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Psychotherapy & American Indian Healing

Pursuing Cultural Compatibility

Introduction

- Who Am I?
 - Academic Psychologist
 - Clinically-Trained
 - Community-Engaged
 - Culturally-Attuned
 - Research Interests
 - Culture & Mental Health
 - Indigenous Psychologies
 - Cross-Cultural Interventions



Introduction

- Goals of Presentation
 - Consider the mental health context for American Indians (AIs)
 - Contemplate the case for integrating counseling & traditional healing for AIs
 - Complicate the project to integrate professional & indigenous therapies
 - Cultivate indigenous therapies for implementation & evaluation as mental health services (case illustration)

The AI Mental Health Context

(Round 1)

The AI Mental Health Context

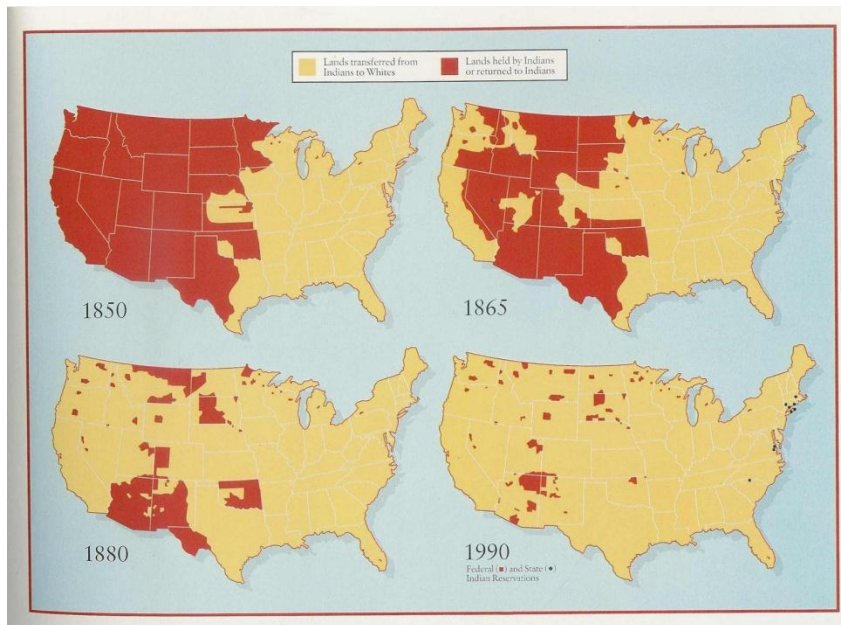
- AIs & Alaska Natives
 - Surviving descendants of indigenous peoples
 - Terrific diversity
 - Demographic rebound
 - 5+ million in 1492
 - 240,000 in 1890
 - 2.9 / 5.2 million in 2010
 - 565 federally-recognized tribal groups in U.S.



The AI Mental Health Context

- Who is an AI in the U.S.?
 - The Problem of self-identification
 - 5 million → 3 million → 2 million
 - From ethnoracial ancestry to tribal community
 - Who do you claim? / Who claims you?
 - From AI identity to tribal citizenship
 - Not ethnoracial identification but *political* status

The AI Mental Health Context



- AI Status in the U.S.
 - Tribal sovereignty
 - Federal trust obligation
 - Health care services
 - Distinct service ecology

The AI Mental Health Context

- AI MH Disparities (*Gone & Trimble, 2012*)
 - Epidemic levels of distress in many communities
 - High prevalence of trauma & substance abuse
 - Underfunded community MH services
 - Large unmet need

The Case for Therapeutic Integration

(Round 2)

Case for Therapeutic Integration

- Redressing the Problem

Pronounced MH disparities

+

Underfunded MH services

=

Expand MH services!!! (right?)

Case for Therapeutic Integration

- Not so simple!
 - The Problem of Cultural Difference
 - Historically distinctive cultural enclaves
 - Persistent cultural practices (cosmology, ethnopsychology)
 - Culture of the MH clinic is not the culture of the AI community
 - The Problem of Cultural Dominance
 - Colonial domination
 - “Kill the Indian, save the man”
 - Enduring power asymmetries

Case for Therapeutic Integration

- The (Post)colonial Predicament (*Gone, 2007*)
 - On one hand, ***urgent community needs...***
 - Impoverished, high-risk settings
 - Documented disparities in MH status
 - On the other hand, ***incongruent clinical services***
 - Attested to by anecdote & evidence
 - The call for “cultural competence”

Case for Therapeutic Integration

- Professional Psychology's Remedy?

Cultural Competence

- Reaction to “monocultural bias” in the profession
- Countering racist invalidations of vulnerable clients
- Tailoring psychotherapy for the culturally diverse

Case for Therapeutic Integration

TABLE 1: Components of Cultural Competence

<i>Belief/Attitude</i>	<i>Knowledge</i>	<i>Skill</i>
1. Aware and sensitive to own heritage and valuing/respecting differences.	1. Has knowledge of own racial/cultural heritage and how it affects perceptions.	1. Seeks out educational, consultative, and multicultural training experiences.
2. Aware of own background/experiences and biases and how they influence psychological processes.	2. Possesses knowledge about racial identity development. Able to acknowledge own racist attitudes, beliefs, and feelings.	2. Seeks to understand self as racial/cultural being.
3. Recognizes limits of competencies and expertise.	3. Knowledgeable about own social impact and communication styles.	3. Familiarizes self with relevant research on racial/ethnic groups.
4. Comfortable with differences that exist between themselves and others.	4. Knowledgeable about groups one works or interacts with.	4. Involved with minority groups outside of work role: community events, celebrations, neighbors, and so forth.
5. In touch with negative emotional reactions toward racial/ethnic groups and can be nonjudgmental.	5. Understands how race/ethnicity affects personality formation, vocational choices, psychological disorders, and so forth.	5. Able to engage in a variety of verbal/nonverbal helping styles.
6. Aware of stereotypes and preconceived notions.	6. Knows about sociopolitical influences, immigration, poverty, powerlessness, and so forth.	6. Can exercise institutional intervention skills on behalf of clients.
7. Respects religious and/or spiritual beliefs of others.	7. Understands culture-bound, class-bound, and linguistic features of psychological help.	7. Can seek consultation with traditional healers.
8. Respects indigenous helping practices and community networks.	8. Knows the effects of institutional barriers.	8. Can take responsibility to provide linguistic competence for clients.
9. Values bilingualism.	9. Knows bias of assessment.	9. Has expertise in cultural aspects of assessment.
	10. Knowledgeable about minority family structures, community, and so forth.	10. Works to eliminate bias, prejudice, and discrimination.
	11. Knows how discriminatory practices operate at a community level.	11. Educates clients in the nature of one's practice.

NOTE: Adapted from D. W. Sue, Arredondo, & McDavis (1992).

Case for Therapeutic Integration

- A Role for Traditional Healing?
 - Attitude #8: “Respects indigenous helping practices”
 - Skill #7: “Can seek consultation with traditional healers”
 - Traditional healing as the *quintessential form* of “culturally competent” therapy
 - Principles & approaches to be harnessed?
 - Lessons to be drawn for professional psychology?

Case for Therapeutic Integration

- Integration of Counseling & Traditional Healing for AIs
 - Early collaborations between MH professionals & traditional healers in MH services (*Attneave, 1974; Bergman, 1973*)
 - “Red Road to Recovery” during the 1970s (*Thin Elk, 1993*)
 - Classic article in *The Counseling Psychologist* calling for therapeutic integration for AIs (*Lafromboise, Trimble, & Mohatt, 1990*)
 - Introduction of “soul wound” psychotherapy (*Duran, 1990, 2006*)
 - Indigenous communities as ongoing sites of therapeutic integration (*Gone, 2008, 2009, 2011*)

Complicating the Project to Integrate Therapeutic Traditions

(Round 3)

Complicating Integration

- A Brief Comparative Exercise
- Features of Professional Counseling / Psychotherapy
 - Shaped by market forces in the era of evidence-based health care
 - Standardization of approaches or techniques
 - Efficacy tied to technical mechanisms
 - Therapists are (roughly) interchangeable

Complicating Integration

- Features of Counseling (cont)
 - Therapist expertise is comprised of
 - Research evidence
 - Technical know-how
 - Client tailoring
 - Fidelity to technique is ultimately more important than client tailoring
 - Emphasis on *technical* over *relational*

Complicating Integration

- Features of (Some) AI Healing Traditions
 - Who is an AI healer?
 - AI healing traditions from the Northern Plains
 - Gros Ventre healer Bull Lodge (*F. P. Gone, 1942/1980; J. P. Gone, 2004, 2006, 2010, 2011*)
 - Lakota healer *Hehaka Sapa* (*DeMallie, 1984*)

Complicating Integration

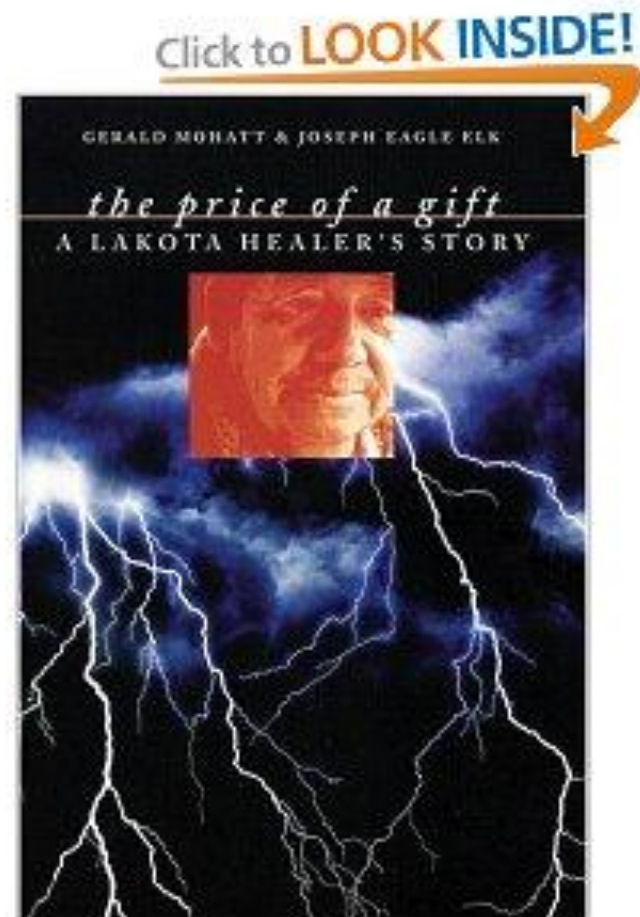
- Features of AI Healing (cont)

- Case study

Joseph Eagle Elk

“The Fish & The Man”

(Mohatt & Eagle Elk, 2000)



Complicating Integration

- Features of AI Healing (cont)
 - Curing rituals adhere to broad cultural patterning but also remain distinctive for each healer
 - A given healer's ritual protocols may be standardized but recommended treatments often are not
 - Curing rituals involve both humans & "other-than-humans" in the exercise of "will/power" on behalf of patients

Complicating Integration

- Features of AI Healing (cont)
 - Efficacy depends on “will/power” of persons involved rather than technical mechanisms
 - Healers (& their other-than-human helpers) are *not* interchangeable but rather remain the single most important therapeutic “variable”
 - Competent ritual management of associated interpersonal interactions is crucial for beneficial outcomes

Complicating Integration

- Features of AI Healing (cont)
 - Violations of ritual protocol (whether intentional or not) & participant maleficence are dangerous for patients
 - Fear can be an intelligible response to ritual exercises of power
 - Emphasis on *relational* over *technical*

Complicating Integration

- Challenges of Divergent Traditions

"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 . . ."

Deloria, 2001, p. 22

Complicating Integration

- Challenges of Divergent Traditions (cont)
 - The nomothetic-idiographic distinction
 - Nomothetic refers to that which is general across cases & applicable to individuals only in probabilistic terms
 - Idiographic refers to that which is distinctive to a given case & applicable only to a unique individual
 - Compare:
 - The nomothetic aspirations of evidence-based psychotherapy
 - The idiographic commitments of (some) AI healing practices

Testing Culture-as-Treatment

- Challenges of Divergent Traditions (cont)
 - What are the implications of scientific evaluation for spiritual practices (especially within indigenous communities)?
 - How can we reconcile scientific evaluation with local knowledge traditions (*Gone, 2012*)

Testing Culture-as-Treatment

- Challenges of Divergent Traditions (cont)
 - Can there even be “evidence-based” forms of AI CaT?
 - If so, what is gained & lost by studying CaT in this way?
 - Possible Gains: Scientific legitimacy & federal funding
 - Possible Losses: Epistemic violence to indigenous traditions?
 - If not, what is their relevance for mental health services?
 - Highly relevant even though not evaluable in principle or practice
 - Not relevant because not evaluable in principle or practice

Complicating Integration

- Summary Examples of Deep Cultural Discordance of AI Healing Traditions with Professional Psychotherapy
 - Necessity of ritual supplication (*Anderson & Gone, 2009; Gone, 2006, 2007, 2008, 2010*)
 - Relevance of “supernatural” will/power (*Gone, 2008, 2010, 2011*)
 - Regard for personal fortitude & vitality (*Gone, 2004, 2011; Gone & Alcantara, 2010*)
 - Construals of space & place (*Gone, 2008*)
 - Norms governing self-expression (*Gone, 2008, 2011*)

Complicating Integration

- With so many profound distinctions between professional counseling & AI traditional healing, how is **therapeutic integration** even possible?
- Is **cultural competence**—with its emphasis on therapist attitudes, knowledge, & skills—really adequate to this challenge?

Cultivating Indigenous Therapies as MH Services

(Round 4)

Cultivating Indigenous Therapies

- An Alternative to Cultural Competence (*Wendt & Gone, 2011*)
 - Shifting focus:
 - From culturally competent *therapists*...
 - i.e., therapists as enculturated actors who share contingent assumptions, approaches, & aspirations...
 - ...to culturally commensurate *therapies*
 - i.e., therapies as cultural artifacts that are expressive of & constituted by (contingent) normative assumptions

Cultivating Indigenous Therapies

- Therapies as Cultural Artifacts
 - European cultural origins of psychotherapy (*Kirmayer, 2007*)
 - Invokes agentic, rationalistic, monological, & univocal selfhood
 - Presumes egocentric & individualistic personhood
 - Relies on psychologically-minded, self-referential talk
 - Contrast with AI therapeutic traditions (*Gone, 2010*)
 - Secular versus Sacred
 - Rational versus Mystical
 - Technical versus Relational

Cultivating Indigenous Therapies

- The (Post)colonial Remedy?
 - Recognize that counseling intervention *is* cultural prescription
 - Acknowledge danger of *neo-colonial cultural proselytization* for AIs
 - Consider indigenous claims: “Our culture is our treatment” (CaT)
 - Therapeutic alternatives based on (reclaimed) traditional practices
 - Holistic rationale grounded primarily in religious experience
 - Addressed to personal distress + cultural identity + community renewal & self-determination

Cultivating Indigenous Therapies

- A Continuum of Cultural Commensurability
 - Ranges between endpoints
 - Non-adapted professional therapies on one end (e.g., exposure therapy for PTSD)
 - Local indigenous healing practices on the other end (e.g., Lakota *yuwipi* for disabling grief)
 - *Neither* is suited for formal MH services with AIs
 - Vast middle space for integrative projects based on ***creative hybridity***

Cultivating Indigenous Therapies

- The Continuum in Action: Promoting Conceptual Insight vs. Normative Judgment
 - No intrinsic value associated with continuum placement
 - Value of placement is always a function of *community vision & objectives*
 - Conceptual benefit of placement lies in implicit contrast with other alternative possibilities

Cultivating Indigenous Therapies

- Insight vs. Action (cont)
 - Facilitates broad critical attention to issues of cultural commensurability
 - Heightening of consciousness
 - Disentangling the *neo-colonial* from the *post-colonial*



Cultivating Indigenous Therapies

- Revisiting the (Post)colonial Remedy
 - Usual Approach:
Start with mainstream psychosocial interventions & then adapt these for use in “diverse” community-based mental health services
 - Inverted Approach:
Start with local therapeutic traditions & then cultivate these for use as interventions in community-based mental health services

Cultivating Indigenous Therapies

- Demonstration Project with the Blackfeet Nation of Montana (*Gone & Calf Looking, 2011*)
- Crystal Creek Lodge
 - Residential substance abuse treatment center
 - Only accredited tribal residential program in MT
 - “Minnesota model” program
 - Exclusively AI clientele
 - Not (expected to be) particularly effective

Cultivating Indigenous Therapies

- Brief History of a Partnership
 - Approached Lodge staff in spring 2008
 - Gauged interest in developing local treatment alternative
 - Enthusiasm for approach based on Blackfeet spirituality
 - Extended consultation in August 2009
 - Blackfeet bundle keepers
 - Crazy Dog society

Cultivating Indigenous Therapies

- Formulation of Radically-Alternative “Treatment”
 - Summer cultural immersion camp
 - Guided by members of Crazy Dog Society
 - Return to traditional life ways
 - Socialization into “the old Blackfeet religion”
 - Healing & recovery come from spiritual practices that circulate *LIFE*

Cultivating Indigenous Therapies

- Implementation of Blackfeet Cultural Camp
 - UM IRB review: “Not regulated” as program evaluation & quality improvement
 - Piloted in summer of 2012 (“proof of concept”)
 - Sponsored by Crystal Creek Lodge
 - Staffed by Crazy Dog society members
 - 4 male clients for 2 weeks
 - Participant-observation by me

Cultivating Indigenous Therapies

- Description of Blackfeet Cultural Camp
 - Camp Activities
 - Traditional skills: Tepee setup, Lodge painting, Plant harvesting, Hide tanning
 - Cultural practices: Storytelling, Decision making, Family ancestry, Sacred sites
 - Ritual participation: Talking circle, Pipe ceremony, Sweat Lodge, Pipe making
 - Camp Ethos
 - Leisurely-paced
 - Loosely-scripted
 - Sensitively-guided
 - Staff-monitored
 - Community-engaged

Cultivating Indigenous Therapies

- Enduring Impressions of Blackfeet Cultural Camp
 - Memorable & inspiring!
 - Unrecognizable as psychosocial “treatment”
 - Centered traditional spirituality & religious experience
 - Promoted genuine sense of community & belonging
 - Valued by clients

Cultivating Indigenous Therapies

- Emergent Concerns from Blackfeet Cultural Camp
 - Undetermined outcomes relative to client substance abuse
 - Raises sustainability questions (expensive *per capita*)
 - Invites gender analysis
 - Resists standardization as intervention package
 - Confounds formal evaluation procedures?

Cultivating Indigenous Therapies

- The CaT claim is a *hypothesis*, not a fact (*Brady, 1995; Weibel-Orlando, 1989*)
- Rationale for hypothesized efficacy
 - Redressing “historical trauma” in Indian Country (*Gone, in press; Gone & Trimble, 2012*)
 - Attributing AI recovery from substance abuse to cultural practices
 - Citing scientific literature that links traditional cultural practices to AI recovery (*Spicer, 2001; Torres-Stone et al. 2006*)
 - Acknowledging that existential reorientation can yield dramatic transformations in purpose, motivation, spirituality, & social networks

Cultivating Indigenous Therapies

- Crucial (Empirical) Questions for Ongoing Research
 - Can processes linking culture & recovery in AI communities be harnessed and deployed as treatment?
 - Is cultural immersion enough to truly remedy substance abuse across a range of addiction severity?
 - Can scientific evaluation of CaT projects overcome small sample sizes, constraints on random assignment, etc.?
 - Can development, implementation, & evaluation of CaT projects successfully compete for research funding?

Conclusion

Take-Home Points

Conclusion

- Take-Home Points
 - MH services for AIs are vexed by a (post)colonial predicament
 - AI healing traditions diverge in substantial ways from professional counseling / psychotherapy
 - Because therapies are themselves cultural artifacts, we may need to move beyond cultural competence
 - Therapeutic integration entails creative forms of cultural hybridity wherein AI traditions are cultivated as MH services

Conclusion

- For more information on these projects (& to download my publications), please visit my website at:

<http://www-personal.umich.edu/~jgone/index.html>

- Thank You!