



**Abstract** Careful analysis of a single ethnographic interview demonstrates that profound cultural divergences in Western professional and American Indian therapeutic traditions may well emanate from easily overlooked sources of ethnopsychological orientation and intelligibility, namely distinctive cultural psychologies of *space* and *place*. Interview responses from a middle-aged Native American Traditionalist on the Fort Belknap Indian reservation revealed that robust ‘mental health’ was seen to result from participation in indigenous ritual spaces enacted or performed in designated sacred places on or near the reservation.

In contrast, this respondent observed that consultation by community members with ‘White psychiatrists’ in the local Indian Health Service clinic was an open invitation to ‘brainwash me forever so I can be like a Whiteman’. For those American Indians who share the respondent’s cultural standpoint, reservation-based mental health clinics, despite their intentional designation as therapeutic spaces, may be seen to function as sites of colonial incursion and Native resistance in cultural—and especially ethnopsychological—terms. This article explores the implications of this distinctive cultural psychology of space and place with regard to the interdisciplinary investigation of therapeutic landscapes and the promise of ‘culturally competent’ mental health services.

**Key Words** American Indians, cross-cultural differences, folk psychology, mental health services, psychotherapy, space and place

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## ‘So I Can Be Like a Whiteman’: The Cultural Psychology of Space and Place in American Indian Mental Health

*The key to understanding Indian knowledge of the world is to remember that the emphasis was on the particular, not on general laws and explanations of how things worked . . . Keeping the particular in mind . . . we can pass into a discussion of some of the principles of the Indian forms of knowledge. Here power and place are dominant concepts—power being the living energy that inhabits and/or composes the universe, and place being the relationship of things to each other. It is much easier, in discussing Indian principles, to put these basic ideas into a simple equation: Power and place produce personality. (Deloria, 2001, pp. 22–23)*

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Vol. 14(3): 369–399 [DOI: 10.1177/1354067X08092639]

Mental health professionals dedicated to serving postcolonial populations around the world must not uncommonly contend in their clinical activities with the ideological implications of their services for populations otherwise seeking to reestablish cultural continuity with precolonial 'tradition'. Nowhere are such cultural transactions more fraught than with many of the world's indigenous peoples, including the remnant and resurgent populations of American Indian and Alaska Natives in the contemporary United States. On one hand, 'Indian country' has grappled with more than its share of colonial violence and subsequent social upheaval, interpersonal disruption, and emotional distress (Alcántara & J.P. Gone, 2007; Stannard, 1992; Thornton, 1987; Zahran et al., 2004). In short, the need for extant mental health services would seem urgent, if not overwhelming, for the limited cadre of professionally trained clinicians who comprise the 21st-century mental health service sector in the United States (J.P. Gone, 2003, in press-b; Manderscheid & Berry, 2006). On the other hand, contemporary Native American communities typically have embarked upon local projects of cultural reclamation and revitalization, including a re-emerging appreciation and endorsement of indigenous healing traditions (Duran, 2006; J.P. Gone, 2007, 2008b, in press-c; Murillo, 2004; Waldram, 2004; Young, Ingram, & Swartz, 1989). In short, the desire for re-institution of many aboriginal modalities and practices of the past—including therapeutic ones—would seem imperative, if not indispensable for reconstituting robust tribal societies. Not surprisingly, however, conventional clinical practices within the mainstream mental health professions usually have emerged within the sociohistorical context of Western modernity, while healing traditions indigenous to the Americas predate both Western and modern cultural sensibilities.

At the confluence of these distinctive strategies, mental health professionals and researchers must acknowledge that the 'culture' of the mental health clinic is not the 'culture' of the Native American community (J.P. Gone, 2004a, 2004b, 2006b, 2006c, in press-a; J.P. Gone & Alcántara, 2007). Moreover, owing to the shattering legacy of Euro-American colonialism, it is crucial to recognize that these divergent cultural formations meet on especially uneven ideological terrain in Indian country. As a result, a pivotal question in regard to culture and mental health in indigenous communities remains: under what conditions might mental health professionals, whose clinical approaches and techniques emerge from and depend upon a variety of 'Western' notions and norms, therapeutically benefit their vulnerable Native 'patients' or 'clients' without reinforcing (or re-enforcing) the colonial project? In order to address this question substantively, mental health

researchers first must undertake careful comparative cultural analysis of these therapeutic traditions with a nuanced appreciation for the sociohistorical contexts in which they originally emerged and in which they remain embedded. Drawing on an interpretive case study, this article offers such a comparative analysis in relation to the cultural psychology of space and place in Western professional and indigenous therapeutic traditions, respectively.

## **The Cultural Psychology of Space and Place**

Cultural analysis of space and place has surged within anthropological circles in the past two decades (Feld & Basso, 1996; Low & Lawrence-Zúniga, 2003). More specifically, cultural anthropologists and other interpretive social scientists have come to regard these formerly marginal concepts as being both profoundly and intimately constitutive of meaning-full human experience (in stark contrast, a search using these terms in PsychInfo—the primary bibliographic database indexing literature in psychology—yielded no citations concerning the higher-order interpretive facets of these important concepts). As such, the experience of space and place is understood to vary cross-culturally, even (or especially) as it increasingly unfolds in transnational movements and migrations. Despite their contemporary currency, however, the terms *space* and *place* are rarely theorized—or, for that matter, even defined—in relation to each other; rather, the anthropological literature appears to presume a ready transparency in their denotations. In an exceptional essay, Casey (1996) noted that ‘the natural attitude’ associated with modernist scientific inquiry has presupposed the primacy of space over place: ‘Once it is assumed (after Newton and Kant) that space is absolute and infinite as well as empty and a priori in status, places become the mere apportionings of space, its compartmentalizations’ (p. 14). Cast within a phenomenological framework, Casey’s analysis instead concluded that place has as great a claim to conceptual primacy as space owing to the inescapable *emplacement* of embodied perception that remains the foundation of human knowledge and experience. If indeed ‘more even than earthlings, we are placelings’ (p. 19), then Casey’s phenomenological perspective on the relationship of space and place grounds both concepts firmly in the domain of psychological inquiry.

## **Space and Place in Native North America**

Cross-cultural attention to the psychological dimensions of *space*—here taken as an experiential domain that relates entities to one another in

terms of position and movement—and *place*—here taken as an experiential domain that marks and situates particular entities or bounded fields of situated entities—represents a potentially fruitful point of departure for the systematic comparison of Western professional and indigenous therapeutic traditions. This would seem especially so given the existential salience and significance of lands and landscapes to Native American peoples. In this regard, the late Vine Deloria, Jr, the foremost academic voice in American Indian Studies for four decades, consistently observed that Native and Western worldviews (as reflected in religious thought and practice) fundamentally diverge with regard to their emphasis on spatial versus temporal orientations, respectively: 'When one group is concerned with the philosophical problem of space and the other with the philosophical problem of time, then the statements of either group do not make much sense when transferred from one context to the other' (Deloria, 1992, pp. 62–63). The psycho-cultural significance of this differential emphasis on spatial orientation in Native communities has been demonstrated in several contexts.

In the most widely heralded of these, Basso (1996) documented the moral discourses of the Cibecue Apache with reference to particular features of the local landscape that index well-known conventional narratives containing poignant (and sometimes painful) ethical instruction for wayward community members. Additional (but less well-circulated) studies of the psycho-cultural significance of space and place can be found among various Plains Indian communities. Anderson (2001), in his work among the northern Arapaho, explained how pre-reservation practices of seasonal resettlement at different altitudes in the nearby mountain ranges provided the psychological template for tribally specific notions of human development and the lifespan. In her study of the deictic gestures comprising Plains Sign Talk among the Assiniboine, Farnell (1995) linked these embodied communicative practices to Assiniboine notions of mind grounded in agentic or intentional actions within localized spatial frames of reference. Carbaugh (1999) explored the cultural discourse of 'listening' among the Blackfeet and concluded that this distinctive practice of 'dwelling-in-place' while waiting to 'hear' from the surrounding landscape was a 'highly reflective and revelatory mode of communication that can open one to . . . the intimate links between places and persons' (p. 250). Each of the foregoing examples illustrates the profound and intimate ways in which cultural constructions of space and place yield distinctive ethnopsychological realities within American Indian communities, though none of these directly concerns healing, wellness, or the therapeutic *per se*.

### **Therapeutic Landscapes in Interdisciplinary Academic Inquiry**

The exploration of social constructions of space and place in the context of health and healthcare forcefully emerged within the field of 'medical' geography in the early 1990s (see Gesler, 1992, and Moon, 1995, for early overviews). Influenced by the profound theoretical turn that has taken root in many of the historically positivistic social sciences, this increasingly interdisciplinary movement remains concerned with 'the links between social and cultural theory, ideas about place, and discourses on health' (Kearns & Gesler, 1998a, p. 5). The signature concept to emerge from this approach has been the notion of the 'therapeutic landscape', a 'metaphor' for guiding the exploration of 'how the healing process works itself out in places (or in situations, locales, settings, milieus)' (Gesler, 1992, p. 743). Therapeutic landscapes obviously include particular places throughout the world that are celebrated for their healing properties—Gesler (2003) has explored Epidaurus, Bath, and Lourdes, for example—but Williams (1999) has extended the term to incorporate 'those places associated with the maintenance of health and wellness' (p. 4). Clearly, explicit concern with 'the structuring of meaning and understanding in the places where people live' (Moon, 1995, p. 1) vis-à-vis health issues is central to these efforts, but few studies of landscape and health in non-Western cultural settings have appeared in this literature.

Two exceptions that are intermittently cited by scholars who study therapeutic landscapes both involve indigenous peoples in the Americas. Bastien (1985) detailed how Qollahuaya Indians in the Bolivian Andes closely model their understandings of human physiology and therapeutic intervention on the topographical and hydraulic properties attributed to their mountain (*ayllu*) homeland: 'There is a wholeness characteristic to their *ayllu* that is projected on their body concepts' (p. 596). Dobbs (1997) described how Navajo sand paintings created during ritual healing ceremonies frequently re-create or re-present the sacred geography of Navajoland: 'When the sand is applied to the patient's body, the patient becomes identified and aligned with the landscape itself, both through the sand and through the mythic meaning which is present at once in the painting and in the landscape' (p. 146). Nevertheless, despite commonplace assertions by mental health researchers that explicitly link the colonial ravages of Native lands and landscapes to epidemic prevalences of intergenerational trauma and unresolved grief in tribal communities (Brave Heart & DeBruyn, 1998; Duran & Duran, 1995), almost nothing has been written in the health literature about the ways in which

cultural constructions of space and place *per se* shape or constitute wellness, healing, and the therapeutic.

Fortunately, Wilson (2003) initiated this line of inquiry with a substantive discussion of the relationship between culture, place, and health among the Canadian Anishinabek First Nation communities of northern Ontario. She explored the meanings of health among these peoples (or *mno bmaadis*, translated as 'living the good life'), in which:

Activities such as hunting and harvesting are not only of nutritional benefit, which supports physical health, they also allow individuals to connect spiritually with Mother Earth, the Creator, and spirits while being on the land. This is important because it allows individuals to pursue simultaneously physical and spiritual connections to the land that are important for emotional and mental health. This helps to maintain a sense of [intrapersonal] balance. (p. 90)

According to Wilson, spiritual connections to the land were possible for the Anishinabek because they understood the land to be 'alive', to 'contain spirits', and to furnish a site for relationships with 'other animate beings in their everyday lives' (p. 90). In light of these findings, Wilson questioned whether the extension of 'western theoretical arguments' that comprise the Geography of Health literature to analyses of health, place, and landscape within indigenous communities might not represent an untenable form of intellectual imperialism.

As Wilson has demonstrated, exploration of the cultural psychology of space and place in relation to therapeutic landscapes among contemporary Native American peoples—too many of whom are still reeling from the destructive legacies of Euro-American colonization—stands to illuminate both cross-cultural explorations of 'how the healing process works itself out in places' and cross-cultural notions of the therapeutic. Increased understanding of the former promises to advance our theoretical construal of therapeutic landscapes within interdisciplinary inquiry into health and health services, while increased understanding of the latter promises to invite a more searching and substantive critique of 21st-century professional commitments to 'cultural competence' in mental health service delivery. Thus, in order to engage these considerations in some detail, this article provides an interpretive analysis of a single ethnographic interview with a middle-aged Native American Traditionalist who addressed—albeit implicitly—the concerns of space and place in the 'treatment' of reservation-based 'mental health' problems.

## **Orientations**

### **The Research Setting**

My investigation of the commensurability of Western and indigenous therapeutic traditions began at home, among the Gros Ventre and Assiniboine peoples of the Fort Belknap Indian reservation in north-central Montana. There I interviewed service providers, cultural authorities, and community members about the causes and consequences of psychological difficulties on the reservation and the approaches and interventions deemed most likely to redress these seemingly endemic and epidemic problems. In the summer of 1999, I interviewed Traveling Thunder. As a 'grass roots' cultural advocate and self-identified Native American Traditionalist,<sup>1</sup> Traveling Thunder had much to say regarding the relationship between the contemporary 'mental health' status of tribal members at Fort Belknap and the ongoing exploitation of Native peoples by Euro-Americans (J.P. Gone, 2007). In this venue, I once again consider Traveling Thunder's words, with specific attention to the spaces and places in which wellness and distress for community members were seen to be articulated, configured, negotiated, and contested.

### **The Research Interview**

Among the 10 individuals whom I interviewed at Fort Belknap, Traveling Thunder<sup>2</sup> seemed the least primed to address questions pertaining to 'mental health' *per se*. Born and raised on the reservation as a monolingual English-speaker (which is the norm at Fort Belknap for all but the oldest living generation), Traveling Thunder reported no first-hand experience with professional counseling, licensed therapists, accredited programs, or treatment services for 'behavioral health' or substance abuse problems throughout his 50-odd years of life (though almost everyone on the reservation, including Traveling Thunder, has at least second-hand experience of such services through the involvement of close kin in these systems). Whereas other respondents had experienced such professional encounters directly or had worked in the human services field themselves, Traveling Thunder was credentialed in considerations of community wellness more broadly construed. In fact, my interest in Traveling Thunder's perspective obtained from his recent devotion to battling the mining activities of a multinational corporation in the mountain range that demarcates the southern border of our reservation. Owing a great deal to Traveling Thunder's decade-long efforts, state and federal agencies ultimately determined that the corporation's use of cyanide leaching

technology—a form of gold mining that literally razes the landscape one mountain at a time—was also poisoning the reservation water supply. Rather than assume the exorbitant costs of mining more safely, the Canadian corporation instead filed for bankruptcy in the United States, forfeited relatively insubstantial monetary bonds guaranteeing environmental reclamation, and retreated north of the 49th parallel with its profits.

Throughout these sordid events, Traveling Thunder remained steadfast in his conviction that fighting for the mountains was a sacred responsibility and that the well-being of tribal members—physical as well as spiritual—depended upon the cessation of such wanton environmental destruction. Thus, in talking to Traveling Thunder about such matters as depression, drinking, and mental health, I hoped to tap into a ‘grass roots’ perspective informed by first-hand experience not as a human services professional or psychotherapy client, but rather as a cultural ‘Traditionalist’, local activist, and elder-in-the-making who must have fashioned some sort of opinion in the face of evident community demoralization and distress. In contrast to these other kinds of respondents, what would Traveling Thunder have to say about the kinds, causes, courses, and cures of debilitating psychological experiences?

### **A Discourse of Distress**

As it turns out, Traveling Thunder had plenty to say about ‘mental health’. Elsewhere, for example, I have analyzed a potent ‘discourse of distress’ evidenced in Traveling Thunder’s words (see J.P. Gone, 2007, for more detail). In contrast to the discourse of mental health professionals, which typically privileges the intrapsychic and biogenetic levels of analysis, Traveling Thunder instead emphasized the sociohistorical and spiritual levels of analysis in characterizing distress among tribal members. More specifically, he traced the community’s seemingly epidemic rates of pathology to the colonial encounter and the resultant destruction of indigenous custom and practice, especially ritual practice. By way of explanation, he outlined what I came to identify as four historical eras: the era of Precolonial Paradise, in which Native people lived in ‘peace and harmony and unity with the Creator’ through observance of ‘custom and teachings’, such that prisons, hospitals and insane asylums were both unnecessary and unknown; the era of Colonial Incursion, in which the ‘Whiteman’ embarked upon a campaign of genocide and forced Native people to ‘get rid of their . . . religious spiritual beliefs’; the era of Postcolonial Anomie, in which the loss of cultural identity and ritual practice

alongside the inequities of the 'modern Whiteman system' have pathogenically produced depression, substance abuse, and suicide within the Native population; and the ascendant era of Postcolonial Revitalization, in which the Creator, moved by pity on behalf of Native people, has facilitated a renewal of sacred custom and ceremonial practice within the community toward abundant life, robust health, and 'good, clean minds'. Anyone familiar with therapeutic movements in Indian country will recognize this prototypical discourse of distress, which enjoys increasingly widespread appeal as a result of circulation through these influential pan-Indian venues (see Ch. 11 in Waldram, 2004, for a summary of this widespread discourse concerning 'traditional healing').

Traveling Thunder's delineation of these historical eras was structured throughout the interview by a series of marked evaluative contrasts: old versus new, sacred versus profane, ceremony versus substance use, pride versus anomie, engagement versus seclusion, 'living off the land' versus unemployment, loss versus revitalization, and so on. Traveling Thunder typically associated the opposing terms of these dichotomies with constellations of belief, practice, and institution that he attributed to either Indians or Euro-Americans, respectively. For example, his comparison of the 'old Indian system' and the 'modern Whiteman system' consistently underscored the longevity, suitability, and superiority of traditions and teachings that were indigenous to life on this continent vis-à-vis the 'foreign ways' of more recently arrived European colonizers. For Traveling Thunder, the two systems remain salient because the historical transition from the era of Postcolonial Anomie to the era of Postcolonial Revitalization hangs in the balance, and the Whiteman still dominates much of Indian life.

Traveling Thunder's critique of the Western trope of 'civilization' is particularly illuminating in this regard:

If you look back at . . . the old way of life that lasted, you know, tens of thousands of years here, it was perfect for the environment. Perfect for the culture. Perfect for the buffalo . . . Perfect for all the plants and animals. And the herbal medicines. How could you improve on perfection? And that's what the Whiteman is trying to do. And I don't see they'll ever do it. If anything they'll probably end up destroying the whole world and everything in it. You take this mountain up here, what used to be called the Little Rocky Mountains. Now it's just a big . . . hazardous waste dump up there . . . In 1979 they came in . . . They started mining these mountains down. And now 25 years later . . . what do they got to show for it? They filed bankruptcy and left a big open pit up there. And poisoned all the water. And the fish and wildlife's dying. The trees are dying. The herbal medicines are dying . . . And then they moved away, you know. They filed bankruptcy

and go somewhere else and start in again to make a profit, you know. That might be called their civilization, but to us it's destruction . . . It's a 180-degree difference, you know. Just the opposite. To us it's destruction.

Given such '180-degree differences', Native people must now make a historic choice, according to Traveling Thunder: whether to follow the Whiteman's lead into the future, or instead to be 'left alone to go back to our way'. Such eminent decisions are undoubtedly made every day in many ways by countless Indian communities, but for Traveling Thunder and other Fort Belknap tribal members such choices will be made in the context of specific spaces and places, with their attending cultural histories and nuanced psychological meanings. The remainder of this article explores in some detail an additional opposition of Traveling Thunder's—one both literally and figuratively grounded in the reservation landscape—as it bears on culture and mental health at Fort Belknap in light of the possibility for a liberating Postcolonial Revitalization.

## Oppositions

The '180-degree difference' from Traveling Thunder's interview to be discussed here suggests an association between kinds of therapeutic intervention and specific spaces and places within the Fort Belknap landscape. In the interview, one therapeutic space was constituted by 'traditional' indigenous religious rites, while the other was constituted by modern professional health services. Similarly, the place in which a particularly memorable instance of the former was said to have occurred is along a certain creek in the foothills of the Little Rocky Mountains, while the place in which the latter normally occurs is within a specific clinic at the reservation agency some 50 miles to the northwest.

### Ritual Space in the Mountain Foothills

Midway through the interview, I asked Traveling Thunder his opinion regarding the reservation policy of sending substance-abusing tribal members away for extended (and expensive) inpatient treatment in non-local therapeutic facilities. In response, he all but ignored the question of substance abuse treatment services but instead discussed the experience of his own generational cohort, the members of which were the first to experience the ceremonial renaissance at Fort Belknap during the Red Power years of the 1970s:

It was just a social accepted custom to start drinking every weekend after payday . . . to go out with the other people and party. And then it became

habit forming, I guess, after a while. And then after we looked around and realized that . . . we left something behind, and now the Whiteman is gonna give us our opportunity to reopen our culture [through the American Indian Religious Freedom Act of 1978]. So we started going back to the hills to fast. We started going back to the mountaintops to fast. We started going to the sweat lodges to pray and to sweat. We started going to the elders to learn. Regain . . . what we were missing. We never was happy, you know, living like a Whiteman.

And so, within the context of this distinctive historical (and political and legal) moment, Traveling Thunder recollected the insight that led members of his generation to 'go back' to the hills and mountains and lodges and elders to retrieve what was left behind. He then recounted the second most detailed narrative of the interview (comprising 1.5 single-spaced pages of a 14-page transcript) to describe the events that transformed his own life in this regard.

It was an early gathering of the International Indian Treaty Council, hosted by Fort Belknap tribal members in the late 1970s, that apparently occasioned the 'reopening' of ceremonial tradition on the Fort Belknap reservation: 'I just happened to be lucky enough to be here when they brought the first sweatlodge back in 1978, I believe it was'. Traveling Thunder further recalled that he agreed to help provide security for the surprisingly cosmopolitan gathering:

And we had two guys . . . one Palestinian and one Israeli. And at that time, I guess, they were enemies from overseas. They were there. And there was . . . indigenous people from all over the world there. And I was one of the security guards for that camp. We had our own security. Wouldn't allow no BIA [Bureau of Indian Affairs] police or no tribal police in there because they got a bad reputation of causing trouble with the traditional people at that time. And so we'd stop them at the gate and turn them around.

Thus, local security was seen to be necessary owing to the possibility of interference or disruption from the officially designated 'peace keepers' employed and dispatched on the reservation by the federal Bureau of Indian Affairs.

Traveling Thunder then took care to identify the particular leader of the ritual, the specific location of the lodge, and his own role in the ceremony:

At that particular time, [two individuals] invited a guy to put up a sweatlodge. His name is [the late] Robert Gopher. He did . . . a sweatlodge ceremony . . . He built one there along the creek. Along the creek there . . . And he put it up for them people that—Whoever wanted to use it, I guess. There was a lot of Siouxs there. Sioux people. So they wanted to sweat one evening. The second or third evening. So they did. And I always remember they wanted us to be doormen. So I and one of my cousins . . . we decided

to be doormen. One of us watched the door, and one watched the fire. And we were helping them with the sweatlodge and stuff. And there's a bunch of people in the sweatlodge. I don't know who was all in there but it was pretty packed.

Serving as doormen for the ritual involved covering or uncovering the lodge entrance upon request as well as tending the fire and moving the heated stones from the fire pit into the lodge itself between ceremonial rounds. Thus the doormen do not 'sweat' *per se*, but remain outside the lodge for the duration of the ceremony. Nevertheless they are said to obtain blessings for this service.

Finally, Traveling Thunder recounted an unexpected outcome of the ceremony and its effect upon him personally:

They put hot rocks in there and stuff. And they came out. And . . . these two guys that were enemies, you know, life-long enemies—This Israeli and this Palestinian. One guy's name was Mordechai, and one guy's name was Abraham, I think. And they came out of there. And by golly, they were hugging each other. Calling each other brother when they came out of that sweatlodge, as they staggered to the creek. And then they jumped in the creek to cool off. That really, I guess, was kind of a turning point in my life. I thought, 'Well, there really must be something to these Indian ways, these spiritual ways', because, you know, these Israelis and Palestinians were killing each other for a long time over there. Overseas there. And these two guys were calling each other brother when they came out of the sweatlodge. And everybody was having a good time when they come out of the sweatlodge . . . . And that's when I became . . . open minded to . . . a way of life that was lost for a long time here on this reservation.

And so the power of 'these Indian ways' was impressed upon Traveling Thunder by virtue of the ritual transformation of longstanding enmity into newly found amity for two of the ceremony's participants. Such power was made manifest in a particular ceremonial space created along a certain creek in the southern area of the Fort Belknap reservation *circa* 1978.

### **Professional Space in the Agency Clinic**

Traveling Thunder's narrative of the miraculous reconciliation occasioned by Robert Gopher's historic sweatlodge at Fort Belknap was, of course, a rather oblique response to my initial query regarding reservation substance abuse treatment policy. Whereas I had been interested in his evaluation of conventional therapeutic services, he remained interested in underscoring the transformative power of 'these Indian ways' for remedying addiction. Not so easily deterred, I reintroduced the subject of conventional therapeutic services near the end of the interview, this time in personal (but hypothetical) terms:

'Under what circumstances would you take your grandkids, say, into Behavioral Health or Mental Health at [the Indian Health Service clinic]?'

Traveling Thunder's reply was unambiguous: 'I would say that's kind of like taboo. You know, we don't do that. We never did do that'. He elaborated at some length:

That's like saying, you know, 'What's the purpose of this reservation?' . . . The Whiteman can't see no purpose for it. But to the Indian people they say, 'Well, this is my last stronghold', you know. 'This is all I got left. I mean you took 99% of our land. You took our way of life. You wiped out all the buffalo . . . And then you'd rather slaughter the elk and the deer in the [National] Parks than give them to the Indian people on these reservations that are hungry . . .' I guess it's like a war, but they're not using bullets anymore . . . [Sigh] Like ethnic cleansing, I guess you could say. They want to wipe us out. Wipe the Indian reservations out so they could join the melting pot of the modern White society. And therefore the Indian problem will be gone forever . . . But they're using a more shrewder way than the old style of bullets.

Here Traveling Thunder explained why he considers referral of a loved one for mental health services at the Agency clinic 'taboo', namely because the US Indian wars continue, not in military terms (i.e., 'they're not using bullets anymore'), but in cultural terms (i.e., 'so they could join the melting pot of the modern White society').

This context of enduring cultural warfare led Traveling Thunder to conclude that conventional mental health services such as those provided by the Indian Health Service (IHS) are anything but therapeutic for Native people:

I would say that if the Indian Health Service was really interested in helping Indian people, they better learn some culture and some traditions and some respect first before they want to help them. Because, you know, you—they're liable to do more harm than they are good. Let's put it that way, you know. If they're gonna force their White ways and White beliefs on them.

Thus, Traveling Thunder seemed to identify the IHS as an enduring site of colonial incursion wherein healthcare professionals might continue to 'force' their 'White ways and White beliefs' upon their Native clientele.

In order to clarify his position on the matter, I immediately asked if he meant that seeing a psychologist or social worker at IHS implied for community members the danger of Euro-American assimilation. Once again, Traveling Thunder was unambiguous:

Oh yeah. Yeah. Yeah, you bet . . . That would be a, you know, concern. I think that if you look—if you look at the big picture. You look at your past,

your history, where you come from, you know. And you look at your future where the Whiteman's leading you. I guess you could make a choice. 'Where do I want to end up?' And I guess a lot of people, you know, want to end up looking good to the Whiteman . . . Then it'd be a good thing to do. Go ahead and go to White psychiatrists, you know, in the Indian Health Service and say, 'Well, go ahead and rid me of my history, my past, and, you know, brainwash me forever so I can be like a Whiteman' . . . I guess that'd be a choice each individual will have to make . . . I don't like it myself.

And so, the therapeutic services provided by the 'White psychiatrists' at the IHS clinic were characterized by Traveling Thunder as a form of 'brainwashing' to be undertaken only by those who 'want to end up looking good to the Whiteman'.

What, then, was Traveling Thunder's alternative, especially for loved ones suffering from truly debilitating psychological distress (I mentioned, for example, 'crazy' actions, including hallucinations and other strange behaviors in the absence of psychoactive substance use)? Once again, Traveling Thunder returned to the transformative power of ceremony:

Well, you would probably . . . put up a ceremony and pray for them, you know. There's always a spiritual connection that can help them . . . When you do that, you know, it depends on your heart. If your heart's in a good place, which, you know, don't mean nothing to a Whiteman, but to an Indian it means a lot. You pray from the heart . . . That means sincerity. You really mean it. You have a lot of feelings. A lot of carings for this person. And if you put up the ceremony good and then the Spirits look at you and they say, 'Well, this guy really means it. Let's help him.' And they say there's a 50/50 chance that you could get help for that person you're praying for . . . Which would be a lot better help than, you know, locking them away in [the State Mental Hospital] . . . But we . . . had a lot of people that died in [the State Mental Hospital], you know, in the past. We got some buried on the hill up here . . . It was at that era when . . . it was outlawed, against the law, to practice your Indian culture or religion. And there was no spirituality allowed by the United States government or the Catholic Church. So yeah, I would say that . . . that's a good possibility.

In sum, 'putting up' a ceremony and 'praying from the heart' for the afflicted individual was for Traveling Thunder a far superior means of obtaining help than involving such a person in the mental health service system. It is interesting to note that involvement in the latter on Fort Belknap would necessarily have commenced with a referral to the Behavioral Health program in the IHS clinic at Fort Belknap Agency near the northwest corner of the reservation (though about the time of my interview with Traveling Thunder, an IHS satellite clinic was built in the community of Hays in the southwestern area of the reservation).

## Elucidations

Thus far in this article I have attended closely to Traveling Thunder's words in the effort to appreciate the complexities of culture and 'mental health' for at least some members of the Fort Belknap tribal community (including several of the other publicly acknowledged cultural authorities on the reservation such as 'Marvin' [J.P. Gone, 2006c], who grumbled with some disdain that the local IHS behavioral health clinic would be the 'last place' he would go for assistance or support in a time of crisis). It seems clear that for Traveling Thunder these complexities arise from the incendiary cultural conflict that epitomizes the colonial encounter. The key opposition throughout his interview was the divergent cultural orientations (and their associated institutions and practices) that characterize the 'old Indian system' and the 'modern Whiteman system', respectively. The modern Whiteman system, according to Traveling Thunder, is pathogenic for Native people, leading to anomie, depression, drinking, and, in too many instances, suicide. He therefore rejected the possibility that 'White psychiatrists' staffing the IHS clinic—just one more instantiation of the modern Whiteman system—might effect truly therapeutic outcomes for tribal members (a concern perhaps shared by tribal members from a Southwest reservation 'who were more likely to consult traditional healers than medical professionals about [psychiatric disorders]'; see Beals et al., 2005, p. 105). Instead, he worried that IHS clinicians would 'force their White ways and White beliefs' on their vulnerable clientele, effectively 'brainwashing' them into Euro-American forms of subjectivity. In contrast, then, to this site of transformation controlled by mental health professionals, Traveling Thunder acknowledged and celebrated an alternative site of transformation better suited for a vibrant Postcolonial Revitalization at Fort Belknap: the hills and mountaintops that comprise an indigenous ritual space wherein one might 'put up' a ceremony.

In designating the reservation-based mental health clinic a space of ongoing colonial contestation in Indian country, Traveling Thunder directly challenges the presumption of Euro-American munificence. That is, the possibilities for transformation that inhere within conventional mental health services, though explicitly promoted as therapeutic, involve cultural and ideological transactions—undertaken within discursive fields marked by persisting asymmetries in power—that threaten to subvert what remains of indigenous subjectivity and experience. More specifically, at stake within conventional clinical encounters in Indian country are local notions of self, identity,

personhood, emotion, social relations, spirituality, and attending communicative norms and interpersonal expectations (J.P. Gone, 2006b, 2008a, 2008b; J.P. Gone & Alcántara, 2008). Furthermore, indigenous concepts of distress, dysfunction, and disorder—including the presumed causes and cures of these phenomena—may well collide with parallel tenets of the dominant therapeutic discourse within the behavioral health setting (see O’Neill, 1989, for an illuminating critique). In sum, Traveling Thunder’s incisive analysis of cultural conflict might be seen to extend to divergences in tribal and Western ‘ethnopsychologies’ as well.

### **Considering Gros Ventre Ethnopsychology**

Attention to the semantic constituents of the term *ethnopsychology* reveals that the word is meant to circumscribe a cultural community’s distinctive kind of mental life. Although Traveling Thunder himself did not explicitly elaborate upon the nuanced distinctions between ‘White ways and White beliefs’ embraced by Euro-American clinicians and parallel facets of indigenous subjectivity among their Native clientele, it is useful here to provide a brief example so that the significance of these contrasts is not lost to subtle and rarefied abstraction. In the very last exchange of the interview, Traveling Thunder discussed ‘praying from the heart’ (which, he noted sardonically, ‘don’t mean nothing to a Whiteman’). He observed that the orientation of one’s heart—including ‘sincerity’, ‘feelings’, and ‘carings’—toward a distressed other during ritual prayer influenced the possibility for a favorable outcome. This observation echoes the conclusion of anthropologist John Cooper (1957), who studied religious thought and practice among the Gros Ventres in the late 1930s, concerning the power of human will or wish: ‘It seems reasonably clear that the more sincere and more fervent the wish, the more it came from the heart, the longer and more intensely it had been thought over and pondered and concentrated upon, the more efficacious it was’ (p. 370). At the time, Cooper’s exchanges with Gros Ventre authorities on these matters revealed a belief in the efficacious power of concentrated thought or will or wish that remained distinct from the workings of prayer *per se*—that is, human thought was assigned its own efficacious influence in the world.

Such influence might be harnessed for purposes both beneficent and maleficent. An example of the *beneficent* purpose of concentrated thought reported by Cooper included the Gros Ventre therapeutic practice of ‘wishing’ sick people well: ‘When someone gives the sick person a good talk and sincerely wishes he will get well, then the patient

will do his best and get well. If you say unpleasant things to a sick man, you will kill him'. Evidently, this practice extended even to individuals languishing upon their deathbeds: 'If a person is visiting a sick Indian, he will say good things to you, even though he knows you are going to die'. In contrast, this respondent observed, 'A white doctor might say, 'There is not much hope'' (p. 368). An example of the *maleficent* purpose of concentrated thought reported by Cooper included the Gros Ventre anxiety about 'malevolent thinking', especially in the context of interpersonal conflict: 'As a curse, a person might say to another, 'You are not going to live long'. If a thing were serious enough, almost anyone might worry another with such cursing' (p. 366). In addition, Gros Ventres might ritually harness the power of thought toward manipulating the actions and behaviors of others in blatant (and immoral) subversion of their individual autonomy. In extreme instances, as one tribal participant in Cooper's research acknowledged, 'It was definitely known by the Gros Ventres that they actually thought people to death' (p. 367).

This understanding of the efficacious power of thought (or will or wish) among the Gros Ventres, like much of ethnopsychology in general, was grounded in and dependent upon a broader cosmology. Though it is beyond the scope of this article to elucidate the specific links to Gros Ventre cosmology in detail (instead, see J.P. Gone, 1999, 2006a, 2008a; J.P. Gone & Alcántara, 2008; J.P. Gone, Miller, & Rappaport, 1999), it is worth noting here that a principal Gros Ventre name for the Supreme Being translates as 'He Who Rules All by the Power of Thought'. The point is simply that thought was understood as an attribute of personhood (whether human or other-than-human), whereby sentient Beings might express their agency in the cosmos. The efficacy of one's thinking was disproportionately distributed throughout the hierarchy of Persons graded by rank or status, with the Supreme Being (the Prime Thinker) at the top, the pantheon of other-than-human Persons (e.g., the Sun, the Four Holy Old Men, the Last Child) in the upper to middle ranks, the oldest and most knowledgeable humans (especially Gros Ventre Keepers of the sacred Flat and Feathered Pipes) in the middle to lower ranks, and so on, down to the newborn human near the bottom of the hierarchy. Owing to this differential potency of one's thinking, some persons were obliged to take greater care in monitoring and controlling their thoughts. Upon his selection as Keeper of the Flat Pipe, for example, the Gros Ventre leader Lame Bull was instructed by a former Keeper as follows: 'Be careful what you say, for if you utter an evil wish on anybody, the wish will come true' (Cooper, 1957, p. 60).

Such an explicit association of the potency of human wish or thought with ritual knowledge and responsibility underscores perhaps the most significant principle of Gros Ventre ethnopsychology: ritual practices effected the concentration or amplification of human wish, will, or thought toward the realization of individual (and often communal) ends obtained through relationships with powerful other-than-human Persons. These Persons included the Supreme Being and the pantheon of rank-ordered Beings alluded to above, but also included mountains, buttes, stones, and a variety of animals. Pursuit of one's wishes therefore included the petitioning of various other-than-human Persons for esoteric gifts of ritual knowledge that could interpersonally invoke the presence and action of such Beings toward the realization of human goals. In addition, power for invulnerability in war, efficacy in healing, proficiency in raiding, and so on, was frequently obtained in specific *places* from the other-than-human Persons Who literally animate these sites within the Gros Ventre landscape. For example, the Gros Ventre Pipe Keeper Buffalo Bull Lodge (*ca.* 1802–1886) quested on seven identifiable buttes in north-central Montana and received numerous gifts of ritual knowledge pertaining to prowess in war and healing from the Mountain Persons on Whose buttes he 'slept' (see F.P. Gone, 1980; J.P. Gone, 2006a, 2008a, 2008b). Finally, it is worth noting that questing for power itself was conceptualized in spatial terms. More specifically, power pertaining to socially extolled achievements in war and healing was sought upon the highest mountains in the region, whereas power pertaining to socially censured accomplishments in gambling and seduction was sought on the prairies or in the river valleys (Cooper, 1957).

In sum, many *places* were known as Persons, and the demarcation of ritual *spaces* in order to petition such Persons for power toward the realization of desired ends—including health, healing, and general well-being—was organized by place (e.g., this or that particular butte), space (e.g., topography and altitude), and moral legitimacy (e.g., whether intrusion upon the autonomy of others was pursued) throughout the Gros Ventre landscape.

### **Considering Professional Ethnopsychology**

In comparison to these ethnopsychological understandings within the historical Gros Ventre community, the concepts, categories, principles, and practices adopted by contemporary mental health professionals would appear to diverge substantially. Mental health clinicians are typically trained in the assessment and treatment of psychological dysfunction and distress. In the United States, these clinicians must

first complete graduate training and then obtain professional licensure in order to provide therapeutic services to the public—such services are usually purchased on behalf of clients through private health insurance coverage. With the exception of the limited cadre of professional psychiatrists, most clinicians devote the bulk of their energies to individual psychotherapy with their clients (see, e.g., Phelps, Eisman, & Kohout, 1998; Rupert & Scaletta Kent, 2007). Characterization of the modern psychotherapies—a generic term referring to as many as 400 distinctive approaches to psychological intervention (Lambert, Bergen, & Garfield, 2004)—is a hazardous business, but Kirmayer (2007) differentiates these approaches from other forms of psychic healing by virtue of their reliance on psychologically-minded, self-referential talk to achieve therapeutic change. Researchers who study psychotherapy have classified these myriad interventions in terms of their distinctive attributes along four continuums (Beutler et al., 2004): therapist directiveness versus patient self-direction; insight-oriented versus symptom-oriented; emotive focus versus task focus; and treatment intensity.

Of particular concern here are the ethnopsychological tenets and other cultural assumptions that undergird modern psychotherapeutic practice. Kirmayer (2007) implicates the Western view of the self as agentic, rationalistic, monological, and univocal alongside the Western notion of personhood as egocentric and individualistic in his analysis of the cultural concept of the person entailed in the practice of psychotherapy. As a result, the goals of psychotherapy typically include rendering clients 'more able to express emotions, wants, and needs; to help them feel more "in control"; and to experience a renewed sense of their value and importance as "unique" individuals' (p. 248). It is, of course, beyond the scope of this article to formally characterize the 'culture of the therapeutic' within the modern mental health disciplines in any detail (see Cushman, 1995; Furedi, 2004; Moskowitz, 2001; Polsky, 1991; Rieff, 1987; Rose, 1998; Sommers & Satel, 2005). Nevertheless, for the purposes of sketching a contrast in ethnopsychologies, it is useful to attend briefly to Steven Ward's (2002) characterization of contemporary therapy culture in the West, what he terms the ethos of 'the psychologically examined life':

Psychology's subjectivization of experience creates a number of taken-for-granted truths of contemporary life. The first of these truths is the notion of the 'deep down'. This is the place where pathology, or the true self, resides in wait of release through confession, therapy, cognitive recognition, 'self actualization' or perhaps a 'primal scream'. The language of deep interiors ... characterize [*sic*] a true or authentic self that lies buried beneath the

vicissitudes of modern life. Psychological therapies, in their various forms, provide a particular vocabulary and set of accepted truths and therapeutic practices that are said to render these foundations of life 'visible', in order to make them better or more genuine . . . . People are expected to probe continuously their lives for repressed memories, neuroses, unhappy childhoods or 'unresolved grief', because in these factors is said to reside both the truth about the self and the material needed for recovery and healing. (pp. 211–212)

Central to this project of discovery and reclamation of the authentic, true, or genuine self by an increasingly prevalent clientele is *therapeutic expression*.

The above description by Ward clearly applies to certain psychotherapeutic traditions (e.g., psychodynamic and humanistic approaches) more than others (e.g., behaviorist and cognitive approaches), and targets the most popular (even faddish) notions associated with these interventions. Following Kirmayer, however, it would be difficult to dispute that the majority of contemporary psychotherapeutic practices encourage (and, in many instances, require) the one-on-one verbal articulation of otherwise private thoughts and feelings to a therapist in an office setting. Even perhaps the most didactic and skill-based of these therapeutic approaches—the cognitive-behavioral tradition—depends upon therapeutic consideration of the client's implicit beliefs and assumptions about the self (and associated feelings and behaviors; see Dobson, 2001, for a comprehensive overview). It is therefore not at all difficult to imagine, especially in therapeutic situations involving interpersonal difficulty or conflict, that clients might be encouraged or required to contemplate and express to their therapists certain unflattering, angry, and even vindictive assessments and feelings about others in their lives. Indeed, the therapeutic space itself is constructed to facilitate (or at least to safeguard) such unvarnished personal expressions by virtue of the professional and legal protections guaranteeing therapist–client confidentiality.

The introduction of mental health services on the Fort Belknap reservation slightly predates the momentous occasion of Robert Gopher's historic sweatlodge in 1978. The provision of health services for federally recognized Native American communities in the United States is generally acknowledged to fall under the federal government's Trust Responsibility to more than 500 'domestic, dependent' Tribal Nations (Pevar, 2004). Created in the mid-1950s, the Indian Health Service—a branch of the US Public Health Service—has administered clinics, hospitals, and health stations throughout Indian

country in the effort to fulfill this Trust. The first Office of Mental Health within the IHS was established in 1965 with an annual appropriation of \$500,000, but such services were not established on Fort Belknap until a decade later. The Billings Area administrative unit of the IHS responsible for serving the eight reservations in Montana and Wyoming was allocated \$50,000 for the provision of mental health services in 1973. The service delivery model in these early years involved pairing paraprofessional mental health technicians with licensed mental health professionals (usually Master's-level social workers, and occasionally doctoral-level psychologists) at the reservation-level IHS Service Units, where they could together provide individual psychotherapy and crisis intervention. While the paraprofessional technicians might be Native individuals, the professional clinicians were usually Euro-Americans. The first mental health team was thus deployed to Fort Belknap in the mid-1970s, where they devoted countless hours to crisis counseling and one-on-one psychotherapy in which the salutary benefits of therapeutic expression were presumed (for much more detail on the institutional contexts of mental health service delivery in Indian country, see J.P. Gone, 2003).

At the reservation IHS facilities during the time I conducted the present research, the 'behavioral health' offices were situated in a small building across the street from the main hospital entrance on the southern boundary of Fort Belknap Agency. Although the parking lot situated between opposing entrances to the two buildings effectively rendered client identities ambiguous to some degree, reservation residents obtaining mental health services could be easily observed to enter the behavioral health building for their appointments, raising anxieties within this face-to-face community about the very privacy and confidentiality that are supposed to characterize professional therapeutic space. Private offices within the building were assigned to the three clinicians providing counseling services to their clientele (and almost all therapeutic activity was in fact office-based). These offices were assigned to whichever clinicians happened to work for IHS at the time—indeed, rapid turnover of clinicians is normative for many IHS facilities (J.P. Gone, 2004b). Moreover, the behavioral health staff relocated to different buildings three times during the years surrounding my interview with Traveling Thunder. First, they occupied a trailer behind the hospital building, then they moved into the building across the street from the hospital entrance, and finally they relocated into the newly completed IHS clinic at Fort Belknap Agency (with a small satellite clinic in the southwestern community of Hays) around the time of the interview itself. With regard to space, then, it seems clear

that within the contemporary US healthcare system—and certainly within the US public healthcare system—the spaces created and occupied by mental health professionals are characterized by an ethos of therapeutic intimacy wherein personal expressions of private thoughts and feelings by vulnerable ‘clients’ are secured from public exposure. With explicit regard to place, anywhere that affords the requisite spatial accommodations may well do, just as anyone with the proper licensing and credentials may come to occupy such spaces in a professional capacity.

In sum, the psychologically examined life, pursued through therapeutic expression, requires *spaces* of privacy and professional intimacy that might be realized in a wide variety of actual *places*, of which a chief feature is their interchangeability within the complex bureaucratic institutions that comprise modern healthcare.

### **Incommensurate Spaces and Places**

By now, I trust that the reader anticipates my point. Gros Ventre ethnopsychological notions include recognition of and respect for the efficacious power of thought (as well as speech expressive of such thought) so as to proscribe rumination and verbal articulation of malevolent intentions toward others except in the most extreme of circumstances. Even under these circumstances, Gros Ventres believed that such intentions, if harnessed against others in harmful ways, might be visited back upon the original agents in retribution for their misuse of such power (still expressed colloquially today by the phrase *what goes around comes around*). In contrast, the therapeutic spaces of the IHS clinic at Fort Belknap routinely encourage ruminations and verbal articulations of painful feelings, traumatic memories, and interpersonal antagonisms as part of the larger therapeutic project of self-discovery and authentic (and perhaps cathartic) self-expression (see J.P. Gone, 2004b, for additional characterization of local behavioral health activities). Such divergences in the context of the colonial encounter render the IHS behavioral health clinic a source of ongoing colonial contestation for Traveling Thunder, who unambiguously prefers indigenous ceremony as the appropriate means of therapeutic intervention. Thus, in this subtle and simple instance, there remains an evident incommensurability between the culture of the mental health clinic and the culture of the reservation community, one that Traveling Thunder worried would yield for Native clients of these mental health professionals a barely perceptible yet persistently potent Western cultural proselytization in the guise of therapeutic intervention. For Traveling Thunder and others sharing his cultural standpoint, this

critical perspective might be summarized as follows: if the therapeutic culture promoted by the various 'psy-' disciplines has become established as the new civil religion of the industrialized West at the turn of the 21st century (Ward, 2002), then mental health professionals are the missionaries for a new millennium (J.P. Gone, 2004a, 2004c; see also Meehl, 1959, and Slife, Smith, & Burchfield, 2003, for additional literature on psychotherapists as 'crypto-missionaries').

In this discussion, I have labored to suggest that the sites of transformation—indigenous ritual space and modern professional space, respectively—represented by Traveling Thunder as existing in opposition to one another are therapeutic venues characterized by divergent and incommensurate ethnopsychologies (and attending ethnotherapeutic practices). These therapeutic traditions (and their co-constituting ethnopsychologies) likewise construct different semiotics of space and place, each of which diverges in substantive ways from the other. And yet, precisely because our 'sense of place' so often seems 'natural and straightforward' to us as human beings (Basso, 1996, p. xiii), Traveling Thunder remained unaware to some degree of the profound implications that space and place served in structuring his discursive skirmish in the interview with 'White psychiatry'. In this regard, I have explicitly noted that Traveling Thunder's narrative of miraculous reconciliation was set along a certain creek in the foothills of the Little Rocky Mountains near the southern boundary of the reservation—to be more precise, the site of Fort Belknap's first historic sweatlodge is located in the rugged *southeastern* area of the reservation, accessible only by dirt roads in good weather. I have also noted that the IHS behavioral health clinic wherein 'White psychiatrists' were described by Traveling Thunder as forcing their 'White ways and White beliefs' upon their Native clientele is located at Fort Belknap Agency in the irrigated and cultivated northwest area of the reservation, accessible throughout the year by paved and plowed streets and a major state highway leading to the nearby border town of Harlem.

Because Traveling Thunder did not explicitly discuss the significance of space and place during the interview, his association of spaces with places must be inferred from careful analysis of his interview responses (including narratives such as the ones excerpted in this article). Such analysis reveals that Traveling Thunder routinely referred throughout the interview to the agencies and institutions of the modern Whiteman system—including, for example, the federal government, the BIA, the IHS, jails, hospitals, and the historical reservation boarding school, all of which necessitate 'competing with the Whiteman'—which happen

to be located physically along the Milk River at Fort Belknap Agency. In contrast, of course, he routinely associated the old Indian system—including the spirit world, Mother Earth, ancient ceremony, and sacred sites, all of which facilitate ‘living in harmony with the Creator’—with the ‘sacred mountains’ that he battled so fiercely to reclaim from the ‘foreign mining corporation’.

Of the places that figure most prominently in his responses, namely the site of the historic sweatlodge and the site of the IHS clinic, the commute from the former to the latter involves a 65-mile drive one-way. Furthermore, the drop in elevation from the former to the latter exceeds 1,000 feet, no trivial matter when one considers the historical preference of Gros Ventres for high places when pursuing blessings through contact with other-than-human Persons. In sum, one would be hard put to situate these *divergent spaces* in more *distant places* while still remaining within the bounded reservation landscape. As a result, according to Traveling Thunder, any genuinely therapeutic Post-colonial Revitalization at Fort Belknap will fundamentally depend upon a communal movement from the lowlands to the mountain-tops—both metaphorically and literally—in order for tribal members to take up residence once more in the ‘stronghold’ of ancestral tradition.

## Conclusions

In this article I endeavored to demonstrate through close analysis of a single ethnographic interview that profound cultural divergences in Western professional and indigenous therapeutic discourses, respectively, may well emanate from subtle and easily overlooked sources of ethnopsychological orientation and intelligibility. More specifically, analytic attention to the cultural psychology of space and place as constructed within the interview responses of a middle-aged Traditionalist from the Fort Belknap Indian reservation in north-central Montana revealed that robust ‘mental health’ (or well-being) was seen to result from participation in indigenous ritual spaces (e.g., the sweatlodge, the vision quest) enacted or performed in designated sacred places on or near the reservation (e.g., the Little Rocky Mountains). For this respondent, the power of these ritual practices for achieving beneficial therapeutic outcomes contrasted markedly with the neo-colonial or assimilative encounters of Native ‘clients’ with ‘White psychiatrists’ in the officially designated ‘therapeutic’ spaces of the IHS behavioral health clinic. In contrast to professional discourse, the hypothetical consultation of an IHS clinician by a distressed tribal member

was seen by Traveling Thunder as an open invitation to 'brainwash me forever so I can be like a Whiteman'. Thus, although physically located within sovereign reservation boundaries, the arena of the 'modern Whiteman system' known as the mental health clinic would seem to harbor ideological dangers that remain transparent to some tribal members.

At the outset of this case study, I embraced two analytic objectives. The first was to advance cross-cultural understanding of how healing 'works itself out in places' through the interdisciplinary exploration of therapeutic landscapes. In light of the cultural psychology of space and place expressed clearly (albeit indirectly) by Traveling Thunder, the theorization of therapeutic landscapes would benefit from a crucial extension beyond Western sensibilities in at least one significant sense. Whereas investigators of therapeutic landscapes (Gesler, 2003; Gesler & Kearns, 2002; Kearns & Gesler, 1998b; Williams, 1999) have typically explored the sociocultural meanings of human association with essentially *material* land forms in various Western communities, they appear not to have considered that some non-Western communities continue to regard their associations with such land forms as instead fundamentally *interpersonal* in nature.

Among the Gros Ventre, as I have already noted, the power to heal was crucially dependent on the surrounding landscape. Requisite gifts of ritual knowledge for therapeutic ministrations (offered as interpersonal expressions of compassion by powerful other-than-human Persons) were obtained by sacrificial ceremonial petitions (offered as interpersonal expressions of respect by humble humans) from the butte and mountain Beings (among Others) Who, not metaphorically but literally, *are* these land forms (for more detail, see J.P. Gone, 2008a, 2008b). In other words, if Deloria's (2001) assertion that *power plus place equals personality* accurately characterizes the cultural psychology of many of the world's indigenous populations, the necessary conceptual shift beyond the materialist bias of Western investigators potentially opens up a host of alternatives when considering therapeutic landscapes. Indeed, it raises the distinct possibility that Bastien (1985) and Dobbs (1997) have overlooked crucial facets of the relationship between the Qollahuaya and Navajo Indians to their nearby mountains, respectively. Even Wilson (2003) appeared to struggle with the materialist assumptions undergirding the exploration of therapeutic landscapes in indigenous communities when she observed that the 'land represents a *site* within which Anishinabek can relate to other animate beings in their everyday lives' (p. 90, italics added). And yet, if the 'land is alive with spirits', as she allowed, then places are not

merely the 'sites' of interpersonal relations, but instead remain actual interlocutors in such relations.

The second of my analytic objectives was to critique superficial professional commitments to 'cultural competence' in modern mental health service delivery in light of cross-cultural constructions of the therapeutic. In this regard, my brief foray into the cultural psychology of space and place, and the resultant constructions of therapeutic landscapes, should give mental health professionals dedicated to sensitive cross-cultural service delivery significant cause for concern. For if tailored cultural analysis of just one facet of one American Indian people's ethnopsychological repertoire—namely space and place among the Gros Ventre—has yielded such substantial divergences in therapeutic principle and practice, what additional incommensurabilities might come to light in similar studies of selfhood, identity, emotion, distress, language, communication, social relations, religious sensibilities, and so on, with this community and scores of others throughout Native North America?

In a tense postcolonial context, the ethical and political costs associated with professional practice-as-usual in Native American communities amount to nothing less than an extension of the colonizing project. For those American Indians who share Traveling Thunder's cultural standpoint (and there are many who do), reservation-based mental health clinics—despite their intentional designation as therapeutic spaces—may thus be seen to function as sites of colonial incursion and Native resistance.<sup>3</sup> As I have argued, the terms of such incursion and resistance are cultural, and presumably extend to such subtle ethnopsychological constituents of human experience as spatial orientation and sense of place. As a result, any modern professional call to 'cultural competence' in the delivery of mental health services must grapple substantively not just with the overt diversity (e.g., language fluency, religious beliefs, family values) of the 'culturally different' (Sue & Sue, 1999), but also with the deeply embedded and subliminal habits and orientations that cultural processes and practices furnish for meaning-full human experience and interaction in politically tense postcolonial contexts around the world.

### **Acknowledgement**

This article was completed during the author's tenure as the Katrin H. Lamón fellow at the School for Advanced Research on the Human Experience in Santa Fe, New Mexico.

## Notes

1. The term *Traditionalist* is subject to variable interpretation by different individuals across diverse tribal contexts, but it usually describes a Native individual who has explicitly rejected Christian religious principles and practices and instead embraced indigenous (or even pan-Indian) spiritual principles and practices. Insofar as Traveling Thunder chose to explicitly identify as a 'Native American Traditionalist', I have incorporated this usage without further examination of his adoption of this label.
2. In regard to the research process, the primary respondent in the present article earlier reviewed the companion manuscript (J.P. Gone, 2007) and requested that I identify him there by the name 'Traveling Thunder'. We continue to adopt that convention here as well. In addition, he carefully reviewed an earlier draft of the present article and suggested a few minor edits which I was happy to incorporate. These included a handful of grammatical corrections in the transcribed excerpts, none of which substantively altered the meaning or purpose of the quoted material.
3. One reviewer of this article wrote: 'When I got to the end, I wanted a stronger statement or critique of the place of mental health services—can the author just come out and say that a rapprochement is just not possible?' In response, I hesitate to devote additional space in an already longish article to what would necessarily be a convoluted response to this question. Interested readers should consult another of my writings (J.P. Gone, 2003), in which I observed that 'the mental health needs of Indian country require a great deal more of the kinds of professional services that do not yet exist' (p. 221). In that essay, I attempted to set forth an approach grounded in cultural and community psychology to developing alternatives to psychological services-as-usual in Native American communities.

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