THE FEARS OF NAVAJO CHILDREN: ADAPTATION OR PATHOLOGY?

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ABSTRACT. Past and current literature concerning the fears of children generally and Navajo children specifically is examined in the perspective of current research and in-depth interviews. The position is taken that high fear frequencies in Navajo children may not be prima facie evidence of pathology, but rather evidence of a cultural pattern that has important adaptive value.

The Anglo-Saxon heritage, which venerates fearlessness, supports the traditional clinical view that predisposes us to regard fears as generally undesirable behavior and potentially pathological. This view stands in sharp contrast to the view of fear held by the Navajo. The Navajo view was described by Kluckhohn and Leighton (1956): "When one first studies Navajo belief and practice, he thinks more than once that the Eskimo's description of their religion—'we do not believe, we fear'—would be appropriate for the Navajo as well."

At times the clinical view is no doubt correct. However, if certain behaviors such as fear are often concomitants of serious personality disturbance, this correlational fact does not establish the criteria for determining when fears should be regarded as pathological symptoms, neurotic traits, or prima facie evidence that something has gone awry psychologically. Furthermore, it is possible that what appears to be psychologically maladaptive may in fact have important adjustment advantages within the context of a given culture. What role does culture play in establishing the milieu that gives existential meaning to such fears?

The Western Clinical Approach

A review of the Western psychological literature dealing with fears and phobias reveals that they have ordinarily either been examined in light of a variety of learning models, such as operant and classical conditioning, or viewed psychoanalytically, as representing ego processes such as anxiety and defense. But—and this is the important point—in all these studies, high fear frequencies are considered, a priori, as a sign of pathology, and what is determined to be a rational or an irrational fear is established on the basis of clinical criteria and without consideration of cultural variables.

An implicit assumption in the clinical approach has been that if we somehow determine the statistical mean of the fears extant, then significant statistical deviation from that mean represents pathology. A corollary assumption holds that the fewer the fears, the healthier the personality. The bias is clearly in favor of fearlessness.

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Anthropological Views of Fear

The anthropological literature, on the other hand, has predicated its research on a relativistic position which emphasizes the vital role played by culture in determining the fear frequencies of given groups of people. In this research, culture is also regarded as determining the various meanings of fears. This literature, in effect, argues that fears and taboos may represent "a sociology of danger" (Steiner, 1956). That is, they prescribe behaviors which are appropriate in potentially dangerous contexts. Thus, fear derives its meaning from the perceptual view of members of a given culture.

One of the most provocative, early anthropological studies challenging ethnocentric Anglo-Saxon views of fear was R.L. Fortune's (1932) studies of the Dobuan people. Fortune's work portrays a culture in which fear is the all-pervasive theme. Darkness, food grown by others, the possession of property: almost everything is the occasion for fear. Every woman believes her husband a sorcerer and every husband believes his wife a witch. For a Dobuan not to be riddled with fear is culturally atypical, or if you will, abnormal.

A later study by Evans-Pritchard (1937) described similar patterns of apprehension in the Azande, and Kluckhohn and Leighton (1956) examined the pervasive belief in witchcraft among the Navajo. Such anthropological studies of cultures with particularly high fear levels should perhaps have given clinicians reason to question their use of exclusively psychological models in interpreting fears. Furthermore, there was early empirical evidence indicating cultural patterns in the fears of children which apparently has not been incorporated into our clinical thinking.

In a cross-cultural psychological study using the Emotional Response Test, Havighurst and Neugarten (1955) noted that Midwestern children cited "objective danger" more frequently than children from the American Southwest. The study also found that Southwestern children were inclined to attribute two sources of their fears: the supernatural and objective reality. Certainly here was empirical evidence, slight though it was, of cultural patterning; however, for better than 25 years there are no indications in the literature of further attempts to empirically and cross-culturally examine the issue. In fact, those familiar with Navajo ethnography wondered why Havighurst and Neugarten did not find more dramatic differences.

A Study of Fear in Navajo Children

In a recent study comparing third grade Navajo children with third grade Anglo children, Tikalsky and Wallace (in press) used the Louisville Fear Survey for Children (LFSC) and employed factor analytic and chi-square techniques. They determined that Navajo children had higher fear frequencies on 49 out of 60 items on the LFSC. There were also factor analytic suggestions that the structure of Navajo fears differed from Anglo fears. In reviewing the pronounced differences in fear frequencies found in this as opposed to the Havighurst and Neugarten (1955) study, one must speculate on the reasons for such discrepancies. A unique feature of the Tikalsky-Wallace study is that it utilized a Navajo interviewer (as opposed

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to an Anglo interviewer) and focused on children with relatively traditional backgrounds. Perhaps certain fears are acknowledged only when one is being interviewed by a person who shares your culture.

In wake of the factor analytic study of Navajo fear responses on the Louisville Fear Survey for Children, a series of in-depth interviews were conducted with the Navajo parents of one of the subjects. The parents reported relatively high fear responses for their third-grade daughter (31 out of 60 items). The purposes of these interviews, which involved the assistance of a Navajo interpreter, were to determine parental attitudes toward their daughter's fear responses, and to gain insight into the parent's views of fear as well.

It should be emphasized that the parents interviewed represent traditional Navajo backgrounds. Both parents speak Navajo, and preferred to speak Navajo at home. While relatively fluent in English, they were by no means facile. The parents live with their daughter in a hogan located in a relatively isolated part of the reservation near hogans of six other families who comprise their extended family. Neither parent graduated from high school.

Neither parent demonstrated concern about the fears which they attributed to their daughter. When asked to account for the multiple fears they checked on the LFSC, they observed proudly, "She is a good child and wants to do things right." Questioned about how they would feel if the number of fears were diminished, they specifically indicated that this was a matter of little importance unless "something of importance was forgotten." They then went on to affirm that nothing was wrong with their daughter and proudly produced her report card which, in fact, indicated excellent school progress.

They also noted that not to know what to fear is to be vulnerable to great difficulty at the worst and—at a minimum—to disturb the harmony that is so important to the Navajo.

Several questions were raised with the parents to gain a clinical impression of the child's emotional status. No signs of gross pathology were found; however, many indications of a variety of fears were noted.

Were the Navajo parents engaging in denial? Or should we consider cultural variables when attempting to understand the fears of children of Navajo and other cultures? Should an attempt be made to discover what pragmatic, cultural function a child's fear may serve?

Implications for Clinicians

Kluckhohn (1944) argues that Navajo witchcraft (which encompasses many fear patterns) has an important adaptive function for the Navajo. He also understood that the Navajo believe that witchcraft is a means of achieving power as well as maintaining harmony. Any student of Navajo culture understands the importance of power and harmony for traditional Navajo people.

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Bulow (1953) in a study of Navajo taboos argues that "taboos are prescriptions of proper behavior in dangerous or potentially dangerous situations." In a position very similar to Kluckhohn's, Bulow argues for the important adaptive value of fear for the Navajo. Thus, there is an obvious need for the clinician to comprehend the whole of Navajo culture if fear behavior patterns are to be understood.

How deeply rooted are these patterns? Chisholm (1983) suggests that adaptations made by the Navajo several hundred years ago could have etiological/genetic effects today!

In my work as a psychologist on the Navajo reservation, I have learned that clinical decisions are often reached without consideration of ethnographic perspective. Such decisions can be seriously awry due to the ethnocentric biases of the clinician.

Both current and past anthropological and psychological studies offer support to Linton's (1945) admonition:

> Until the psychologist knows what the norms of behavior imposed by a particular society are and can discount them as indicators of personality, he will be unable to penetrate behind the facade of social conformity and cultural uniformity to reach the authentic individual.

It very well may be that attempts to eliminate some fears of Navajo children is an attempt to deprive them of a mechanism that has adaptive value. Further study is obviously necessary.

Summary

Traditional views of fear may not be appropriate when attempting to understand the fears of Navajo children. A review of the literature, a recent cross-culture study and in-depth interviews with Navajo informants reveals ethnocentric bias both in traditional psychological approaches to the study of fear, and in clinical decisions determining when fear responses are to be considered abnormal.

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