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AUTHOR Hanson, Wynne DuBray; Eisenbise, Margaret DeOcampo
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ABSTRACT

The monograph points out that in helping American Indian clients, social workers should be aware of the differences in basic values that could exist which would not only negate the intended assistance, but may be the source of cultural conflict. Examples of some basic value differences which have been found to be characteristic and wide-spread are discussed. The monograph suggests two methods of intervention which have been found to be valuable toward the delivery of culturally relevant services to Indian clients: dual perspective (the conscious and systematic process of perceiving, understanding, and comparing simultaneously the values, attitudes, and behavior of the larger societal system with those of the client's immediate family and community system), and existential model (based on the assmption that the degree of the outcome's success is directly a function of the relationship the social worker establishes with the client). Application of the existential model is illustrated in a case study which has been "put together" to clarify some of the unclear notions of how to apply the existential concepts. Cultural conflicts which were averted through the intervention of workers trained to provide "culturally relevant" services are discussed. The monograph concludes with a 349-item unannotated bibliography. (NQA)

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Social Work Methods of Intervention with American Indians

Wynne DuBray Hanson
Margaret DeOcampo Eisenbise

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SOCIAL WORK METHODS OF INTERVENTION

WITH

AMERICAN INDIANS

BY

WYNNE DUBRAY HANSON

AND

MARGARET DEOCAMPO EISENBISE

1982

SAN FRANCISCO STATE UNIVERSITY

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INTRODUCTION

In general, without regard to either variations among different tribes, individuals within the same tribe or degree of assimilation of individuals or tribes, a growing volume of literature points to differences in basic values between American Indians and the dominant Anglo-American cultures. This monograph does not attempt to propose why, or mechanisms on how this has come about: whether they are passed from generation to generation through traditions and way of life; provide cultural identity; arise because of spiritual beliefs; are unconscious, conscious, developmental, or generic; or even a combination of the host of theoretical explanations thus far proposed. It does point out that in helping an American Indian client, the Anglo-American social worker should be aware of the possibility that differences in basic values could exist which would not only negate the intended assistance, but be the source of cultural conflict through the "imposing" of Anglo values by the unsensitized social worker. Although not exhaustive, as examples of some basic value differences which have been found not only to exist, but to be characteristic and wide spread are discussed together with case studies where actual conflicts have been averted through the intervention of workers trained to provide "culturally relevant" services. This monograph hopes to propogate

this type of understanding, suggest methods whereby a difference in value orientation of the client may be identified, and gathers together a bibliography of resource material where further, more specific knowledge may be integrated.

CULTURAL RELEVANCE:

The President's Commission on Mental Health Report (1979, p.19) states:

> Mental health of American Indians and Alaskan Natives cannot be viewed in the context of the traditional western mental health world which has no understanding of the Indian world and the unique characteristics and personality structures of aboriginal peoples. Any discussion or definition of mental health must relate to Indian people's history and their strengths and culture. This includes all Indian peoples no matter what their setting.

The California Department of Mental Health, in its Multi-Cultural Issues in Mental Health Services (Nobles, 1979, p.139) gives the rationale and need for greater understanding of cultural diversity, especially among those who are directly involved in the delivery of social services:

"The recognition of culture as a requisite ingredient in the provision of mental health services, requires that one reassess both the notion of culture and the process by which it's expression is guaranteed in this mental health system. A people's culture, in simple terms, is basically the expression of all that constitutes their every day way of life. More specifically, a people's culture is or includes the vast structures of language, behavior, custom , knowledge, symbols, ideas, and values which provide the people with a general design for living and patterns for interpreting reality. The cultural consciousness of a people and their values consistent with it particularly determine or help to define, select, create and re-create what is considered "real", normal, valuable, desirable, appropriate, etc. (and conversely, what is unreal, abnormal, undesirable, inappropriate, etc.) in the people's social milieu, it becomes and is a necessary variable in the formula of mental health services.

Human societies have always been characterized by a richness of cultural types. Unfortunately, however, the natural cultural diversity associated with human societies has been the subject of a dangerous trend toward standardization wherein all cultural diversity is reduced to a single type or pattern. In the world community, the industrialized "Western Pattern" has been decreed as the standard type. In this country the white or Anglo-American type has been similarly decreed as

the standard type. The standard type or pattern does, of course, filter through, every aspect of life and, subsequently finds itself being the benchmark for "normality" and therefore, the goal of mental health care. It is not surprising that the mental health system, like all institutions in this society, can be justifiably indicted as being designed to meet only the needs of middle-class educated white Americans. The issue of this declaration is not, however, to explicate the fundamental basis of American institutions.

The purpose of this declaration is to establish in principle and in practice a people's "right of culture" and the implication this inalienable right has for the provision of mental health services. Since a people's culture represents and encompasses their shared, symbolic, systematic, and cumulative ideas, beliefs and knowledge, and, since, mental health concerns by definition must be concerned with its "clients" ideas, beliefs, etc., about reality, culture must be or should be viewed as the foundation to any "understanding" of mental wellness and/or illness."

The majority of historical studies, on Indians although justifiably accused of being slanted and tending to stereotype Indians as somehow primitive and inferior, even "savage", have none-the-less contributed to a continued awareness that major differences in ways of life are persistent within the so-called 'melting pot' of the United States. The "Indian philosophy" has been examined by more and more Americans of all ethnic backgrounds as they become less enchanted with the materialism in their surroundings, National concern about ecology and environmental issues has resulted in examining the practices of Native Americans who for centuries lived in harmony with man, animals and nature. From these perspectives, the differences in ways of life can hardly be called 'inferior', and at a minimum different. Many of these differences might well necessarily become part of a reverse assimilation process as mankind, including Americans, struggles to overcome his tendency toward self-anhiliation through nuclear holocaust.

INDIAN-NESS:

Any attempt to define 'Indianness' is hopelessly intangled in individual variation and objective interpretation. Rather then, some background on what characteristics the social services client who identifies himself as Indian has in common with others similarly self-identified, seems more practical. Understanding traditional Indian values and their potentially conflicting opposites in the non-Indian

population is a useful starting point to implementing the objectives of effective social programs which ostensibly are designed to help less fortunate individuals without interferring with that individual's right to self-determination.

Scheibe (1970, p.42) defined values as "..what is wanted, what is best, what is preferable, what ought to be done. They suggest the operation of wishes, desires, goals, passions, valences or morals." English and English (1958) indicated that values define for an individual or for a social unit what ends or means to an end are desirable. Both definitions refer to a very generalized set of goal-oriented expectations that are based on a specific process inherent within the individual's immediate frame of reference.

Kluckhohn (1961) saw variations in cultural values as an interlocking network of dominant (most preferred) value orientations and variant or substitute value orientations which are both required and permitted. Kluckhohn's theory assumes that there is a limited number of common human problems for which all people at all times must find some solution. While there is variability in the solutions of all problems, these are neither limitless nor random, but fall within a definite range of differentially preferred value orientation, which has been found to be one of the commonalities shared as ethnically characteristic, even to the point of residual influence in assimilated individuals, is best illustrated in a discussion of four 'problems' which Kluckhohn saw as crucial to all human groups:

1. What is the relationship of man to nature?
2. What is the temporal focus of human life?
3. What is the modality of human activity?
4. What is the modality of man's relationship to others?

Those cultures that believe there is little or nothing that can be done to protect themselves from storms or acts of nature are considered, in terms of man-nature orientation, subjugated to nature. The concept of harmony with nature indicates no real separation of man, nature and super-nature. Each is an extension of the other and the concept of wholeness derives from their unity. Mastery over nature is the belief that natural forces are to be overcome. Here, there is an emphasis on technology, e.g. rivers are to be dammed for their source of hydroelectric power.

Every society must deal with time problems; all have a temporal focus within their conceptions of the past, the present and future. Future oriented cultures would tend to stress the importance of planning and saving for a better tomorrow, whereas past oriented peoples would cling to the traditional manner in which things had been accomplished historically. Present oriented peoples stress the importance of the here and now.

Differences in human activity orientation are based upon distinctions between being and doing; i.e. man's mode of self-

expression in activity. The being orientation, a non-developmental concept, gives preference for spontaneous expression of what is inherent in the human personality. e.g. men feeling sadness might openly shed tears in public. The doing orientation demands activity which results in accomplishments that are measurable by standards external to the individual, e.g. men don't cry, they obtain degrees in higher education proving their worth.

Man's relationship to other man has three subdivisions of orientation: the lineal, the collateral and the individualistic. If the lineal principle is the dominant, the most important group goals are the continuity of the group through time and ordered positional succession, e.g. first son's inheritance . A dominant collateral orientation calls for a primacy of the goals and welfare of laterally extended groups, e.g. support of a clan member residing away from his geographic area of origin. When the individualistic principle is dominant, individual goals have primacy over the goals of specific collateral or lineal groups.

Using cross-cultural studies, several characteristically preferred values, which differ between Anglo-American's and traditional Indian American's have been identified.

Examples are listed in Table I.

TABLE I

PREFERRED VALUES

ANGLO		INDIAN
	ORIENTATION	
mastery of nature		harmony with nature
avarice and greedy use of resources	NATURE	beneficial, reasonable use of resources
private domain		land belongs to all
future oriented		present oriented
planning		impulsive
time awareness	TIME	time non-awareness
impatience		patience
saving		giving
emphasis on youth		emphasis & respect for age
competitive		cooperative
strong self importance		low self value
aggressive		submissive
guilt		shame
noise	ACTIVITY	silence
overstates, over-confident		modest
individuality		anonymity
materialistic		work for present needs
wealth		equality
theoretical		pragmatic
individual emphasis		group, clan emphasis
immediate family		extended family, clan
representative government		face to face government
	RELATIONSHIP	
privacy and use of roominess in living space		compact living in close contact and high indoor space utilization
social coercian		permissiveness
skeptical		mystical
logical	SPIRITUAL	intuitive
converts others to religion		respects other's religion
religion- segment of life		religion- way of life

METHOD OF INTERVENTION

ASSESSMENT

Many college courses in social work methods focus on theories developed by and appropriate for population of West European ancestry, but which many times are irrelevant in working with American Indian clients. The dual perspective has been found to be a valuable beginning step toward the delivery of culturally relevant services to Indian clients (CSWE, 1978).

The dual perspective is the concept that every individual is at the same time part of two systems: the larger system of the dominant society, and the smaller system of the individual's immediate physical and social environment. This conceptual tool describes a very complex process, the complexity stemming from the variety of subsystems within each of the two larger systems. The dual perspective is then, the conscious and systematic process of perceiving, understanding and comparing simultaneously the values, attitudes, and behavior of the larger societal system with those of the client's immediate family and community system. For many minority groups, including American Indians, conflicts grow out of the degree of incongruence between the two systems.

It is necessary that the social worker has specific cultural knowledge of the nuturing environment (immediate, smaller system) of the client and be willing to non-judgementally view the clients' responses in the context of the particular sociocultural circumstances in which he finds himself. Typical examples of value incongruence which might arise to test the uninitiated Anglo-American social

worker's self-awareness and empathy can be hypothetically formulated from the time orientation values of Table 1.

Anglo-Americans, as the world community knows full well, are time conscious: "Clock-watchers". "Time is money". "Promptness is a virtue". Traditional American Indians, on the other hand, place no value on the incremental progression of time. This is carried to the extreme that the more assimilated members of the latter group have coined the term "Indian time" to describe why meetings and social gatherings rarely begin on schedule. It would not be unusual, frowned upon, or in the least bit misinterpreted, if an essential member of a tribal counsel meeting appeared one or two hours after the time appointed for the meeting to begin. With, and without, this information, the Anglo-American reader should now search his own hypothetical mental set to describe his response to the same tribal member: 1) who appears for his 1:45p.m. initial interview at 3:37p.m., or 2) who, after two days has been fired for tardiness from the job it took all week to persuade a local manufacturer to create. Realizing the impact of cultural training on expectation, it would not be unreasonable to expect frustration, or in the rare or experienced social worker, humor at the disregard with which the traditional Indian holds the Anglo-American orientation toward time. The dual perspective allows for viewing these specific situations from the point of view of the Indian client, who may feel similar frustration, or humor, at the Anglo-American time orientation, which to him appears to border on obsession.

The social worker, who by means of the dual perspective, has

broadened his understanding of, and sensitivity to, the totality of the life situation of the client group is better able to synthesize the most effective intervention. This perception forces the social worker, who presumably has eliminated bias through awareness of his own attitudes, to answer the question of whether to work with the immediate environment, with the larger dominant environment, with both systems, or whether to intervene at all. In all cases the services built from this perspective are based on the needs of the particular situation.

A distinguishing feature of the professional is the kind of decision he makes. The outcome of a particular course of action in working with a client is dependant on the knowledge of the worker and his assessment of the client's needs. The dual perspective provides a frame of reference for making more effective professional decisions and more accurate assessments.

EXISTENTIAL MODEL

In aleviating intrapsychic conflicts and emotional problems, the social worker goes beyond assessment. A useful approach in the intervention with these situations is an existential model. This approach to counseling is based on the assumption that the degree of success of the outcome is directly a function of the relationship the social worker establishes with the client.

In this model intervention is a dialogue in the deepest and most genuine sense - an honest exchange between the social worker and the client.

The worker is not an insensitive, technical expert who acts on the passive client; rather, they are partners on a journey where neither knows the end. It is the goal that the worker may understand the world of the client from a subjective viewpoint and, at the same time, reveal personal reactions toward the client during the relationship. Both worker and client may be changed by the encounter.

The worker does not rely on a well-developed set of techniques. Instead, he/she focuses on certain themes that are accepted as being part of the "human condition". The central concern is to provide a climate in which the client evaluates his/her past choices and is able to freely choose for himself/herself in the present. The client may see ways in which his existence is limited, but through a common process of incorporating a negative image into his identity has devalued himself. The social worker skilled at existential method helps the client take steps toward liberation by helping him recreate his own identity at his own pace through decisions of his own choosing.

Application of this modality of intervention is illustrated in the Case of James below. Although James is not an actual client, he is a synthesis of many common themes observed by workers serving Indian clients. He has been 'put together' to clarify some of the unclear notions on how to apply the existential concepts.

CASE OF JAMES
Client of Mary, MSW

Introduction to Agency

Mary was contacted by a friend with a concern for middle aged

(13)

Indian man who was depressed over the death of his son. Mary realized that the traditional American Indian, after generations of dealing with the United States government, has a well-founded and deep-seated mistrust in agencies. She therefore knew that if the man, James, was to be availed of mental health services, outreach intervention would probably be the only way in which this could occur. She made arrangements in her schedule to attempt establishment of this relationship at James' home.

Age	Sex	Ethnicity	Marital Status	Children
52	M	Navajo	Married	3

Living Situation: James lives with his wife and three school age children in a rented two bedroom house.

Presenting Problem: James is depressed over the death of his oldest son, who was killed in a car accident while driving under the influence of alcohol. James is also unemployed.

History of Presenting Problem:

James was a carpenter until he was laid off, by reason of the new construction slowdown. Shortly after becoming unemployed, his 18 year old son was killed in a one car accident. James had argued with his son earlier the very same day of the accident over the use of the family car.

Recently James has become aware of his loss of self-esteem: the loss of his job and not providing for his family, and his guilt over the death of his son.

Psychosocial History:

James is the oldest of six children. His father, deceased, was

a Navajo sheepherder; his mother, a fulltime homemaker. Due to his mother's ill health, James was expected to assume many of the responsibilities of rearing his younger siblings and for maintaining the household.

James left home at age 18 and learned the carpenter trade in a western city. At age 30, he met and married his present wife, a woman of the same tribe. Four children were born, the oldest son, and three daughters.

Worker's Process Commentary

Within a few weeks after the initial visit to James' home, the social worker, Mary, was able to assist James in finding a new job as a maintenance man in a large hospital. With the income problem aleviated, James was now interested in working through his grief over the death of his son.

James had become involved with the resources and services of Mary's agency, through her outreach efforts and friendly visits.

The critical aspect of James' therapy was that moment of recognition where he realized he had a choice to make in how he would handle this loss. He could cling to it, deny it or accept it and get on with his own life. He realized he must accept the fact that in life there are no guarantees, that in spite of this uncertainty and the accompanying anxiety, he would still have to go on living, making choices and living responsibly with the consequences of his decisions. James chose to commit himself to therapy and discover about himself what he might.

Mary's role was to gently guide James to look at his life. By providing a sounding board or mirror, Mary was to help James enlarge the range of his living. Through the process of becoming aware of and getting in touch with his past, James was able to begin to make new decisions and to accept responsibility for changing the patterns which affected his future.

During the first months of James' therapy, he felt depressed most of the time and often expressed a wish to die so that he wouldn't feel the helpless, emptiness and lonliness which drained his energy. He said he had nothing to look forward to, no purpose - only a past filled with mistakes and regrets. He said he had loved his son and when his son had died a big part of himself also had died.

Mary's goal was to provide adequate support for James. He needed an opportunity to talk about his regrets and what it felt like to be depressed. He needed to feel that he was being heard and that someone cared enough to listen. Meanwhile, without James realizing Mary challenged him to create a new meaning for life. He was encouraged to recount events in his past that he regretted and wished had been different. He was urged to talk about his son being gone and the loss of companionship he felt.

Mary did not ignore or play down James' depression, for in this symptom was a hidden message, as well as, a path to recovery. By beginning with James' own full recognition and acceptance of his feeling of hopelessness, Mary began guiding him to change himself. She did not dwell extensively on these negative feelings either, and

was especially interested in how James derived meaning through work and in what ways work contributed to his feeling that he had something to offer people. James was lead to discover that the relationship he had had with his son was not the simple father/son bond as James had thought, that in not having had much of an adolescence of his own, he tried to make up for this gap in his youth through companionship with ~~his~~ son. Mary and he focused on the feelings he had for adolescents and what he learned from them. He admitted that he derived a great deal of personal pleasure from seeing young people search for meaning in their lives.

Although James did need this opportunity to relive times from the past, there was a danger that he would stop there, rather than getting on with his life in other, new directions. Mary was astute enough to know that James had, while alone and in piecemeal fashion, reviewed much of what they talked about together. She was aware that what she supplied was a means whereby James could integrate his total life experience, both the negative and positive aspects, in an open, caring atmosphere. James was no longer alone, but the decisions and subsequent actions still remained the responsibility of James.

At this point Mary was herself fearful of getting lost in the depression. If James did not find new hope and a will to continue to live, Mary could be threatened in many ways. She might see that she could be faced with the same search for hope. If James did not move beyond depression, she could evaluate herself in terms of not having given enough to James, i.e. would James have found more meaning for

meaning for living, if she was more of a person or more skilled in helping him at this juncture in his life?

So much depended on James and what he was willing to choose to do for himself. Mary could not allow herself to be duped into thinking that she could create a will to live for James, that she could do his changing for him, or that she would have ready, tailor-made answers. Within the existential model, which Mary had chosen to abide by in working with James, there was no 'professional distance'. The expert/client relationship of many of the other models was absent from the beginning and where James' therapy lead would largely be determined by his own willingness to begin to move himself by taking the initial steps. The best Mary could offer was the inspiration to begin taking those steps, the emotional support which could instill new hope and confidence in James. Through this relationship, James had the opportunity to see that he could move further than he previously allowed himself to imagine. Mary provided a spark of self-confidence and self-understanding which was the start of reversing his feelings of low self-esteem.

Cultural factors

During the course of therapy, James felt comfortable in sharing his feelings about his Indian background and the cultural conflicts he experienced. He expressed some concern as to whether he would be able to integrate his Indian heritage with his life in a large western city. He discussed his religious beliefs and the importance they played in his life.

The religion of the Navajo elders has been one that aims to keep equilibrium between man and the spirits. According to the elders, everything in the world, animate and inanimate, plays a part in the religion and each is important in its relationship to the other. This belief teaches that the world is controlled by certain spiritual rules, and that man is assured a peaceful, long life only if he learns the rules and abides by them. By doing this he is sure of his harmony with the spirits. He is concerned with securing harmony in human, natural and supernatural relationships.

Success for James rests more in being a good person than in acquiring material things. If he collects too many material things he could be thought of as being selfish or stingy.

A Navajo family accepts the husband as the formal head, but the wife, with her matrilineal descent, has as much, or more, influence in family management as does her husband. The tangible necessities of life remain with the wife's extended family group. Her brothers contribute greatly to the teaching and discipline of the children.

If the Navajo family moves from the reservation to an urban area, the following effects are apt to occur:

1. The woman is deprived of the company and support of the other members of her family.
2. The woman assumes total responsibility for care of her children, which was formerly shared with the grandmother,

her sisters and aunts.

3. The woman no longer has easy access to the advice of the elders, her brothers, and others, in child-rearing and discipline.

Conflict has arisen for the Navajo woman as her role has been altered in three important ways:

1. Her function within the family as parent has greatly increased.
2. Her economic position has been undermined.
3. Her security and bargaining power in family interactions has been greatly reduced.

This conflict in the role of the Navajo woman had an adverse effect on James when he became unemployed. He felt more of a failure than he would have, had he continued to live on the reservation where he could have relied on his wife's farm and her extended family resources.

Mary encouraged James to become involved with other Navajo people living in his urban area as a means of developing a support system to function in place of his extended family. She also shared ideas with regard to embracing the best of both cultures, leaving the decision up to him as to what constituted 'the best' - the process of making those decisions served to help James integrate his past and present. In addition, she assured him that being laid off from his job had nothing to do with his masculinity or his competence as a provider; rather, it was only an example that life is at times unfair and unjust.

She encouraged him to relate with other Navajo men who had solved problems similar to his.

Mary, by displaying a sensitivity to cultural factors, was able to intervene and help James to act and to accept both the freedom of, and the responsibility for, his actio[illegible] James had become aware of those factors that limited his existence. He understood them to be a combination of external pressures and internal reactions. The critical aspect of James' therapy was his recognition that he had choices to make.

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