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Behavioral Health Issues among American Indians and Alaska Natives: Explorations on the Frontiers of the Behavioral Sciences. Edited by Spero M. Manson and Norman O. Dinges. *The Journal of the National Center* Volume 1, Monograph 1, 1988. 369 pages.

This is an ambitious volume, containing the papers prepared for a conference on the parameters of research needed for the better understanding and delivery of health services to American Indians and Alaska Natives in the United States. The focus is particularly on the unresolved problems in those aspects where there is an interplay of behavioral and mental health issues—whether these involve the etiology of the disease or health problem, its identification, diagnosis and description, or the delivery of treatment services. The stimulus for the conference was the publication in 1982 of a volume by the National Academy of Science's Institute of Medicine entitled *Health and Behavior: Frontiers of Research in the Biobehavioral Sciences*. This collection of theory and data has become a benchmark for much public and private funding of research in the field. The NIMH Center for Minority Research requested a reaction to these findings as they applied, or were incongruent to, the needs of American Indians and Alaska Natives.

Twenty nationally recognized experts, currently engaged in either health-related research or the delivery of health services to these populations, convened two-and-one-half days in 1985 to share a discussion of nine prepared papers on a selection of the most relevant topics covered in the academy's reports. These nine topics can be divided into categories:

1. **Theoretical Issues**, which include "Models of Stress, Coping, and Health," and "The Effects of Labelling on Health Behavior and Treatment Programs among North American Indians." A concluding paper, "Societies, Families and Change," while illustrated with concrete examples from Alaskan experience, also belongs in this group.

2. **Specific Types of Health Problems** affecting this population which have a behavioral as well as a biophysiological component. These include alcoholism and alcohol abuse, diabetes, and major mental disorders, as well as a generalized survey of the problems and their prevention in two phases of the life cycle—aging, and children from birth to fourteen.

3. **Research Recommendations**, which are included in the

summaries of most of the papers, and are often expanded or dissected with alternative suggestions in the group discussion that followed each presentation. The final few pages are a more formal set of recommendations prepared during the last session of the conference.

Without attempting to discuss the detailed richness of this monograph, a few comments may be made on each of these categories: Two theoretical papers—the first and last in the volume—relate most closely to material from the academy's publication: the theme of the relationship of stress and coping to health and the need to look at the many factors, both physiological and cultural, that are associated with stress and its mediation, with adequate coping or adaptation as a desired result. The academy's authors apparently felt that social support as a mediator of stress was the area needing focused research that would be most apt to contribute solutions to contemporary health and medical problems.

From the reader's point of view, it is unfortunate that the best summary of that report, which is now shaping funding for research in the health and medical issues, is found in the last paper presented—that of Mowhatt et al., "Societies, Families, and Change" (pp. 325-69). Unless the reader of the monograph has had access to the 1982 report, it would be well to read this chapter, or at least its opening pages, first. The illustrative material is full of concrete data on the impact of rapid introduction of wealth and technology to remote Alaska Native communities in the last twenty-five years. In the discussion (pp. 363-69) there are some case examples that make the situations very real and transposable to other American Indian communities and perhaps to other cultures as well.

In the first paper, "Stress, Coping, and Health," by Dinges and Koos (pp. 8-64) the authors are talking to a group that presumably has read these earlier materials, and they plunge into an elaboration of six theoretical hypotheses about the relationships between and among stressful life events, adverse health changes, and possible mediators. Several elaborated models of these factors are then presented, and the paper ends with the authors' twenty recommended priorities for research based on these and applied to American Indian and Alaska Native populations. Approximately seven pages of bibliography confirm the scholarship of this review of the field, followed by the shortest discussion in the book. After complimenting the authors on the

clarification of the concept of stress as capable of originating in either social or physiological dysfunction, the discussion sounds the introduction of two thematic pleas which characterize most of the rest of the book. These are for clarification of the direct ties of stress to health, and for a perspective on social support as both a cultural and a personal phenomenon.

The third theoretical paper, "The Effects of Labelling on Health Behavior and Treatment Programs among North American Indians," by Levy (pp. 211-43), presents the concept that people tend to distinguish others who are marginal or outside the normal behavioral patterns of a group. This phenomenon accounts for two characteristics of labels: First, by this very characteristic they are often stigmatizing; therefore, even when intended to be objective or neutral descriptions, labels and classifications are intuitively perceived by their recipients and the society at large as negative attributions. Second, those who do the labeling are often unaware that they, too, are products of a group socialization process we call a culture. Hence, this negative aspect is often reified, since the culture of the labelers is perceived by them as embodying universal truth.

Levy gives telling examples of the way in which both the labeler and the labeled are locked into dominant and minority roles by the very act of the classification. Confusion also arises when the Anglo medical doctor asks for a literal translation of terms into or from Navajo, which, because they relate to a different set of assumptions, do not have precise equivalents in the other language. The only possible answer for the interpreter is, "The Navajo don't have a word for that." However, this does not always mean that the phenomena are not observed, but rather that the associations and organization of each culture are proceeding from different premises. These problems range from the clustering of symptoms into disease patterns, to the cause of ill health—even its very definition. This can affect social behavior as well as professional understanding. "I was sorry about the death of your baby" may have negative connotations in another culture, being heard as a possible fear of having made a mistake which contributed to the death.

The situation becomes a minefield when the Anglo outsider realizes that, increasingly, there are members of the tribes who have also learned to think like Anglos. During the lengthy discussion of this presentation (pp. 232-43), many of the theoretical

points were vividly illustrated in anecdotes. The problem presented by acculturated Indians is illustrated by the physician who, having determined that a particular complaint was assumed by traditional Navajo to have been caused by witchcraft, brings this up to another patient with a similar set of symptoms, saying, "Oh, I know. You want to see your doctor because this has been caused by witchcraft." When the patient leaves abruptly, the other staff get the brunt of his frustration as he says, "Look, I've got a B.S. from Arizona State and they send me a doctor who is telling me about witches!"

All three of these theoretical papers have much to stimulate thought for anyone working in a cross-cultural setting in a clinical field. However, both Mowhatt, who ties his theory to factual material about social change in Alaska, and Levy, who illustrates his discussion with Navajo examples of the unintended and often not even consciously realized aspects of labeling, are most readily appreciated by those who are not attracted to the aesthetics of abstraction.

The second group of papers categorized above are those dealing with specific health behaviors and illnesses. The present state of problems related to alcoholism and alcohol abuse is reviewed and described by Walker et al. (pp. 65-93), and American Indian issues in diabetes, particularly behaviors related to type II diabetes and obesity, are well covered by Pine (pp. 94-115). "Major Medical Disorders and Behavior," by Neligh (pp. 116-159) is the longest, and deals primarily with the problems of the paucity of research that is meaningful in terms of culturally appropriate diagnosis, as well as the difficulty of securing adequate data when much mental illness is seen by general practitioners rather than clinically trained psychologists and psychiatrists.

The problems of service delivery are developed or touched upon in all three papers and their discussions. Most data come from Indian Health Service records, which give diagnosis per visit or per discharge, but do not provide ways of integrating the two. This can be confounded further by at least two record-keeping systems in use in different areas of IHS. Difficulties are also experienced because of the lack of evaluative and outcome studies in the alcohol treatment field, which is provided by a completely different set of personnel, with no exchange of records with IHS. The interrelationships among alcoholism, obesity, and

diabetes, or between depression and alcohol use and abuse are impossible to retrieve accurately under these circumstances.

The sets of IHS data also do not include all the Indian population, but it is not clear what biases this introduces. An increasing number of tribes are developing their autonomy to the extent of hiring their own physicians or contracting with private general medical clinics serving nearby communities. Urban services rendered by IHS tend to be limited, often serving only Indians meeting poverty guidelines.

Even if the data were more widely and accurately collected, tribal differences in concepts of illness, health, and appropriate treatment often vary specifically and widely. There may be more convergence of tribal agreement on a view of healthy behavior, which is more holistic than the scientific conception, including not only physical and mental well being, but spiritual and social components as well. The Academy of Science's new emphasis on stress and social support as its mediator may allow the social/cultural factors to be included as part of research proposals in a more "respectable" fashion, but it is doubtful if they are yet prepared to consider problems of spiritual health as generally relevant.

In the chapters on the childhood and aging phases of the life cycle, these same issues arise as well as problems with United States census data in the decades before 1980 (and the unknown possibilities of the 1990 census). In considering aging, Manson and Galloway (pp. 116-159) raise the problem of the need to rethink the mission of the IHS, which was established to deal with acute illness and now is faced with an increasing population with chronic diseases. IHS is a bureaucratic institution, controlled by congressional appropriations and administrations that consider other problems more important. Indeed, Indian affairs in general are often seen as a nuisance, and efforts to change policy can be risky and difficult.

In the paper on problems and prevention in the health status of Indian children, May (pp. 244-89) is less concerned with rigidity than with what may be overexpectations. Because of a higher value placed by the general public on childhood as the place to initiate primary preventive measures, this may seem a more hopeful place to work. However, the dominant white population and large numbers of other minority groups are all suffering from the impacts of rapid cultural change on their children and youth.

Substance abuse, accidents, suicide and depression, as well as child abuse and domestic violence are increasingly present in all these segments of the population to an alarming degree. There are relatively few tried and true models of intervention and prevention ready to be adapted to the cultural needs of Indian and Alaska Native children and those who deliver health services to them.

All of these issues are discussed, along with many others, either in the papers themselves or in the subsequent discussions. One of the most intriguing discussions is one in which the service deliverers and researchers set aside their own priorities and consider the implications of the total system, including the culture of government and private sources of research funds. Some strategies are suggested, including the need to relate their own research to the priorities established by the academy report. For example, those who feel keenly about identifying culturally specific concepts of health and behavior seem to agree that these types of research produce *tools* as well as being interesting in themselves. These tools need to be explicitly related to the goals and issues identified by those holding the funds.

For this reason, among others, the more concrete and specific research suggestions associated with the applied papers in the earlier stages of discussion become subsumed or even obscured in the final list of recommendations at the close of this volume. Biophysiological interests are clearly stated. The need for good epidemiological data is tied clearly to the needs to plan and evaluate services, and under this rubric recommendations for improved resources in the IHS Statistics Branch is cited. Studies of interactions of behavior associated with mental disorders and physical illnesses are recommended. Evaluations of prevention programs aim to match stated goals with actual outcomes. Finally, there is a set of recommendations for research training and support as well as for collaboration between and across agencies that will add a focus on behavior and psychosocial aspects to ongoing studies of major physical illness.

This volume is rich with information, ideas, and reports by experienced professionals in the field of medical and mental health, both at a theoretical research level and in seasoned practical experience with service delivery to the American Indian and Alaska Native peoples. While some will prefer to read one or more chapters relating to their specific interests, psychologists in particular

may find this an excellent resource if they need examples of how to blend more theoretical research with applied efforts to find needed solutions to very practical problems. All behavioral scientists should find it helpful in coming to an understanding of the current trends in funding for research in the health sciences.

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The Lenapes. By Robert S. Grumet. New York: Chelsea House Publishers, 1989. 112 pages. \$17.95 Cloth. \$11.95 Paper.

The Lenapes have long taken a back seat in the historical literature. Despite their importance to both Native American and American history, ethnohistorians have neglected Lenape history. The dearth of scholarship is caused in part by ethnohistorians' fascination with the neighbors of the Lenapes, most notably the Iroquois. It is also caused by the Lenapes' own complex history. Their experience was marked by numerous shifting alliances, migrations, and removals. Lenape history, moreover, stretches from the Middle Atlantic states to Oklahoma and from Ontario to Texas. This complexity is reflected in their divergent names: Delawares, Absentee Delawares, Easterners, Loups, Munsees, Registered Delawares, River Indians, Stockbridge, Unamis.

Robert Grumet, Preservation Planning Branch archeologist with the mid-Atlantic region office of the National Park Service, has successfully provided a cohesive framework and excellent analysis of the Lenapes. This beautifully illustrated book, which is part of the Chelsea House series, *The Indians of North America*, is a fine introduction to Lenape history. Unlike Herbert Kraft's distinguished book, *The Lenapes* (1986), Grumet's work is specifically geared to the secondary schools and to a general audience. Grumet is well qualified to present this portrait of Lenape life-ways and history. He is the author of *Native American Place Names in New York City* (1981) and several major articles on the Lenapes, including one for the *William and Mary Quarterly*; he is also the editor of *Native Americans of the Northwest Coast: A Critical Bibliography* (1979).

Grumet divides his work into seven chapters: "The People of Lenapehoking"; "European Invasion, 1524-1664"; "Uneasy