the United States, for example, Indian groups inherited the legal status of nationhood. Of course, the federal government could not allow Indian tribes full status as truly independent nations given the larger American colonial project. Thus, the sovereignty of Indian "nations" has been tailored legally to the colonial interests of America insofar as the "external" powers of sovereignty (e.g., rights to make treaties, regulate immigration, and print money) have been extinguished by Congressional fiat, although the "internal" powers of sovereignty (e.g., rights to determine citizenship, regulate elections, and tax) remain. As a result, all federally recognized Indian tribes in the United States continue to enjoy their rather idiosyncratic status as domestic, dependent nations, albeit always at the "pleasure" of Congress (for a thorough and accessible overview, see Pevar, 2004).

One consequence of nationhood—even a domestic, dependent nationhood—is the right and responsibility to establish criteria for citizenship in the greater polity. Thus, tribal sovereignty is necessarily concerned with the status of individual Indians who compose the nation in question. No matter which criteria a federally recognized tribe adopts

to define its citizenry (or its enrolled membership), the endorsement of such criteria is a statement about Indianness, a delineation of Indian identity. As a result, even the casual inspection of the citizenship criteria for diverse tribal nations could in principle reveal those aspects of tribal identity that particular Native communities have thoughtfully considered with regard to inclusion in the body politic. Unfortunately, such determinations were shaped by colonial relations in which the U.S. government effectively enforced its vested interest in defining Indians for the purposes of controlling Native people, lands, and resources. One consequence of this legacy is that instead of carefully considered and creatively selected citizenship criteria (which themselves are constructed through Western discourses of sovereignty, nationhood, and international law), most tribes continue to endorse a variant of the standard colonial theme: blood quantum or racial purity.

In the context, then, of American racial ideology, an Indian was simply someone who shared the biological or genetic heritage of the American Indian “race” to some specified degree. As such, this approach was the quintessential intrinsic explanation of Indian identity. Racial ideology afforded a potentially stable classification of Indianness (so long as a consensus regarding the particular specification endured), insofar as an individual evidencing the requisite racial characteristics was understood to be Indian for life, independent of the shifting tableau of experience. Difficulties arose, however, once an Indian, so determined, married a non-Indian: Were the descendants also Indian (and therefore subject to federal supervision and regulation) or not? Anthropologists and legal specialists debated this weighty question with reference primarily to biological attributes, including hair texture, cranial features, and the like (Beaulieu, 1984). It is this school of thought—born essentially of American capitalist concerns with the property status of African slaves and “reserved” Indian lands held in “trust” on behalf of tribal communities by the U.S. government—that gave rise to the influence of blood quantum as the most salient metonym of Indian identity.

Contemporary examinations of racial ideology in America have compellingly demonstrated that ascendant notions of race and racial purity are historically contingent social constructions, fictions (albeit with serious real-world consequences) developed in the American colonial context for the promulgation of Euro-American supremacy in this hemisphere (Jaimes, 1992; Jordan, 1974; Morgan, 1975; see Miller, 2005). The purported biological bases for the classification of race and racial purity have been completely debunked in scientific circles (Cartmill, 1998; Templeton, 1998). In fact, many phenotypical racial characteristics (e.g., skin color, facial features, and hair texture) are

now recognized as fairly arbitrary collections of biological features with no socially meaningful correlates in terms of human ability or character (Appiah, 1996). Hypothetically speaking, any society could invent a nearly infinite array of racial groupings using completely arbitrary constellations of biological qualities. Finally, even if the concept of racial purity were firmly grounded in biology, modern Americans—American Indians included—could make little claim to such purity given the extensive (but often suppressed) history of intermarriage and reproduction between Indians, Blacks, and Whites (Forbes, 1993; Williamson, 1995).

Nevertheless, degree of ancestry, racial purity, or blood quantum remains an influential vestige of this history, one that distills the essence of Indian identity to degree of biological heritage. The BIA still issues Certificate Degree of Indian Blood documents to Indian people that subdivide their Native ancestry by tribe to an astonishing degree (e.g., 1/256 quantum Nez Perce). It persists in almost every modern tribal community's criteria for citizenship (with one-quarter degree of Indian blood being the most common) and plays an important semiotic function in Indian identity discourse, both within urban and reservation Indian communities. In fact, so pervasive and entrenched is this racial ideology in America's conceptions of Indian authenticity that it is not at all uncommon for Native people in urban settings to be asked by enthusiastic White interlocutors the intrusive question, "So, are you a full-blood?" One relative of mine who worked for the BIA reported occasional telephone requests by White people for a blood test to determine whether they had sufficient Indian ancestry to qualify for federal benefits.

Given the dominant influence of so widespread an ideology in America, it should not be surprising that social scientists have embraced this kind of essentialism in much of their early research as well. In more recent work, however, blood quantum and racial purity have retreated in the face of new strategies for conceptualizing American Indian identity. These strategies vary widely in terms of their essentialist commitments. I describe several of these strategies in turn, reviewing them on the basis of certain shared features as the *dimensional* models and the *discursive* models. As an aside, I should note briefly that social scientists have also conceptualized ethnic identity in terms of developmental stages that individuals are presumed to negotiate at key junctures during the lifespan (for an example of such a stage model, see Phinney, 1989; also, for a more general review of approaches to studying ethnic identity, see Phinney, 1990). These developmental models have not been adapted for use with American Indians, however, with the exception of the urban American Indian identity model currently under revision by its creator Karina Walters (1996, 1999).

## *The Dimensional Models*

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One approach to conceptualizing American Indian identity arose when anthropologists and other social science researchers began to study the consequences for Indians of the intersection of Native and Euro-American cultures in the everyday lives of Native people. The study of assimilation or acculturation recognized that many Native people were participating with greater frequency and regularity in the practices of Euro-American society while simultaneously forgoing participation in Native ritual and practice. For example, one obvious marker of this shift in practice is the frequency of an individual's use of his or her tribal language versus his or her use of English. This conceptualization of Indian identity has been modeled as a linear dimension or continuum in which opposite end points represent traditional and assimilated identities. Thus, one needs only to determine which criteria are indicative of traditional or assimilated identities—anthropologists have used standards like blood quantum, language fluency, employment status, and ownership of a television (Graves, 1967)—to position an Indian person along the identity continuum. Such criteria clearly exhibit the familiar essentialist logic of inferring authenticity (i.e., a “traditional” identity) on the basis of a short list of basic or fundamental characteristics. This positioning requires the dramatic distillation of potentially complex experience into a single parameter that is then assigned to a unidimensional continuum. Furthermore, an individual's position along this continuum is relatively stable—it is unlikely that someone would move from the traditional end of the continuum to the assimilated end even in the course of an entire lifetime. Still, in contrast to the supposedly impermeable categories provided by racial ideology, the linear model can in fact account for some shift along the continuum during the life span.

With regard to this unidimensional modeling of American Indian identity, survey researchers have developed many variations on this methodological strategy, quite sensibly augmenting the list of presumably relevant criteria to include self-reported identity attributions and affiliations by Native respondents (Oetting & Beauvais, 1990–1991). Furthermore, these researchers have expanded such models to accommodate bi- or even triculturalism. For example, the cultural identifications of a particular individual can now be modeled simultaneously along two (or more) continua representing a respondent's self-reported comfort and competency with both Indian and Euro-American beliefs and practices (Moran, Fleming, & Somervell, 1999; Oetting & Beauvais,

1990–1991). Such models suggest that one's facility with Indian cultural practices need not conflict with or compromise one's facility with Euro-American practices—dual or bicultural identities are possible for single individuals who routinely “code-switch” between divergent cultural practices (LaFromboise, Coleman, & Gerton, 1993). This recognition of an individual's capacity for multiple cultural identities undoubtedly adds further complexity to the model but retains a fairly static quality—even lifetime shifts along the various continua are unlikely. In addition, these multidimensional models still require the distillation of complex information to a few points along the continua. Nevertheless, given their propensity for dimensional models, survey researchers will no doubt continue to generate variations of this kind.

Such conceptualizations represent an alternative to the untenable ideology of racial purity (which locates identity in blood and genes), merging a fluid combination of intrinsic explanations (e.g., blood quantum) and enacted explanations (e.g., speaking one's tribal language). One limitation of these models, of course, is that they fix American Indian identity through the simplistic distillation of complex life experience into the a priori criteria and categories deemed important by social scientists. In this regard, they remain rather distant from the richness and complexity of actual lived identities. More important, though, these simplistic representations posit Indianness as largely independent of the immediate and unfolding social contexts in which Native persons live and act. That is, they locate Indian identity primarily in the predictable and durable habits of thought and behavior of the individual in question, with little attention to the communicative processes, interactive environments, social structures, and institutional relations that might give rise to (or constitute) such identities. In essence, then, these constructs remain fundamentally psychological in nature, privileging the agentic intentions, reflexive attributions, and durable dispositions of the individual actor.

The inability of these models to render a satisfying account of lived cultural identities becomes obvious if one simply returns to the example from the beginning of this chapter in which the dimensional models seem ineffectual in representing (much less explaining) the heated exchange surrounding the selection of a new tribal chairman. This is because the dimensional models posit a core or essence of Indianness, usually a laundry list of certain qualities that a person either does or does not evidence, independent of the social processes through which Indian identity is regularly asserted and contested. And yet, the prevalence of what my friend Patrila “Ime” Salazar casually has referred to as “MITT contests” (“More Indian Than Thou”; personal communication) in Indian country suggests an important consideration in the conceptualization of Indian identity: Claims to kinds of Indian identity

are routinely asserted and contested in concrete social interactions for particular rhetorical and pragmatic purposes. Thus, to represent more accurately the actual give and take of Indian identity that is so evident in everyday social interactions among Native people, a more prominent emphasis on dynamic social process is necessary. Instead of theorizing Indian identity as a relatively static personal attribute evidenced in the ordered and enduring thoughts and behaviors of individual Indian people, attention to social process suggests that Indian identity is more appropriately viewed as the creative product of two or more persons engaged in unfolding interaction within the context of available and preexisting discursive practices.

### *The Discursive Models*

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My informal inquiries at Fort Belknap regarding cultural identity were my first concrete opportunities to grasp the significance of dynamic social process for understanding American Indian identity. Perhaps the most significant contradiction I encountered in my early days on the reservation was a subtle one. I had taken to routinely asking members of my extended family what they thought it meant to be Gros Ventre in today's society. I vividly remember my uncle's response to my question: "There are no more Gros Ventres today." I was unprepared for this assertion, especially from someone like my uncle, who (like the chairman described in the opening of this chapter) was born and raised on the reservation, avidly participated in traditional ceremonial practices, and was listed (for all intents and purposes) as a full-blood Gros Ventre in the enrollment records. What could my Gros Ventre uncle possibly have meant by asserting to his Gros Ventre nephew that there are no Gros Ventres left today?

I had ample opportunity to explore this startling assertion with older Gros Ventres in research I undertook as a doctoral candidate at the University of Illinois (Gone, 1996). Designated the Gros Ventre Cultural Identity Project, this research involved loosely structured interviews with members of the elder generation of Gros Ventres at Fort Belknap. Not surprisingly, I discovered that many of our elders also firmly believed that a legitimate modern Gros Ventre identity was impossible because "Gros Ventre ways are gone." Although I visited with about 30 of our elders, I decided to focus my thesis on the identity interviews I conducted with my grandmother. She too insisted that Gros Ventre ways were gone, despite clear evidence that a host of

uniquely Gros Ventre cultural ideals and concerns had shaped and ordered her life. In other words, from my perspective, my grandmother's beliefs and behavior seemed to directly contradict her own self-professed ideas about Gros Ventre identity. The dimensional models of Indian identity were fairly useless here—how could I reconcile these seemingly contradictory phenomena, and what did all of this imply about contemporary Indian identity?

## THE GONE MODEL

On the basis of these investigations, two colleagues and I (Gone, Miller, & Rappaport, 1999) have proposed a conceptualization of cultural identity that is distinctive in at least two ways. First, this approach acknowledges that American Indian people actively construct cultural identities, drawing on the rich cultural resources in their own unique communities. Thus, Indian identities are intentional constructions by individual agents engaged in making sense of their experiences. At the same time, the possibilities for constructing such identities are channeled by the particular cultural histories, community traditions, and institutional relations that affect the tribal community in question, and such possibilities are not infinite, but limited. Thus, Indian identities are historical products of enduring social structures that are both powerful and pervasive. In short, the construction of cultural identity emerges at the confluence of intention and convention, agency and structure, individual and community, and mind and world. Rather than arbitrarily privileging either side of these analytic dichotomies, our model situates cultural identity within the reemerging discipline of cultural psychology (Shweder, 1991; Shweder & Sullivan, 1990) by asserting that culture and identity coconstitute one another (i.e., make each other up). The implications of this approach are distinctive on several counts. For one, it recognizes that the construction of Indian identity is simultaneously facilitated and constrained by the forces of history, power, and tradition. Additionally, in view of the local character of history, power, and tradition, it may not make much sense to talk about Indian identity in generic terms. Finally, such identities vary in remarkable ways even within a single community, depending on the multiple ways that creative individuals might draw on existing cultural meanings and practices to make sense of their own personal experiences.

Through engagement with established notions within cultural anthropology, we understood this fusion of agency and structure, mind and world, to occur through action, praxis, or practice (i.e., human activity in life context; see Ortner, 1984). The practices we encountered in the study of Gros Ventre cultural identity were primarily communicative and

interactive. Thus, a second contribution of our approach is that American Indian identities are understood to emerge as products of dialogic interaction with others. That is, instead of being evidenced simply in the ordered and enduring thought and behavior of individuals, Indian identities are understood to emerge from the creative use of language in social interaction. More specifically, we have argued that the kind of communicative interaction best suited to the construction of cultural identity is the recounting of past personal narratives to particular audiences for intentional purposes. For example, in the identity interviews with my grandmother (Gone, 1996), she offered numerous accounts of her own personal experiences to instruct me on the meaning of being Gros Ventre in the modern world. Closer examination of these narratives revealed a richly textured local moral world (i.e., an interpreted environment that provides the context for meaningful action; see Kleinman, 1995) evoked through and comprised by her identity discourse, demonstrating how her culturally grounded understandings of spiritual matters informed and made possible her assertion that Gros Ventre ways were gone.

I have already noted that my grandmother's astonishing assertion that a legitimate Gros Ventre identity was no longer possible plainly contradicted her routine transactions in the world in which distinctive Gros Ventre ideals and values continually informed and guided her behavior. It was only through careful narrative analysis, however, that I came to understand that her conception of Gros Ventre identity depended heavily on her equating Gros Ventre ways with sacred Gros Ventre ritual tradition. Because my grandmother also reasoned that the Supreme Being must have intended for Catholicism to replace this ancestral ceremonial tradition, and because such tradition had not been properly observed in over a century (and indeed is no longer available for appropriate use), my grandmother concluded definitively that real Gros Ventres had ceased to exist. This fuller understanding of the cultural context that informed my grandmother's sophisticated worldview (her local moral world) resolves the mystery of the apparent contradiction in words and behavior: Her anguish over the colonial annihilation of Gros Ventre ceremonial tradition (and all that this implies) required the renunciation of an authentic contemporary Gros Ventre identity. The irony of my grandmother's position is that her adamant denial of the possibility for a legitimate modern Gros Ventre identity was itself a legitimate modern Gros Ventre identity. Only a discursive model can adequately represent this paradoxical state of affairs, and narrative analysis becomes the central analytic tool for disentangling such complexity (for a detailed example of narrative analysis and Gros Ventre cultural identity, see Gone, 1999).

It should now be clear that our conceptualization of Indian identity attempts to circumvent the age-old tension between agency and structure, focusing on specific social contexts in which the complicated meanings of cultural traditions and community events furnish the materials for the intentional construction of individual identities through narrative practice. Furthermore, it recognizes that Indian identities emerge through dialogic social practice, especially communicative interaction with others. As an alternative to previous conceptualizations of Indian identity, then, our proposal is neither especially simplistic nor necessarily static. That is, serious attention to social context allows for the mobility of individuals to transition in and out of particular cultural identities depending on their interpretations of shifting social contexts, including unfolding historical events (e.g., U.S. Congressional termination of one's tribal sovereignty) or changing relationships with others (e.g., sudden responsibility for raising a grandchild). In addition, it shifts the balance away from an intrinsic explanation to an enacted explanation insofar as the communicative interpretation of one's role or place within existing social contexts is a subtle yet powerful creative activity in itself.

Yet, our conceptualization of Indian identity still implies a fairly stable construct in the sense that an individual's local moral world (i.e., richly interpreted social context) is unlikely to shift so dramatically that sudden identity transformations ever seem routine (though Indians, too, sometimes experience extraordinary religious conversions). In fact, most Gros Ventre elders I know have maintained a strict and lifelong adherence to the interpretation of community life that asserts that Gros Ventre ways are gone despite the rejection of this idea by several younger tribal members today (Fowler, 1987). It is important to acknowledge, therefore, that at least some significant aspects of Indian identity seem to defy even this level of stability or regularity in everyday practice. For example, a middle-aged Indian man might portray himself as a "Seventies SuperSkin" (i.e., a Red power militant) to an uninformed White female admirer in the afternoon, only to admit rather sheepishly to a community elder at a ceremony later that evening that he does not speak his tribal language and should not be considered culturally competent for ritual purposes. To explain this kind of ephemeral versatility, Indian identity must also be theorized as a series of dynamic and rhetorical constructions that may shift dramatically in a person's interactions with others precisely because the identities individuals construct in given situations are highly sensitive to the immediate social context. In short, such a conceptualization greatly emphasizes an enacted explanation over an intrinsic explanation in which the acting in question is the attempt to influence others through communication.

## THE O'NELL MODEL

One sophisticated attempt to represent American Indian identity as a series of versatile, dynamic, and rhetorical constructions that might fluctuate dramatically in a person's immediate interactions with others was developed by anthropologist Theresa O'Neil (1996) during her fieldwork among the Flathead people in Montana. This conceptualization of Indian identity was O'Neil's effort to carefully describe the ongoing negotiation of identity as it actually occurs in an Indian community. For reasons explained below, she labeled this perspective on Indianness as the "empty center" rhetoric of Indian identity. To understand this model, the reader should imagine a target diagram consisting of the usual rings of concentric circles surrounding a bull's-eye at its core. This bull's-eye can be seen to represent for any particular individual the conceptual realm occupied by genuine, legitimate, authentic, or real Indians whose identities as Flathead people (in cultural terms) are absolutely beyond question. Given the nature of identity politics in contemporary Flathead life, this inner sphere of real Indianness is unlikely to contain even a single living person in the eyes of most contemporary Flathead individuals—hence, the term *empty center*. Rings closest to the bull's-eye, however, represent for Flathead individuals those spaces occupied by living people who most closely approximate the characteristics and traits of the real Indians, whereas rings farther toward the outer edge of the target represent spaces occupied by people whose cultural identity is deemed less authentic or in question. Thus, according to O'Neil, most negotiation and conflict concerning Indian identity within the Flathead community may be conceptualized in terms of which of the concentric rings between the bull's-eye and the outermost edge of the target various community members are seen to occupy.

The power of this empty center model of Indian identity is threefold. First, the model allows for a diversity of identity assessments or attributions for a given individual depending on the social status of that individual within the community. For example, a tribal elder widely recognized in the community as most closely approximating what it means to be a real Indian would probably deny that he or she is in fact a real Indian and would thus invoke the empty center within discussions of his or her own identity. In contrast, a younger person positioned more marginally to the central realm of the real Indians might actually assign this particular elder to the bull's-eye as a genuinely real Indian in his or her own discussions of Flathead identity. For this individual, then, the center is sparsely populated but not quite empty. Thus, the "empty center" conceptualization of Indian identity allows for tremendous variability in terms of how any given individual makes

sense of his or her own cultural identity as well as the cultural identities of other members of the community. Multiple individuals, then, construct multiple identities, each invoking an identity status for him- or herself as well as for all of the other people in the community in such a way that different people might disagree as to the specific placement of a given community member (i.e., closer to or further from the realm of the real Indians) in their own individual identity conceptions.

Second, the model allows for a shifting historical reformulation of Indian identity in which passing generations of Indian people consistently move toward the empty center, always redefining what it means to be a real Indian for new generations. For example, in today's Plains Indian communities, the last buffalo-hunting generation might occupy the empty center for most tribal members, although for the buffalo-hunting generation, their ancestors (who perhaps were less dependent on the White man's trade goods) must have defined what it meant to be a real Indian. Thus, rather than imagining a single universal target diagram, one can imagine a series of telescoping diagrams in which cohorts of individuals pass successively into the center as the community endures throughout history. As a result, the model captures the ever-evolving nature of Indianness within the endless cultural shifts that have characterized Indian life throughout time immemorial.

Finally, the empty center conceptualization can easily accommodate the rhetorical posturing so characteristic of the MITT contests described earlier. More specifically, individual Indian persons can represent themselves as occupying different rings of the target diagram depending on the immediate social context of the interaction. For example, when making a case before a relatively ignorant White authority figure, an individual might position him- or herself relatively close to the empty center to lend pragmatic force to his or her arguments (perhaps emphasizing his or her impressive lineage, cultural knowledge, or facility with the language). In contrast, the same individual might distance him- or herself from the empty center when engaged rhetorically with other Indian people who are in a position to effectively challenge his or her claims to authentic Indianness (perhaps humbly acknowledging that he or she spent years away from the community for educational purposes or that one of his or her grandparents was White). Thus, this model can effectively represent the routine communicative acts of rhetorically constructing an Indian identity tailored to the instrumental purposes at hand in any given interaction. For these various reasons, I find this sophisticated and dynamic theory of Indian identity both potent and elegant.

As one final example of the explanatory power of the empty center rhetoric model of American Indian identity, I return briefly to the words of my grandmother. In her complex assertion that a modern Gros

Ventre identity is impossible, she actively invoked an empty center through her identity discourse: All of the real Gros Ventres are gone. The power of O'Neil's particular discursive model is that it can adequately account for the empty center invoked by my grandmother while simultaneously allowing that, for me, the center is not quite empty: My grandmother embodies nearly all that it means to me to be Gros Ventre today.

## *Comparison and Evaluation*

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In concluding this discussion, it is important to note that both the dimensional and the discursive models of American Indian identity represent progress beyond the corroded foundation of American racial ideology. In fact, both kinds of models have been used productively in research by social scientists. Nevertheless, one clear advantage of the discursive models seems readily apparent. Such models can accurately represent the fundamentally essentialist practices that characterize Indian identity discourse—and indeed, if they could not, a central facet of the phenomenon would be obscured—without actually reifying such essentialism in the analytic process itself. They do so by privileging open-ended, open-minded investigations of American Indian identity that are attuned to the emergent social and interactive processes by which such identities are negotiated and contested. In contrast, the dimensional models involve the assessment of American Indian identity on a priori grounds, specifying the relevant characteristics or criteria for authenticity in advance of conducting the research. Rather than discover the locally relevant terms of essentialist discourse, they risk creating an authoritative alternative that retains little meaningful cultural validity—whether such practices are justifiable in principle is a question of empirical as well as political significance.

## *Improving Urban Indian Lives: Professional Recommendations*

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In this chapter, I have reviewed a variety of approaches to theorizing American Indian identity. The contrasting approaches described here

are meant to illustrate the complexities of cultural identity in Indian communities so as to prepare the mental health professional or practitioner to serve Native people more effectively (Gone, 2003, 2004a, 2004b). More specifically, I hope that a general familiarity with the nuances of cultural identification—especially those that involve dynamic social process—will alert practitioners to the dangers of overly simplistic clinical or community formulations in consultation or treatment with American Indians.

If conceptualizing Indian identity is complicated in general, nowhere is that complexity more daunting than within Indian communities in urban settings. Other chapters in this book detail the history and significance of the BIA Relocation program and other sources of 20th century urban migration for Indian people (Fixico, 1986). The arrival of sizable numbers of tribal members in many of America's largest cities—nearly two thirds of Native American households in the United States are currently located in urban areas (U.S. Census Bureau, 2003)—confronted these individuals with the intimidating problem of how to forge social relations across preexisting tribal allegiances, divergent cultural practices, and (for the most part) diffuse neighborhood residency. Some Native critics have charged that the American diaspora of Native peoples to the big city signaled the end of distinctive and authentic communal affiliations in exchange for new identities as ethnic Indians who embrace a questionable pan-Indianism that remains divorced from reservation cultural routines and ritual space. Nevertheless, Indian people have demonstrated tremendous resilience in the face of such challenges, creating vibrant urban communities, establishing enduring urban institutions, and forging novel urban traditions (Buff, 2001; Fixico, 2000; Jackson, 2002; LaGrand, 2002; Lobo & Peters, 2001; Weibel-Orlando, 1999).

With regard to the mental health needs of these urban populations, too little is known. As of this writing, I could identify no contemporary, inclusive, and authoritative studies of psychiatric epidemiology published for adult Native Americans in general (but for a description of pending findings, see Beals, Manson, Mitchell, Spicer, & the AI-SUPERPPF Team, 2003), much less for those in urban areas. Nevertheless, clinical observations regarding the centrality of cultural identity for the mental health status of urban Indians have been documented for decades (for an early example, see Olson, 1971), usually emphasizing the psychological dangers of cultural disorientation, assimilation pressures, and anomie. Certainly, Indians in America's cities who interact with non-Indians routinely and evidence high rates of intertribal and interracial intermarriage (Gonzales, 2001) must navigate and negotiate innovative contexts for constructing cultural identity in comparison to their reservation kin. One result, for example, is that urban

Indians seem to value an individual's faithful participation in the "community" much more than blood quantum or tribal enrollment as a marker of Indian identity (Gonzales, 2001; Lobo, 2001; Straus & Valentino, 2001). The point here is simply that urban life is likely to inflect, refract, or convolute the fundamentally intricate phenomenon of American Indian identity in particular ways. Appropriate professional appraisal of such complexity would seem especially pressing in the context of increasing commitments to cultural competency in clinical training and practice.

Conventional approaches to cultural competency in mental health service delivery have been both limited and limiting. The typical means to cultural sensitivity in clinical contexts have included (a) cursory familiarity with respective ethnic group characterizations (usually dependent on the abstract description of ethnic prototypes or cultural generalities), (b) offhand generalizations from firsthand professional experience with clients of color, (c) reflexive awareness by majority-culture clinicians regarding the assumptions and privileges inherent to socialization into the dominant culture vis-à-vis the cultural experiences of people of color, and (d) obliged inclusion of people of color in clinically relevant research protocols (often using self-identified race or ethnicity as proxies for presumed cultural participation). In fact, none of these methods adequately prepares the mental health professional or practitioner to flexibly and dynamically engage any particular American Indian client who may bring a host of distinctive cultural practices—thereby constituting and embodying cultural identity—into the therapeutic or consultative relationship.

Unfortunately, the empirical literature documenting the processes and outcomes of psychological services delivered to Native clients and communities is virtually nonexistent (for an authoritative overview attesting to this fact, see U.S. Department of Health and Human Services, 2001; see also Gone & Alcantara, in press). In light of so scant an empirical record, I tentatively recommend the following for mental health professionals and practitioners committed to serving urban American Indian people and communities.

1. *Consider that psychological difficulties experienced by urban Indian clients are existential in origin and expressive of conflicts in cultural identity.* The Euro-American conquest of Native America resulted in the sweeping disruption or destruction of almost every facet of pre-Colonial Indian existence. Whether resulting from warfare, disease, relocation, containment, impoverishment, or deliberate policies of cultural eradication, the American holocaust heralded an unprecedented existential crisis for the vast majority of Native communities. The psychic shock of these depredations reverberates throughout contemporary Indian life in ways both subtle and profound, including distortions in what have become

normative experiences of spirituality, personhood, social relations, wellness, and of course, cultural identity. In the challenging historical project of reconstructing our communal ways of life, it has become difficult even for Indian people to authoritatively identify which of our contemporary cultural differences represent colonial distortions of indigenous tradition and which represent potentially desirable alterations or adaptations in tribal practice.

The challenge for clinicians is to engage urban Indian recipients of mental health services with this history in mind, attending to indications that presenting problems might be productively viewed as existential in origin. That is, clinicians should consider that the distress and dysfunction encountered with their urban Indian clients are symptomatic of unresolved intergenerational grief and historical trauma (Duran, Duran, Brave Heart, & Yellow Horse-Davis, 1998) that have rendered these clients bereft of the spiritual, psychological, and emotional resources for a robust cultural identity and fertile personal meaning-making. Framing client difficulties in the context of the enduring colonial legacy may help to avoid the withering implications of person-centered explanations that blame the victim (Ryan, 1976) for his or her problems, thereby preserving trust and motivation for change. In short, clinicians must be prepared to augment their explanatory models of psychological distress and disorder (i.e., theoretical orientations) to include collective, historical, and intergenerational understandings of the roots of personal dysfunction that imply interventions targeted at the therapeutic (re)integration of clients into their cultural, communal, and familial contexts.

2. *Continuously assess and (re)formulate the cultural identity status of urban Indian clients in the context of therapeutic goals.* If the psychological problems of urban Indian clients are to be viewed as existential in origin, then the quest to (re)imagine an authentic Indian identity in (post)colonial America is likewise entangled with Native ideas and ideals concerning wholeness, wellness, and robust mental health (Gone, 2005). One consequence of this relationship is that Indian identity discourse—including the ways and means by which individual Indians participate in such discourse—remains an informative venue through which to ascertain the often implicit ideas and concepts about wholeness and wellness that Native people embrace, especially those that either facilitate or constrain therapeutic progress. As such, professional attention to identity discourse represents an underused point of access for clinical and consultative assessment and understanding. Thus, to properly contextualize psychological difficulties within histories of colonization and conquest, and subsequent crises in personal and communal meaning-making, the clinical assessment of cultural identity as an individual instantiation of these constituting influences seems essential.

The challenge for clinicians is to engage urban Indian recipients of mental health services in sensitive, ongoing, and therapeutically relevant assessments of cultural identity that appreciate the complexities and perspectives reviewed in this chapter. Obviously, cursory identification of urban Indian clients as full-blood or mixed-blood, assimilated or traditional, and bicultural or anomic is not enough, because such labels may stereotype client experiences in ways that preclude proper therapeutic understanding of the thorny issues at stake. Instead, clinicians should pursue a more thorough and open-ended formulation of the cultural identity of urban Indian clients, especially as it pertains to therapeutic goals. The outline for cultural formulation specified in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.; American Psychiatric Association, 2000) remains a useful clinical tool for assessing a range of cultural information, including cultural identity, in relationship to client problems (independent of clinician attitudes toward the *Diagnostic and Statistical Manual* classification scheme in general). In many instances, however, initial assessment must be augmented with ongoing clinical explorations, with sensitive inquiry into the meanings and practices associated with cultural identity in the context of therapeutic goals. Open-ended questions, such as “What does it mean to you to be Indian?”; “Who do you consider to be an authentic Indian person and why?”; “Who in your family has most taught you how to be Indian?”; and “In what ways does your community see you as Indian?” can evoke in-session examples of Indian identity discourse that become immediately available for discussion, reflection, and interpretation. Over time, intermittent clinician entry into the identity discourse of urban Indian clients can yield successive reformulations of earlier understandings that should enhance therapeutic progress.

3. *Harness the social process of the therapeutic relationship to support distressed urban Indian clients in reconstituting cultural identity as a path to wellness.* The discursive approaches to theorizing American Indian identity reviewed in this chapter recognize that cultural identity plays out in the context of unfolding social process. It seems reasonable, then, for clinicians to acknowledge that engagement in the therapeutic or consultative function is itself a form of social process, one that is unfamiliar to most Americans (the majority of whom do not obtain psychotherapeutic services even when they require them; see Kessler et al., 1994). Given American Indians’ disproportionately limited access to mental health services (Gone, 2003, 2004b; U.S. Department of Health and Human Services, 2001), American Indian people are even less likely to encounter psychological assessment and treatment firsthand. As a result, the precise contours of the therapeutic relationship merit careful and reflexive attention by clinicians to effectively monitor the negotiated meanings of the therapeutic encounter for urban Indian

clients. For it is in the unusual therapeutic context that particular cultural identities will be constructed “online” through the immediate and unfolding discursive practices that characterize psychological service delivery. In addition to facilitating therapeutic progress, such reflexive awareness and attention also has the potential to preclude instances in which the legacy of U.S. colonialism might continue to imprint the relationships between Euro-American clinicians and urban Indian clients in nearly invisible but counterproductive ways (Gone, 2003, 2004a). Careful attention to the standoffs and breakdowns in the therapeutic relationship may provide opportunity to avoid or overcome these dangers.

The challenge for clinicians is to engage urban Indian recipients of mental health services through the unusual social processes of the clinic toward the reconstitution of cultural identity as a path to wellness in the context of therapeutic goals. This reconstitution of cultural identity, when warranted, may result in the rethinking of long-standing but unhealthy assumptions embraced by urban Indian clients that inherently pathologize Indian identity (such as in the incident portrayed at the beginning of this chapter). In addition, such reconstitution may relieve or resolve distress related to identity confusion or contestation that emerges from urban Indian client interactions with others. To accomplish such effects, however, clinicians probably need to guide and support urban Indian clients in processes of discovery and innovative meaning-making that far surpass their own clinical expertise or professional experience. Collaborations with and referrals to Native elders, community leaders, and spiritual advisors could ensure a productive journey for urban Indian clients, with clinicians providing motivational encouragement, empathic support, and compassionate feedback along the way. As in all clinical work, however, such efforts must be integrated within and tailored to explicitly defined therapeutic goals.

4. *Recognize the limitations of the conventional therapeutic or consultative relationship, and venture out of the clinic into urban Indian communities that you desire to serve.* As the first sections of this chapter detailed, American Indian identity is fashioned in the give and take of social process and community interaction. As a result, nothing can provide a more thorough understanding of these discursive processes than witnessing them firsthand. Thus, in addition to the potential for fruitful collaborations with community members as described above, participation in the routines of an urban Indian community should afford powerful insights into the public rhetorics and pragmatics entailed in the construction of cultural identity. Most important, however, the clinician with commitments to better serving urban Indian people has few alternatives other than to venture forth from the therapy office or consulting room, because the vast majority of Native people—even those who might

conceivably benefit from mental health services—will never cross the threshold of the mental health clinic for a host of legitimate reasons. As an alternative approach to reaching the underserved, community psychologists have been advocating a shift in professional priorities and practices for decades. Established as a critical alternative to conventional clinical psychology in the 1960s, community psychology (Rappaport, 1977) has integrated its professional commitments to progressive political activity, human resource development, and rigorous psychological science in the context of an approach that explicitly embraces ecology, diversity, and cultural relativity. In regard to the practices of conventional mental health service delivery, community psychologists have undertaken community-based consultation and education (instead of clinic-based psychotherapeutic services) that emphasize collaborative and empowering role relationships with community members (instead of expert–client relationships with patients) toward the cultivation of strength-focused (instead of deficit-focused) and preventive (instead of rehabilitative) interventions (Rappaport & Seidman, 1983). In applying the principles of community psychology, then, mental health professionals might embark on collaborative and empowering projects undertaken in partnership with urban Indian communities to facilitate the cultivation and development of healthy cultural identities among urban “at-risk” youth in their own settings. The possibilities are truly limitless, and at the same time, such efforts promise to counter—perhaps even to redress—the shattering colonial legacy in which Euro-American experts implement “West is best” solutions to Indian problems (for more details, see Gone, 2003, 2004a, 2004b).

## *Conclusion*

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I hope that this review of American Indian identity and its implications for mental health service delivery will inspire professionals and practitioners committed to serving urban Indian people and communities to a more fruitful engagement in their therapeutic and consultative relationships with Native clients. In addition, I hope that together, knowledgeable and sensitive professionals in service to resilient Indian communities can bind up the wounds of colonialism and chart the course for a new era of wellness and self-determined authenticity in the lived identities of urban American Indians.

## References

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- Allen, C. (2002). *Blood narrative: Indigenous identity in American Indian and Maori literary and activist texts*. Durham, NC: Duke University Press.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.
- Appiah, K. A. (1996). Race, culture, identity: Misunderstood connections. In K. A. Appiah & A. Gutman (Eds.), *Color conscious: The political morality of race* (pp. 30–105). Princeton, NJ: Princeton University Press.
- Beals, J., Manson, S. M., Mitchell, C. M., Spicer, P., & the AI-SUPERPPF Team. (2003). Cultural specificity and comparison in psychiatric epidemiology: Walking the tightrope in American Indian research. *Culture, Medicine, and Psychiatry*, 27, 259–289.
- Beaulieu, D. L. (1984). Curly hair and big feet: Physical anthropology and the implementation of land allotment on the White Earth Chippewa reservation. *American Indian Quarterly*, 8, 281–314.
- Buff, R. (2001). *Immigration and the political economy of home: West Indian Brooklyn and American Indian Minneapolis, 1945–1992*. Berkeley: University of California Press.
- Cartmill, M. (1998). The status of the race concept in physical anthropology. *American Anthropologist*, 100, 651–660.
- Duran, E., Duran, B., Brave Heart, M. Y. H., & Yellow Horse-Davis, S. (1998). Healing the American Indian soul wound. In Y. Danieli (Ed.), *International handbook of multigenerational legacies of trauma* (pp. 341–354). New York: Plenum Press.
- Fixico, D. L. (1986). *Termination and relocation: Federal Indian policy, 1945–1960*. Albuquerque: University of New Mexico.
- Fixico, D. L. (2000). *The urban Indian experience in America*. Albuquerque: University of New Mexico.
- Forbes, J. (1993). *Africans and Native Americans: The language of race and the evolution of Red–Black peoples*. Urbana: University of Illinois Press.
- Fowler, L. (1987). *Shared symbols, contested meanings: Gros Ventre culture and history, 1778–1984*. Ithaca, NY: Cornell University.
- Gone, J. P. (1996). *Gros Ventre cultural identity as normative self: A case study*. Unpublished master's thesis, University of Illinois at Urbana–Champaign.
- Gone, J. P. (1999). “We were through as keepers of it”: The “missing pipe” narrative and Gros Ventre cultural identity. *Ethos*, 27, 415–440.

- Gone, J. P. (2003). American Indian mental health service delivery: Persistent challenges and future prospects. In J. S. Mio & G. Y. Iwamasa (Eds.), *Culturally diverse mental health: The challenges of research and resistance* (pp. 211–229). New York: Brunner-Routledge.
- Gone, J. P. (2004a). Keeping culture in mind: Transforming academic training in professional psychology for Indian country. In D. Mihe-suah & A. Cavender-Wilson (Eds.), *Indigenizing the academy: Transforming scholarship and empowering communities* (pp. 124–142). Lincoln: University of Nebraska Press.
- Gone, J. P. (2004b). Mental health services for Native Americans in the 21st century United States. *Professional Psychology: Research and Practice*, 35, 10–18.
- Gone, J. P. (2005). "We never was happy living like a Whiteman": Cultural divergences and American Indian mental health disparities. Manuscript submitted for publication.
- Gone, J. P., & Alcantara, C. (in press). Practice makes perfect? Identifying effective psychological treatments for mental health problems in Indian country. In E. H. Hawkins & R. D. Walker (Eds.), *Best practices in behavioral health services for American Indians and Alaska Natives*. Portland, OR: One Sky National Resource Center for American Indian and Alaska Native Substance Abuse Prevention and Treatment Services.
- Gone, J. P., Miller, P. J., & Rappaport, J. (1999). Conceptual self as normatively oriented: The suitability of past personal narrative for the study of cultural identity. *Culture & Psychology*, 5, 371–398.
- Gonzales, A. A. (2001). Urban (trans)formations: Changes in the meaning and use of American Indian identity. In S. Lobo & K. Peters (Eds.), *American Indians and the urban experience* (pp. 169–185). Walnut Creek, CA: Altamira.
- Graves, T. D. (1967). Acculturation, access, and alcohol in a tri-ethnic community. *American Anthropologist*, 69, 306–321.
- Jackson, D. D. (2002). *Our elders lived it: American Indian identity in the city*. DeKalb: Northern Illinois University.
- Jaimes, M. A. (1992). Federal Indian identification policy: A usurpation of indigenous sovereignty in North America. In M. A. Jaimes (Ed.), *The state of Native America* (pp. 123–138). Boston: South End Press.
- Jordan, W. (1974). *The White man's burden: Historical origins of racism in the United States*. London: Oxford University Press.
- Kessler, R. C., McGonagle, K. A., Zhao, S., Nelson, C. B., Hughes, M., Eshleman, S., et al. (1994). Lifetime and twelve-month prevalence of DSM-III-R psychiatric disorders in the United States. *Archives of General Psychiatry*, 51, 8–19.
- Kleinman, A. (1995) *Writing at the margin: Discourse between anthropology and medicine*. Berkeley: University of California Press.

- LaFromboise, T., Coleman, H. L. K., & Gerton, J. (1993). Psychological impact of biculturalism: Evidence and theory. *Psychological Bulletin, 114*, 395–412.
- LaGrand, J. B. (2002). *Indian metropolis: Native Americans in Chicago, 1945–75*. Chicago: University of Illinois.
- Lobo, S. (2001). Is urban a person or a place? Characteristics of urban Indian country. In S. Lobo & K. Peters (Eds.), *American Indians and the urban experience* (pp. 73–84). Walnut Creek, CA: Altamira.
- Lobo, S., & Peters, K. (Eds.). (2001). *American Indians and the urban experience*. Walnut Creek, CA: Altamira.
- Miller, J. (Ed.). (2005). *Daedalus, 134*(1).
- Moran, J. R., Fleming, C. M., & Somervell, P. (1999). Measuring bicultural ethnic identity among American Indian adolescents: A factor analysis study. *Journal of Adolescent Research, 14*, 405–426.
- Morgan, E. (1975). *American slavery, American freedom: The ordeal of colonial Virginia*. New York: Norton.
- Oetting, E. R., & Beauvais, F. (1990–1991). Orthogonal cultural identification theory: The cultural identification of minority adolescents. *International Journal of the Addictions, 25*, 655–685.
- Olson, J. W. (1971). Epilogue: The urban Indian as viewed by an Indian caseworker. In J. O. Waddell & O. M. Watson (Eds.), *The American Indian in urban society* (pp. 398–408). Boston: Little, Brown.
- Omi, M., & Winant, H. (1994). *Racial formation in the United States: From the 1960s to the 1990s* (2nd ed.). New York: Routledge.
- O’Neill, T. D. (1996). *Disciplined hearts: History, identity and depression in an American Indian community*. Los Angeles: University of California Press.
- Ortner, S. B. (1984). Theory in anthropology since the sixties. *Comparative Studies in Society and History, 26*, 126–66.
- Pevar, S. L. (2004). *The rights of Indians and tribes: The authoritative ACLU guide to Indian and tribal rights* (3rd ed.). New York: New York University.
- Phinney, J. S. (1989). Stages of ethnic identity development in minority group adolescents. *Journal of Early Adolescence, 9*, 34–49.
- Phinney, J. S. (1990). Ethnic identity in adolescents and adults: Review of research. *Psychological Bulletin, 108*, 499–514.
- Rappaport, J. (1977). *Community psychology: Values, research, and action*. Fort Worth, TX: Holt.
- Rappaport, J., & Seidman, E. (1983). Social and community interventions. In C. E. Walker (Ed.), *The handbook of clinical psychology: Theory, research, and practice* (pp. 1089–1123). Homewood, IL: Dow Jones-Irvin.
- Ryan, W. (1976). *Blaming the victim* (Rev. ed.). New York: Vintage Books.

- Shweder, R. A. (1991). *Thinking through cultures: Expeditions in cultural psychology*. Cambridge, MA: Harvard University Press.
- Shweder, R. A., & Sullivan, M. A. (1990). The semiotic subject of cultural psychology. In L. A. Pervin (Ed.), *Handbook of personality: Theory and research* (pp. 399–416). New York: Guilford Press.
- Straus, T., & Valentino, D. (2001). Retribalization in urban Indian communities. In S. Lobo & K. Peters (Eds.), *American Indians and the urban experience* (pp. 85–94). Walnut Creek, CA: Altamira.
- Templeton, A. R. (1998). Human races: A genetic and evolutionary perspective. *American Anthropologist*, 100, 632–650.
- U.S. Census Bureau. (2003). *American housing survey for the United States: 1999*. Washington, DC: U.S. Government Printing Office.
- U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity—A supplement to mental health: A report of the surgeon general*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
- Walters, K. L. (1996). *Urban American Indian identity and psychological wellness*. Unpublished doctoral dissertation, University of California, Los Angeles.
- Walters, K. L. (1999). Urban American Indian identity attitudes and acculturation styles. *Journal of Human Behavior in the Social Environment*, 2, 163–178.
- Weibel-Orlando, J. (1999). *Indian country, L.A.: Maintaining ethnic community in complex society* (Rev. ed.). Chicago: University of Illinois.
- Williamson, J. (1995). *The new people: Miscegenation and mulattoes in the United States*. Baton Rouge: Louisiana University Press.

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