

## AWARD

## APF Gold Medal Award for Impact in Psychology: Joseph P. Gone



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Harvard University

**Citation**

“In recognition of his dedication to making psychological services more fully accessible, culturally appropriate, and demonstrably effective for alleviating disabling distress among Indigenous peoples and individuals of other diverse backgrounds. Dr. Joseph Gone has cultivated a distinctive and impactful scholarly vision that is anchored in psychology while remaining robustly interdisciplinary and committed to advancing the well-being of American Indian and other Indigenous peoples. Dr. Gone is the leading expert on Native American psychology, and his work is cited in one in four of all publications that exist in psychology on Native groups. His participation in the communities he studies has made his work particularly impactful and allowed for collaborative interventions that otherwise would not be possible.”

**Biography**

Joseph Patrick Gone is an American Indian psychologist who throughout his career has analytically assessed and critically engaged the reigning commitments of the mental health professions with respect to Indigenous cultural orientations and community well-being. After graduating from Harvard College, Gone entered the PhD program in

clinical-community psychology at the University of Illinois at Urbana-Champaign in 1993, with initial aspirations to return to his reservation to administer culturally tailored mental health treatments. By the time he earned his doctoral degree in 2001, Gone was convinced that psychological services for American Indians required substantial reform if these communities were to secure fully accessible, culturally appropriate, and demonstrably effective helping interventions in times of disabling distress. Indeed, a central problem that defines his scholarship is what he designates as the *postcolonial predicament* of psychological service delivery in “Indian Country.”

On the one hand, pronounced inequities in mental health problems (including trauma, addiction, and suicide) underscore the need for effective mental health services for Indigenous communities. On the other hand, conventional professional treatments depend on concepts, categories, principles, and practices that are criticized as experientially irrelevant—and even ideologically assimilative—for many American Indians. This predicament led to Gone’s early career insight that Indigenous communities may well benefit from unprecedented innovations in psychosocial helping services that have yet to be fully explored, implemented, and evaluated. In response, Gone has partnered with more than half-a-dozen Indigenous communities over the past 3 decades to creatively formulate innovative and alternative interventions for mental health problems in these settings. His efforts have advanced scientific and professional understanding across three related domains.

First, Gone has discovered ways in which American Indian communities locally construe diverse facets of mind, self, identity, emotion, personhood, social relations, spirituality, communication, wellness, dysfunction, and healing (i.e., investigations of Indigenous cultural psychology). For example, in early research on the Fort Belknap Indian Reservation, Gone undertook brief ethnographic inquiry with policymakers, spiritual leaders, health service providers, and individuals with first-hand experience coping with serious personal distress. Drawing on these data, he identified an explanatory model of psychological disorder conveyed by an *Aaniiih*-Gros Ventre traditionalist named Traveling Thunder. In this Indigenous para-psychiatric discourse, Traveling Thunder attributed problem drinking and depression to American Indian experiences of colonial subjugation across four historical

eras. He asserted that community mental health inequities result from postcolonial anomie and disrupted ceremonial tradition. Importantly, Traveling Thunder was skeptical of “White psychiatrists,” whose efforts he characterized as ideological attempts to “brainwash” American Indian patients toward Euro-American sensibilities. Instead, he promoted an Indigenous return to traditional ritual practices that could recirculate life, well-being, and “good clean minds” to tribal members. In sum, Traveling Thunder expressed an ideological critique of familiar mental health services as well as an Indigenous preference for ceremonial alternatives.

Second, Gone has demonstrated ways in which these local construals converge with and diverge from the assumptions and approaches of workaday professional mental health practice (i.e., assessments of psy-entific commensurability). For example, he undertook brief ethnographic inquiry to explore therapeutic discourse and practice in a Manitoba Cree community’s substance abuse treatment program. This study focused on the local effort to integrate “Aboriginal” and “Western” therapeutic approaches, requiring creative accommodations of Indigenous tradition in the establishment of novel (but potentially controversial) therapeutic modalities. Gone’s interviews with administrators, staff, and clients (supplemented by participant observation) indicated that features of globalized “therapy culture”—including the 12 steps of Alcoholics Anonymous, “pop psych,” and alternative health practices—tacitly structured counseling activities despite the explicit programmatic commitment to centering Indigenous therapeutic interventions. Thus, despite enthusiastic counselor allegiance to the “talking cure,” some community members who obtained program services resisted the mandate to “disclose” painful childhood experiences in a verbally cathartic manner among nonintimates during group therapy. Instead, these clients adhered to longstanding Indigenous communicative norms that prescribed emotional restraint and taciturnity in ways that may have preempted therapeutic benefit.

Finally, Gone has formulated ways in which applied psychologists might partner with American Indian communities to implement and evaluate alternative programs and interventions that remain culturally consonant (instead of experientially divergent) and robustly beneficial (instead of potentially colonizing) in pursuing Indigenous well-being (i.e., cultivations of therapeutic innovation). This endeavor involves an inversion of reigning cultural adaptation strategies that typically start with established treatments to instead begin with Indigenous healing traditions that might then be subsequently accommodated within health care service settings. For example, Gone partnered with the Blackfeet Nation’s substance abuse treatment program to collaboratively develop a culturally grounded alternative to existing substance abuse treatment. The resulting seasonal cultural immersion camp was designed to emulate the daily experiences of preservation ancestors, such as living in tepees, practicing traditional spirituality, and harvesting sacred plants.

Importantly, intervention activities were virtually unrecognizable as addiction treatment, reflecting instead cultural orientations that depended less on psychological mindedness. Despite the original intent to evaluate this singular grassroots intervention, certain qualities of the collaboration and setting limited the possibilities for formal outcome assessment.

Gone’s commitment to establishing this unprecedented approach to the study of culture, coloniality, and mental health in contemporary American Indian communities has required intrepid intellectual forays into closely related domains. First, he insightfully explores *Indigenous traditional healing*. Specifically, he documents the description and analysis of both historical and contemporary healing practices that are grounded in alternative therapeutic logics (i.e., approaches that are sacred rather than secular, mystical rather than rational, relational rather than technical). Second, he critically engages *Indigenous historical trauma*. Indeed, while he applauds the contextual reframing of American Indian mental health problems as postcolonial pathologies, he cautions that this widely circulating concept threatens to “medicalize” oppressive histories and societal structures (mobilizing toward healing more so than justice). Third, he promotes *Indigenous traditional knowledges*. That is, he routinely draws on American Indian cultural expertise (including archival materials produced by his own relatives and ancestors) to ascertain whether and when traditional Indigenous concepts and understandings might augment, enhance, challenge, or reformulate the psychological enterprise. Finally, he advocates for *Indigenous participatory research*. To wit, he argues and illustrates that community engagement and collaborative partnership are mandatory for remedying the long history of extractive colonial research that has routinely exploited Indigenous peoples.

In sum, Gone is an unusual psychologist whose distinctive investigations advance the unlikely integration of Indigenous cultural traditions and modern mental health services, applied community engagement and illuminating scholarly analysis, and dominant approaches in the behavioral sciences with enduring insights from the human sciences. This eclectic, creative approach has galvanized a career that depends on interdisciplinary inquiry even as it remains attuned to “real-world” applications. In 2000, Gone joined the faculty of the interdisciplinary Committee on Human Development at the University of Chicago. In 2002, he accepted a joint faculty appointment in the Department of Psychology (Clinical Science program) and the Department of American Culture (Native American Studies) at the University of Michigan. There Gone rose through the ranks, earning tenure in both departments in 2010 and promotion to full professor in 2016 (subsequently directing the Native American Studies program). His interdisciplinary reach expanded further in 2018 when Gone accepted a joint tenured faculty appointment at Harvard University in the Department of Anthropology (in the Faculty of Arts and Sciences) and in the

Department of Global Health and Social Medicine (in the Faculty of Medicine). In 2019, he was appointed the faculty director of the Harvard University Native American Program, where he advances education, community, scholarship, and inclusion with respect to Indigenous presence and perspective on campus.

Gone's impact in psychology and beyond is captured by numerous professional indicators. Honored with more than 20 fellowships and career awards since his student years, he was named a Guggenheim fellow in 2014. He is an elected member of the National Academy of Medicine. He was acknowledged for his distinguished career contributions by four divisions of the American Psychological Association (APA). In 2021, he received the APA Award for Distinguished Professional Contributions to Applied Research. He cochaired the APA Presidential Task Force on Strategies to Eradicate Racism, Discrimination, and Hate that resulted in APA's official apology to communities of color for its complicity in racism. He was appointed to the APA Guideline Development Panel for the Treatment of Posttraumatic Stress Disorder in Adults. He served as a member of the Ethnoracial Equity and Inclusion Workgroup for the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text revision) by the American Psychiatric Association. He is a fellow of the Association for Psychological Science and of seven divisions of the American Psychological Association.

Gone has published over 100 scientific articles and chapters, including two articles in the *Annual Review of Clinical Psychology*, three articles in the *American Psychologist*, and 15 articles in the *American Journal of Community Psychology*. He has delivered over 200 invited lectures and over 100 refereed conference presentations. He has served on the editorial boards of eight scientific journals and reviewed articles for an additional 120 journals in the behavioral and health sciences. He is the elected president of the Society of Indian Psychologists, and he was formerly elected to the executive committees of the Society for the Psychological Study of Culture, Ethnicity, and Race and the Society for Qualitative Inquiry in Psychology. He accepted year-long residencies at the Center for Advanced Study in the Behavioral Sciences at Stanford University and the School for Advanced Research in Santa Fe. He conceived and organized the 2010 Gathering of Native American Healers at the University of Michigan and co-organized (and moderated) the 2019 Indigenous Traditional Medicine Summit sponsored by the National Institutes of Health.

Gone was born in Montana, where he and his late adoptive brother, Matthew Juelfs, were reared by their adoptive parents (his mother, Sharon Juelfs, raised them by herself following the dissolution of her marriage). As a young adult, Gone

attended three colleges over 5 years, not including his 2-year enlistment in the U.S. Army. A citizen of the *Aaniiih-Gros Ventre* Tribal Nation of the Fort Belknap Indian Reservation in northcentral Montana, Gone was "adopted out" of the tribe at birth but returned home to the reservation during his college years—now more than 3 decades ago—to connect with his extensive Fort Belknap family (including his parents and nine younger siblings). He descends from the Azure and Brisbo families through his father, the late Joseph William Azure, and from the Gone and Crazy families through his mother, Rowena Marie Gone. He honors his ancestors from among the *Aaniiih-Gros Ventre*, the *Nakoda-Assiniboine*, the *Nimipu-Nez Perce*, the *Absaroka-Crow*, and the *Métis* Little Shell Chippewa peoples. Gone lives with his partner, the Harvard historian Tiya Miles, and their three children in Cambridge, Massachusetts, and Bozeman, Montana.

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