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Approaching Contemporary American Indian Mental Health Disparities through Ceremony

Abaki Beck

Ceremony, a 1977 novel by Leslie Marmon Silko, renders visible American Indian epistemologies that are so often silenced and delegitimized in American media and literature. In the book, the main character, Tayo, is a Laguna Pueblo returning vet, haunted by post traumatic stress disorder and the death of his cousin Rocky. Many of his friends have turned to alcohol and sex to deal with this stress, but Tayo instead turns to his tribal heritage. Throughout the book, we see him reconnecting with his past and eventually overcoming his illness by a traditional healing ceremony, facilitated by Betonie, a medicine man. A recurring theme we see in the book is the discrepancy in healing methods between whites communities and American Indians communities.

If we examine illness through a Laguna Pueblo epistemological lens, we see it as not individual, but community based. Definitions of illness - what is considered disruptive to social norms (whether physically or psychologically) - are culturally bound. White doctors do not see this, and instead try to address Tayo's illness as an individual issue. However, as Betonie notes, "the world doesn't work that way" - everything is connected. Tayo's illness is connected to other phenomena; throughout the novel, his illness mirrors illness suffered by his community. For example, when Tayo is dehydrated in battle during World War II, his home community is suffering drought. We also see the impacts of settler-colonialism and forced assimilation on his community. Most present in the novel, perhaps, is the stark differences between white and American Indian culture. We learn that Tayo attended an Indian boarding school, a school which actively worked to extinguish his tribal culture and language. One important part of this was to convert his people to Christianity, and to strip them of their tribal religion. Tayo himself had previously asserted his tribal epistemology, "until

the teachers at the Indian school taught him not to believe in that kind of 'nonsense'" (19).

The issues discussed in *Ceremony* are still relevant today. Mental illness in reservation communities, like that of Tayo, often go ignored, despite the pervasion of these issues. For example, American Indian youth have one of the highest suicide rate of any racial group in the United States.¹ This issue is only further exacerbated by the lack of resources given to Indian Health Services (IHS) and community social services that work to ameliorate and address mental health issues. IHS, a federal program run through the Department of Health and Human Services that provides health care to members of federally recognized tribes, operates 49 hospitals and 540 community health clinics nationally, both in Indian Country (on reservations) and in urban areas with large Native populations.² Currently, only 2% of IHS facilities have a permanent medicine man/medicine woman on staff.³ About 5% have a spiritual counselor on staff, and 10% have a traditional healer on staff. Thus, while Western services are lacking in IHS facilities, tribally specific services are even more lacking. This is not to say that medicine men/women do not exist outside of IHS clinics, but IHS clinics do have access to more

¹ Dorgan, Byron L. 2010. The Tragedy of Native American Youth Suicide. *Psychological Services*. 7: 213-218.

² Zuckerman, S., Haley, J., Roubideaux, Y., & Lillie-Blanton, M. 2004. Health service access, use, and insurance coverage among American Indians/Alaska Natives and Whites: What role does the Indian Health Service play? *American Journal of Public Health*, 94(1), 53-59.

³ Page 32, U.S. Department of Health and Human Services, 2011. "Access to Mental Health Care at Indian Health Service and Tribal Facilities."

financial support than individual tribal members may have. Examining *Ceremony* as a source of cultural knowledge, we note that the lack of cultural services available to American Indians could indeed be detrimental to mental and physical health. What would it mean, in contemporary times, for mainstream society to not only legitimize, but to promote traditional healing? This is not to say that there are not individuals that continue to use traditional tribal medicine (I in fact grew up collecting medicinal roots for my family members); but this practice is still deemed as “less legitimate” by U.S. society than Western medicine. How would American Indian mental health be impacted if their own cultural experiences were privileged? Rocky, Tayo’s adoptive cousin, assimilates into white society, is a star athlete in high school, and almost completely rejects his tribal culture. Yet he dies during World War II as a soldier. Tayo, on the other hand is able to find peace and healing because of his reconnection to his tribal tradition and cultural ancestry. This narrative provides a stark intervention in settler-colonial and white hegemonic society, which privileges white citizenry over American Indians; settlers over indigenous people. Indeed, Tayo, who is Indian in culture, survives and thrives whereas Rocky, who assimilates into white culture, eventually dies.

Besides the storyline itself, the way in which the story is told works to legitimize indigenous epistemology, as it mirrors oral storytelling. Theorist Linda Tuhiwai Smith notes that in Western canon, history is written, is about progress, is about justice, and is discovery. Thus, indigenous knowledge, which is often oral is delegitimized and labeled “storytelling” or “oral tradition” rather than a form of narrative history. Silko weaves Tayo’s story with traditional Laguna Pueblo stories of witches. The two stories mirror each other, and similar themes are reflected in both “worlds.” When Tayo goes to Betonie to heal, the hummingbird and buzzard in the witch story also participate in ceremony to heal. The style in which Silko writes *Ceremony*, though uncommon in

Western canon, privileges American Indian thought and traditions in a more subversive way than the storyline could do alone. Within these witch stories prove highly important lessons, and history through a Laguna Pueblo lens. One story describes how white people first came to colonize the Americas. The witches were having a competition to create the most wicked thing possible, and the result was white people. Because witches created white people, Indians thus have the strength to overcome the terrors of white people - the terrors of settler-colonialism. This idea can be similarly applied to American Indian mental health and healing today. Though many of the risk factors associated with mental illness are contemporary side effects of settler-colonialism and federal policy, Indians have strength and resiliency to confront illness, and we should thus look to indigenous communities to address community problems.

The privileging of tribal sovereignty and indigenous solutions has already proven successful in some tribal communities efforts to combat mental health disparities. A 2011 study surveying the efficacy of a variety of intervention methods in youth with substance abuse and conduct disorders found that traditional medicine was perceived equally or more effective than “institutional” interventions.⁴ The researchers asked parents about the effectiveness of a variety of mental health treatments on their children. The highest ranked intervention was “talking to a family member;” 71.7% of those interviewed found this to be very or extremely effective. 59% found talking to an elder to be effective, and 39.9% found traditional healing to be very or extremely effective. Much lower in observed efficacy were

⁴ Whitbeck, Les B. 2011 “The Beginning of Mental Health Disparities: Emergent Mental Disorders Among Indigenous Adolescents.” *Health Disparities in Youth and Families: Research and Applications*. Ed. Gustavo Carlo, Lisa J. Crockett, Miguel A. Carranza. University of Nebraska Press. pp. 121-149

the “Western” interventions: only 27.5% of parents found a psychologist on the reservation to be helpful, and 27.2% found the help at their local IHS clinic to be effective. More broadly, James Waldram questions whether statistical analysis (favored in Western medicine) is even an appropriate measure of efficacy for traditional medicine.⁵ Because Western or “scientific” measures of success are privileged in Western society as a whole, traditional medicine is often dismissed as “unscientific romanticism” (616). Waldram advocates for measuring efficacy of medicine in culturally meaningful ways, as even definitions of health, healing, and being cured are culturally bound. Another psychological study found that “the presence of cultural continuity was associated with reduced and in some cases non-existent rates of suicide in certain [American Indian and Alaska Native] communities.”⁶ Cultural continuity was measured by land claims, tribal self-determination, tribal control over health services, and cultural facilities. There is a clear connection between culturally meaningful healing practices and the overall mental health of a community. Thus, it would be completely counterproductive and senseless to allow white people or Western

medicine to continually “save” Indian communities, as many community ills are caused by the ongoing impacts of settler-colonialism and forced assimilation imposed by whites.

Silko’s work is still incredibly relevant because it acts to legitimize and support American Indian epistemology, and highlights the importance and potential power of American Indian healing practice for native individuals. Just like the community and characters we see in *Ceremony*, contemporary Native communities continue to suffer from the legacy of settler-colonialism. Through Silko’s work, we see both the lived experiences of Native American individuals, as well as the power of traditional community healing techniques. As is demonstrated in *Ceremony*, indigenous solutions must be privileged healing practices—whether for mental health or other community ills—in order to truly decolonize the mental health care system and actively work against the impacts of settler-colonialism. As Silko says at the beginning of *Ceremony*, “[the stories] aren’t just entertainment. Don’t be fooled. They are all we have, you see, all we have to fight off illness and death. You don’t have anything if you don’t have the stories” (2). You don’t have anything if you can’t maintain cultural knowledge. You don’t have anything if you don’t have your history.

⁵ In his article, Waldram defines “traditional medicine” broadly, discussing indigenous healing methods globally. He does however, focus briefly on American Indian healing in the United States, discussing both the Navajo and Salish tribes, as well as talking about federal attempts to eradicate American Indian religious practices, such as the Sun Dance. Waldram J.B. 2000. The efficacy of traditional medicine: Current theoretical and methodological issues. *Medical Anthropology Quarterly*. 14(4):603-625.

⁶ Page 185, Alcántara, C., & Gone, J. P. 2008. Suicide in Native American communities: A transactional-ecological formulation of the problem. In F. T. L. Leong & M. M. Leach (Eds.), *Suicide among racial and ethnic groups: Theory, research, and practice* (pp. 173-199). New York: Routledge.

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