

HOW THERAPISTS FROM THE DOMINANT CULTURE
CAN MOST EFFECTIVELY WORK
WITH NATIVE AMERICAN CLIENTS

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ABSTRACT

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This research examines how a therapist from the dominant culture (i.e., a person with approaches and acculturation that could be described as having a “white mind,”) can most effectively conduct therapy with Native American clients. This thesis seeks to identify different approaches, qualities and perhaps types of therapy that will most help people of the Native American race and culture heal in a therapeutic setting.

Answers were sought to the questions by interviewing four Native American marriage and family therapists who were trained at the University of Wisconsin-Stout. The literature review focused on articles and books that examine how people from the dominant culture can most effectively and respectfully conduct therapy with Native American clients.

This subject area is significant because it involves the issues of people of different races working together and how respect, power and trust can be used most effectively in a therapeutic setting. Cultural competence – the therapist's ability to work with people of different cultural orientations – also is a factor.

Of course, every client-therapist relationship will be different because personalities and life circumstances are unique. Another important, and unique, factor

affecting therapy and approaches to therapy will be the client's knowledge of and identification with Native American customs and heritage and the dominant culture.

Acknowledgements

I would not be alive today except for the grace of God. I thank the Creator for sparing my life on Dec. 23, 1999, when I was in a car accident that killed my love, Robert Bloss, and left me with a broken neck, spinal cord damage and mild traumatic brain injury. Life is a gift. I acknowledge that gift with my whole being; I intend to use my life wisely.

This thesis is dedicated to every therapist and every client who has ever tried to understand and join with someone from another race or culture. It is dedicated to the Native American people. Your resilience and your spirit in the face of so much adversity and so many challenges are an example and inspiration to me.

Six Native American therapists participated in this thesis. You have unselfishly shared your wisdom in written and face-to-face interviews. Your generosity and openness have inspired me. Thank you.

This thesis has its origins in another career, another state and another century. I started work as a newspaper reporter fresh out of college at the *Turtle Mountain Star* in Rolla, N.D., in May 1978. One of my beats was Turtle Mountain Indian Reservation, home of the Turtle Mountain Band of Chippewa Indians. I learned so much there that affected my life path. Here I am in the Chippewa Valley 24 years later, building on that knowledge.

Many family members and friends have supported and carried me during my graduate school journey, especially during my recovery from the car accident and after my hand surgery on Feb. 28, 2001. Thank you, all!

I want to give special thanks to my children, Leah, Bekka, Brendan (and Bart in heaven). You have been very patient with and supportive of your mom. I am proud of the people you are; I can't wait to see what your promising futures hold for each of you. I believe you will be lifelong learners. I will support you on your journeys of learning, too.

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Robert, you have been watching over me, too. I feel your love. I will always love you and treasure your encouragement and belief in me as both a person and a therapist. I have been wearing the earrings with the turtles on them that you gave me, remembering that you told me, "It's means, 'Go slow.'" That has special meaning these days.

I think it is no accident that first turtles and then deer have come into my life in this Summer of the Thesis. On my morning walks to Evergreen Cemetery next to Lake Menomin, I have seen turtles lumbering along, looking like prehistoric creatures that have endured for eons. A few weeks later, I began seeing deer, first two fawns, then their mother.

And the message for me is “Look at the turtle. Go slow, you can make it.” Turtles stand for longevity, I learned in a gift shop at Lac du Flambeau Reservation.

The other message is that there are no accidents. The turtle, a living symbol of endurance, came along at a time when I am studying how to be a therapist. A few weeks later, the beautiful, graceful deer appeared. Sometimes the mother deer bounded along alone; other times all three quietly blended into the environment.

All of life is interconnected – turtles, deer and people, too.

I acknowledge that interconnection. I thank the Creator for pointing it out to me in such an earthy, grounded manner. Back to where I started. Life is a circle.

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Chapter 1

Introduction

My thesis sets up a scenario that probably happens every day in the United States: A marriage and family therapist from the dominant culture, (i.e., a person with approaches and acculturation that could be described as having a “white mind,”) begins therapy with a Native American client.

My thesis seeks to answer a number of questions of how to conduct therapy given this scenario: How should the therapist in this situation approach and conduct therapy? What therapeutic approaches and qualities will probably work best with this client and family? What should the therapist know that the client would never say? If the client needs to say something important, how can the therapist encourage, empower or enable the client to say it?

This subject is significant because it involves people of different races working together and addresses how to most effectively use and build respect, power and trust in a therapeutic setting. The therapist’s cultural competence – the ability to work with people of different cultural orientations and races – is a key factor in successful therapy.

Purpose of the study

The objective of the thesis is to fully explore the scenario described above and identify approaches, qualities and perhaps types of therapy that will be most helpful and most effective for the client group. Thus, this thesis seeks to identify and explore information on how people from the dominant U.S. culture can respectfully help people of the Native American race and culture heal in a therapeutic setting. It is hoped that

marriage and family therapists will use the information obtained in this thesis in their daily work.

I sought to answer the questions listed above by interviewing four Native American marriage and family therapists who were trained at the University of Wisconsin-Stout. In an effort to build trust and spark dialogue, a one-page list of questions was mailed on June 19, 2002, to the potential interviewees with the letters requesting interviews.

I interviewed three of the therapists at their work sites in Wisconsin and Minnesota July 11 and 12. The fourth therapist responded by e-mail and encouraged two more Native American therapists to answer the survey.

One question specifically addresses orienting a therapist aligned with the dominant culture to conducting therapy with Indian clients. It asks, "If you, a Native American marriage and family therapist, could spend time orienting this therapist to working with Indians before s/he first sees the client, what would you say? What attitudes or approaches are important for such a therapist to have when working with Indian clients?"

Other questions address the areas of power, race and trust and the Native American and the dominant cultures. Also explored is the imbalance of power between therapists and clients and whether that imbalance will be exacerbated when the therapist is from the dominant culture and the client is Indian.

Questions about power, trust and race are as follows: Is there anything the therapist should know that the client would not say, especially about race, power or trust? How can the therapist encourage the client to speak of these things? We have been taught that there is generally an imbalance of power between a client and a therapist, with the therapist having more power than the client. The imbalance of power may be even more

skewed when the therapist is from the dominant culture and the client is Native American. Should that be addressed in therapy? How?

Questions about the Native American and dominant cultures are: How should the therapist from the dominant culture assess how the client identifies with his/her heritage and the level of knowledge about that area? Is such an assessment needed for therapy to be successful? How should the assessment affect the therapeutic approach? How can the therapist help the client define and describe his/her belief system? The goal of defining the belief system is to make therapy more effective and empowering.

How do we balance the existence and influence of the dominant culture with the Native American culture during therapy? Is a genogram a good way to get information, or an imposition from the dominant culture that does not reflect the way Indians live?

My literature review will focus on articles and books that examine how people from the dominant culture can most effectively and respectfully conduct therapy with Native American clients.

Of course, every client-therapist relationship will be unique. Affecting this unique relationship will be the client's knowledge of and identification with Native American customs and heritage and also with the dominant culture.

Definition of terms

The following definitions are the framework for this thesis:

Dominant culture: This is the consumption- and production-driven culture that engages almost all Americans on a daily basis. Every time a person logs on to the Internet, watches a television commercial or movie preview, orders something from

Amazon.com, sends an e-mail, buys a Big Mac or other fast-food product, that person is engaging with the dominant culture.

Since numbers are a way of tracking dominance, they are a dead giveaway that something is probably from the dominant U.S. culture. The Fortune 500 (the top 500 businesses in the United States, according to Fortune magazine's annual survey) and the top 10 or 100 best-selling book, video and music lists are an example.

People can, of course, choose their level of engagement with the dominant culture. It would be perfectly natural for an Indian teen-ager to like music and video games from the dominant culture, while also identifying strongly with his/her Native heritage. And a white therapist could eschew the same music and video games.

Native American: A "Native American," "Indian" or "Native" (the words are used interchangeably throughout this thesis) is a person with ancestry from the people who inhabited North America before what the dominant culture describes as its discovery by Christopher Columbus in 1492.

This thesis does not have specific requirements or criteria for Native American heritage. Anyone who describes him/herself as a Native American will be accepted as one. Thus, the continuum of Native American heritage in this thesis will be the broadest possible in any context.

The U.S. Census conducted in 2000 identified .8% of the U.S. population as being Native American (Family Therapy Magazine, March/April 2002, p. 16). In comparison, 83.2% of the population was identified as White, including 10% identified as Hispanic; 12.5%, Black; and 3.4%, Asian/Pacific Islander. Thus, in terms of population, Native Americans were identified as the smallest minority in the nation.

Throughout this thesis, all other categories for race or ethnic origin will follow the same guideline, i.e., if a person describes him/herself as Caucasian or German-American, that description will be accepted.

Chapter 2

Literature Review

A brief, quite limited literature review found no books that specifically addressed how therapists aligned with the dominant culture can most effectively and respectfully conduct therapy with Native Americans.

There were articles and books on conducting therapy with minorities in the United States that contained chapters on Native Americans. There were articles and books on conducting therapy with Native Americans that only barely touched on therapists' biases or their alignment with a specific culture. However, this brief literature review found no books that specifically address a person from the dominant culture conducting therapy with Native Americans.

This review this will focus on several sources that touch on conducting therapy with Native Americans as part of a larger whole. Some information covers one specific area. Thus, the information presented here may appear fragmented and disjointed.

This literature review is designed to help therapists aligned with the dominant culture gain a broad perspective of issues Native American clients may face in therapy. Double binds and historical trauma are examined because they are seen as issues likely to surface for a therapist working with Native American clients.

The information presented here is general and not specific to any one tribe. Hundreds of Native American tribes, bands or clans are located throughout the United States. Each has its own history, strengths, challenges and geographical orientation(s). Tribal histories and systems, like personal histories and family systems, should be taken into account when conducting therapy.

As mentioned earlier, Native Americans are a small minority in terms of numbers counted in the 2000 U.S. Census. Perhaps that is part of the reason for the lack of books specifically addressing therapists from the dominant culture conducting therapy with Native Americans.

However, the European-based dominant culture also wrested control and ownership of North America away from Native Americans. History books relate stories of intentional attempts to wipe out tribes by infecting them with smallpox via blankets. Tribes were relocated hundreds of miles away from their sacred homelands and/or introduced to alcohol, all to the profit of the dominant culture. There is the story of the military officer who said, “The only good Indian is a dead Indian.” Boarding schools were used to separate Indian children from their families, isolating them from their language, their loved ones, their culture – essentially, to take the Indian out of the Indian.

Perhaps the lack of literature on this subject is part of a huge blind spot in the dominant culture, which refuses to acknowledge its past and present roles with Native Americans and thereby encourage Natives’ mental well-being. Perhaps admitting this truth threatens the dominant culture, for it might mean that some wrongs may have to be righted. Perhaps the dominant culture would lose power and its hard-won dominance if it validates its history of poor treatment of Native Americans.

It is, after all, easy to glamorize Native Americans and focus on their physical and spiritual beauty and walking a mile in their (custom made, dial 1-800-EXPLOIT) moccasins. The dominant culture has profited handsomely from glamorization and mystification of Indians in books, movies, music and art.

It is much harder to admit that poverty exists on reservations, that alcoholism just might be a way for Indians to blot out historic trauma and endure poverty and/or cultural dissonance. It is much harder to admit that the dominant culture essentially attempted to wipe out hundreds of Indian tribes that each had their own culture. And after that was done, Indians were, without being asked, objectified and dehumanized in many ways, including being named as mascots for sports teams.

“Five hundred years of genocide,” Annie Humphrey, an Anishanabe Ojibwe from Minnesota, sings (The Heron Smiled, 2000) of the dominant culture and its attack on Native American people in one of her songs. Another Humphrey song, however, is more optimistic. “Grandmother hid her hope in Johnny’s DNA,” she sings (The Heron Smiled, 2000) about activist John Trudell.

The March/April 2002 issue of Family Therapy Magazine, published by the American Association of Marriage and Family Therapists, was devoted to Race and Color. Articles addressed cultural competence, conducting strengths-based brief therapy with minority groups and the question of racial disparities in rates of mental illness and mental health care in the United States.

In its Speak Out column, respondents were asked, “What would a family therapist need to know or do in order to be culturally competent to work with *your* family?” Jim LeBlanc of Marinette, Wis., responded,

I am American Native, raised on a reservation, in a small town, and in Detroit. My wife is Heinze 57, raised in the middle of nowhere. Our 2 children were raised on the reserve. Our psychologist/family therapist failed due to exaggerated mannerisms, facial expressions and disingenuous empathy. I think cultural

competence is unattainable if you are indoctrinated in public schools, often disrespectful of any culture that is not mainstream. As for my family? You are fired if you use any canned version of therapy that masks you as competent in anything, let alone cultural competence. Instead, be comfortable with who you are. Awareness of destructive cultural attitudes may help, but only if you are aware of your own contributions (active or passive) to that destruction (p. 58).

Ethnicity and Family Therapy

A chapter by Carolyn Attneave in the first edition of the groundbreaking Ethnicity and Family Therapy (1982) offers a wealth of information and approaches therapists aligned with the dominant culture may use when conducting therapy with Native American and Alaska Native families.

I will quote directly and extensively from Attneave, who directly addressed this thesis topic. Her writing needs no elaboration and little editing.

Therapists should expect many Native American clients to be quite grounded in the dominant culture, Attneave said. One of the first cautions, she wrote (Attneave, 1982, p. 57), is

to make clear to family therapists who may find themselves facing an American Indian couple or family for the first time is to consider the odds – that probably 50% of the cases that arrive on the therapist’s doorstep will be well-educated, typically middle class people with similar problems and similar attitudes as the rest of their clientele. The underlying racial and cultural characteristics make no more or no less difference than those of a migrant family of any type that has acculturated itself to the United States for many generations. Esoteric problems

of language barriers, exotic religious practices or other strange customs will not be prominent. After all, missionaries of all denominations ... have been at work for several hundred years. Government schools and public schools have been nibbling away in a melting pot fashion for the last century. Therefore, proceed with these couples as with anyone else – sensitively and professionally.

Therapists were cautioned against using approaches that indicate the therapist perceives the clients as cardboard Indians and not as people (p. 57).

Above all, the therapist should not assume some affinity based on novels, movies, a vacation trip, or an interest in silver jewelry. These are among the most offensive, commonly made errors when non-Indians first encounter an American Indian person or family. Another is a confidential revelation that there is an Indian “Princess” in the family tree – tribe unknown, identity unclear, but a bit of glamour in the family myths. The intent may be to show positive bonding by the therapist, but to the Indian they reveal stereotypical thinking. Just as other clients do, the Indian client wants to be recognized as a person – a human being, not a category. This is even more true if the family identity relating to tribal or village origin does not include the activity or content to which the non-Indian alludes.

Tribally specific information is needed to deal with individual clients, Attneave wrote. She then described some general principles she said should provide a coarse screen to sift out differences between the therapist from the dominant culture and Native American clients (Pp. 58-59):

The first advice is addressed directly to the non-Indian therapist: *Be yourself*. The closer to tribal traditions an Indian couple may be, the more important this advice

becomes. For the professional, the initial period may be thought of as an assessment of the family and its problems. For the Indian family involved, it is a period of careful assessment of the therapist and rather little self-disclosure.

...What usually happens is that the short ritual of social amenities between client and therapist is stretched out over an hour or more – sometimes for more than one session. During this early period it may help the therapist to know the kinds of questions that are in the family members' minds: "Can you tolerate our silences? Our indirectness? Our uncertainty?" "What is your style? Pacing? Your interest in people?" "How much confidence do you have that problems can be solved?" This sets the stage for later work that will proceed according to the comfort of the therapist and how genuinely mutual respect can be communicated.

No guidelines for this period of initial contact can specify one set of infallible behaviors. It is rather like the Indian handshake style, which tends to be an exchange of touching and feeling rather than the firm clasp indicating sincerity that typifies most white American handshakes. To imitate it usually leads to a dead-fish offering of a limp hand, which is artificial and satisfies no one. To be aware that even in such routine gestures the therapist is being felt out and assessed may lead to self-consciousness. Yet somehow, this awareness should strip away artificiality and not only allow but even promote self-expression.

Probably all families go through this period of mutual assessment, and therapists are aware of the necessity to involve each family member in order to assure the return for a second or third session. However, hastiness, impatience,

and worry over whether or not the family will return is self-defeating. If this is true about most clients, it is doubly true in working with Indian families.

If the therapist presses for information and action the family will often present a concrete problem for which concrete suggestions are expected and even wanted. ...This provides a context while relationships are being established. This initial problem is usually a masking problem, real but not the most serious disturbance in the family...

This discussion of an initial concrete problem allows therapist and family to find a fit for what may be differing role expectations. In most settings the dominant person (the therapist) is expected to be active and the subordinate persons (the family members) show respect by quiet attentiveness. Observation of many mainstream situations reverse these expectations, for example, therapists act as attentive listeners urging family members to talk. Each therapist will have a style of asserting authority, and this observation of cultural dissonance is offered as a clue to follow if your manner is not eliciting appropriate behavior.

Cultural conditioning leads the majority of non-Indian therapists to talk more than usual as a way of eliciting opinions and thus learning about new people and situations. Equally strong cultural traditions may lead an American Indian to observe and test before talking freely to strangers. Being aware of these “natural” tendencies may also help in establishing appropriate roles and rapport.

Sometimes this initial period can be most useful for asking open-ended questions that elicit family history. Showing genuine interest without exhibiting judgmental behavior will elicit information and establish relationship that will be

invaluable reference points later, but which for now are a vehicle for enabling the family to know the therapist and the therapist to know the family. This initial phase is perhaps overemphasized, but it is important to be aware that it often seems to last longer and be less active on the part of the American Indian family than for other clientele. There will be more pauses and more indirect observations by way of peripheral vision rather than direct eye contact. The therapist may have feelings of dropping some threads and picking up others. The therapist's integrity, self-confidence and centeredness are being tested, as well as whether the therapist understands and respects the persons seeking help.

The second edition of Ethnicity and Family Therapy (1996) includes an overview on American Indian families and a chapter on the Native American Holocaust experience.

Since therapists cannot be familiar with all the nuances of a particular Indian culture, Sutton and Broken Nose wrote, a therapist "might ask questions when on unfamiliar ground and learn what particular cultural traits the client most values and wishes to retain. Is it language? Is it spirituality? Is it family ties?" (Sutton and Broken Nose, 1996, p. 35). Therapists from the dominant culture could learn more about Native American cultures through a language class, participating in a pow wow or involvement with Indian groups or centers, they wrote.

With its systemic approach and emphasis on relationships, family therapy ... is particularly effective working with Indians, whose life cycle orientation blends well with family therapy's approach. Culturally sensitive, nondirective approaches, which incorporate the use of storytelling, metaphor and paradoxical

interventions, are recommended. Networking and the use of ritual are favored over strategic interventions and brief therapy models (p. 33).

The Native American and dominant cultures have different interpretations and meanings of family roles, communication styles, the concept of time, responsibility and priorities. Culture shock can happen, they wrote, when one travels from the reservation where one is from to the city where one works to earn an income and be able to return to the reservation.

In the chapter that examined Indians' Holocaust experience, Tafoya and Del Vecchio examined historical loss, the missionary system of assimilation, the boarding-school phenomenon and implications for treatment.

Despite so many negatives, the writers expressed hope, which Attneave did not express in the 1982 edition. Perhaps that is because some experts have identified that a rebirth of Native heritage is happening with some Native Americans. They wrote (p. 47)

We are at a crossroads, and actively remembering our past and the historic trauma that has occurred to us is one way we can recover a happy, healthy, and productive existence as a separate and distinct ethnic/cultural group in the United States today.

Recommendations for therapists

LaDue (1994) made nine recommendations for non-Native American therapists who aspire to help Native Americans heal through the therapeutic process. They are:

1. Examine your beliefs and develop a deep cross-cultural awareness.
2. Recognize the centrality of the family and extended kin group for most Natives.
3. Seek an understanding of the community and its dynamics.

4. Seek to conceptualize mental health and healing in a culturally appropriate manner.
5. Persist beyond crisis intervention to seek real change through the development of identity and meaning.
6. Be aware of different communication styles and nonverbal behaviors.
7. Be flexible in terms of scheduling, locales for counseling, modalities and techniques.
8. Be respectful and humble.
9. Embrace working within the context of traditional healing.

Denise Wildcat thesis

“There have been few studies on Native Americans and the counseling experience,” Denise Wildcat wrote in a thesis that investigated Native Americans’ use and failure to return to Lac du Flambeau Family Resource Center after the first visit (Wildcat 1995, p. 11). She received a master’s degree in marriage and family therapy from UW-Stout in 1995.

Studies that have been conducted, Wildcat wrote, most identified trust and value differences as issues to consider when counseling Native American clients. Wildcat’s anonymous survey of 28 Family Resource Center clients found that “Native American clients are not as concerned with whether or not the counselor is Native American than with whether or not the counselor is sensitive to the ethnic values/differences of the client and the comfort they feel with the counselor” (p. 25).

In response to the question, “Did you feel you could trust the counselor?” 57.1% said yes and 39.3 percent said no. Asked if they felt comfortable with the counselor,

78.6% of respondents said yes; and 21.4% said no. Asked whether they received the kind of service they expected, 46.4% of respondents said yes, 50% no, and 3.6%, no response.

When comparing the ethnicity of the counselor and trust, ethnicity appears to have made no difference, Wildcat wrote. “The findings would indicate that the counselor’s ethnicity made no difference on whether the client trusted the counselor.”

In terms of level of comfort, the therapist’s ethnicity “was no indication of how comfortable clients felt with the counselor,” Wildcat wrote. The survey also found that “it made no significant difference what the counselor’s ethnicity was and how sensitive clients felt the counselors were” (p. 30).

Therapists need to be aware of community resources and traditional Native American healing practices for those who desire an alternative or extension to counseling, several survey respondents said. “Counselors need to become aware of what is in the community and whom to refer the clients to,” she wrote. “Knowledge of traditional healing practices and acknowledgement of those practices as legitimate, can also send the message to the client that the counselor really does have some understanding of the culture” (p. 32).

It also may be useful in intake procedures, Wildcat wrote, “to find out from the client whether or not they prefer a counselor of specific ethnicity, to allow the clients some empowerment in their counseling experience” (p. 35).

Trauma

Trauma unexpectedly surfaced as a relevant topic during this literature review. Native American people have endured centuries of trauma as the dominant culture usurped their land, pushed them to reservations where the land was generally inferior to

their homelands, then made their way of living obsolete, adding economic trauma to the mix.

A trauma is an incident in which there is a potential for loss of life or serious injury to one's self or others (Matsakis, 1998, p. 3). Trauma survivors are people who, at one or many points in their lives, were rendered helpless and trapped in situations of great danger.

Severe or prolonged trauma affects survivors' body temperature, breathing, heart rate and immune system, their ability to feel emotions and ability and willingness to relate to others (p. 86). Trauma survivors' shame at the way they react causes them to retreat, hide from others and disparage themselves.

Trauma can have a domino effect. One traumatic incident can activate other long-forgotten memories of previous traumas. A person who was not previously bothered by intrusive and distressing memories may, after exposure to yet another traumatic event, develop memories of earlier experiences. Each exposure to traumatic stress tends to make people more sensitive to the next traumatic incident, not more resilient. A reminder of a trauma is called a trigger.

Other traumas were the Indian boarding school system, wrote David Mataczynski, whose master's thesis at UW-Stout in 1996 was about conducting therapy with Ojibwe people. The trauma of the Indian boarding school system was followed in the next generation by

foster home placements in the middle of the century that often replicate the shame and abuse of the boarding schools. Some children who were placed in foster homes,

now in their thirties and forties, have blamed and abused their parents for experiences of abandonment (p. 90).

For the Ojibwe at Lac du Flambeau Reservation in Wisconsin, pervasive traumatization has come from the dominant culture, within the tribe and sometimes from within the individual. Mataczynski wrote (p. 90):

The Ojibwe culture at Lac du Flambeau and elsewhere has been under persistent assault from without by the dominant culture but also from within because of intergenerational patterns of abuse. These cultures stubbornly endure, but with great costs at all stages of life development.

Drug and alcohol abuse are metaphors for a history of trauma, he wrote (p. 104). Pervasive traumatization has weakened the culture, its individual members, and their sense of identity ... the traditional way of life leaves no room for drugs and alcohol, but the precariousness of this traditional way has left many people vulnerable to addictions.

A therapist interviewed by Mataczynski for his thesis noted (p. 91) that the developmental delays which Ojibwe people at Lac du Flambeau experience because of exposure to repeated trauma feed counterproductive ways of communicating (such as gossip) and make trust more difficult. Reinforcement of traumatization comes from the outside society through experiences such as getting the run-around from state and federal agencies that do not cooperate, or experiencing racial insensitivity and discrimination in nearby towns.

Despite alcoholism, trauma and poverty, Mataczynski wrote, the culture still has much to offer. "An island of cultural diversity in a landscape of cultural glaciation, Lac

du Flambeau harbors characteristics and values for the reinvigoration of mainstream society” (p. 102).

One book that appears especially worthwhile as a resource to therapists with Native American clients is Trust After Trauma: A Guide to Relationships for Survivors and Those Who Love Them. The author, Aphrodite Matsakis, Ph.D., is clinical coordinator for the Veterans’ Outreach Center in Silver Spring, Md. Matsakis has worked extensively with Vietnam veterans suffering from Post Traumatic Stress Disorder and conducts a private psychotherapy practice specializing in PTSD and childhood trauma.

Matsakis’ book addresses trauma that may have occurred decades before, offers insight into trauma and exercises to exorcise trauma. Chapters include Taking an Inventory of Your Relationships; Exile: Feeling Like Frankenstein; Trust; Relationships and the Physiology of Trauma; Limited Psychic Energy: Causes and Coping Techniques; Guilt; Mind-Sets; When Your Loved Ones Set Off Your Triggers; Positive Contributions of Trauma to Relationships; Protectiveness, Entitlement and Jealousy; and Revictimization and Re-enactment.

An important coping mechanism that may have been damaged as a result of trauma is the ability to sense danger, Matsakis wrote.

If you dissociated as a child as a way of coping with abuse, you may, therefore, still tend to dissociate when you sense danger. As an adult, you are likely to be less able to identify with dangerous or potentially dangerous situations or people. If you ‘tune out’ when you start to feel afraid or exploited, then your coping mechanism of dissociation may interfere with or obstruct your ability to accurately assess a present-day situation and take steps to protect yourself (pp. 261-262).

People with histories of abuse may have trouble recognizing their own anger, Matsakis wrote (p. 262), because, in the past, they downplayed their perception of threat in order to minimize the intensity of their emotions so that they could handle the situation. Therefore, in the present, they may downplay their sense of the danger involved in a situation, which can minimize their sense of urgency to leave or change a potentially dangerous situation.

The therapist may want to ask clients whether they would like to do assignments offered in the book outside of therapy. Depending on the level of identification or affinity with the dominant culture and whether the idea is presented as an idea, suggestion or assignment, Native clients may perceive therapy homework assignments as intrusive.

The double bind

A double-bind situation can occur when “a more powerful person tyrannizes and victimizes a less powerful person, communicating in a mystifying way that binds the victim and leaves him or her no room for safety,” Vanessa M. Mahmoud wrote in *The Double Binds of Racism*, in Re-Visioning Family Therapy: Race, Culture and Gender in Clinical Practice (p. 255).

A recipient of a double-bind interaction is typically prevented from commenting on the contradictory message. Upon confrontation, persecutors may see themselves as the wronged parties and as the real victims. The persecutors may behave as if they have been misunderstood and maligned (p. 256).

Native American clients may be exposed to double binds every day. Over time, emotional responses to double binds are likely to become intense, with intensity and

emotional damage increasing as the amount of exposure increases, Mahmoud said (p. 257).

European Americans' double-binding interactions with Native Americans followed this scenario (p. 260):

Appropriate their land and abridge their freedom because you see them as passive and helpless. This makes them passive and helpless, which then allows you to justify the whole thing by referring to the passivity and helplessness that you have caused.

To help clients deal with double binds, the usual methods are to offer support, a safe place to ventilate feelings, anti-anxiety medication, and/or referral to a victims' support group. "All of these can help, but many times oppression is not directly addressed," Mahmoud wrote. "This means that a key dynamic in such a client's life and its pathology will be ignored" (p. 263).

Mahmoud suggested the following techniques (pp. 265-266):

1. Verify the clients' perceptions of the relationships. Therapists should not give clients the impression that they doubt their perceptions in any way, but should get them to clarify each problematic situation in detail, which will help the clarify the situation.
2. Describe to clients what racism is and what a double bind is, and ways to respond. Point out the conflicting overt and covert messages inherent in clients' situations.
3. Double check with clients to ensure they feel their situations are correctly understood.

4. Build an alliance that helps clients develop strategies for escaping racist relationships. This may take more than one session. Family members also should be allowed to make suggestions.
5. Have clients conduct “research” by counting the number of times they catch perpetrators sending double-bind messages. This helps them gain emotional distance from the situation and allows them to delay responses until these can be developed more fully in the safety of therapy.
6. When clients are ready, have them begin to implement the strategies that have been the options already listed.

Therapists can do incalculable harm “to victims of racist abuse by perpetuating, exacerbating and intensifying the victims’ distress,” she cautioned. “Therapists working with people who experience racism in their daily lives are betraying them if they do not help their clients deal directly with the source of their pain” (p. 266).

Chapter 3

Methodology

Subjects

Four Native Americans who were trained in the University of Wisconsin-Stout's Marriage and Family Therapy program were asked to participate in interviews for the thesis. Three subjects have graduated from the program; the fourth only has her thesis to complete.

The four are the only Native Americans to have completed (or nearly completed) the MFT program at Stout, which accepts 12 students a year. Three therapists are female; one is male.

The Marriage and Family Therapy master's degree program at the University of Wisconsin-Stout graduated its first therapists in 1974. Twelve people are selected to participate in the program each year. The program has been accredited by the American Association of Marriage and Family Therapists since 1976.

Two more Native American therapists who are colleagues of a UW-Stout MFT graduate also answered the questions, thereby providing more depth and insight for this thesis.

Instrumentation

The instrument was an interview. Questions (see Appendix B) were prepared in advance and distributed to participants with a letter (see Appendix C) mailed to them June 19, 2002, requesting an interview.

The list of questions was sent to the potential interviewees in an effort to build trust and rapport. It was hoped that presenting the questions in advance would show the interviewer's openness and willingness to discuss a sensitive subject in a culturally

competent manner that would encourage professional growth among therapists in this area.

The interview questions were intentionally written as open-ended questions that did not point in any particular direction. It was decided to use open-ended questions to establish and draw upon the interviewees' expertise and elicit responses without inserting the interviewer's biases or expectations.

This approach is less intrusive than peppering interviewees with specific questions. Asking general questions is more in keeping with the Native American concept of non-interference, which involves letting people make their own decisions and take their own paths without attempts at persuasion.¹

The thesis questions also were mailed to the potential participants as a way of showing respect and preparing the interviewees for the questions. Most Native Americans especially consider a series of questions to be rude.

The 23 interview questions were placed in four categories:

- background, setting the stage;
- main focus of the interview;
- questions about power, race and trust;
- and questions about the Native American and dominant cultures.

The questions were designed to build upon each other. After interviewees were provided with background and information about the interviewer, simple questions were asked. Questions that were most critical to the thesis and the most complex were asked in

¹ "An Indian will usually withdraw his attention from a person who interferes," wrote Jimm Good Tracks, MSW, a guidance counselor at a boarding school in Arizona (Good Tracks, 1976, P. 67).

the middle of the interview. The last questions were less critical to the thesis, but drew upon the interviewees' insight and expertise.

Procedure

Interviewees were told in the letter requesting the interview that it shouldn't take more than two hours. They also were told the interviewer would call them within a week to schedule an interview at the location of their choice.

Three participants e-mailed responses to the interviewer rather than participate in one-on-one interviews.

The interviewer traveled July 11 and 12 to three work sites in two states to conduct interviews, a total of about 550 miles. One interview site was on the Lac du Flambeau Reservation; one was in South Minneapolis and the third was at Wisconsin Indianhead Technical College in New Richmond. The interviews were scheduled at the interviewees' discretion.

Interviewees were verbally told the intent of the study. They were asked to sign an "Agreement to Participate as a Research Subject" consent form (see Appendix A). Interviews were tape recorded so the interviewer could focus on the questions, the interviewees and the discussion itself without having to worry about taking complete notes.

Limitations of the study

This is by no means a representative sample of Native American marriage and family therapists. It is only interviews of six therapists conducted in the summer of 2002 by one person. Survey results could only be considered a representative sample of four Indian therapists trained at the only fully accredited program for marriage and family

therapists in Wisconsin and two more colleagues who are Native American therapists, and nothing more.

One subject area that was not asked but would have been another area to explore is, “How would you rate yourself in terms of assimilation with the Native American and dominant cultures? How does that affect how you conduct therapy?” Those responses would have provided insight into the interviewees’ belief system.

The questions also did not ask interviewees to discuss an approach that would work with a specific tribe. Thus, the study could be criticized as being a one-size-fits-all approach to conducting therapy with Native Americans, when they are actually from hundreds of tribes located across the continent. Comparing an Indian from the Southwestern United States to a Plains Indian would be comparable to the comparison of an Italian and a German.

The list of questions also inevitably reflects the thesis writer’s limitations. They reflect the interests of a novice therapist who has lived in Indian Country – the Western United States – most of her life.

The thesis writer is grounded in the dominant culture and has specific religious and socioeconomic biases, which affected how she asked questions, what questions she asked and how she interpreted responses. She was a journalist for 21 years. As a result, her appreciation of community and the different political, power and social systems within communities is more extensive and intuitive than most people.

She has dabbled in Native American studies, readings and music for a number of years. Some would consider that limited knowledge dangerous in itself: The writer may

draw improper conclusions based on limited knowledge and experience without clarifying a response or situation with the persons involved.

On the positive side, the thesis writer/interviewer has had a lifelong commitment to truth, fairness and accuracy. She works at being nonjudgmental and empowering.

Chapter 4

Presentation of Findings

One observation kept being repeated as I was gathering information from UW-Stout MFT graduates who are Native American therapists and from two other Native therapists: There are no cut-and-dried answers or formats for conducting therapy with Native clients.

Fae LaForte, an MFT in the 2001 cohort, would say that you can't fit Native American clients into a box. Another Native therapist who asked to remain anonymous warned that unless you are dealing with your same-gendered twin who is your roommate, you are dealing with someone from a different culture.

Three MFTs from UW-Stout were interviewed in person for this thesis: Fae LaForte, a counselor at Wisconsin Indianhead Technical Institute's New Richmond campus; Denise Wildcat, a therapist at Family Resource Center on the La du Flambeau Reservation; and Deborah Foster, the facility manager at the Blaisdell YMCA in south Minneapolis. Three more Native therapists e-mailed responses, for a total of six.

Here are the results. Each therapist is presented individually.

Fae LaForte interview

Background:

Fae LaForte is the lone counselor at the New Richmond campus of Wisconsin Indianhead Technical College, where she has worked for four years. She spends about half of her work time as a therapist and also teaches classes.

LaForte serves on the WITC Diversity Council, which recently decided to remove "Indianhead" from the WITC title. She considers that an accomplishment. This summer,

LaForte began running a group called The Circle, “a time and a place for people of diverse backgrounds,” she said, which is designed to help retain those students at WITC. The Circle meets every Wednesday from 11 to noon.

LaForte, who was in the 2001 MFT cohort with this writer, is an intense woman in her late 30s. She is verbal and extremely good with word pictures. She uses lots of eye contact and occasionally thumped the table for emphasis during the interview.

LaForte’s father, a Chippewa from the Turtle Mountain Band (he would be called an Ojibwe in Wisconsin), was raised on Turtle Mountain Indian Reservation in north-central North Dakota and died in 1998. Her mother is of Irish-American descent.

LaForte was raised in the Menomonie area and attended Menomonie schools. She received a bachelor’s degree from St. Cloud State University and graduated in August 2000 from UW-Stout with a master of science degree in Guidance and Counseling – Mental Health.

LaForte’s responses to questions:

In summary form, here is how LaForte said a therapist from the dominant culture could effectively work with a Native American client: “If I was being counseled (and I’m Native American) by a white person, I would want them to say not a ‘You’re tolerable’ or ‘You’re OK’ message, but ‘That’s really cool. ... The time thing and all the things that are disrespectful for you, this is one place where that’s not going to happen. So if you have stories to tell, let’s just do that.’ They’ll like therapy that way, because it belongs to them.”

To orient a therapist from the dominant culture, LaForte said, she would explain that the dominant and Native American cultures have fundamentally different approaches

to concepts such as education and time. Traditional Natives consider time to be circular, not linear, as in the dominant culture. In traditional Native cultures, education is handed down through stories, showing rather than telling, and art, rather than the dominant culture's reading, writing and arithmetic.

“The whole idea of time is so much different,” LaForte said. “I remember my father not being able to keep a job because of that. He finally became an over-the-road truck driver because Native Americans do things by project, not by little boxed time slots. The idea is, ‘Work very hard for a while, but then when you want to rest, rest. But don't punch the clock.’ ”

Although she was raised one generation away from the reservation, LaForte said, “For me to adapt (to the dominant culture concept of time) to this day is like a struggle. It's so ingrained, and what's more, they (Native Americans) look at the white culture as being the wrong way. ...the same is with education.”

With some Native clients, “You're almost looking through the DSM to give them this diagnosis of severe narcissism, because they're not showing up for their appointment on time.”

Here is part of the conversation on time:

Margo: “But by the 50-minute hour, it's boxed and squared for you.”

Fae: “And how do you get by that? By not mimicking that structure within that 50 minutes. You may have to sit with 50 minutes, but it can be done in their way. The problem with our culture is that it isn't done that way. If you shut them up, then do the opposite. So this is a sort of paradoxical intervention. Or structural therapy, where you're

actually doing the opposite of what bothers them in the culture. You're within that 50 minutes.

“Or explain or even apologize for the structuring of our culture. Say ‘I apologize for the way we box and square time, but we need to be here for 50 minutes. I understand that may be a challenge for you.’ That way, they may even show up on time more. ... So by being very, very flexible you are giving them power.”

Native Americans might understandably prefer their approach to time. They may think, she said, “I think you people have ulcers and stress headaches because you're trying to get to a meeting that doesn't make any difference.”

The concepts of multiple intelligence developed by Howard Gardner and emotional intelligence developed by Daniel Goleman would work well with Native American clients. The dominant culture often overlooks those strengths-based approaches, she said.

“Native Americans love to teach in the way that they act....They are very circular, very respectful,” LaForte said. “Show, not tell. Or if you're going to tell, tell in a story.”

Therapists should assess how their clients feel about their identity (“like the Michael Jackson who doesn't want to be black,”) she said. “The assessment is very delicate.” Therapists should also tell clients that if the therapist's race gets in the way of therapy, clients should let them know that.

Native American clients can quickly pick up on the therapist's attitudes toward race, LaForte said. “That's why the first couple minutes of therapy are so crucial.”

Having a multicultural setting in the office can help break the ice. It offers therapists and clients a springboard for questions or comments about ethnicity, she said.

However, all attitudes may not be positive. “I’m on the Diversity Council here and there’s a little bit of contempt there, like, ‘She’s trying to push her culture.’ And then they come in here (to LaForte’s office) and the multicultural piece actually offends them. It’s like, ‘What are you trying to do here?’ I say, ‘I’m just trying to celebrate my ethnicity here, and a few others.’ ”

A genogram could work well with Native American clients. The therapist may use his/her family story to test the clients’ reaction. “And have them talk about their family like it’s a story – not forcing them to speak if they don’t want to.” Extended family is important, “and what they consider as family is important. They may bring in the shaman, the school principal. Who in their family is family? Get that circle going, or what resembles the circle.”

Other observations from LaForte:

- Few people are identified as full-blooded Native Americans. “So we’re mixed people. Identify where they’re coming from. As a counselor, you don’t want to assume. A lot of Native Americans may...not even want to identify” themselves as Native Americans. Tease out the level of identification with the Native American culture through discussion, including questions about the reservation.
- “Hair is so spiritual to Native Americans. That’s an old, a very spiritual thing. Their hair is their life. We are people who keep our hair long. It’s a very spiritual thing....you don’t want to go there as far as assuming this is a hippie.”

- “Everything is done in a circle, which is very conducive to systems, identical to systems. So let them tell their story. Let them lead the time in session. Don’t structure that too much, because they’re not used to it.”
- Teasing, a sort of gentle razzing done without malice, is a sign of affection. “If you’re not being picked on, you’re not liked.”
- There is more equitableness among Native Americans than in the dominant culture. “They don’t like the hierarchy. There’s no class boundaries like there are in white culture. There’s respect, but not the ‘He’s the top dog, better kiss his feet.’ ”
- About eye contact: “You don’t want to stare at their eyes. ...They may not even know why they think that you don’t like them, but they feel like they’re being disrespected. It’s not even on a conscious level.” Her father would never have told someone from the dominant culture not to stare at him, Fae said. “My father didn’t feel comfortable with that. He used to say, ‘Don’t stare at me’ ” to his children, because he was in the leadership role at home.
- “The whole idea that you’re not even respecting my way is so condescending.” The Native American way “is not hierarchical, it’s not linear, it’s circular and it’s very respectful.”
- “You offend them and they won’t tell you. You just won’t see them again.... And they get up and walk away.”
- You may want to check in with clients periodically on their comfort level.
- Native Americans are sensitive to stereotypes, for example, that there will be a lot of alcoholism among Natives.

- Native Americans exhibit “almost to me like a post traumatic stress (syndrome). Kind of like the Irish, when they were going through genocide.”
- If you don’t know about something, “don’t act like you do. You must ask.”

Cultural resources:

LaForte said her favorite compact disc about Native Americans is about the Wisconsin Ojibwe. She did not know the title of the CD because she had given all of her copies away. The CD can be used on the computer and is interactive, visual and musical, with sections on songs, food and history. A directory of tribes throughout the United States also is a favorite resource. “I really connect people a lot with” the Bureau of Indian Affairs.

Denise Wildcat interview

Background:

Denise Wildcat is a therapist at Lac du Flambeau Family Resource Center, located on the reservation of the same name in Wisconsin. She is a 1995 graduate of the UW-Stout Marriage and Family Therapy program and received a bachelor’s degree in psychology with a minor in sociology from Stout in 1990.

Wildcat’s position is funded by the Indian Health Service, which gives her position more stability than a grant-funded program. Three AODA counselors also work at the center, located in an attractive new building in the new village area of Lac du Flambeau. Wildcat, another therapist or the agency’s AODA counselors occasionally do co-therapy.

Wildcat’s family returned to the Ojibwe reservation in 1963. Her father, William, was appointed to the Tribal Council that year and elected tribal chairman the next year,

when she was 13. He served in that position for 16 years.

Before the new Family Resource Center building was constructed, its office was located in the building named after Wildcat's father, who walked on in 1994. William Wildcat lived with a diagnosis of Alzheimer's disease for eight years; at one time, Denise lived with her mother and helped care for her father.

Wildcat, 51, is a mother and grandmother with pictures of her grandchildren in her office. Her mother, children and grandchildren live at Lac du Flambeau. During the interview, her comments indicated deep connections and commitment to the community. She wrote her master's thesis (quoted in Chapter 2, pp. 14-15 of this thesis) about clients' counseling experiences at Family Resource Center, where she had her MFT practicum.

She was hired at Family Resource Center after her graduation and has worked to improve its services and reputation. The number of clients using the center has increased and its reputation has improved, she said. She has worked to orient and educate people in the agency about marriage and family therapy and its effectiveness. Family Resource Center charges insurance companies if clients have insurance. If clients don't have insurance, "I have the luxury of seeing people as long as they need it."

Wildcat's comments also indicate that she is a respected community leader, although she probably doesn't think of herself as one. She serves as a cultural resource by referring clients to spiritual resources, for instance, or helps them to locate specific items such as sage or sweetgrass.

Wildcat looks several years younger than her age, generally uses direct eye contact and graciously spent 2½ hours in an interview with this writer. She appears to be informal but also quite professional, and has developed a distinct style. She is not afraid

to be personal but is still respectful, easygoing, tactful and direct. She has a delightfully droll, deprecating sense of humor. She personifies the recommendation, “Show by doing,” taking the time to tell how she conducts therapy in situations with specific clients.

Her comments indicate she is able to balance working in a small reservation where she is well known, related to probably half the community and where her father was tribal chairman, with her clients’ need for confidentiality. The reservation has a Native population of 1,300 to 1,400; tribal enrollment is 2,000 to 3,000.

Wildcat has strategically arranged her rectangular-shaped office. The couch is located directly across from a window, which allows clients to look outside rather than at others during therapy. Clients often tell her that they like being able to look out the window, she said.

Wildcat’s desk is located at one side of the room, so that she is not directly across from her clients and eye contact is thus not direct. A children’s play area with an erasable chalkboard is located at the other end of the room. Native American art, including a handsome slope-shouldered bear from the Southwest, is on the walls.

Wildcat’s responses to questions:

In summary form, here is how Wildcat said a therapist from the dominant culture could effectively work with Native American clients at Lac du Flambeau: “I would show you around, encourage you to participate in the activities here. The more the community sees you as participating in cultural kinds of activities, the more that they trust that you don’t have any issues at all with coming on the reservation, with being a part of the community.”

Native Americans learn by observing, she said. “Instead of jumping in and asking a question, Native people will watch and really not ask a whole lot of questions, but learn by observing. And I would suggest to someone that you do the same, because then you’re mirroring the community.”

Wildcat explained, “We have many people coming to this community who want to know everything there is to know about Native American people within a day or two. So they’re always asking questions. The Native people here will be put off by that. Not that they’re angry, but they just kind of back away from people like that. So the more that you can be calm, the more you will be respected. Listen and then practice what you’ve heard.”

It is also important for a non-Native therapist who wants to work with Natives “to listen and just sort of examine, too, what it is you want, why it is you’re working with the Native people,” Wildcat said. “You really need to examine your own values. ... Even if you don’t come up with an answer, just to feel secure enough to ask. I feel that just doing that makes you aware, even if you don’t have the answer.”

She said of sincerity and trustworthiness, “You can’t fake it. You can fake it for a while, but if you’re going to be in the community or working with Indian people for a period of time, they’re going to find you out. It doesn’t take that long.”

A study she read about blacks and how they can sense others’ motives hit home for Wildcat. The study was about a skill “they’ve acquired over the years, being an oppressed people. And when I read that, I thought, ‘Yeah, that’s exactly what Native American people mean.’ They can figure you out pretty quick. And that’s why I say you need to examine what it is you’re doing and why you want to do it.”

Attitudes and approaches that are important for a therapist from the dominant culture, she said, are “being yourself and being sincere, knowing what it is you want to do, just sitting back and watching. I can’t emphasize that enough, because if you’re too pushy, you’ve lost the game already.”

Wildcat works at being approachable. She puts pictures of family members and kids in the community who give her pictures in her office, but not in an obvious place.

“To me, it seems like if they can identify me with somebody, it makes it a lot easier. Many children ... I will say to them, ‘What’s your grandpa’s name? Didn’t you have an uncle named so and so?’ And kind of find something in common. ‘Yeah, I knew your grandma when I was young.’ Or share a little bit of knowledge I have about them. Something to connect with them outside ... with teen-agers, it seems to be very helpful.”

It’s also important to assess where clients are at in terms of their Native ways, Wildcat said. One nonthreatening way to do that, she said, would be to ask, “‘Do you put tobacco down?’ because I know the traditions, I know the culture. For a counselor to have at least some idea, to know what some of the cultural practices are. Because that’s a very nonthreatening thing, ‘Do you put tobacco down?’

“If ‘No,’ then I’ll say, ‘Do you believe in a higher power, a Creator, something bigger than yourself?’ Some people do, some don’t, some struggle with it. A lot of times it will bring up some good discussion because they’ll say, ‘Well, should I?’ and I’ll say, ‘Well, I don’t know. Do you feel you like this?’ And then we can get into it.”

Therapeutic approach with Native American clients “really is individual,” affected by “education, how the person relates in the family.” She tends to use more solution-focused therapy, she said, “because they want an answer to their problems. Not

many of them want to go back in and repeat history.”

Therapeutic approach may differ with the same client depending on the session, she said. “I just kind of go where they’re at. You can ask them, ‘What is it that you want from me? What would you like me to be today for you? How can I be of help?’”

Some people with depression would rather do things, she said, so she gives them free workbooks. Toby Rice Drews’ Getting Them Sober book series also is good for people whose partners have alcohol issues, she said.

With other clients, she collaborates. If she’s dealing with a client who has a diagnosis that she hasn’t worked with a lot, “I’ll tell them, ‘I don’t have a whole lot of experience with people with your problem, but you know, I want to learn, to walk through this with you, and you can teach me. Let’s see where this goes.’ They become a part of the teaching, so it’s not just one way.”

She works at “being upfront with people, and getting them involved with why I’m doing what I’m doing. Asking them to think about it, so the next time ... ‘Maybe I could use the same skill I learned to get out of this situation.’ So that it doesn’t remain a mystery to them. Really challenging them to be more aware of their behaviors. ... I will tell them, ‘Try it and see what happens. And if it doesn’t work, that’s fine.’”

Giving Native clients permission to say no is important “because they don’t want to hurt anyone’s feelings. If I kind of sense that they’re holding back, I’ll say, ‘You know, if you don’t agree with me, let me know. If we get off in an area that you don’t want to go there or I’m off base, you let me know that. I’m OK with that.’”

Genograms also can be useful, she said. “Sometimes families are so big, you are going to need a genogram. In communities like this, when they talk about a friend, often

it's a relative. So it's good to have an idea of how they're all related. We chuckle and laugh about it because there are so many relationships."

It's a good idea to do a genogram on a markerboard, she said. "I think sometimes people are suspect of what you're writing. And I'll just show them what I'm doing and help them be involved in doing it," so the process is interactive for everyone in the room. Wildcat copies the genogram for her files, "then we can erase."

Other observations from Wildcat:

- On racism: Many times, students who were in altercations at school are seen at the center. She advised "finding out as much as you can about this person before they came in, because then you can ask, 'Well, what was going on at school? It sounds like to me, and I may be wrong, it may be racially motivated. What do you think?' Really affirming how they're feeling. ... whether or not it was, that's how they're feeling, that it was racially motivated. And there's a big thing with kids about fairness ... The kids need to know that you believe them. It's so, so important. But that isn't the time, either, to talk about each person's perspective on what happened. No, don't do that. That comes later. They need to know that you're on their side."
- On Native ways: "Each community, each nation or tribe, does things differently. You need to connect yourself with someone who can be of help to you. You even might want to ask your client, 'Do you practice any of your ways?' They'll know what you're talking about. 'What is it you do? Who are your teachers? Do you think that person would talk to me?'"

"That way I think you also eliminate that power thing, because they can help you. It's a mutual relationship there if you show an interest that you want to learn to help

them, not ‘Tell me about your culture, I’ve got 20 minutes.’ ”

- On silence: “With Indian people, we have long periods of silence. If you watch their face, you can see how somebody’s processing something. You can just see it in their face. And sometimes we’re talking **long** spaces. And then I’ll say something like, ‘Did you understand what I said? Did you have any questions?’ ” Wildcat might then make a comment or explain a point. “But you can always tell if you watch the face.”
- On eye contact: “You can tell the people who are traditional. Some people feel very uncomfortable” with direct eye contact.
- On power: “I think power equals respect more. And maybe with kids, I guess the word we use is more “respect.” I want them to know that I respect them. I try to let them know that, ‘You know me, you know my life, you know where I’ve been.’ I try to let them see that I know it’s not hopeless.”
- On dual relationships: “When I went to school, we would talk about dual relationships. There was no way I could avoid it because I’m related to pretty near half of the people here. Some of these people are closely related to me, not that I have a close relationship to them. If they request me, I will take them. And it’s the first thing that I will talk to them about: We are related. I know some of your story, some I don’t know. If you feel comfortable to work with me, I would be glad to see you.

“I’ve had people say to me, ‘I don’t want you to see me because you do know too much about me.’ Or others will say, ‘I want to see you because you do know my story and I don’t want to have to go through that again.’ I always remember what Bruce Kuehl said, because I talked with him a lot about that. He said remember that saying, ‘Do no harm.’ And that’s what I use when I decide if I’m going to take

somebody on.

“Of course, there are people that ... our relationships are too close. Even when people request me, I’m not comfortable with that.”

- On taking notes: “The first few sessions, I don’t take any notes. And if I do, I’ll say, ‘Let me write this down, because if I don’t, I’ll forget.’ But my notes are very sparse. Usually I don’t put anything that could be harmful. I put the process down, but I don’t get into specifics. I just think that I just don’t want somebody to go back” and misconstrue a progress note or misuse sensitive information.
- On confidentiality: “A lot of times I will say to people, ‘When you leave here and you go out in the community and I see you, I won’t acknowledge you. If you want to say ‘Hi’ to me, if you want to come up and talk to me, I don’t want to jeopardize your anonymity. I want to protect that. I’ll leave it up to you.’ And then I’ve got to zip it. I say, it’s funny, I’ve never acted so dumb in my life.” Then she laughed.
- On first-session nervousness: “I kind of give them just the standard spiel, there’s nothing magical about counseling...really reassuring them that what we talk about is going to stay within these walls. Just trying to gain their trust and comfort. At the end of those sessions, I’ll say, ‘Well, how was that today? See, it wasn’t so bad.’ So also trying to use some humor with them.”

She continued, “Some people will want to get into the meat of the problem. I just let them go wherever they go.”

- On a golden moment in therapy: “If something significant happened in the last session, I’ll say, ‘Have you thought about anything that we’ve talked about? Has anything struck you?’ Usually there’s something and I’ll say, ‘Let’s talk about it.’

Those are those learning nuggets that you get, and you don't get those very often.

And watching the eyes and the face, I'll tell you, you can tell when they get it.”

- On working with domestic abuse victims: “A lot of times preparing, breaking a situation down piece by piece, is especially helpful. Because I think women who are in domestic abuse relationships really don't have a sense of who they are, and they really do need assistance on things to do.”

Cultural resources:

“If there's a museum, if there's a heritage center in the community, I think that would be your best bet,” Wildcat said. “And sometimes things aren't going to be in the book. Introduce yourself (to people who have knowledge about the culture.) A lot of times you want to give them something of value, such as sage or sweetgrass, or something you've made. ... If the opportunity comes up that you want to gift somebody, that's what you can do.”

Deb Foster interview

Background:

Deb Foster is facility manager at the Blaisdell YMCA in south Minneapolis, the inner city. Her office is next to the lobby, where people of many races may be seated, meeting with others or passing through on their way to a Y function.

Foster's management position evolved from a position as a therapist at the YMCA. When the chief executive officer decided the Y shouldn't be involved in therapy, she moved into another position, then was promoted to facility manager. She has worked in marketing and planned educational events at the Y for the community.

Foster graduated in 1988 from the Marriage and Family Therapy program at UW-Stout. Her bachelor's degree is from UW-Eau Claire.

Foster was wearing a colorful dress on the day of the interview and used reading glasses to look at the interview questions. Her office was decorated with several birds and traditional Native American art. Her home also has Native American artifacts, she said.

An attractive middle-aged woman, Foster was well spoken and direct, yet also tactful. Her eye contact also was direct. Her abilities as a therapist were obvious as she spoke about how she had approached specific situations or issues.

At the end of the interview, Foster practiced the Native American way of indirectly making a point through story. I told her an anecdote about my ethnic background in which I had learned something at age 45 that would have been quite useful to know when I was growing up. She pointed out that my point had dovetailed with hers: People don't always know important information about their heritage.

"For the most part, I grew up as a white middle American kid who just happened to be Native American," she said. Foster received the traditional Ojibwe baptism, at which she was named what translates to Queen of the Birds. "I do feel connected to my name, I can't explain it." The baptism is traditionally done when children are young, and she was so young that she does not remember it.

"My background in the Native culture is that I would see my relatives from the reservation maybe twice a year," she said. "I have a Native name that was given to me as a child" and was exposed to "funerals, just some of the standard, basic stuff."

She was born and raised in Madison. Her mother is from the Sand Lake Reservation in northern Wisconsin; her father is of German and English descent. Her mother had a middle-class, directive parenting style.

Foster's 9-year-old daughter has an African-American father. Foster was interested in arranging her daughter's baptism in an Ojibwe ceremony this summer when they visited Wisconsin. Foster also has arranged to have an African-American woman be her daughter's Big Sister.

"There's nobody left on the reservation anymore. I'm going to a family reunion next weekend and I'm going to see relatives I haven't seen in years. And the people I grew up with are gone," she said of relatives who have died.

Foster did her practicum at Family and Children Services under the supervision of Brier Miller Minor. She worked there immediately after graduation, for about 18 months altogether, doing general, individual, family and marriage counseling.

She was the Native American staff consultant at FCS and trained the staff on working with Native American clients. She researched the subject so she could teach it. She felt like she was playing a role that was expected of her, she said. "It's not like I grew up knowing this. I had to learn it so I could teach it. We have to be careful that we assume that people automatically know this."

Foster's area of expertise as a therapist was working with adults who had been abused as children.

She conducted ground-breaking therapy and group work in the Twin Cities for women involved in prostitution and based her thesis on its results. Some of the work involved linking childhood sexual abuse and adult prostitution.

She worked with women who had been abused as children, were incredibly codependent and had no self-esteem, she said. Her clients couldn't "imagine normalcy as being anything but they can't wait till they get enough money till they can get their next high so they can make enough money so their pimp won't beat them. And it was just phenomenal to see that these women actually did make it," she said.

A handful of clients followed Foster from FCS to the Y. Two clients in particular who had lost custody of their children got their children back and became clean and sober. "One's a Realtor and actually functioning in another world," Foster said. She worked almost seven years with the clients and it was "a long, hard struggle."

Foster's responses to questions:

Here is how Foster said a therapist from the dominant culture could effectively work with a Native American client: "I think this is something that needs to be highlighted. There is an automatic assumption that because somebody is Native American that they are acculturated. That's not always the case. In fact, that's becoming more and more **not** the case."

There aren't many elders left who can tell the story, and Native traditions are being lost, Foster said. "So children are growing up today – in south Minneapolis, which is the inner city, in the Phillips neighborhood, which has a high population of Native Americans, they're not growing up knowing anything about their Native culture – nothing. Just because there's not anybody left to teach it. And they're not getting the opportunity to experience it" except for perhaps attending pow wows twice a year.

Foster worked as a therapist with clients from a variety of cultural backgrounds. Race or culture issues came up directly when they were functioning as some sort of barrier, especially with parenting concerns and couples therapy, she said.

When there was a difference in parenting styles, she said, “My strategy on that was on talking about how *you* were raised and how *you* were raised. If *you’re* African American and *you’re* Native American, to me it’s going to be less of an issue than well, *your* parents were very directive, very physical and *your* parents were very indirect and gave you a lot of mixed messages. Now, is that an African American and a Native American thing? Well, you know what, who cares? Right now, you’re driving your kids crazy.”

In couples counseling, some clients would say, “ ‘Well, in my culture, men didn’t do these things,’ ” Foster said. She would respond, “Let’s talk more about that. Tell me, share with me a little more, about how your culture plays out in your life,” which would create a climate for discussion about race or culture.

“So belief systems, again, I think it’s just your individual struggle: Where does it come from, what’s the premise for you?” she asked. “The baggage, if you’re struggling with your marriage, where does it come from for you?”

“I always started with the genogram, always. I believe that was the best way to start. And if you do that on a regular basis, I believe this cultural stuff has the potential to come to the surface very quickly. And it’s also a very easy way to talk about culture without having to say, ‘So tell me, is the Native culture a big part of your life?’ By going to the genogram, you can answer the questions there.”

Foster said her first experience with racism was when she was a therapist and the CEO at Family and Children Services made a comment in front of Foster that said, in effect, “ ‘Of course we hired her, she’s a Native American with a degree.’ And you know what was interesting about it?” she asked. “It went right over my head because it wasn’t as blatant as I’m making it sound. But whoever was with me said, ‘I can’t believe he said that.’ ”

With Native American clients, “There was also an automatic acceptance because I am Native. I think there also was an odd automatic acceptance from other minorities because I am Native. And there were all these assumptions that I knew exactly where you guys are coming from that I didn’t know. So I never had to deal with so much, ‘Well, what do you know? You’re not Native.’ It never came up. The opposite was more the deal. They thought I knew everything.”

That’s not the only bias that she has run up against, Foster said. “As a therapist, I would get the ‘Well, have you ever been married?’ ‘No.’ So I had more prejudice, so to speak, because I’ve never been married and never had a child.”

She continued, “It’s always better for someone who’s been there and knows it (the culture or the issues of parenting) to some degree.” And, she continued, “When I did have a child, it affected my reality as a therapist...I think as a white therapist who has a desire to work within the Native culture, I think that you have educated yourself, you have taken the time to read, to experience, to research, to connect with, the various Native cultures. That’s going to be to your advantage.”

Cultural resources:

“I didn’t believe in ‘Oh, I have to study the culture before I can work with these people.’ The fact that you have all of this knowledge will be of benefit to you,” Foster said. “When you do run into someone who is very connected to the culture, you’re going to have the benefit of being able to have that conversation with them. They’re going to appreciate the fact that you know that stuff. I would have been more like, ‘Really? Tell me about that. I have no idea.’ ”

The following responses are from Participant A, who wished to remain anonymous. Responses to the questions were e-mailed. The information was presented so concisely that responses are included in whole. They were edited minimally.

The complete list of thesis questions is listed in Appendix B.

Participant A responses

Background, setting stage

No, I think I have enough information about you to proceed.

I am the clinical director of a large family service agency. I also work in a private practice, where I do couples and family therapy, consultation and MFT supervision.

Yes, when appropriate – examples include when I consult and give supervision to staff working for a tribal social service department, when supervising non-native therapists working with native clients, and relevant cultural conversations and storytelling with client families in therapy.

Main focus of the interview

Approach individuals, couples and families with respect. Let them be the experts on what their culture means to them and what they want to share. Pay particular attention

to pace, it probably will not be the same as yours. Get comfortable with pauses and silence. Don't feel like you need to speak before you have something worthy of saying.

Be a good listener with all your senses. If you are getting passive compliance or hostile resistance, these are good signs that you need to slow down and spend more time joining with your clients.

Be humble. Don't forget the importance of reciprocity in relationships. I'll illuminate with a story I heard from an elder long ago:

An elder tells a story about learning the ways of medicine as a younger man. One evening, the elder who was teaching him came to him, very visibly upset. He began knocking things over and shouted, "You've learned nothing and you disrespect our people."

The younger man was confused and asked, "What do you mean? I have learned so much from you. I love our people. I respect your lessons and value your every word."

Again, the elder repeated, "You've learned nothing," followed by the question, "What do you do when our people bring you payment for the medicine you provide?"

The younger man replied, "Our people are poor, I am young and have plenty. How can I take from them when they have so little?"

Agitated, the elder repeated, "See, you don't listen. How can they believe they are worthy of the healing you offer if you do not find them worthy of giving anything to you? You can accept their offering and pass it on to another in need if you want, but never tell them they are unworthy."

To which the younger man replied, "Thank you for the valuable lesson. I will try harder to listen to your lessons."

Well-intended “helpers”/human service providers often ignorantly and arrogantly send this disrespectful message. Be sure to value and be in awe of the stories that families share with you. Accept them with the humility and gratitude one’s life story is worthy of.

Be who you are. By all means do not try to change or be who you are not. Indian people have survived by reading and assessing the safety of interactions with people from the dominant culture.

If the client/family needs to talk about their bad experiences with racism or white people, don’t take it personally or get defensive – listen. Their ability to talk with you about it is a good sign that they are trusting you. Give them a different experience from what they have experienced interfacing with predominantly white social service workers (see story below).

Indian people have plenty to be angry about. Don’t let it put you off or get you to retreat in shame. Remember they have come to you for assistance with something. Don’t forfeit your role as therapist. As with all families, win the battle for structure – not too rigid, though. But lose the battle for initiative. Don’t work harder than your clients.

Questions about power, race, and trust

Do your own work on understanding who you are and the endless journey of developing cultural competence. Racism is the context. Don’t be afraid to deal with it or fall prey to denial of its presence. At the same time, don’t let it dominate or obscure the reason/s for the therapy.

Be aware of whose agenda is being acted upon in therapy. Therapists must always be aware of their power. Assess the situation and work in an empowering manner with Indian people.

There is little reason for your client to trust you initially. Work in a manner that earns and builds trust. Be trustworthy! Don't forget that clients often come to us because they feel powerless or have not developed trusting relationships.

Policies of assimilation and elimination have created generations of broken attachments. This may or may not be why your client has sought your assistance. Assess appropriately.

What you don't talk about in therapy may be as important as that which is spoken. Be aware of the unspoken rules that you may create in therapy. If you are afraid to speak to these issues, what else is it not OK to talk about? Take the initiative to talk about differences and how it is for you. Don't assume that is a conversation that the client should take all the risk of having with you.

Recently, a dominant culture supervisee, working with a Native American mother who was referred by a dominant culture child protection worker, relayed to me the following experience.

When the therapist spoke of their differences and stated that it would be OK to talk about when her being white and the client being Native American affected the therapy, the client wept. The client gently shared how meaningful this invitation was, as her whole experience with the system from teachers, to social workers, to lawyers and judges, all of whom to this point had been white, this was her first experience with anyone acknowledging her culture and its meaning to her. The client thanked her and their work has proceeded very well.

Another dominant culture supervisee asked me *what it meant that her Native American client, with whom she was quite attached and doing good work, frequently*

spoke very despairingly about “white people” and her many bad experiences with them. She wondered if her client may forget that she was from dominant culture, as the same client frequently told her how much she liked working with her.

Earlier I said don't take anger at the dominant culture personally. This is a good example of why. For this client, “white people” represents the oppression and racism she experiences with the dominant culture. It has little to do with her relationship with the therapist. In fact, her therapist is doing a good job giving her client a different experience.

Questions about the Native American and dominant cultures

Ask, like you would of anyone. Remember this is an area in which they are the experts – not you. Their understanding about their culture and the meaning of their belief systems should come from themselves, their family, their people – not a dominant culture therapist. You may ask where they can go for guidance, or to identify who in their family, their community, might be a resource for them.

As a dominant culture therapist, it is important for you to get to know the resources in the Indian communities in your area. You can, however, help your client with their journey of self-exploration and definition as you would any client in therapy.

Therapy itself is a dominant culture experience. Your clients deal with balancing the intersection of these very different cultural experiences every day. Remember unless you are doing therapy with your same-gendered twin who shares a room with you that it is likely that you are working cross-culturally in your therapy at all times.

Don't buy the myth of monolithic culture. Indian people make up many different cultural experiences, as you will experience from your answers from your interviewees.

Respect the cultural experience of each of your clients and be as “real” and culturally competent as you can be.

The answer to your genogram question is relative to how you use it. If one administers it as a cold information-gathering tool, it will feel extremely intrusive. If one approaches it as a means of a family sharing the story of their family with each other, it can be a very effective and interactive therapy process. Don’t rigidly follow your training on this. Go with what feels natural to the family. I always offer to let the family keep the copy we draw in therapy or offer to make a cleaned-up version for them.

Art in its many manifestations is very subjective and personal. There are no short cuts to building your arts list. Follow your heart and give yourself as many experiences as possible attending cultural events and celebrations. Get to know your area’s cultural communities. Enjoy the process.

Here is the second set of responses, which also was written and sent by e-mail. Again, these responses are from an anonymous Native American therapist. This therapist will be called Participant B.

Participant B responses

I was 50 years old when I started in the therapy game. Prior to that I was in the business sector. I have been a sales representative, stockbroker, managed a radio station, and restaurants.

What led me into the field was that by the age of 50, I had been quite "successful" and managed to lose most of it three different times. I am referring to financial success. I have always been and am wealthy with love, family, and other relationships and the like.

So at the age of 48, I concluded that I longer wanted to continue this unexplained pattern from riches to poverty while attempting to find my niche in the universe, to live my life in congruence and true harmony. I did not want my life to end as old street bagman.

I went to five different counselors, three men and two women; all were white. I never was satisfied with any of them. I received plenty of empathy/sympathy, but nothing to cause an awakening, let alone a transformation. As good fortune often happens, I was quite frustrated and this opportunity to attend Stout (tuition free) appeared.

During my second year at Stout, I became aware with Carl Rogers and the notion of client-centered therapy. It was through this process that I uncovered the origins of my unwanted pattern. I had a war going on in my head. I had conflicting values and beliefs, especially around money, extended family, humility, and the like. Conflicting values are cooperation versus competition, sharing wealth versus exploiting others, community versus individualism, and the like. And it is the words of *King Wahunsonacook* that have made my life complete. In other words, appreciating both worlds and taking the best from both worlds and living without any pretense.

During my internship at Reuben Lindh, I co-facilitated a dad's group. Then I became a solo facilitator of a Native American and African American dads' group. It is during this experience I learned the definition of "no respect." Both groups through different processes concurred that "no respect" is equal to "not listening to me."

For the past three years, I have been facilitating an all-male anger group. They, too, equate lack of respect with one not listening. This weekly two-hour meeting centers on enhancing one's listening skills. The men are learning to respect other people's views

and the like. Through the listening experiences and exercises, the men become more self-aware of beliefs and values. The exercises are intense because one needs to empty one's mind of beliefs and values and listen to understand because the whole story will unfold. Even though all the participants are court ordered to attend, we talk about choices. On the first meeting, they are informed of my mandated reporter status. They are also informed there are no wrong answers.

It is my conviction that the therapist must walk the talk. There are many misguided facilitators, consolers, and therapists wanting to change the client. Once the therapist hears the entire story, without judgment or the like, the client knows what to do. The listener is only allowed to ask clarifying questions or make the statement, "Tell me more." Stephen Covey says it best, "Seek to understand, and then you can be understood."

Carl Rogers' client centered and Peralez' notion of enhanced listening skills transcend all cultural, racial, and ethnic lines. In my lifetime, I have yet to hear anyone say, "I don't mind being ignored, judged, or talked down to." So the question remains, "How does one change others in being a caring, empowering therapist?" In other words, trust and unconditional acceptance of others is a state of being. The best leader is one that leads by example, or as Pappy would say, "The best sermon is a good example."

Why should you take by force from us that which you can obtain by love? Why should you destroy us who have provided you with food? What can you get by war?

It is better to eat good meat, be well, and sleep quietly with my women and children; to laugh and be merry with the English, and be their friend; to have copper hatchets and whatever else I want.

This third set of responses also was written and sent by e-mail. Again, these responses are from an anonymous Native American therapist. This therapist will be called Participant C.

Participant C responses

Background

I graduated from the University of St. Thomas' Professional School of Psychology in 1997, with a master of arts in Counseling Psychology. I completed the post-MA certificate program in Family Psychology in April 1999.

Currently I work for the Community-University Health Care Clinic associated with the University of Minnesota and manage a small private practice. I work between 40 and 50 hours per week.

On a regular basis, I provide consultation to non-American Indian therapists during team consultations and on an informal basis. I have provided two professional trainings on working with American Indian clients.

Responses to main focus of interview

To help orient a non-Indian therapist, I would help them to understand what American Indian peoples are in the immediate area and to learn as much about those groups as possible. Then, encourage the therapist to acquire a general understanding of the history of American Indian people.

After they have attained such knowledge, I would caution them to not try to use that information in the context of therapy and to focus on understanding American Indian

clients as people first – then look to make sense of a cultural context. Just because a person is from an American Indian group does not mean that person shares the same cultural experiences as any other person from that group. Not all American Indians share the same cultural identity or are at the same level of acculturation.

It is incorrect that an American Indian therapist would have an easier time joining because of the fact they are also American Indian. Sometimes we are seen as “apples” (red on the outside and white on the inside) and are less trusted than a white therapist because we are seen as being too connected with the community, which might be interpreted as a factor that might compromise their privacy.

Responses to power, race and trust:

American Indian clients may not talk of their mistrust of white people or “the system.” They might be reluctant to discuss any struggles with identity or acculturation.

I typically do not overtly pursue clients to discuss those issues. As they become more comfortable with me, those issues come out. I encourage other therapists to conduct themselves so that they are exceptions to the rule that people in authority are harmful. American Indians can hold just as many misconceptions about non-Indians as non-Indians hold about Indians.

Responses to American Indian culture and dominant culture

Get rid of the myth that before white people came, all American Indian groups lived in a culturally sterile world. They influenced each other and had to accommodate each other to a certain extent. This myth can be polarizing.

Attend a pow-wow or other cultural events. Experience being the only white person at the event.

Watch Smoke Signals and Pow-Wow Highway and I Heard the Owl Call My Name. Read Dakota Woman. Listen to Ulali or Indigenous.

Realize that all cultures are dynamic and that American Indian cultures are struggling to redefine themselves.

Chapter 5

Summary, Conclusions and Recommendations

Summary

My thesis set up a scenario that probably happens every day in the United States: A marriage and family therapist from the dominant culture, (i.e., a person with approaches and acculturation that could be described as having a “white mind,”) begins therapy with a Native American client.

My thesis sought to answer a number of questions of how to conduct therapy given this scenario. I developed a list of questions, which I sought to answer by interviewing four Native American marriage and family therapists who were trained at the University of Wisconsin-Stout. In an effort to build trust and spark dialogue, the one-page list of questions was mailed on June 19, 2002, to the potential interviewees with letters requesting interviews.

I interviewed three therapists July 11 and 12 at their work sites in Wisconsin and Minnesota. The fourth therapist responded by e-mail and was responsible for encouraging two more Native American therapists to answer the survey. Six Native American therapists’ responses were included in this thesis.

Conclusions

The following are the important things that I have learned in writing this thesis about conducting therapy with Native Americans when the therapist is from the dominant culture. Like most truths, they are easy to express, but much more difficult to execute.

I have developed this list of recommendations for my own use, so I will have a document to refresh my memory when I am working with Native clients.²

1. Be yourself, without pretense. Native Americans, like all minorities, have learned to sense when someone is safe and has good intentions and when the opposite is true. By genuinely being yourself, you allow your clients to develop insight into you and your belief system. That insight allows clients to develop a feeling of safety, which is critical to effective therapy.
2. Be comfortable with silence and long pauses. Work to be comfortable with more silence than you are accustomed to while in session with a client. Your clients' communication styles are probably different than someone from the dominant culture. By being comfortable with silence, you are signaling acceptance, a willingness to listen and acknowledging that the clients are working at their own pace.
3. Shut up and listen. Quiet your mind; just listen. It's a skill that not many people from the dominant culture have developed. Therapists from the dominant culture, whose listening skills generally are quite good, have skills that are attuned to listening to someone from the dominant culture. You may need to go even deeper than that. Attentive listening is a sign of respect and acceptance.

The dominant culture puts a premium on saying things as quickly and powerfully as possible. Generally, traditional Native American styles honor storytelling and concrete deeds over words. Thus, Native American clients may

² I have worked to learn about Native Americans and cultural competence over the years, so the need for knowledge about these areas was not listed; it is an expectation. Any competent therapist is

say less, but what is said may be more meaningful than a typical client from the dominant culture.

Your client may be accustomed to people from the dominant culture verbally running over him/her. Out of respect for you and because of the imbalance of power between clients and therapists, your client may not signal that this is happening. You might not even be aware of it. Honor your client's space and spirit by consciously letting therapy unfold at the client's pace. Let your client lead you.

4. Work to communicate clearly. Don't make assumptions based on limited knowledge; they might be way off base. Clarify impressions. Check them out with your client.
5. Remember that you are probably dealing with not one culture, but two – the Native American and the dominant cultures. You might not know which culture is more influential in a given situation. Again, clarification is critical. It may crystallize the situation not only for you, but also for your client.
6. Your clients may consider direct questions to be intrusive. A circular, nondirective style of questioning rather than hurrying from Point A to Point B may work better than direct questions with someone acculturated as a traditional Native American.

expected to do his/her homework before working with a client from another ethnic, socioeconomic or educational group.

7. Be playful. Laugh. Humor helps to keep things in perspective. Your clients will welcome a break from the serious work of therapy. Sometimes the serious work of therapy can be accomplished with and through humor.

Many Native Americans have a droll, deprecating sense of humor. Honor your own sense of humor with laughter and smiles; do not hide behind a clinical, impersonal approach. Appreciate humor and irony; they may open some unexpected doors.

8. Assess your client's cultural orientation. People are individuals, all with unique points of reference and levels of acculturation. Your client may be living in another culture with different priorities than the dominant culture. At other times, s/he may choose (or need, for economic reasons) to step into the dominant culture and follow its rules. Your client may have spent his/her life primarily in the dominant culture. Observe what your client is saying or doing about a given situation, then clarify your impressions with him/her.
9. Location, location, location. I once lived in a world-class ski resort. That experience gave me an important lifelong perspective into location's relationship to beauty, well-being and groundedness. Location, location, location are not only the top three rules of real estate, they are important when assessing clients' sense of well-being.

Do they live on the reservation? Have they been aligned with traditional Native culture most of their lives? Are they from the inner city, the suburbs, or a small town where only few Native Americans live? What affect does where your

client lives have on him/her? Has the place of residence changed recently? How is the client adjusting to the new home?

Without being aware of it, location may be one of the reasons a person is in therapy. This may be truer for Native Americans than for people from the dominant culture. Then again, that assessment may be incorrect. Clarify, clarify, clarify.

- 10.** If you have worked to learn about Native American cultures, remember that knowledge is only a tool. You are working with flesh-and-blood people, not cardboard Indians. If a therapist uses knowledge to manipulate, control and dominate, that is a misuse of knowledge and the therapeutic process and constitutes emotional abuse. It's just another power play for Native people to endure. It is not therapeutic in any sense. Don't go there.
- 11.** Be respectful. People of another race and possibly another culture are sharing an important time in their lives with you. You are being honored with their respect and trust. Continue the circle; be respectful.
- 12.** You're a therapist; act like it. Do not shirk your responsibilities because you are dealing with two cultures and the Native American culture is easygoing and less directive than the dominant culture, to which you are accustomed. By not addressing the tough issues, you may be just one more person from the dominant culture in a position of power who has failed your client.

Recommendations

These recommendations are specifically addressed to therapists from the dominant culture who intend to work with Native American clients. The therapeutic

experience is about helping another person heal. Be respectful of all people by developing cultural competence. Your clients should not have to educate you about their cultural context. Do your homework before working with any minority group, with the understanding that most therapists are struggling with too much work and not enough time.

Learn more by relying on books like Ethnicity and Family Therapy, or find specific books about a specific Native tribe, band or clan. Dr. Patty Loew has written an excellent book about Wisconsin's Native tribes, Indian Nations of Wisconsin: Histories of Endurance and Renewal. An enrolled member of the Bad River Band of Lake Superior Ojibwe, Loew used tribal elders and historians as resources in each Native community represented. Information in Loew's book will help the therapist develop a cultural and historic context that probably would never be mentioned directly in therapy, but would instead provide part of the therapeutic framework. Photographs and artwork in the book are probably as important as the written word.

Gain a cultural context about Native Americans or any other group through books, movies and music. Develop discernment skills to spot stereotypes or unrealistic portrayals of Native Americans in books, movies or music. Beware of glamorization and mystification, the "noble savage" syndrome.

Learn basic information about the Native American experience – "500 years of genocide," as Annie Humphrey sings (The Heron Smiled, 2000). If your location allows it, learn about a specific tribe. Visit a museum; attend a pow wow.

"Counseling Native American clients offers rich opportunities for professional and personal growth. It requires a willingness to be an astute student of cultures with

a deep appreciation for how differences can enrich life. There are no tribally specific recipes for successful counseling, just an underlying need for sincerity, deep respect and a belief that clients ultimately decide when to change and in what direction to steer their lives,” David Mataczynski wrote (75). I agree.

After you have developed a cultural context, focus on your client with. The knowledge you have gained, after all, is just a tool. Helping people heal is what therapy is about.

Your life will be richer for taking the time to immerse yourself in a culture other than the dominant culture. Your perspective on the dominant culture also will become richer and more discerning.

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Appendix A
AGREEMENT TO PARTICIPATE AS A RESEARCH SUBJECT

Project Title: How Therapists From the Dominant Culture Can Most Effectively Work With Native Americans

Margo J. Hecker, a student in The Department of Marriage and Family Therapy at the University of Wisconsin-Stout, is conducting the research title listed above for her master's thesis. Your participation in this study would be appreciated and provide the researcher with invaluable information.

It is not anticipated that this study will present any medical or social risk to you. The information gathered will either be used in the thesis or be kept strictly confidential. Reports of the findings of this research will not contain your name or any identifying information other than that you are a Native American who was trained in the UW-Stout Marriage and Family Therapy program.

Your participation in this project is completely voluntary. If at any time you wish to stop participating in this research, you may do so, without coercion or prejudice. Just inform the researcher.

Once the study is completed, the thesis would be available for your information.

Address questions or concerns about the research study to the researcher, Margo J. Hecker, 1417 Main St. E., Menomonie, WI, 54751, phone 715-235-1542 or the research adviser, Dr. Charles Barnard, Department of Marriage and Family Therapy, UW-Stout, Menomonie, WI 54751, phone 715-232-2404.

Address questions about the rights of human research subjects to Sue Foxwell, Human Protections Administrator, UW-Stout Institutional Review Board for the Protection of Human Subjects in Research, 11 Harvey Hall, Menomonie, WI, 54751, phone 715-232-1126.

CONSENT FORM

I understand that my participation in this study is strictly voluntary and that I may discontinue my participation at any time without prejudice.

I understand the purpose of this study is to investigate the subject area, How Therapists From the Dominant Culture Can Most Effectively Work With Native Americans.

I further understand that any information about me that is collected during this study will be held in the strictest confidence and will not be part of my permanent record. I understand that in order for this research to be effective and valuable, certain personal identifiers need to be collected. I also understand that the strictest confidentiality will be maintained throughout this study and only the researcher and research adviser will have access to the confidential information. I understand that at the conclusion of this study, all records that identify individual participants will be destroyed. I am aware that I have not and am not waiving any legal or human rights by agreeing to this participation.

By signing below, I verify that I am 18 years of age or older, in good mental and physical condition, and that I agree to and understand the conditions listed above.

Signature _____ Date _____

Appendix B

Questions for thesis

Background, setting the stage

Explain my career history (journalist for 21 years in small towns in North Dakota, Colorado, then Wisconsin, working closely with the public). I have a sister who's an MFT, which is what attracted me to this program. I believe in the marriage and family therapy systems approach because it is effective on so many levels, over a long period of time. This thesis has evolved from my life experiences as a journalist, and as a person seeking answers and meaning to her life. And yes, I am well grounded and secure about my own ethnicity and religion. Is there anything else you would like to know about me?

Ask interviewee what year s/he graduated from the MFT program, where s/he works, how many hours a week are work as a therapist. Do you have other job requirements, such as management? Is there any way you share knowledge about your culture with others, such as therapy, teaching, staff meetings?

Main focus of the interview

My thesis sets up a scenario that probably happens every day in the United States: A marriage and family therapist from the dominant culture, (i.e., a person with approaches and acculturation that could be described as having a "white mind") begins therapy with a Native American client. If you, a Native American marriage and family therapist, could spend time orienting this therapist to working with Indians before s/he first sees the client, what would you say? What attitudes or approaches are important for such a therapist to have when working with Indian clients?

How should the therapist in this situation approach and conduct therapy? What therapeutic approaches and qualities will probably work best with this client and family?

Questions about power, race and trust

Is there anything the therapist should know that the client would not say, especially about race, power and trust? How can the therapist encourage the client to speak of these things?

We have been taught that there is generally an imbalance of power between a client and a therapist, with the therapist having more power than the client. The imbalance of power may be even more skewed when the therapist is from the dominant culture and the client is Native American. Should that be addressed in therapy? How?

Questions about the Native American and dominant cultures

How should the therapist from the dominant culture assess how the client identifies with his/her heritage and the level of knowledge about that area? Is such an assessment needed for therapy to be successful? How should the assessment

affect the therapeutic approach? How can the therapist help the client define and describe his/her belief system? The goal of defining the belief system is to make therapy more effective and empowering.

How do we balance the existence and influence of the dominant culture with the Native American culture during therapy? Is a genogram a good way to get information, or an imposition from the dominant culture that doesn't reflect the way Indians live?

Do you have a list of art, music, books and movies you recommend to Native American clients? What are they? How and why did you pick those resources? What criteria should a therapist consider when building his/her own recommended arts list?

Appendix C
Letter to potential interviewees
MARGO J. HECKER

1417 Main St. E. ♦ Menomonie, WI 54751
715/235-1542 ♦ mjh_menom@yahoo.com

June 13, 2002

I step into the day
I step into myself
I step into the mystery.

♦ **Anishanabe morning prayer**

Dear Denise,

I started this letter with a prayer that uses the word “mystery” because life is such a mystery. As therapists, we participate in the lives of so many people, the unfolding of so many mysteries. Sending you this prayer is also my way of honoring this Native American approach to life.

Hello. My name is Margo Hecker. I am a student in the marriage and family therapy program at UW-Stout, which you graduated from some time ago. You have been identified as one of four Native American graduates of the Stout MFT program. I would like to interview you for my thesis.

My thesis sets up a scenario that probably happens every day in the United States: A marriage and family therapist from the dominant culture, (i.e., a person with approaches and acculturation that could be described as having a “white mind”) begins therapy with a Native American client. My thesis seeks to tackle how to approach and conduct therapy in that scenario: What therapeutic approaches will work best with a Native American client or family? What therapeutic qualities will resonate best? Is there a toolbox of effective approaches; is it nearly empty or full?

Who forgot about the healing gifts
Who ignored the ancient way
Who denied that Grandmother hid her hope
in Johnny’s DNA

♦ **Lyrics by Carson Gardner inspired by John Trudell**

I would like to travel to your home or office to conduct the interview. The interview shouldn’t take more than two hours. Do you have any suggestions for approaches, articles or books I should read before the interviews? If so, please contact me by e-mail, phone or mail.

I have picked this topic because of my own experiences. In 1978, my first job as a 22-year-old journalist was working at a weekly newspaper, the *Turtle Mountain Star* in Rolla, N.D. One of my beats was Turtle Mountain Indian Reservation, a six-by-12-mile reservation that touches the Canadian border and is primarily occupied by Chippewa from the Turtle Mountain Band. A tribal member once told me, “This isn’t how my people do things.” That resonated with me. Reservation politics, connections and cutoffs between families were explained. I have worked to develop a connection to and understanding of Native American ways. And now I live in the Chippewa Valley.

It is time for me to build on what started with my first career. I hope that I have explained myself well and that you will help me on my journey. I will contact you in several weeks. Thank you!

Sincerely,
Margo J. Hecker