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Changing and Diverse Roles of Women in American Indian Cultures[1]

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This article explores traditional and contemporary sex roles of Indian women It emphasizes the renewing power of the feminine—a creative, healing balance that arises as traditional and contemporary strengths are brought together The survival of the extended family throughout two hundred years of governmental policy attests to Indian women's resilience despite continuous role readjustment, value conflict, and economic pressure. Tribal diversity and predominantly egalitarian structural similarities are affirmed in this work through reviews of ethnographic studies addressing the roles of Indian women prior to European contact. The conventional and alternative roles of Indian women in traditional times are examined with an eye toward the spiritual source of Indian women's strength. Studies outlining the emotional and spiritual costs of contemporary Indian women living bicultural lifestyles, especially those pursuing advanced educational training, highlight the continued use of traditional Indian coping mechanisms. Finally, the current movement toward retraditionalization of roles of Indian women as caretakers and transmitters of cultural knowledge is posited as an effective means of overcoming problems and achieving Indian self-determination.

A fundamental methodological issue in the study of sex roles of Indian women concerns the recognition of original diversity and eventual change in the so-

cial structures of American Indian societies (Allen, 1986, Medicine, 1980). Because traditional American Indian social systems and life patterns have been tremendously disrupted by White colonization and expansion, it is critical to consider gender roles over time and in several contexts: A study of American Indian women's activities and spheres of power must include an examination of their specific tribes' traditional structures, the varying direct and indirect effects of White culture on that tribe, the mediating factors affecting the magnitude and direction of White influence, and the personal and professional responses and adaptations of Indian women to cultural pressures and changes (Allen, 1986; Medicine, 1980).

There is a dearth of empirical research focused on American Indian women and written from an Indian cultural perspective The extremely limited empirical research presented on contemporary Indian women provides more information regarding health and economic indicators than on sex roles and the status of women. In fact, there has been scant research on contemporary Indian women outside of a clinical or pathological perspective. While it is true that many current Indian practices and social structures now mirror Anglo culture as a result of forced acculturation, Christianization, and economic change (to name just a few significant forces), Indian women are a dynamic and diverse cultural group whose strength, contemporary lifestyles, and social structures merit increased empirical study and documentation (Hudson, 1980).

There is an increasing body of evidence to support the claim that the non-Indian, male-centered biases of traditional social science research has provided both inaccurate and incomplete depictions of American Indian social systems and behavior. Predominantly male, non-Indian ethnographers of American Indian cultures have selectively chosen to study and have had more access to male activities and male informants. This has led to indirect and distorted descriptions of Indian women's activities and beliefs (Leacock, 1986). The tendency to ignore fundamental female roles, blur tribal variations, and misunderstand the centrality of the Spirit World in Indian life suggests that the veracity of this body of work is questionable (Allen, 1981; Green, 1976; Medicine, 1980).

Ethnographic analysis has also been heavily influenced by stereotypical images, myths, and fantasies which limit Indian women to dichotomous princess/squaw roles (Green, 1976; Medicine, 1980; Powers, 1986; Terrell & Terrell, 1974; Welch, 1987). Koehler (1982) provides an excellent bibliography of the existing literature regarding Native American women He points out that the inappropriate perspectives of previous custom studies which focused on isolated aspects of Indian women's lives without understanding their complexity and cultural contexts are finally being supplemented by Indian women's own reflections and research.

Theories and data generated by "outsider" observers regarding American Indian women not only reflect non-Indian expectations and stereotypes regarding Indian women (Christensen, 1975; Green, 1983; Lurie, 1972; Metoyer, 1979) but for the most part also represent the sex roles, status of women, and behavior only while the group conducted its external affairs or interacted with outsiders (Brady, Crome, & Reese, 1984). In some tribes, dealing with outsiders was a sex-differentiated activity fulfilled by men; non-Indians often overestimated male power within the tribe because they had little experience with women's spheres of power and activity (Parezo, 1982).

Furthermore, considering the widespread, long-term history of violence and oppression waged against Indian people by non-Indians, it would be hard to imagine why Indian women would trust outsiders with the knowledge of their intimate rituals, thoughts, or feelings. Many observer-researchers attempting to "study" American Indian women succeeded more in studying their useful defense mechanisms and coping strategies—such as passive resistance and secrecy—rather than their internal personalities or behavior patterns (Brady, Crome, & Reese, 1984). Male-centered assumptions—both Indian and non-Indian—have led to interpretations of Indian rituals and traditions now contested by American Indian women.

ROLES OF WOMEN IN TRADITIONAL INDIAN LIFE

A woman's identity in traditional Indian life was firmly rooted in her spirituality, extended family, and tribe (Allen, 1986; Green, 1980, Jaimes, 1982; LaFromboise, 1989; Welch, 1987; Witt, 1974). Women saw themselves as collective beings (Benally, 1988) fulfilling harmonious roles in the biological, spiritual, and social worlds: Biologically, they valued being mothers and raising healthy families; spiritually, they were considered extensions of the Spirit Mother and keys to the continuation of their people (Allen, 1986; Jenks, 1986); and socially, they served as transmitters of cultural knowledge and caretakers of their children and relatives (Niethammer, 1977). Great value was ascribed to these traditional female roles.

Many western North American tribes—such as the Klamath—were based on egalitarian systems of reciprocity in which separate, complementary, and equally essential tasks were assigned to each sex (Blackwood, 1984). Contemporary Indian social scientists and writers argue that these social systems were misinterpreted by non-Indian observers socialized to equate difference with inequality and hierarchy (Albers & Medicine, 1983; Green, 1976) Tribal diversity must be stressed: The current claim is not that women in all tribes shared equal status and power with men, but that the high frequency of egalitarian relationships has been greatly underrepresented.

Allen (1981) and Beiswinger and Jeanotte (1985) emphasize the fundamentality of the Spirit World and tribal members' intensely personal relationships with particular spirits in the social structure and gender roles in traditional Indian life In this traditional world view, everything in the universe, including a woman's (and man's) power and identity was derived from direct connections to the Spirit World (see Tanner, 1979, for a detailed account of the intertribal life and power of a Mohawk medicine woman) Many tribes looked to women spirits or mythological forebears of the people like Thought Woman of the Keres, Clay Lady of the Santa Clara Pueblo, Changing Woman of the Navajo, or White Buffalo Calf Woman of the Sioux for an understanding of life and guidance concerning how to behave (Jenks, 1986; Zak, 1988, 1989). Although tribes may have had conventional ideals of behavior for each gender group, nonconformity was identified and sanctioned through dreams or ceremonial connections with particular spirits.

Role and gender variations and sex-differentiated spheres of social and governing power differed according to the social structure and traditions of each tribal group (Medicine, 1978, 1980). Although in most tribes there were distinct areas of female and male production, this diversion was not entirely rigid and women's roles and tasks were often extremely variable. In some tribes, women enjoyed significant flexibility and latitude in their gender role and lifestyle preferences (Anderson, 1985; Blackwood, 1984, Hamamsy, 1957; Medicine, 1980; Metoyer, 1979; Parezo, 1982; Welch, 1987). In these societies, free expression of sexuality and nonconformist gender roles were permitted, with nontraditional males and females, gays, and lesbians accepted to varying degrees within the group (Allen, 1981, 1986; Blackwood, 1984; Jacobs, 1977).

Recent research demonstrates the existence of institutionalized alternative female roles alongside roles that have been interpreted as traditional Women in Plains tribes, such as Canadian Blackfeet, have typically been pictured as chaste, submissive, and hard-working wives There is evidence within this tribe for such institutionalized roles as: the independent and aggressive "manly-hearted women," the sexually promiscuous "crazy women," and chief or "sit-by" wife, and the important religious role of the Sun Dance woman. Other examples of alternative female roles in Plains tribes include daring Cheyenne women horse-riders and Lakota girls who were named "child beloved" and were honored by participation in the Buffalo Ceremony and Virgin Fire. There is also evidence from the Apache, Crow, Cheyenne, Blackfeet, and Panwnee tribes that the "warrior woman" role was widespread across the continent (Buchanan, 1986; Liberty, 1982; Medicine, 1983b).

As the "manly-hearted" and "warrior woman" names suggest, some of the Indian females' alternative roles specifically allowed them to express mas-

culine traits or participate in male-associated occupations without dressing as men or assuming their social roles (Lewis, 1941). Other roles, however, such as the "berdache," which was socially sanctioned at various levels in at least 33 tribes, involved a woman's thorough shift to the male social and occupational role sometimes accompanied by homosexual marriage or sexual relationships (although the berdache's assumed lesbianism is a subject of debate) (Allen, 1981; Blackwood, 1984; Callender & Kochems, 1983; McCormick, 1976). The "berdache" role is also termed a "cross-gender" role (Blackwood, 1984).

Gender identification in pre-colonial Indian tribes, unlike that in Anglo culture, seemed to center on an individual's participation in gender-specific ceremonies and tasks rather than on her sexual anatomy or choice of sexual partners (Callender & Kochems, 1983). Transition to a male gender role could be prompted and validated by a girl's interest in traditionally male tasks or a refusal to perform female tasks; Kaska families that had all daughters yet desired a son would encourage the child with the most inclination to become "like a man" to participate in puberty initiation ceremonies and customs for boys instead of girls. Involvement in these activities publicly validated the role change. In the Cocopa tribe, cross-gender females followed the male custom of nose-piercing rather than getting their chins tattooed as did other women.

Although the socializing process differed from tribe to tribe, community recognition and validation of the women's new cross-gender role was acquired through acceptable channels. In the southwest, for example, dream experience was very important in ritual life as an avenue to gain special powers and social sanction of the use of those powers. In such tribes, such as the Mohave, all cross-gender individuals reported dreaming about their role change.

Cross-gender women could not marry men because they could not perform traditional female-specific tasks; in order to gain the household and kinship benefits of marriage, they married women and fulfilled the household, community, and ritual obligations of a male. Cross-gender individuals were often unusually good providers and were valued for their economic contributions to the family and tribe; households with a cross-gender partner were often more wealthy than the norm, probably because they focused on work rather than on children (Callender & Kochems, 1983).

There is considerable anthropological debate regarding the defining characteristics, sexual behavior, degree of social acceptance, and prevalence of the cross-gender or "berdache" status; clarifications are often difficult due to confusion and disgust on the part of early non-Indian observers and social scientists. Callender and Kochems (1983) provide an excellent review of the contradictory "berdache" literature and highlight the methodological bi-

ases and limitations of the assessment of this alternative role. They indicate that outsider cultural biases against transvestitism, cross-gender roles, and cross-sexual behavior made for research that condemned rather than examined the existence of berdaches Observer bias contributed to Indian reticence regarding berdache acceptance and prevalence, and perhaps led to within-tribe cultural sanctions against the berdache status (Callender & Kochems, 1983, Gatschet, 1891, McCoy, 1976; Swanton, 1911).

There is substantial support for the view that women were respected and rewarded for successful cross-gender role activity (Lewis, 1941); manly-hearted women and female berdaches earned high reputations (Niethammer, 1977) and were differentiated from other women by their wealth, status, boldness and efficiency But although males in the berdache role could earn great respect for success and efficiency in traditionally feminine spheres of work, womanliness was certainly not the typical Indian male ideal.

The status of Indian woman, however, increased with their age (in contrast with Anglo culture's youth emphasis)· A post-menopause woman, as the Winnebagos put it, was "just like a man" (Witt, 1974, p. 32) Older women's age and wisdom were revered and their opinions regarding tribal history, herbal medicines, and sacred matters were valued (Metoyer, 1979, Lurie, 1972). Thus, in some tribes it was possible for women to achieve status levels equal to men, but they earned equal status by accumulating years or success in cross-gender tasks

Some Indian social systems, however, including the Cherokee, Montagnais-Naskapi, Navajo, Iroquois, Mandan, Hopi, Zuni, Northern Paiute and Eastern Pueblo tribes, provide clear evidence that women played critical economic, political, and spiritual roles in tribal life without the advantages of age or cross-gender task success (Allen, 1986; Anderson, 1985; Kidwell, 1979; Lynch, 1986; Witt, 1974). In these tribes, matrilineal patterns of inheritance were observed and in those with agricultural economies, the land, crops, houses, and tools were owned by the women while the men cultivated the gardens and were responsible for much of the labor. Even in non-agricultural economies women's close relationship to food and the supply of food conferred great power upon her (Seton & Seton, 1953).

Women sometimes exercised formal governing authority on the basis of their spiritual power, as was the case in the pre-colonization Cherokee gynocracy, or "petticoat government," whose Women's Council had a significant influence on tribal decisions. The "Beloved Woman of the Nation," or head of the Women's Council of the Cherokee, was believed to speak the words of the Great Spirit (Allen, 1986).

Before the tribe's conversion to Catholicism, the Montagnais-Naskapi social system was striking in its women-centeredness and flexibility. Women exercised a great deal of control over family decisions (such as planning when

to move) and other household affairs; in fact, missionaries reported, with dismay, that men followed their wives' advice and would not act against their wishes (Anderson, 1985). Women also enjoyed a tremendous amount of freedom regarding issues of sexuality, marriage, and divorce. In general, the Montagnais-Naskapi and Huron cultures were non-authoritarian and peaceful; children were not punished and women were encouraged to be independent and decisive (Allen, 1986; Anderson, 1985).

Although males might have monopolized public roles and positions of authority, important family and tribal decisions were also determined in the private sphere; therefore, the reality of power was often very different from its public manifestation (Friedl, 1967). Realizing the importance of private power is critical to understanding Indian cultural systems because—in general—Indian women exercised almost complete control over the home, the children, and belongings inside the home.

IMPACT OF ACCULTURATION ON GENDER ROLES, POWER, AND STATUS

The effects of acculturation on American Indian gender roles of course depend on the original role and status of women before colonization and the nature of the acculturation strategies inflicted upon a woman's particular tribe. The overwhelming result of acculturation has been a breakdown of the complementary nature of male-female relations and a general increase in Indian male dominance and control over Indian women (Brady, Crome, & Reese, 1984; Welch, 1987). With the collapse of traditional religion and culture, women lost not only some very fundamental spiritual roles but also lost the significance and ritual power of the sex-specific activities and roles that they were allowed to maintain, such as puberty, menstruation, child-bearing, and domestic responsibilities (Allen, 1986)

Colonizers considered tribal gender role flexibility, matrilocal and extended family patterns, complementarity in gender power relations, and sexual freedom on the part of women subversive to the intended European-style political, social, and religious order. Sometimes, as in the case of the Montagnais-Naskapi and the Iroquois, Indian men collaborated with the colonizers and helped to subjugate Indian women by the establishment of male-dominated religious and social organizations within the tribe (Anderson, 1985; Livingston, 1974).

Anderson (1985) analyzes the relationship between the advent of commodity exchange and production systems and the subordination of women through an examination of the interaction between 17th-century French missionaries and the Montagnais-Naskapi and Huron tribes along the St.

Lawrence River. The power of the missionaries to support the tribes' matriarchal and egalitarian social systems in which women were in no way subservient to men fundamentally lay in the colonizer's ability to capitalize on environmental conditions and then completely control the tribe's livelihood and society.

More recently, changes in the traditional economic system of the largest American Indian tribe, the Navajo, have also been identified as contributing to the decrease in women's status and power within the family and the transformation of the extended family pattern into independent households. Navajo women and men originally occupied complementary roles with a system of female inheritance; Navajo women made the family's financial decisions and had at least as much influence as their husbands in all spheres of life (Hamamsy, 1957).

With men's increased participation in off-reservation employment, there was a shift toward independent families. Some families moved to the outskirts of the reservation or to border towns. Women became more dependent on their husbands—characterized by Hamamsy (1957) as often erratic and irresponsible providers—for cash income. Men, however, began to claim that their wage labor earnings belonged to them and not to the family group Complementary roles disintegrated. Women's troubles were compounded by the erosion of the extended family network because they no longer had extensive family help in raising their children. Sometimes Navajo girls were taken out of school to help at home, contributing to their limited education and outside job skills (Hamamsy, 1957) Recently, higher rates of hypertension were reported among elderly Navaho women than Navajo men due to acculturation, especially among the women who were most educated and isolated (Kunitz & Levy, 1986).

A major agent of acculturation started in the late 19th century in the practice of removing young Indian children from their homes to attend BIA boarding schools. Numerous studies in the past two decades attest to the psychological trauma and adjustment problems caused by experiences within these boarding schools (Attneave & Dill, 1980; Beiser, 1974; Dlugokinski & Kramer, 1974; Kleinfeld & Bloom, 1977). Recent research indicates that the stress associated with Indian women's forced attendance in schools away from home during adolescence has apparently been manifested in lowered self-esteem and inhibitions associated with maternal capabilities (Metcalf, 1976).

Many of the boarding schools were extremely regimented and Indian girls' education was eventually degraded into domestic labor for the school and for community homes and businesses Indian girls were given less classroom instruction than Indian boys (Szasz, 1980) and were beaten if they resisted the work. Many tried to run away (Trennert, 1982) When female students returned to their reservations, they found that their domestic and cooking

skills were not appropriate to the technology or culture of the reservation and they were often mocked or shunned for their "White ways." Some left the reservation to return to the cities, to become maids, prostitutes, and dance hall girls (Trennert, 1982).

The establishment of both the boarding schools and the BIA field matron program represented only two efforts on the part of the U.S. government to teach Indian women how to behave (and work) like White women and thereby rescue them from the perceived drudgery and backwardness of their traditional lives (Bannan, 1984; Trennert, 1982). Even attempts to elevate Indian women to the status of White women through Indian New Deal policies seriously ignored the traditional, political roles Indian women played at that time (Bernstein, 1984). It was thought that if Indian women were shown the superiority of White lifestyles, they would then return to the reservation to "civilize" their own people.

Despite traumatic and confusing experiences such as the BIA boarding schools and other modes of forced acculturation, there is evidence that Indian women have been somewhat better able to adapt to acculturation than have Indian men (Attneave, 1982; Spindler & Spindler, 1958). Perhaps Indian women were seen as less threatening than Indian men. Their tradition of accepted role flexibility may have facilitated a readiness to take on work roles within the dominant society that Indian men would be unwilling or offended to pursue.

Women in some tribes, such as the Oglala Sioux, and Northern Paiute have been more effective than their male counterparts as landowners, political leaders, and liaisons with Whites, thereby increasing their relative power and status (Lynch, 1986; Mead, 1982; Powers, 1986). In the case of the Northern Paiute and Oglala Sioux, women received advanced training (primarily in the area of education and social welfare) under federal policies and were then able to better fulfill professional and governmental roles (Lynch, 1986; Powers, 1986). However, despite isolated accounts of positive advances resulting from acculturation (only relative to Indian men, of course, who have also suffered tremendous reductions in power and status), acculturation has been severely destructive to the status, power, and role flexibility that Indian women in many tribes once enjoyed. Acculturation brought about rigid, Christianized societies intolerant of religious freedom, traditional lifestyles, nonconformist gender and sex roles, and sexual freedom (Allen, 1986)

BICULTURAL LIFESTYLES

Living in two different cultural worlds, the Indian and the Anglo, can be "a feast of appreciation for human ingenuity, or it can be the bitterest

trap" (Witt, 1981, p. 11). Regardless of an Indian woman's profession, lifestyle, or geographical base, she retains a sense of homeland and duty to her people (Witt, 1974). Adapting to the majority culture—by moving to cities, attending college or university, or seeking professional jobs and training—can provide greater economic and political opportunities for Indian women and the communities they represent but can also be a major source of conflict and stress (Barter & Barter, 1974, LaFromboise, 1988b) and can increase individuals' vulnerability to the development of psychological problems (Kemnitzer, 1973; Spindler & Spindler, 1958).

Although the high frequency of severe social and economic problems can make reservation life extremely bleak, an Indian woman within her own cultural context at least have the social support of her extended family network and a community of people who share her values and practices. Off the reservation, Indian women may become geographically and culturally isolated from their families and may find it extremely difficult to adjust—cognitively and socially—to "White" or majority culture

In general, the majority culture espouses a work ethic centered around individual achievement, competitiveness, and the accumulation of property and titles; cultural traditions and family ties are often considered of secondary importance compared with personal social and professional mobility. Majority values and societal pressures clearly conflict with primary Indian communal concerns which emphasize observance of tradition, responsibility for extended family and friends, cooperation, and group identification

Educational Issues

Studies of adolescent Indian females in academic and athletic competition reveal that they (like many women from other cultures) do not focus on their individual success when competing against males but rather will inhibit their own performance level, especially when the men are not performing well (Weisfeld, Weisfeld, & Callaghan, 1982, Weisfeld, Weisfeld, Warren, & Freeman, 1983). Indian girls' behavior is consistent with their cultural training which stresses cooperation and group cohesion but is clearly counterproductive in Anglo contexts in which individuals are rewarded through success in competition

American Indian college students are clearly anomalies in communities characterized by illiteracy and tremendously high drop-out rates (Coladarci, 1983; Jacobson, 1973; Sanders, 1987). Nearly one-third of all Indian adults are classified as illiterate and only 31% of all Indians have a high school education (U S Bureau of the Census, 1983) American Indian women must work hard to break down powerful social and psychological barriers just to

get into college (LaFromboise, 1984). Recent empirical research concerning American Indian college women provides evidence that they experience tremendous difficulties in adapting to the competitive culture of higher education institutions (Edgewater, 1981; LaFromboise, 1988b) and face a multitude of bicultural, conflicting pressures and expectations Family and community members often discourage Indian women from pursuing post-secondary education and a survey of 61 Indian female undergraduates indicates that almost 90% of the students felt that they were going against their culture by attending college (Kidwell, 1976). Furthermore, attending college limits Indian women's chances for marrying within their culture because Indian men without college degrees will seldom marry a university graduate.

In light of the multitude of immediate and concrete pressures working against Indian college women's motivation and ability to lead a productive academic lifestyle, it is not surprising that their college completion rates — which unfortunately must be inferred from statistics for both Indian women and men — are extremely low: 18% for Indian undergraduates, 1% for masters' degree candidates, and .2% for doctoral degree candidates (National Research Council, 1986; Ryan, 1982).

Mental Health Issues

American Indian communities are distinguished by many ties among tribal members and strong group cohesion, particularly in time of crisis. Indian people have concerns about psychological concepts such as "mental health," "personality," and "self" because of the absence of naturalistic or holistic tenets in the design and implementation of therapeutic techniques. Traditional healing systems involved a collective process which helped the psychologically troubled individual and also reaffirmed the norms of the group (Kaplan & Johnson, 1964; Perrone, Stockel, & Krueger, 1989).

Conceptions of mental health are clearly culture-bound In the Lakota (Sioux) language, mental health is defined as *ta-un,* or "being in a state of well-being" (Medicine, 1982b). In most Indian cultures, a person is considered to be in a state of well-being when peaceful and exuding strength through self-control and adherence to Indian cultural values. Many American Indians believe that mental illness is a justifiable outcome of human weakness or the result of avoiding the discipline necessary for the maintenance of cultural norms and community respect (LaFromboise, 1988a).

It is significant that conventional "Western" psychology and traditional Indian culture differ in the definition and treatment of psychological troubles (Trimble, Manson, Dinges, & Medicine, 1984). The quantitative research reported in this discussion provides information shaped by the disease-oriented, clinical categories and paradigms of conventional psychology While

extensive empirical studies are critical—especially in determining intervention needs and in assessing the effectiveness of existing mental health programs—their cultural assumptions must be recognized.

There are few data concerning the frequency rates of psychiatric disease and treatment for American Indian women Only three community-wide American Indian epidemiological studies of psychopathology exist, and the results of these research efforts are not analyzed by sex (Roy, Chaudhuri, & Irvine, 1970; Sampath, 1974; Shore, Kinzie, Thompson, & Pattison, 1973) Neuroses, alcoholism, psychoses, and drug abuse and dependence are the most frequent problems and account for 40% of all visits to Indian Health Service mental health programs (Rhoades, Marshall, Attneave, Echohawk, Bjork, & Beiser, 1980). An unpublished summary of a random sample of caseloads in three urban health clinics reveals that 30% of the patients were seeking medical help for problems psychological in nature (American Indian Health Care Association, 1978)

A recent annual report by the Social and Mental Health Services of the IHS presented percentages for those Indian women who do utilize services according to the following leading problem categories/diagnoses. alcohol misuse in the family (82%), adult-child relationships (78%), grief reactions (77%), depression (76%), child management/abuse (72%), and marital conflict (72%) (Indian Health Service, 1988). Many women seeking IHS services have experienced incest, rape, and sexual assault and the incidence of females seeking IHS treatment for violent behavior is 38% (Indian Health Service, 1988; Old Dog Cross, 1982) In one recent survey, at least 80% of Indian women clients at a regional psychiatric center serving a five-state area had experienced sexual assault. In 1979, the Navajo Times reported that rape was the most prevalent crime on the Navajo reservation, and there was a trend of organized gang rape on reservations in which a group of males take pre-meditated revenge on a selected woman (Old Dog Cross, 1982).

Despite findings which indicate that the prevalence of depression within select Indian communities may be four to six times higher than previous estimates (Manson, Shore, & Bloom, 1985) and that female high school students in tribal-operated boarding schools are more prone to depression and phobic reactions (e g , performance anxiety) than their male counterparts, IHS records report extremely low rates of psychiatric treatment for women. "Mental disorders" account for 7% of male and 3% of female hospital stays (U S Department of Health and Human Services, 1988).

Considering the preponderance within both reservation and off-reservation communities of intense life stressors, it appears that American Indian women are significantly underutilizing mental health services Several surveys suggest

that a primary cause of this phenomenon is that American Indians needing help are less aware of the kinds of psychological services available to them than are most Americans (Dinges, Trimble, Manson, & Pasquale, 1981; Red Horse, Lewis, Feit, & Decker, 1978; Trimble, Manson, Dinges, & Medicine, 1984).

Even those aware of available services underutilize them because of perceptions that the existing services are unresponsive to their needs (Barter & Barter, 1974; Medicine, 1982a). Many American Indians who manage to obtain psychological services do not continue treatment (Sue, 1977). Dukepoo (1980) identified fear, mistrust, and insensitivity as major barriers to mental health service utilization in the Southwest. In addition, Indians often perceive young IHS personnel and doctors as incompetent and inexperienced; in a culture which equates age with wisdom, Anglo doctors and health professionals—who are often young because of college load reductions received for working on Indian reservations—are seen as second-rate (Powers, 1986).

Cultural distance—expressed as differences in values and expectations between counselors and clients—has been identified as a cause of inappropriate and ineffective therapy with American Indian service populations. American Indians who engage in individual therapy often express concern about how conventional Western psychology superimposes biases onto American Indian problems and shapes the behavior of the client in a direction that conflicts with Indian cultural life-style orientations and preferences. The incompatibility between conventional counseling approaches and indigenous perspectives has been discussed by Jilek-Aall (1976), LaFromboise, Trimble, and Mohatt (1990), and Trimble and LaFromboise (1985). Many American Indians recognize the need for professional assistance, only when informal community-based networks are unavailable.

Besides cultural obstacles in the counselor-client relationship, Indian underutilization of psychological services can also be attributed to neglect by representatives of the U S. Government and the psychology profession itself in promoting adequate mental health services or health maintenance activities (Liberman & Knegge, 1979). There is a critical need for more preventive services and rehabilitative interventions for substance abuse and other problems.

With utilization of mental health services low, American Indians often rely on their own coping skills or "self-medication" to manage stress and emotional disturbance. The use of alcohol and drugs as responses to stress is frequent among American Indian women and men and the overall rates of alcohol and drug abuse are high (Heath, 1983, May, 1982, Oetting, Edwards,

Goldstein, & Mason, 1980, Thomas, 1981). It has also been known that drugs and alcohol are contributing factors in the frequency of accidental deaths, homicide, suicide, sexual violence, child abuse and neglect, and fetal alcoholism syndrome (May, Hambaugh, Aase, & Samet, 1983; Powers, 1986, White & Cornely, 1981). As previously stated the rate of death due to alcoholism among American Indian men and women, although declining, is still alarmingly high.

A Congressional hearing on Indian juvenile alcoholism and drug abuse reported that 52% of urban Indian adolescents and 80% of reservation Indian adolescents engaged in moderate to heavy alcohol or drug use as compared to 23% of their urban, non-Indian counterparts (U.S. Senate Select Committee on Indian Affairs, 1985). A recent study of high school students in tribal-operated boarding schools indicated differential patterns of drug use between male and females: Female students showed much higher levels of drug use than did their male counterparts and also used drugs at all times of the day compared with more time-restricted male drug use (U.S Department of Health and Human Services, 1988).

Recent research, however, supports the view that alcohol use in some Indian tribes with high rates of alcohol-related deaths is less widespread than in the general U.S. population. Only 13 to 55 percent of the women in the Navajo and Plains tribes drink alcohol (Levy & Kunitz, 1974, Longclaws, Barnes, Grieve, & Dumoff, 1980; Whittaker, 1982), compared to 60% of non-Indian women (National Institute on Alcohol Abuse and Alcoholism, 1981). A minority of women in these tribes have serious alcohol abuse problems, despite the alarming statistics on adolescent alcohol experimentation and the pervasive "drunken Indian" stereotype.

To restore or maintain a state of psychological well-being, Indian women and their families are exerting impressive reservoirs of strength and coping mechanisms in the face of harsh environmental realities (Chovan & Chovan, 1984; LaFromboise, 1988b; Light & Martin, 1986; Special Populations Subpanel on Mental Health of American Indians and Alaska Natives, 1978). Indian women's complex repertoire of coping differs according to age, tribe, and environmental setting. While older women from the Cherokee and Appalachian tribes most often responded to stressful events with inaction or information-seeking techniques (Chovan & Chovan, 1984), a recent survey of Indian female college students under stress indicates that they rely while coping most heavily on social support (LaFromboise, 1988b). Social support from family and community members—especially for the aged—is a primary value in many American Indian cultures By pooling resources, energy, ideas, and compassion, social networks insulate people from severe crises and life stress and often help them generate the means of coping with life problems (Attneave & Speck, 1974; Chovan & Chovan, 1984).

In the LaFromboise (1988b) study referred to earlier, Indian college women employed the following strategies to overcome the stress as-

sociated with bicultural conflicts: seeking social support (35%); cognitive methods such as self-talk, problem-solving, and recalling personal and cultural beliefs associated with spirituality (22%); and behavioral actions such as working harder or exercising to relieve tension (18%). Seventeen percent of the college women in the LaFromboise (1988) study sought help from formal support systems such as counseling, Alcoholics Anonymous, or financial aid offices while 5% reacted to stress by employing stratgegies such as eating, smoking, and using drugs or alcohol.

As indicated earlier, an Indian woman's conception of mental health is often rooted in her sense of order and balance within a holistic framework of family, community, tradition, and universe Acculturation and bicultural demands often place Indian women in a position of having to fulfill multiple and perhaps conflicting social roles; due to professional or academic pressures, they might also be unable to participate in culturally-valued activities or discharge tribal responsibilities.

Traditional psychological well-being is impossible if integration and balance of these roles is not achieved; furthermore, a woman experiencing bicultural stress may be isolated from the community and tribal context which can provide the social support and cultural framework to help her resolve any conflicts. The problem of community isolation has been remedied in part by the development of "reconstituted" Indian networks, the parameters of the extended family have widened considerably in recent years and reconstituted, intertribal extended families are becoming increasingly common (Red Horse, 1980). These families provide Indian women with child care as well as the emotional support and strength to help withstand the stress of multiple commitments to tribe, self, and profession (Ryan, 1980). Informal networks and communities of Indian professional women have also been formed, with colleagues nationwise providing valuable contacts and support in environments often not well understood by families and other members of women's original Indian community. Through reconstituted family networks, Indian women can participate in valued cultural roles they might be unable to fulfill by themselves (e.g., a woman without time or desire for a family may be able to play the caretaking "aunt" role to another woman's child).

RETRADITIONALIZED ROLES OF CONTEMPORARY INDIAN WOMEN

Retraditionalization — or the extension of traditional care-taking and cultural transmission roles to include activities vital to the continuity of Indian communities within a predominantly non-Indian society — represents a major current attempt on the part of Indian women to integrate traditional and contemporary demands in a positive, culturally-consistent manner (Green, 1983). The structure of the cultural system remains intact, but the specific jobs are modernized in accordance with social change.

Many Indian women are increasingly visible in professional roles such as social workers, psychologists, writers, artists, political leaders with the intent of serving their communities and tribes Some noteworthy examples of Indian women leaders include: La Donna Harris (Comanche), president and director of American Indians for Opportunity; Wilma Mankiller, Chief of the Cherokee Nation; Jo Ann Sarracino (Laguna), developer of the Native American Mineral Engineering and Science Program, and Nancy Wallace (Comanche/Creek), manager of the Industrial Engineering Department at Digital, the third largest computer company in the world. These "retraditionalized" American indian women have achieved success by exhibiting independence, leadership, confidence, competitiveness, and emotional control. Without ignoring their cultural heritage, losing acceptance among their people, or forfeiting the ability to behave appropriately within Indian cultures, Indian women leaders have increased respect and status for Indian people and gained professional recognition for themselves.

Women's political power in a substantial number of tribes is significant and on the rise. Their interest and position in the policy-making arena has stemmed from traditional concerns for the community and has often found a foundation in existing or vestigial female networks and power bases within the tribe. In a study of 10 tribal councils of Nevada reservations, Lynch (1986) reports that women constituted the vast majority of local committee and service clubs and that only one tribal council did not have women members.

On the Northern Paiute reservation, matrilocal marriage patterns still in effect — 28 out of 32 households contained married men born and raised off of the reservation — facilitated women's ability to take active political roles within the tribe. Women's kinship connections and long-term concerns for community issues, along with the historical importance of women's contributions to the families' existence and their experience in coordinating people in social activities and common goals contributed to their effectiveness as leaders (Lynch, 1986).

Oglala Sioux women — who are steadily occupying more positions as tribal council members, judges, and decision-makers — also credit women's traditional family skills and experiences as important factors in their leadership ability; one Oglala Sioux woman judge explained that as a mother, she was accustomed to making unpopular decisions and making people "stick" to them (Powers, 1986). Although Oglala women of all ages have become politically active and many have led or participated in protests for treaty rights, few would consider themselves political activists but rather see themselves as people fulfilling vital tribal needs (Powers, 1986).

Thus, for many Indian women, positions of authority and prominence are natural evolutions of their caretaking role and they see their actions as

personal rather than organizational. Their goal is to be predictive yet humble leaders by virtue, not position (Campbell, 1988). It is important to recognize that retraditionalization efforts on the part of Indian women are often inconsistent with some goals of the current majority-culture women's movement. Non-Indian feminists emphasize middle-class themes of independence and androgyny whereas Indian women often see their work in the context of their families, their nations, and Sacred Mother Earth (Green, 1983; Medicine, 1983a). Preservation and restoration of their race and culture is at least as important to Indian women as are their individual goals for professional achievement and success, although many Indian women clearly have made important professional commitments and value the role of work in their lives.

By maintaining their past traditions rather than shedding them, major social and political changes on the part of Indian women may take many years; however, these changes will be firmly based on a solid sense of identity and will involve lowered levels of psychological and interpersonal conflict. Indian women are in the process of redefining identities long-obscured by the stereotypes and misconceptions of others. Despite potential loss of their traditional spiritual base and traditional social and economic roles due to acculturation and the advent of male-centered cultural norms, Indian women have maintained their responsibilities to family and tribe and have continued to work to develop themselves and their communities With a respect for the past and clear agendas for the future, Indian women remain as a strong force in their own land.

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