

American Indian Belief Systems and Traditional Practices

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Cultural Uniqueness of American Indians

American Indians today remain the most culturally diverse of the ethnic groups in the United States. Family life, cultural and religious practices, value systems, language, and dress vary greatly between American Indian groups that have lived on the same continent for centuries (Drews, et al., 1982). American Indians and Alaska Natives are as racially differentiated as the Europeans and far more diverse culturally and linguistically (Ho, 1987).

Historically, American Indians developed societies with well-defined roles, responsibilities, government and economic systems, recreational and leisure styles, religious rites and ceremonies, social behavior in which group involvement, support and consensus played major roles. Their social, economic and political traditions reflected a strong emphasis on group involvement and decision making (Edwards & Edwards, 1980).

American Indian values lean toward a cosmic identity, a harmony of the individual with the tribe, the tribe with the land, and the land with the spirit of the universe. Central to this quest for harmony is a sense of constancy – the timelessness and predictability of nature as the foundation of existence. This cycle symbolizes eternity- one reality, and it transcends everything in its absoluteness, giving respect to everything (Herring, 1989).

American Indian culture emphasizes harmony with nature, endurance of suffering, respect and non-interference toward others, a strong belief that man is inherently good and should be respected for his decisions. Such values make individuals and families in difficulty very reluctant to seek help. Their fear and mistrust toward non-Indians caused by past oppression and discrimination make it almost impossible for a non-Indian provider to gain entry into the Indian family system (Ho, 1987).

The family is a recognized cornerstone of American Indian society. It serves as a repository for value orientations that guide human behavior, as a transactional milieu for life span socialization, and as a basic catalyst for cultural revitalization (Red Horse, 1980). In Anglo culture there is an expectation of change from generation to generation, whereas, in most Indian cultures there is an expectation that the generations will repeat themselves (Metcalf, 1979).

Both American Indian tribal and Christian religions play an important part in the lives of American Indian people. Religion is incorporated into their being from the time of conception, when many tribes perform rites and rituals to ensure the delivery of a healthy baby, to death ceremonies, where great care is taken to promote the return of the person's spirit to the life after this one. American Indians who speak their native language tend to maintain their religious ceremonies, customs, and traditions. They also have more trust in their native people for physical and mental health needs than in Anglo medical doctors or family therapists (Ho, 1987).

Indian values are interwoven throughout American Indian culture, lifestyle, religion, and daily activities. Many values are re-enforced through the use of ceremonies (Edwards & Edwards, 1980). Additionally, the value systems of American Indian groups are as diverse as their lifestyles. However, there are some values that appear to be generic and shared by most American Indian groups. Herring (Herring, 1989) described the following as commonly shared values:

Anglo American	American Indian
Success	Happiness
Ownership	Sharing
“Number One”	Tribe and extended family first, before self
Youth Oriented	Honor your Elders
Learning is found in school	Learning is through legends
Look to the future	Look to traditions
Work for retirement	Work for purpose
Be structured & aware of time	Time is only relative
Oriented to house, job, etc	Oriented to land
Look ahead, not to the past	Cherish the memories of youth
A critic is a good analyst	Don't criticize your people
“What are you – some kind of animal”	Live like the animals; they are your bothers and sisters
This is America, speak English	Cherish your language
I'll raise my own; you do the same	Children are gift of the Great Spirit to be shared with others
The law is the law!	Consider the relative nature of a crime, the personality of the individual, and the conditions of the offense.
Have a rule for every contingency	Few rules are best – loose and flexible
Religion is for the individual	Religion is the universe

Understanding traditional American Indian values and their potentially conflicting opposites in the non-Indian population is a useful point to implementing the objectives of effective social programs that are ostensibly designed to help less-fortunate individuals without interfering with their right to self-determination. It is imperative that service providers learn about the specific Indian tribal groups with which they are working. This understanding will facilitate a more successful intervention. Furthermore, service providers should move slowly, identify problems and procedures clearly, make commitments regarding situations in which they have control, follow through consistently, and use client strength appropriately in order to develop a feeling of trust and establish professional relationships. Additionally, in working with an American Indian client, the service providers should assure an appropriate authoritarian position that permits the client to assume as much responsibility as possible for his or her activities, discussion, and decision making.

Strengths of Cultural Intervention for American Indian

Tribal ritual and ceremonial practices provide a code for ethical behavior and social organization which contribute to a meaning of life. It also provides a means for intervening in individual or social dysfunction. American Indians are caught between two cultures, attempting to preserve the best of the old, while adopting the best and necessary of the new. Though there has been significant progress in the control of biomedical oriented pathologies, there still exists a high rate of death attributed to the stress of biculturalism. Much of this high death rate is due to accidents, suicides, substance abuse, and violence, “. . . expressions of the emotional stress experienced by individuals who have been stripped of their cultural traditions and forced to live a bicultural existence” (Guilmet & Whited, 1987). Racism and oppression, including internalized oppression, are continuous forces which exacerbate these destructive behaviors (Brave Heart & DeBruyn, 1998). The chronic depression displayed by many American Indian people can be linked with such factors as failing to acquire upward mobility in American society, subjective feelings of rejection and discrimination, guilt stemming from collective and personal denial of their

heritage, and moral disorientation due to the fragmentation of traditional practices. Guilmet and Whited (1987) report that an increasing body of psychiatric literature suggests that the integration of Indian healing practices along with western treatment strategies can have a positive impact on Indian depression.

Cultural interventions include ceremonies of name giving, spiritual cleansing of individuals, as well as homes and offices, and education on tribal traditions and practices. Strengthening of ethnic identity results from participation in tribal community activities, tribal language classes, traditional American Indian arts and crafts, and teaching of traditional rewards and values as compared with western society. Tribal members who do not adhere to cultural rules and functions tend to feel isolated, struggle with identity, and may act out frustrations by using alcohol or engaging in other kinds of destructive behavior. Religious observances are particularly important to the integrity of the Indian social/cultural system (Dicharry, 1986). Therefore practitioners need to blend western strategies along with traditional culture and values when working with American Indian clients. Key community resource people and elders need to be included in development of effective cultural programs (Guilmet & Whited, 1987). The Kwawatchee Mental Health Counseling Center of the Puyallup Tribe of Indians has used this approach with tribal members experiencing a variety of mental health problems, resulting in increased use of mental health services and decreased episodes of treatment for the same patient.

Traditional American Indian beliefs about health, as well as all aspects of living, evolved from Indian religion. Health is not just the absence of disease, it is harmony with oneself, including body, mind, and spirit, harmony with others, and harmony with one's surroundings or environment. Therefore the concept of spirituality and religion are inseparable from one's health. American Indian culture promotes the spiritual side of wellness and healing, whereas western medicine focuses primarily on the physical aspects. Traditional Indians believe that there are three kinds of disease: 1) natural (cuts, broken bones, etc.), 2) supernatural (curses), 3) non-Indian illness associated with contact with European culture (Baines, 1992). Baines (1992) identified only three ways of healing illness: illness only traditional healers can treat; illness only western medicine can treat, and illness both methods can treat comprising the majority of all illnesses.

Westermeyer and Neider (Westermeyer & Neider, 1985) in a study of cultural affiliation in a treatment program of American Indian alcoholics report that resources supporting American Indian ethnic affiliation may ameliorate the mental health problems in Indian communities. These resources include American Indian community centers, Indian self-help groups, and various American Indian associations and cultural activities within the community. Although these may be viewed as only having cultural enrichment value, they may also have positive effects on enhancing health and reducing social and behavioral problems.

Brave Heart and DeBruyn (Brave Heart & DeBruyn, 1998) present a model for facilitating the resolution of historical unresolved grief through an integration of both clinical and traditional American Indian interventions. They contend that their model is a catalyst for stimulating the process of grieving historical trauma. Through the model, individuals can continue their healing process through individual, group, and family therapy, while attending to their spiritual development. This process can be facilitated by American Indian tribes and by including elders in programs to conduct activities with clients such as storytelling, teaching tribal history, and serve to heighten historical awareness. This model emphasizes the importance of extended kin networks which support identity formation, a sense of belonging, recognition of shared history, and survival of a group. Additionally, the model supports development of cultural competence and self-awareness, as well as grief management.

Steps for development of culturally appropriate programs

Federal, state, and private foundations are the sources for potential funding for new and innovative programs and services that address needs of special populations or specific social/behavioral issues. Tribes are often eligible to apply for those resources if they are able to demonstrate need, provide empirical support for a specific model of service, and are able to hire qualified staff to provide the services. The steps that we must be willing to adopt in establishing programs that incorporate traditional values, beliefs, and ceremonies includes:

Programs must be grounded in empirical knowledge of the beliefs, attitudes, and behavioral norms of the American Indian people. In order to obtain this type of supporting information we must conduct:

- a) literature reviews that will provide information on American Indian values, beliefs, attitudes and use of traditional practices in treatment and prevention programs
- b) key informant interviews with tribal leaders, elders, tribal members, and potential clients to examine their beliefs, attitudes, and level of cultural identification, as well as perceptions on what types of traditional beliefs, values, and ceremonies could be incorporated into a program addressing substance abuse or substance abuse prevention for American Indians.
- c) Conduct surveys or focus groups of community and/or potential participants seeking information on cultural beliefs, values, and perceptions as to what contributes to substance abuse among community members, as well as solicit recommendations as to what traditional issues could be useful in working with persons dealing with substance abuse
- d) Interviews and/or assessments of existing service providers – may cover inventory of services, examine agency attitudes toward serving American Indians, and agency cultural competence
- e) Review of social and behavioral theory that may be used to develop model of services that includes traditional beliefs, values, and practices. Also can be used for designing measurement or evaluation of intervention
- f) Analysis of collected information to guide development of culturally appropriate program – must include evaluation of client outcomes

This is a tedious and difficult process, but it may set a solid foundation to support development of a culturally appropriate program for tribal members. Additionally, if done correctly, will provide a structure for evaluating the outcomes of the intervention, which if proven to be successful, can ensure intervention sustainability for many years, while aiding American Indians to maintain a sober and traditional lifestyle. A potential added benefit would be replication of your model of service among other tribal groups with modifications appropriate to their cultural group.

Issues to be considered in developing a culturally responsive program are numerous, but the most important are:

- a) Employees must understand the cultural norms and beliefs of the population served – being Indian is not enough – we must always remember that even within our own tribal group, we maintain great differences in cultural values and beliefs
- b) Must include a cultural dimension in the assessment process that explores how clients' culture influence health behavior. A clients' level of cultural identification will also impact their response to services and personal need for traditional education
- c) Be prepared to address other social conditions such as poverty, ignorance, and despair (holistic approach to services) – we cannot separate out substance abuse from other personal needs. Additionally, we cannot only deal with the client, but must be willing to work with their family and community in order to bring full balance and harmony into their life
- d) Assess clients' support system (family, community, etc.) – Keep in mind that the individual is an member of the community, therefore we all share responsibility for their well-being which in turn contributes to our well-being and group identity
- e) Include tribal authorities, elders, spiritual leaders, and other members of community in developing and implementing a successful program – they know our history, traditions, values, beliefs and are entry points to the community. They are great mentors for all of us.
- f) Advocate for clients' to have access to traditional healing methods of their choice, either in conjunction with Western medicine or separately

Services or activities you may want to include in your service model that incorporates traditional beliefs, values, and practices may include:

- a) Tribal ceremonies and rituals
- b) Teaching of tribal history, prophecies, legends, beliefs, storytelling, songs, dance, language, games, arts & crafts, traditional values, superstitions, etc.
- c) Mentors to guide adoption of new beliefs and values
- d) Tribal community activities for clients and their families

Examples of American Indian Culturally Sensitive Interventions

1. Native American Prevention Project Against AIDS and Substance Abuse (Baldwin et al., 1996) developed a multi-component, in-school and community-outreach HIV/AIDS, alcohol, and other drug abuse prevention program for youth. Developed an intervention approach based on scientific theories of behavior change that integrated both Native American indigenous holistic health belief systems with biomedical views of health and illness. Followed three guiding principals in development of their prevention program:

- (1) the intervention must be relevant to the developmental issues of its target groups,
- (2) the intervention must address the values, beliefs, and attitudes of the recipients within the contexts of their socio-cultural systems,
- (3) the intervention must promote relevant changes in health behavior of persons in their normal social action contexts.

The curriculum developed contains content and procedures to build knowledge, develop and practice social and specific prevention skills, and foster new peer group norms for preventive communication and behavior in the context of Native American health beliefs and values. This is a two-stage intervention involving 48 class sessions; (Stage 1) consisting of 24-session eighth grade junior high curriculum, and (Stage 2) a 24-session ninth-grade high school curriculum.

2. The *Ahalaya* Model developed by the National Native American AIDS Prevention Project, Oakland, CA. This model is a holistic approach to providing services to persons living with HIV/AIDS. The model contain six service components; (1) traditional healing; (2) referral to services; (3) essentials of life (i.e. food, shelter, clothes, income); (4) health-oriented case management; (5) secondary prevention services; and (6) social and psychological support. Program components are applied according to individual client needs, so specific components may be more heavily emphasized with one client than with others. Strong emphasizes on reunification of individual with family and tribal community. The project reported that through client self-reporting an case managers observations and assessments, a marked increase in client's self-esteem, a reduction in high risk behaviors, and an increased interest in learning about American Indian values and culture. Clients also appeared to take greater interest in their physical and mental health care. During the project evaluation (1994), 44% of clients reported a need for additional traditional healing and spirituality. Staff reported that they believed that access to traditional healing and spirituality enables the client to establish membership with a cultural group, increases self-esteem, and establishes values that guide behavior and socialization, resulting in improved health and risk reduction (Duran, 1995).

References

- Baines, D. R. (1992). Issues in cultural sensitivity: Examples from the Indian peoples. In e. al. (Ed.), *Health Behavior Research in Minority Populations* (pp. 230-232). Washington, DC: National Institutes of Health.
- Baldwin, J. A., Rolf, J. E., Johnson, J., Bowers, J., Benally, C., & Trotter, R. T., II. (1996). Developing culturally sensitive HIV/AIDS and substance abuse prevention curricula for Native American youth. *Journal of School Health, 66*(9), 322-327.
- Brave Heart, M. Y. H., & DeBruyn, L. M. (1998). The American Indian Holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research, 9*(2), 56-78.
- Dicharry, E. K. (1986). Delivering home health care to the elderly in Zuni Pueblo. *Journal of Gerontological Nursing, 12*(7), 25-29.
- Duran, B. (1995). Traditional healing for American Indians infected with HIV. *AIDSLink: NCIH HIV/AIDS Network Newsletter*(36), 4-5.
- Edwards, E. D., & Edwards, M. E. (1980). American Indians: Working with individuals and groups. *Social Casework, 61*(8), 498-506.
- Guilmet, G. M., & Whited, D. (1987). Cultural lessons for clinical mental health practice: The Puyallup tribal community. *American Indian and Alaska Native Mental Health Research, 1*(2), 32-49.
- Herring, R. D. (1989). The American Native family: Dissolution by coercion. *Journal of Multicultural Counseling and Development, 17*(1), 4-13.
- Ho, M. K. (1987). *Family Therapy with Ethnic Minorities*. Newbury Park, CA: Sage Publications.
- Metcalf, A. (1979). Family reunion: Networks and treatment in a Native American community. *Group Psychotherapy, Psychodrama, and Sociometry, 32*, 179-189.
- Red Horse, J. G. (1980). Family structure and value orientation in American Indians. *Social Casework, 61*(8), 462-467.
- Westermeyer, J., & Neider, J. (1985). Cultural affiliation among American Indian alcoholics: Correlations and change over a ten year period. *Journal of Operational Psychiatry, 16*(2), 17-23.
- Young, Thomas J. "Substance Use and Abuse Among Native Americans." *Clinical Psychology Review, 8* (1988): 125-138.

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