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Introduction: Mental Health Discourse as
Western Cultural Proselytization

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Abstract In the wake of European settler-colonialism, the indigenous peoples of North America still contend with the social and psychological sequelae of cultural devastation, forced assimilation, social marginality, enduring discrimination, and material poverty within their respective nation-states. In response to this contemporary legacy of conquest and colonization, a cottage industry devoted to the surveillance and management of the ''mental health'' problems of Native Americans proliferates in the United States and Canada without abatement. The attention of clinically concerned researchers, practitioners, and policy makers to an indigenous ''patient'' or ''client'' base, however, invites critical analysis of the cultural politics of mental health in these contexts. More specifically, the possibility that conventional clinical approaches harbor the ideological danger of implicit Western cultural proselytization has been underappreciated. In this special section of *Ethos,* three investigators engage the provocative cultural politics of mental health discourse and practice in three diverse Native American communities. Each provides a critical analysis of mental health discourse and practice in their respective research settings, collectively comprising an analytical and political subversion of the potentially totalizing effects of authorized, universalist mental health policy and practice. [mental health, American Indians, psychiatric anthropology, cross-cultural counseling, postcolonialism]

> Interviewer: Under what circumstances would you take your grandkids, say, into Behavioral Health or Mental Health at [the Indian Health Service clinic]?
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> Native Respondent: I would say that's kind of like taboo. You know, we don't do that. We never did do that. . . . I guess it's like a war, but they're not using bullets anymore. . . . [Sigh] Like ethnic cleansing, I guess you could say. They want to wipe us out. Wipe the Indian reservations out so they could join the melting pot of the modern White society. And therefore the Indian problem will be gone forever. . . . But they're using a more shrewder way than the old style of bullets. [Gone in press b:14]

At the outset of the 21st century, indigenous communities in North America continue to pursue autonomy and self-determination in the aftermath of centuries of European colonization. The sweeping transformations of Native life and livelihood that resulted from European invasion of the New World have included rampant disease, dislocation, demoralization, and disintegration for indigenous communities, even as many of this continent's

First Peoples have met these challenges with creativity, fortitude, resilience, and humor. Nevertheless, alarming numbers of Native Americans still contend with the social and psychological sequelae of marginality, poverty, tragedy, and discrimination within their respective nation-states (Kirmayer *et al.* 2000; U.S. Department of Health and Human Services 2001). Arising from this historical conjuncture is a cottage industry devoted to the surveillance and management of the "mental health" problems of North America's indigenous peoples. The attention of clinically concerned researchers, practitioners, and policy makers to an indigenous "patient" or "client" base, however, invites critical analysis of the cultural politics of mental health in Native North America (O'Nell 1989; Waldram 2004). Such politics emerge at the confluence of culture, power, and postcoloniality.

Although authoritative definitions of culture remain elusive (Borofsky *et al.* 2001), shared patterns of activity, interpretation, and interaction persist in most Native North American communities. In regard to cultural processes and practices, Native American societies—like most human communities—represent historically distinctive constituencies whose public, patterned, and intergenerationally reproduced semiotic conventions are both durable and dynamic. Moreover, the cultural processes and practices of these societies differ markedly from those of Europe and the West.

In the historical wake of the colonial encounter, however, the nation-states of North America came to dominate many indigenous lives thoroughly and ruthlessly (Stannard 1992). Whether through military conquest, religious repression, reservation captivity, forced assimilation, or resource theft, the exercise of power to contain, to control, or to represent demonstrated Euro–North American cultural dominance over most Native lives (Washburn 1988). Thus, the vast majority of the indigenous communities of North America remain heirs to a shattering European colonialism that waged both material and ideological war on the cultural practices of these societies.

Finally, despite a postcolonial shift away from the ideologies of extermination, incorporation, and appropriation, Native communities today remain at the margins of their respective settler societies in terms of opportunity and access to educational, economic, political, and cultural resources (Jaimes 1992). Such marginality serves as the backdrop for the (sometimes-frantic) communal pursuit of viable postcolonial sources of coherence, connectedness, and continuity for grounding personal and collective meaning-making (Gone 1999, 2006a; Gone *et al.* 1999). Indigenous efforts in this regard have frequently yielded a self-conscious, community-based discourse about "culture" that expresses a commitment to the preservation and revitalization of traditional practices that diverge in important respects from their "Western" counterparts.

Not surprisingly, scholarly and community considerations of culture, power, and postcoloniality reveal that indigenous and dominant society cultural differences do not in reality intersect and engage on "equal footing," but are, instead, subject to negotiation in ideolog-

ically contested encounters. Such contestations of ideology in the context of cross-cultural negotiation yield a cultural politics worthy of investigation and analysis. In the arena of mental health, for example, it may be that the missionary, military, and anthropology vanguard of the historic "White–Indian" encounter has been displaced of late by the professional psychotherapists or credentialed counselors of the "behavioral health" clinics who, armed with their therapeutic discourse and their professional legitimacy, are "using a more shrewder way than the old style of bullets" to resolve the age-old "Indian problem" (Gone 2003, 2004a, 2004b). In other words, even Native American respondents who participate in mental health research recognize clinical intervention as a form of cultural prescription that harbors the ideological danger of an implicit Western cultural proselytization (Gone 2007, in press a, in press b).

In this special section of *Ethos*, three investigators engage the provocative cultural politics of mental health discourse and practice in three diverse and—owing in part to these same politics—challenging-to-study Native North American communities (Gone 2006b).

Naomi Adelson (this issue), a medical anthropologist, examines the ideology of "stress" among Whapmagoostui Cree women in Quebec. Initially chartered by the Whapmagoostui Band Council to investigate why women in the community were experiencing high levels of stress in their daily lives, Adelson interviewed respondents between the ages of 25 and 40 who routinely contended with sadness, worry, and exhaustion owing to their harried or "stressful" lives. These women frequently attributed their stress to an imbalance in gender obligations and responsibilities—originating, according to the women themselves, in the locally established directives of the Anglican Church—that systematically disadvantage women relative to men in terms of well-being. Thus, whether originating through early missionary zeal or not, Adelson wonders to what extent her respondents "were suffering as the result of masculinist privilege cloaked in layers of custom and tradition" (this issue). Furthermore, according to Adelson's respondents, this gender imbalance is reinforced by the elders of the community who apparently consider any explicit efforts to reorder gender arrangements on the reserve to be impertinent and therefore worthy of social sanction. As a result, Adelson concludes that her Whapmagoostui women respondents are "entangled in a history and social reality that they, in their own imagined futures, cannot readily challenge or change" (this issue). For Whapmagoostui women, Adelson argues that the medicalization of experience through the discourse of "stress" simultaneously legitimates certain societal ills as worthy of clinical concern even as it problematically individualizes, naturalizes, and decontextualizes such ills from social relations and their effects, thereby precluding a "resolute renegotiation of the social, cultural, and political structures that demarcate ... everyday lives" (this issue).

Joseph Calabrese (this issue), a clinical psychologist with anthropological training, describes the "paradigm clash" between Euro-American and Navajo Peyotist approaches to psychotherapeutic intervention. Following two years of living and working with a Roadman of the Native American Church on the reservation, Calabrese became intimately familiar with an

alternative, frequently subjugated therapeutic system that depends on the "sacramental" use of peyote for accomplishing therapeutic change in the lives of distressed community members. For Calabrese, the Peyote ritual depends on distinctive forms of "therapeutic emplotment" and "consciousness modification" for its therapeutic efficacy. Incorporation of such "dramatic ritual ordeals" and "altered states of consciousness" clearly diverges, however, from the office-based, talk-oriented psychotherapy sessions so prevalent in modern North America. Observing that "systems of psychotherapeutic knowledge typically contain tacit cultural commitments" (this issue), he delineates 10 areas of cultural difference between Navajo peyote rites and a prototypical Western psychotherapy session. Such areas of difference include communal versus dyadic therapeutic processes, sacred versus secular contexts for intervention, rational versus ecstatic modes of therapeutic transformation, valorized versus stigmatized participation in such interventions, and so on. Throughout his analysis, Calabrese remains critical of the "hegemony of Euro-American clinical disciplines and culturally favored psychoactive substances" (this issue) and seeks to remind mental health professionals and researchers that psychotherapeutic intervention is a "basic human activity" that predates the arrival of Western knowledge to the North American continent.

Erica Prussing (this issue), a medical anthropologist, explores "culturally appropriate" addiction services within a federally funded, tribally controlled substance abuse treatment center on a northern Plains Indian reservation. Her intermittent fieldwork during the past thirteen years has focused on the politics of addiction and recovery within the community that surround the extant Twelve-Step-Program-based services delivered through the local Recovery Center. Prussing aims simultaneously to appreciate both the multiple discursive frameworks that community members routinely engage vis-à-vis substance abuse, as well as the structural and material pressures that facilitate and constrain the kinds of services that might be provided to community members. She notes, for example, that the Twelve Steps "often conflict with an existing set of [local] cultural conventions that surround emotional expression, representations of self, and intervention in another person's behavior" (this issue). Similarly, she traces the recent history of Recovery Center in which federal policies, funding streams, accreditation difficulties, and tribal politics have all conspired to disrupt the development of a locally grounded, culturally resonant service model. Although in theory such development is possible, Prussing concludes that "divergent local interpretations of self-transformation" have combined with "structural pressures that do not support the capacity of service systems to respond to these complexities," resulting in services "that often fit poorly with local needs" (this issue). She recommends further ethnographic inquiry that might challenge "essentializing logics" within the Native community treatment sector even as it elucidates the "political power of funding sources and accreditation agencies, as well as under-resourced local infrastructures for developing and administering health programs" (this issue).

In sum, each of these authors provides a critical analysis of mental health discourse and practice in their respective research settings, insightfully illuminating and energetically engaging the cultural politics of ongoing discursive encounters between dominant and

subjugated knowledges. As works of psychological anthropology, these articles advance scholarly understanding of the nuanced interrelationships between individual experience and social milieu in complex cultural contexts wherein postcolonial and neo-colonial currents of thought and practice continue to vie for legitimacy. As a result, the theoretical and empirical contributions of these researchers transcend the mere archiving of human diversity and instead together comprise a potent political subversion of the potentially totalizing effects of authorized, universalist mental health policy and practice (Gone and Alcántara 2007).

Within such efforts lies the possibility for a future in which indigenous discourses of health, wellness, and therapy (Gone 2008, n.d.) might secure more equal footing with the conventional discourses of mental health professionals and researchers. In the process, therapeutic advances in addressing some of the social and psychological ills of Native American societies may come to depend increasingly on rigorous formulations of local processes and practices toward the development of more culturally resonant clinical services. That is, at least in some instances, an inversion in the relationship between intervention and prescription may be required, echoing the contemporary discourse in many Native communities that "our culture is our treatment": local cultural interventions might finally be understood as legitimate clinical prescriptions for the healing of Native North America.

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Note

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