INTEGRATION OF CULTURE AS A RESILIENCY FACTOR FOR YOUTH

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WHY DO RACE HORSES HAVE BLINDERS?
It is vitally important to focus on what is left out of the story, the discussion…

Mental Health????
3 GOALS FOR PRESENTATION

1. Provide brief overview of Native American Mental Health

2. Rethink Native American Mental Health: Discuss what is left out of many mental health approaches…

3. Discuss role of culture, how traditional practices can be integrated into the medical model, and ways to utilize Indigenous strategies for suicide prevention.
WHERE ARE WE NOW?
What are the dominant themes in Native Mental, Behavioral Health?
Native Mental Health?

• It may be that the missionary, military vanguard of historic “white-Indian” encounter has been displaced of late by professional psychologists or credentialed counselors of the “behavioral health” clinics who, armed with their therapeutic discourse and professional legitimacy, are using a more shrewder way than the old styles of bullets to resolve the age-old “Indian Problem”. (Gone, 2008 p. 312)
PROBLEMS REMAIN...

- More than 42,000 Americans commit suicide every year, 45% more than in 2000 (American Foundation For Suicide Prevention, 2016)

- 10th leading cause of Death in the US (AFSP, 2016)

- American Indians sharpest rise of all racial and ethnic groups, rates rising by 89% for women, 38% for men
RISE IN “DEATHS OF DESPAIR”

• Deaths of Despair:
  – Death by drugs, alcohol, suicide

• Slow down in progress against mortality from heart disease and cancer

• Interpretation: Accumulation of pain, distress and social dysfunction in the lives of working class “whites”

(Case & Deaton, 2015)
WHAT IS NATIVE MENTAL HEALTH?
“ALTERNATIVE DISCOURSE”

Framework:

• Origins of Problems: Historical Trauma
• Norms of Wellbeing: Cultural Psychology “Collective”
• Approaches to Treatment: Healing
• Assessments of Outcomes: Indigenous Values
HISTORICAL TRAUMA

Historical oppression + Psychological Trauma Acknowledges Structural Violence

I. Colonial injury
II. Collectively experienced
III. Cumulatively escalating
IV. Cross-generational transferred
PROS TO NATIVE HISTORICAL TRAUMA FRAMEWORK

• Contextualize & historicize current behavioral health problems

• Links community members in **shared struggles** to overcome bitter, dehumanizing legacy of European colonization.

• Preserves relational rather than individual emphasis

• Moral High ground- Recognition

• Valorizes persons struggles, advance legal claims.
CONS TO HISTORICAL TRAUMA

• No universal trauma response. We are not all traumatized

• Potentially cultivate victimitry. Undermine bid for self determination

• Has not broken free from clinical, medical claims. Thus, may lead to turning inward rather than turning outward.

• Remaking individuals rather than undoing structural violence. Lead to focusing on past instead of present.
Solutions

where
do we go
from
here?
CULTURE IS WELLNESS

• in **Culturally sensitive Interventions**. “Our Culture is Medicine” “Culture is Healing” “Traditional Healing”
• Resilience, Culture and Native Mental Health
RESILIENCE IN MAINSTREAM PSYCHOLOGY

• Individuals ability to rebound from challenges “Positive adaptation to harsh conditions”

• Developmental Psychologists “Risks and Protective factors”

• Personal Development – “Grit” “Growth Mindset”

• Ahistorical/Acultural
STRUCTURAL COMPETENCIES...

• What is often Left out in Mental Health, Resilience Framework?

• **Structural Issues**- poverty, income inequalities, institutional racism, materialism, consumerism, corporate influences, overworked staff.
NATIVE RESILIENCE

• Culturally Appropriate, Strength Based
  – “Culture as Treatment”

• Cultural Resilience versus Individual Adaptation

• Original Instructions from each Tribes Knowledge

• Social Process of Rebuilding Collective Identity
The capacity of a distinct community or cultural system to absorb disturbances and reorganize while undergoing change so as to retain key elements of structure and identity that preserve its distinctness (p. 12)
SOURCES OF RESILIENCE (KIRMAYER, ET. AL., 2011)

- Haudenosaunee – Identify culture and language as essential resources (creation story and the great law of peace)
- Metis - being resourceful for betterment of family and community
- Inuit - need for resilience through research and legal challenges
- Yurok - Salmon

• All cases shifted from the individual to the collective
HISTORICAL TRAUMA NARRATIVES AND RESILIENCE

• Resilient Strength Based approach to HT
  – “Generative Social Practice”

• Native Identity development leads to improvements in health & well being (Allen et al., 2013)

• Family Stories of Resilience:

  “Intergenerational Self” “Narratives of Continuity”
RESEARCH: INDIGENOUS RESILIENCE “CULTURAL AS TREATMENT”

• **Cultural Continuity** as a Moderator of Suicide Risk
  “local control” (Chandler & Lalonde, 2008)

• Diabetes epidemic in Canada:

  “We have found that those communities that have more people speaking and knowing their language, and who are presumably more connected to their culture, have significantly less diabetes. In fact, some of those communities had diabetes rates that were lower than the general public rate.” (Oster, 2014)
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A Roundtable on Native American Culture, Gender, and Healing

(Moorehead, Gone, & December, 2015)
WHO IS AN EFFECTIVE TRADITIONAL HEALER?

• **Wellness of the Healer** - embody traditional teachings “fearless” “teach by example”

• **Knowledge of Traditional Healing Practices**: “Meaning of medicine.”

• **Intrinsic Potential for Healing** - “Healers help others to heal themselves.”

• **Work for Community**
WHAT IS TRADITIONAL HEALING?

• **Relationships to All**
  “We have to understand that it is necessary for a renewal of relationships,” “We are all interconnected, all related.”

• **Restoration and Maintenance of Balance and Harmony**
  ➢ Unity with natural elements, songs, holy sites, Supreme Creator and oneself.

• **Personal Qualities**
  ➢ “Faith and belief” “Self-discipline” “Treating the body well” “Laughter”
WHAT ARE THE POSSIBILITIES FOR COLLABORATION?

• Collaboration through cultural programming
• Mutuality and respect- epistemic egalitarianism
• Clear and respectful communication
• Cultural differences can lead to challenges
TIE IT ALL TOGETHER

• CASE Study

• Native Suicide: BIOPSYCHOSOCIAL PERSPECTIVE
SUICIDE- INUIT: LARGE, EPIDEMIOLOGY STUDY IN NUNAVUT (CHACHAMOVICH ET. AL., 2015)

One of first large scale, controlled, epidemiologically representative study of deaths by suicide in an Indigenous population.

1999 and 2003 rates of Inuit regions averaged 135 per 100,000 more than 10 times higher than general Canadian rates.

- Identified all suicides by Inuit (n-120) over four year period 2003 to 2006
- Subjects who died by suicide were more likely to have experienced childhood abuse (2.38%) have family histories of major depression disorder, suicide completion, and been affected by major depressive disorder, alcohol dependence in the last 6 months.
TIE IT ALL TOGETHER: TRAUMATIC EXPERIENCES AND LOSS OF SELF

- Disconnection from self: feel abandonment, incompleteness, pain, empty “floating through life” A.H. Almass

“The fundamental thing that happened and greatest calamity, is not that there was no love or support. The greater calamity which was caused by the first calamity is that you lost your connection to your essence.”
SUCCESS STORIES... WHITE MOUNTAIN APACHE & MENOMINEE TRIBE

Patterns emerged around suicide attempts by young people, with family conflicts appearing to be the most common.
HISTORY & INDIGENOUS YOUTH SPORTS

• Prior to colonization various forms of traditional sports - 2 Feet High Kick, Lacrosse, Running, Shinney, Hoop and Pole, Sticks
**CURRENT PROJECT...**

**Native HDN Wrestling Exchange 2018**

**Friday - April 20th**

11:00 am - Meet at Two Feathers (NBFA)
11:00 Betty Ct, McKinleyville, CA
12:30 pm - Meet at Willow Creek - Raya
5:00 pm - Dinner at Legends Inn & Restaurant - Willow Creek
6:00 pm - Visit school - Klamath Falls Alpha Male
7:00 pm - Party at Willow Creek home

**Saturday - April 21st**

8:00 am - Meet in Klamath Falls - Omineca, CA
3:00 pm - Come join the fun (in Willow Creek)
8:00 pm - Breakfast in Redding
9:30 pm - 2:00 am - Prime time in Redding

**Sunday - April 22nd**

Leave Redding 7:00 am

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**Stick Game Discussion**

**&-**

**Youth Sports and Wellness**

10am-3pm, Sunday, May 6th 2018

Two Feathers Native American Family Services

1560 Betty Ct, McKinleyville, CA 95519

Lunch will be provided.

All Welcome

**Stick Game Discussion**

10am - 12pm

• Should stick games have written rules?
• What is the role of youth sports in positive Indian development?
• How can we bring more support to our stick games?

• 12 - 1pm Lunch

**Stick Game Demonstration**

130 - 5pm

• Discuss stick game rules and procedures
• Cultural relevance of stick game

Limited seating - RSVP with:
Contact: Virgil Morewood Jr, xomahndhead@iwa.com or Julie Marshall, jmorewood@wallstreet.com

Sponsored by Two Feathers Native American Family Services
IN SUM: NATIVE SUICIDE, CULTURE, RESILIENCE

Challenges
• Constraining assumptions of Western approaches—Manuals, Evidence Base
• Reductionist perspectives
• Conceptualize suicide as psychological problem
• Apolitical, Astructural

Future Directions
• Holistic perspectives
• Focus on the past as well as the present and future
• Community, structural level factors, CONNECTION
• 5 Points: Changing Environmental factors, Relationships, Cultural Continuity, Adverse Childhood experiences, meet where youth are at “youth sports”
NATIVE MENTAL HEALTH: INTEGRATION

- CULTURE
- INSTITUTIONS
- SYSTEMS
- FAMILY
- SELF
FINDING HOME...

The Human is on the planet to appreciate, minimize the doing.