

TRANSCULTURAL RESEARCH RUN AMOK OR ARCTIC HYSTERIA?

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I would like to begin my commentary with thanks to Dr. Edward Foulks, for his effort at self-disclosure and critique in this journal. From one perspective, Foulks presents us with an anatomy of a failure. It is my impression that he has written this review to inform American Indian and Alaska Native communities as well as mental health researchers in their future collaborations. He allows us to benefit from mistakes in the Barrow Alcohol Study that led to the serious consequences of misalliances. Obviously, this post-mortem examination is reported from the author's bias; this does not detract from the uniqueness of its disclosure.

First, a personal word about Foulks. He received his medical degree from McGill University with advanced training in child psychiatry and post-doctoral studies in anthropology. He has served as a faculty member at Hahnemann Medical College, the University of Alaska in Fairbanks, the University of Pennsylvania, and currently at Tulane University. His subspecialty interests have included administrative psychiatry, consultation-liaison psychiatry, individual psychotherapy, psychopharmacology, as well as transcultural psychiatry. Prior to the Barrow Alcohol Study, he had worked at the University of Fairbanks with Alaska Natives and written with sensitivity on clinical issues in transcultural psychiatry.

The design, implementation, and outcome of the Barrow Alcohol Study are reported in detail in his paper. Critics of the study have labeled it as a product of cultural imperialism. Ironically, one of the most vociferous critiques was a non-Native faculty member of the Inupiat University of the Arctic. This critic said,

The North Slope Borough assembly has been the victim of a sophisticated hoax aimed at destroying the credibility and integrity of the Inupiat people. The research on alcohol abuse and the news coverage was the most demeaning and reprehensible sham. Instead of using Winchester and Remington rifles to destroy your people in the culture as with the Indians in the 1880s, they bent words, numbers, and statistics to accomplish what was in effect a social and cultural genocide. These con artists hiding behind the

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guise of professionalism and religiosity, and acting as consultants to the North Slope Barrow have dealt a devastating blow to the Inupiat people and their cultural heritage.

A bitter criticism indeed. In fact, echoes of this accusation are common to non-Indian researchers. Vine Deloria (1969) classically attacked white cultural bias in *Custer Died For Your Sins, an Indian Manifesto*. Deloria carried the old adage of "an anthropologist in every hogan" to a bitter criticism of the blind application of white culture and its scientific/technological assault on the fabric of traditional native cultures.

Into each life, it is said, some rain must fall. Some people have had horoscopes, others take tips on the stock market. McNamara created the TFX and the Edsel. But Indians have been cursed above all other people. Indians have anthropologists. The origin of the anthropologist is hidden in the historical mists. Indians are certain all societies of the Near East had anthropologists at one time because all those societies are now defunct (p. 83).

Another criticism of the application of Western technology and transcultural behavioral science research is made by Marano in his 1982 article entitled "Windigo Psychosis: The Anatomy of an Emic-Etic Confusion." Marano states, "Windigo psychosis has been one of the most celebrated cultural bound syndromes of North American native people for almost half a century" (pp. 385). This classic example of 'Culture bound psychopathology' involved delusional cannibalism or murder to satisfy an obsessional craving for human flesh. The capacity of this syndrome to inspire theorization in anthropology and the related disciplines seems inexhaustible. Marano reviewed the voluminous Windigo literature and concluded that, although aspects of the Windigo belief complex may have had components in some individual's psychological dysfunction, there probably never were any Windigo psychotics. He hypothesized that Windigo psychosis is an etic/behavioral form of anthropophagy and is an artifact of the search conducted with an emic/mental bias. The Barrow Alcohol Study examined a common and prevalent psychiatric disorder, alcohol abuse and dependence. It is not a "culture bound syndrome." However, Marano's criticism of researchers with etic/emic confusion was also leveled at Foulks and his colleagues.

Foulks reports on a tragic misalliance between the researchers and various community and Native groups. A list of those groups include the Center for Research on the Acts of Man, the Inupiat of Barrow, the community's Alcohol Detoxification Center, community churches, the North Slope Borough, a Seattle consulting firm, the Kennedy School at Harvard

University, the Barrow Department of Public Safety, a community steering committee, a technical advisory group, coordinators of records (from public safety, court, hospital, administrative, and fiscal reports), the Department of Health, a faculty member of the Inupiat University of the Arctic, the University of Pennsylvania, the *New York Times*, and the Fifth International Symposium on Circumpolar Health in Copenhagen, Sweden. Any researcher who began a field research collaboration with this number and diversity of cultural groups would immediately anticipate significant problems and unavoidable conflicts. This diversity became a significant difficulty for a sensitive adaptation of epidemiology field research methods. It would have been a problem in any setting, especially Indian and Native communities that have not only traditional but multiple non-Indian agencies and Indian groups at various levels of acculturation change.

Perhaps some simplistic guidelines would be of practical value to future researchers. "Keep it simple." "Don't attempt to be all things to all people." Advances in knowledge often do not have immediate practical benefit for a local community. Sometimes research data are unusable or negative. This may be unacceptable in certain cultural-political contexts. The goals of Foulks and his colleagues included the application of a precise research methodology, a useful scientific outcome, education of community groups, consultation with selected agencies, dissemination of the information, consensus building, and participation with the community for effective data utilization. The breadth of these goals, while laudable, certainly contributed to the misalliances, to the negative outcome, and the destructiveness of the process.

In his academic critique of the study, Foulks has identified major critical variables. A basic discontinuity was the inherent conflict between the perspective of the non-Indian technical advisory group and the Native steering committee. A major goal of the research team was to reach a consensus between the Inupiat and the non-Native agency personnel of the community. Foulks refers to this goal in his paper saying, "It was difficult for the research team through the polemic to locate the voice of the Inupiat." While I share the goal as an idealistic one, the complexities of communicating technical epidemiological information to service providers, community administrators, and community members is rarely if ever accomplished in the same effort. In fact, the generation of resources for new programs and community change usually follows some years later, with the mobilization of a broader political network that diffuses focus on a particular community.

Guidelines for Release of Information to the Press

The Achilles heel of this project appears to be in the complex decision-making process that led to a press release. What were the motivating factors? Were they researcher ego, community education, national education, program development, resource development, and/or a spontaneous

outcome with the open community meetings? For transcultural researchers working with Indian and Alaska Native communities, a press release is usually the kiss of death. Nevertheless, there are times when it will occur. In those instances certain guidelines may be helpful.

- (1) The release always should be supported and initiated by the tribal or village government.
- (2) Research findings should be reported as generalizations.
- (3) The identity of small local communities should remain confidential.
- (4) The emphasis should focus on positive aspects of the finding and decrease the taboo traditionally associated with high reported prevalence rates for mental illness, especially alcoholism and/or suicide.

There is no doubt that our government works by creating special pressures on and by vested interests for a short-term increase of public funds. The classical example in Indian country is the press release in the 1960s of the Indian adolescent suicide epidemics from the Northern Plains to justify funding for the National Institute of Mental Health Suicide Prevention Center. Indian adolescent suicides are a serious public health issue. Some of those new funds benefited Indian communities. However, the publicity also contributed to the public's negative stereotype of "the suicidal Indian," a self-image incorporated by many Indian tribes regardless of their suicide rates.

Essentials for Psychiatric Research

In 1977 I published a chapter on "Psychiatric Research Issues with American Indians" (Shore, 1977). Based on my review of the Barrow Alcohol Study, I have expanded my original six criteria to ten essentials. The ten essentials for psychiatric research with American Indians and Alaska Natives are as follows:

- (1) Planning for mental health projects should begin with collaboration between the social scientist and the Indian community.
- (2) The focus for particular research projects should be compatible with local priorities of the tribal council or community health committee.
- (3) In the research design and selection of a particular methodology, consideration should be given to the relevance of the outcome for use by the Indian group.
- (4) The methodology should be realistically conceived, and limited in its focus and project goals. It should be a practical method for field application in a transcultural setting.

- (5) The project should be implemented in a local community partnership with an attempt to employ Indian staff whenever possible.
- (6) An agreement should involve sharing the research findings with the local community in a manner that would maximize relevance for program planning.
- (7) If human subjects are involved, patient rights must be protected.
- (8) Community confidentiality must be preserved, just as individual patient confidentiality is protected.
- (9) A press release should be avoided.
- (10) Be realistic about the short-term, practical application of research data.

Foulks ends his paper with the following statement. "Hopefully, our experience will provide an example and a lesson demonstrating the degree to which the questions and methods of the times, and how scientists must self-consciously include the sometimes intangible, value laden factors into their research design and planning." His openness is educational for us, and he is to be commended. The critical factors affecting Indian and Native health, morbidity, and mortality, are significantly influenced if not caused by behavioral factors. To advance public health goals, applied field research must continue with full awareness of and sensitivity to the risks of imposed value systems, cultural imperialism, scapegoating, distortions, and misapplication of research findings. Perhaps, we can go forward with greater insight from the Barrow Alcohol Study to create effective alliances across cultural boundaries to study and promote the mental health and well-being of American Indians and Alaska Natives.

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