American Indian and Alaska Native Mental Health Research

The Journal of the National Center

Volume 3, Number 3, Spring 1990

RESEARCH ASSOCIATES
(Continued)

American Indian and Alaska Native Mental Health Research

This issue marks the close of the third volume of *American Indian and Alaska Native Mental Health Research*. It presents four articles that cover a diverse array of topics ranging from family interactional patterns to social and psychological symbolism in oral-traditional stories. In "A Comparison of Time Ojibway Adolescents Spent with Parents/Elders in the 1930s and 1980s," Zitzow reports evidence of major changes in the kind and extent of time that Indian youth spend with family members: a phenomenon often discussed in terms of its implications for bonding as well as socialization and frequently thought to be responsible for the disruption of various aspects of community life. As the author notes, though the investigative method suffers from several intrinsic limits, it nonetheless offers considerable insight into these dynamics and suggests more specific avenues for future study.

Despite the rapid growth of substance abuse treatment and prevention programming among American Indians and Alaska Natives, very little has emerged in terms of either the systematic description or evaluation of such efforts. Indeed, two recent Indian Health Service publications, both sponsored by the Substance Abuse/Alcoholism Programs Branch, emphasize the need to undertake this challenge. Gurnee, Vigil, Krill-Smith, and Crowley, in their article entitled "Substance Abuse Among American Indians in an Urban Treatment Program," provide a good example of what can be accomplished with existing program data. Their findings describe the difficult tasks that these services face, question some of the prevailing assumptions about intervention emphasis, and highlight several next steps that might be taken toward improving their effectiveness.

Coulehan, Topper, Arena, and Welty's article, "Determinants of Blood Pressure in Navajo Adolescents," returns us to a line of inquiry that has had considerable appeal for those working at the interface of the biobehavioral sciences. As life style changes, so to do patterns of morbidity and mortality. One of the longstanding questions in this area has focused upon the relationship between culture change, specifically its concomitant stresses, and blood pressure. The authors found no conclusive evidence for such an association in their study, but report intriguing gender differences that bear further investigation.

The last article in this issue, "The Ethics of Heroism in Medieval and American Indian Tales," by Scott, may appear at first glance to bear little immediate relationship to mental health. However, as one considers the enculturative and therapeutic roles of oral-traditional stories within this special population, their significance becomes much more apparent. As the author eloquently argues, these tales contain core symbols that reflect the social and psychological organization of an entire culture. Her comparative analysis depicts similarities and differences between American

Indian and Euro-American traditions that one cannot help but relate to much broader human experiences.

In bringing this issue to a close, we wish to thank all of the individuals who have selflessly contributed their time and effort to the publication process. These include: Dr. George Guilmet, Dr. Teresa LaFromboise, Dr. Joyce Kramer, Dr. Aron Wolf, Dr. Bernard Segal, Dr. Linda Kames-Cross, Dr. Sandra Joos, Dr. Joseph Pine, Dr. Joseph Trimble, Dr. John Nagel, Dr. Jenny Joe, Dr. Candace Fleming, and Ms. Susan Thornton.

Spero M. Manson, Ph.D.
Editor-in-Chief

A COMPARISON OF TIME OJIBWAY ADOLESCENTS SPENT WITH PARENTS/ELDERS IN THE 1930s AND 1980s

DARRYL ZITZOW, Ph.D.

Abstract: This study compared quantity and quality of family time spent with parents/elders by American Indian Ojibway adolescents (ages 12-18) in the 1980s to Ojibway adults (ages 55-70) who were adolescents in the 1930s. Results indicated that 1980s adolescents spent an average of 12.5 hours per week with parents/elders compared to 62 hours per week indicated by respondents who were adolescents in the 1930s. The 1980s adolescents reported significantly more adult substance use and family abuse within their homes, and indicated significantly less favorable well-being responses than 1930s adolescents.

Introduction

Family time has provided fundamental opportunities for the passing of values, skills, and knowledge to the younger generation.

This study was prompted by four main concerns regarding changes in Ojibway families. First, local county and reservation court systems measured a 200% increase in juvenile adjudication in the last 10 years. Court, state, and tribal costs have risen dramatically in an effort to place juveniles within a variety of alternative programs (including foster care, restricted school programs, and institutions). Second, local Indian Health Service studies regarding mental health concerns on reservations listed parent/child conflicts as the number one presenting problem for mental health contacts. Third, incidents of substance abuse appear to be rising at a more rapid pace among American Indian youth than among adolescents from other backgrounds (Finn, 1988). Fourth, there has been much discussion and speculation by reservation elders regarding family disruption resulting in the lack of youth accessibility to adult family members.

Abrams (1970) compared white families of the 1920s to white families in the 1970s. He found that white adolescents spent significantly less time with their parents in the 1970s.

There have been many articles concerning Indian family relationships and adolescent behavior. Robbins (1984) suggested that "the attachment bonds of family conventionality encouraged individuals to remain law-abiding."

Most of the recent research has summarized opinions and assumptions of sociologists or human service personnel. Few have tested these assumptions with rigorous study because of the absence of solid longitudinal study opportunity.

Much national press has been given to the changing family patterns across America and the influence lack of family time has had on youth problems. This study attempted to provide one basis for measuring current youth involvement with their families, as well as summarizing the recollections of reservation elders regarding involvement with family when they were adolescents.

Purpose of the Study

The purpose of this study was to examine an area with significant impact on adolescents: the family. More specifically, we hoped to determine the extent of change in both the quantity (amounts of time adolescents spent with or were exposed to parents and/or adult family models) and the quality (presence or absence of family dysfunctions) over a 50 year span. We realized that the format used was not an adequate replacement for scientific longitudinal study, but believed that in the absence of longitudinal study, current and retrospective assessments could prove informative.

Method

We were interested in asking respondents to calculate the amount of time spent in family activities with an adult or elder present in five basic category areas. These included: eating together, working together, family recreation, family entertainment, and family spiritual/ceremonial activities. Additional questions centered on the correlation of dysfunctional family behaviors, including: family substance abuse, family abuse, and negative well-being issues.

The study consisted of interviewing two separate groups on a Northern Minnesota Reservation. The first group consisted of respondents ages 55-70 who were asked to reflect back on their family activities in the 1930s. The second group consisted of respondents ages 12-18 who were asked to reflect on current family activities.

Six separate reservation communities were included in the study. Respondents for the 1930s adolescent sample were randomly selected and stratified for age from tribal enrollment and Indian Health Service patient data files. The final sample of 141 represents 43% of the tribal population within the age group 55-70. Respondents for the 1980s adolescent sample were selected from enrollment data from four different schools and were stratified by age, sex, and court adjudication. The final sample of 94 represented 31% of the tribal population within the age group 12-18. All sample respondents (and the adolescents' parents/guardians) completed

permission slips for participation in the study. All responses were held in the strictest confidence.

Results

Brief Data Observations

Descriptive characteristics for both groups appeared equivalent and representative of the total reservation community. The 1930s respondents, however, had a shift in sex ratio of 2 to 1 females to males. Religious preference appeared to shift from Catholic and Episcopal in the 1930s group to Lutheran and traditional Indian religions in the 1980s group. Fifty-five percent of the 1930s respondents reported attending boarding school for an average of 4.45 years; only 6.4% of the 1980s respondents attended boarding school, with an average attendance of .5 years. The boarding schools in the 1930s, sponsored by both the Catholic and Episcopal churches, were located within the reservation boundaries and were, with the exception of about 10% of the respondents, day programs only.

Average household size including respondents from the 1930s was 7.42 persons compared to 4.20 persons in the 1980s. This suggests a 41% reduction in average household size within the last 50 years.

When asked which adult family members the respondents spent the most time with during adolescence, there was a significant shift in the selection of "mother" as the first choice from 65% of respondents in the 1930s group to 31% in the 1980s group.

Table 1 summarizes the total family time per week for both groups in each of the five areas. Significantly more time was reported with family and parents/elders by the 1930s groups in all five areas. The 1930s group averaged 61.74 hours per week with family, while the 1980s group averaged 12.47 hours per week. The greatest differences were noted in the areas of eating, working, and religious activities. Respondents were not asked to account for time spent in school. Ten percent of the 1930s respondents did stay overnight at the boarding school or with extended family members in the school community.

Table 1
Adolescent Time (Hours Per Week) Spent with Family Comparing
1980s and 1930s

Activity	1980s N = 94 Calculated Time With Family		1930s N = 141 Estimated Time Away	
	1980	1930	1980	1930
Eating	4.15	20.41	4.50	2.02
Working	1.72	24.62	6.09	8.25
Recreation	2.85	8.15	22.75	6.53

Table 1 (Continued)
Adolescent Time (Hours Per Week) Spent with Family Comparing
1980s and 1930s

Activity	1980s N = 94 Calculated Time With Family		1930s N = 141 Estimated Time Away	
	1980	1930	1980	1930
Entertainment	3.35	5.40	20.60	2.86
Spirit Activity	.40	3.16	.76	.90
Total hours of 5 Activities	12.47	61.74	54.70	20.56

Tables 2 through 4 summarize responses of both groups to the items assessing adult substance use, family abuse, and well-being during adolescent years. The response choices were: 5) all the time; 4) most of the time; 3) some of the time; 2) seldom; and 1) never.

Table 2 summarizes medians for items measuring family substance use. Modern adolescents indicated a significantly higher frequency with the following experiences: 1) adult alcohol use; 2) adult drug use; 3) adults using money for substances that should have been used for food or clothing; and 4) being left alone (under 10 years) while adults were away using substances.

Table 2
Reported Family Substance Use

	1980s Adolescents					1930s Adolescents					X^{2*}
	Most 4	Some 3	Seld 2	Nev 1	Med	Most 4	Some 3	Seld 2	Nev 1	Med	
Adult alcohol use	10%	40%	34%	16%	2.45	5%	26%	17%	52%	1.83	69.17
Adult drug use	3%	7%	10%	80%	1.36	0%	0%	2%	98%	1.02	53.76
Used money for alcohol	4%	12%	16%	68%	1.5	20%	4%	3%	93%	1.11	39.99
Left at a young age	5%	6%	15%	74%	1.4	30%	1%	2%	96%	1.05	80.32

*p = .01

Table 3 summarizes medians for items from the family abuse section. The 1980s adolescents reported significantly more experience with the following: 1) adults yelling at adults; 2) adults hitting adults; 3) adults yelling at children; and 4) adults hitting children.

Table 3
Reported Family/Child Abuse

| | 1980s Adolescents | | | | | 1930s Adolescents | | | | | |
	Most 4	Some 3	Seld 2	Nev 1	Med	Most 4	Some 3	Seld 2	Nev 1	Med	X^{2*}
Adults yell at adullts	17%	33%	45%	15%	2.48	1%	11%	25%	63%	1.50	84.68
Adults hit adults	3%	9%	31%	57%	1.58	1%	5%	7%	87%	1.17	59.28
Adults yell at children	22%	33%	34%	11%	2.72	1%	17%	18%	64%	1.56	98.34
Adults hit children	6%	15%	33%	46%	1.81	1%	2%	14%	83%	1.19	73.96

*ϱ = .01

Table 4 summarizes medians for negative well-being items and total well-being indicators for the two groups. The 1980s adolescents reported significantly more negative well-being experiences for: 1) felt adults didn't care about me; 2) felt afraid to go home; 3) felt like running away; and 4) felt like hurting myself.

Table 4
Reported Negative Well-Being Data

| | 1980s Adolescents | | | | | 1930s Adolescents | | | | | |
	Most 4	Some 3	Seld 2	Nev 1	Med	Most 4	Some 3	Seld 2	Nev 1	Med	X^{2*}
Felt adults didn't care about me	11%	19%	33%	37%	2.05	0%	4%	3%	93%	1.11	124.32
Felt afraid to go home	2%	18%	26%	54%	1.72	1%	2%	6%	89%	1.14	69.48

Table 4 (Contineud)
Reported Negative Well-Being Data

| | 1980s Adolescents | | | | | 1930s Adolescents | | | | | χ^{2*} |
	Most 4	Some 3	Seld 2	Nev 1	Med	Most 4	Some 3	Seld 2	Nev 1	Med	
Felt like running away	22%	27%	27%	2%	2.61	1%	2%	7%	90%	1.13	139.45
Felt like hurting myself	17%	17%	21%	55%	1.78	0%	1%	1%	98%	1.03	102.48

*p = .01

Table 5 summarizes the self-report of both groups regarding personal inappropriate adolescent (delinquent) behaviors. Percentiles were calculated indicating "yes" or "no" participation in each of the items. The 1980s group indicated significantly more participation in all items.

Table 5
Summary of Inappropriate Adolescent Behaviors

| | 1980s Adolescents Participated | | 1930s Adolescents Participated | | χ^2 |
	Yes	No	Yes	No	
Smoke Cigar.	79%	21%	52%	48%	25.37*
Traffic viol.	8%	92%	2%	98%	32.01**
Skipped school	64%	36%	33%	67%	27.91*
Ran away	32%	68%	8%	92%	29.07*
Used alcohol	85%	15%	30%	70%	72.47*
Smoked marij.	53%	47%	2%	98%	84.36*
Stole something	70%	30%	18%	82%	70.47*
Damaged property	45%	55%	9%	91%	45.61*
Was arrested	29%	71%	9%	91%	33.19*
Total incident	Mean = 4.53		Mean = 1.14		180.38*
Court adjudic.	34%	66%	1%	99%	58.18*

*p = .01   **p = .05

The mean response for participation in all inappropriate behaviors for the 1980s group was 4.53. The mean response for the 1930s group was 1.14. The 1980s group's participation in inappropriate behaviors was significantly more than the 1930s group using X^2.

The most frequently reported inappropriate adolescent behaviors for the 1980s group were: 85% used alcohol; 79% smoked cigarettes; and 70% stole something. For the 1930s group; 52% smoked cigarettes; 33% skipped school; and 30% used alcohol. The greatest differences in participation in behaviors between the groups were noted in: marijuana use; stealing something, and skipping school.

Finally, 34% of the 1980s adolescents experienced court adjudication, while only 1% of the 1930s adolescents reported such adjudication.

Conclusions

Adolescents spent significantly less time with parents/elders in all the major areas of Ojibway family time when 1930 to 1980 families were compared. Working together fell the most, from an average of 24.62 hours per week in the 1930s to 1.72 hours per week in the 1980s. Eating together dropped from 20.41 to 4.15 hours per week. Recreation together fell from 8.,15 to 2.85 hours; entertainment dropped from 5.40 to 3.35 hours; and spiritual activities were reduced from 3.16 to .40 hours per week. Summation of the above five areas indicated a total weekly average reduction from 61.74 hours per week (1930s) to 12.47 hours per week (1980s). Modern adolescents appear to be spending significantly much more time away from parents/elders.

Participation in the traditional activities or historical activities (ricing, maple sugaring, berry picking, etc.) still occurred for a small percentage of the 1980s adolescents, but less frequently than for the 1930s group. The modern Ojibway family does not appear to be as dependent on these activities for survival or pleasure.

In place of family time spent with parents or elders, the 1980s adolescents offered open-ended responses including: school activities, television (satellite dish), three wheelers, riding in a car, listening to the radio, television games, partying, and "just hanging out."

Highly significant differences were noted in all areas of family dysfunction measured between respondent groups. Drug use, parents using money for substances, or leaving children at a young age were almost non-existent for parents of the 1930s group. These same behaviors appeared to increase in occurrence, along with significant increases in parent alcohol use, for the 1980s adolescents.

All areas of family abuse (including adults yelling at adults, adults hitting adults, adults yelling at children, and adults hitting children) increased significantly for thre 1980s adolescents.

Negative well-being factors provided the most notable differences between the 1930s and 1980s groups. The 1930s respondents appeared

to seldom or never experience the negative well-being items (feeling like adults didn't care, feeling afraid to go home, feeling like running away, and feeling like hurting myself). The 1980s adolescents experienced all negative well-being items to a significantly greater degree.

Several built-in biases have not been effectively controlled. The 1930s adolescents were asked to "reflect back" to a time in their lives that is perhaps the most tumultuous time for any person: adolescence. The 1980s respondents were assessed in the midst of their adolescence, and therefore may have been more in touch with their negative feelings. There may have been a tendency for all ethnic groups in the 1930s to be more cautious and closed about sharing negative information about themselves or their families.

A final bias is noted for the 1930s group. According to Erickson (1968), persons aged 55 to 70 are approaching their final stage of development and are in the process of reviewing their lives and attempting to resolve the conflict of looking back with either despair or acceptance. They may bias responses in favor of "acceptance" in an attempt to avoid despair, or they may even romanticize a simpler and perhaps less stressful existence.

Attempts to control for the biasing influence of survivorship in later years have met with a variety of strong comments and suggestions. Some would speculate that the "survivors" represent the better adjusted representatives of their group and by virtue of their survival, skew data to reflect more positive family models. Therefore, a more accurate study would suggest comparing the "best" of 1980s to the "best" of the 1930s. Others argue that there is no research to support the concept that strong or weak family ties have any relationship to longevity, and believe that subdividing groups would introduce yet another bias into the research. Finally, others argue that persons in the sample in the 55 to 70 age group may represent the "poorest" survivors by virtue of their remaining existence in and dependency on the reservation, and their inability to function independently outside the reservation community.

In evaluating delinquency behaviors and the experiences of court adjudication for both groups, notable and significant differences were measured. Significantly greater delinquency experiences were noted for the 1980s group. The 1980s respondents reported significantly greater participation in court adjudication.

The adolescents of the 1930s appeared to generally receive influence, discipline, and behavioral control from within the family or extended structure. Discipline appears to be affected by multiple resources outside the family structure for the adolescent of the 1980s.

Speculations are unlimited regarding the shift of the modern Ojibway adolescent away from family time with their parents or elders. One argument suggests that some Ojibway parents lack Coopersmith's (1967) definition of self-esteem ("a personal judgement of worthiness"), and as a result withdraw from their children. Some arguments focus on the pervasiveness of chemical dependency problems that plague reservation

communities and suggest that alcohol or drug use by parents dis-enfranchises children from meaningful contact. Economics and the need for parents--often both parents--to be away working or at school sum-marizes yet another dilemma.

Other opinions suggest that the changes in Ojibway family life reflect the changes in American society as a whole. As Bronfenbrenner (1970) put it, "Americans are inconsiderate of others and predisposed to alienation and violence because children in our society are reared not by their parents, but by television and their peers." The mere quantity of choices of "alternatives" for today's youth causes further speculation that parents are unable to compete for their children's attention.

Finally, the combined backdrop of unemployment, poverty, chemi-cal dependency, social isolation, and prejudice found on the reservation provides support for the speculations of Jencks (1972) that both parents and their children lack. . ."destiny control, the feeling of individuals that they no longer have the opportunity and capability of shaping their own future."

Parents lacking destiny control may withdraw from their parenting opportunities. Sensing the lack of control, children may withdraw from their parents. Clearly, Ojibway parents (similar to parents in American society as a whole) face a continued challenge as they seek to teach and impact their children in a time when the families themselves struggle for survival.

PHS Indian Health Service
White Earth Clinic
White Earth, Minnesota 56591

References

Abrams, P. (1970). *Study of family time.* Unpublished manuscript, Arizona State University, Tempe.

Bronfenbrenner, U. (1970). A quote from R. F. Biehler (1968), *Child development: An introduction* (p. 409). Boston, MS: Houghton Mifflin.

Coopersmith, S. (1967). *The antecedents of self-esteem.* San Francisco, CA: Freeman.

Erickson, E. (1968). *Identity: Youth and crisis.* New York, NY: Norton.

Finn, M. (1988, May). *Midwest regional center substance use survey* (p. 46).

Jencks, C. S. (1972). *Inequality: A reassessment of the effect of family and schooling in America.* New York, NY: Basic Books.

Robbins S. P. (1984, April). Anglo concepts and Indian reality: A study of juvenile delinquency. *Social Casework*, p. 236.

SUBSTANCE ABUSE AMONG AMERICAN INDIANS IN AN URBAN TREATMENT PROGRAM

CHARLES G. GURNEE, B.A., DORIS E. VIGIL, B.S., SUSAN KRILL-SMITH, M.S.W., and THOMAS J. CROWLEY, M.D.

Abstract: Chart reviews were used to describe demographic and clinical characteristics of 68 urban American Indian people attending an Indian-oriented outpatient substance-abuse treatment program in Denver, Colorado, and to describe program staff's assessment of client's response to treatment. Alcohol and marijuana were the drugs abused most frequently. The program admitted about equal numbers of males and females; age averaged 24 years. Although Colorado has only Ute reservations, 49% of clients were Sioux, while none were Ute. Moreover, 87% of clients were not active in Indian religion and culture. Clients had low educational achievement and very low income. Few were in stable marriages. In comparison to counselors, clients underestimated the severity of their problems. By counselors' assessment, 78% of clients did not finish the program, and only two fully achieved the treatment goals. Areas for further clinical research are suggested.

Reliable data on extent and patterns of drug (including alcohol) use among American Indians have been scarce. Information often is anecdotal and based only on observer impressions. Health reporting systems on reservations are inefficient, and a primary diagnosis of alcoholism or drug abuse may go undocumented. Conducting research among American Indians, whether on remote reservations or in urban areas, is difficult. Especially for non-Indian researchers, secrecy, deception, and distrust of researchers may preclude research access to social functions, clinics, schools, or individuals.

Drug abuse has presented problems for American Indians for many years, and even though there is a recent slight decrease in lifetime prevalence, the rate is still much higher than that for non-Indian people (Beauvais & LeBoueff, 1985). Brod (1975) found that alcoholism death rates for American Indians have ranged from 4.3 to 5.5 times the national average. He also found the Indian alcohol arrest rate to be 12 times the national average, with the rate for urban Indians 38 times greater than the rural Indian rate. Many Indian suicides and homicides may be attributed to alcohol abuse (Snake, Hawkins, & LeBoueff, 1976). Average education is low (9th grade), and unemployment is as high as 80% on some reserva-

tions. Snake and associates concluded that "the use of alcohol and drugs causes 80 to 90 percent of the problems of Indian people."

Although the use of alcohol and other substances by American Indians has received considerable attention, empirical studies of substance abuse prevalence are few and rural-focused. About half of Indians now live in cities away from reservations (Sorkin, 1978). Few data are available on substance abuse problems among these urban Indians.

An outpatient clinic was established to treat drug (including alcohol) abuse among Indian youth and young adults in the Denver metropolitan area. We examined records from the first 68 of these urban, substance-abusing admissions for psychosocial, vocational, legal, sociocultural, and drug factors, and report counselors' assessments of treatment outcome.

Methods

The Treatment Program

This Indian-staffed outpatient substance-abuse treatment program was part of a larger Indian-directed medical, social, and mental health service agency. It offered Indian Child Welfare services, primary health care, and a food-clothing bank. The substance abuse program offered very active outreach and patient recruitment, medical examinations and treatment, and individual, group, or family counseling. It emphasized Alcoholics Anonymous, Narcotics Anonymous, and disulfiram. The most common treatments were individual or group supportive counseling. Some patients were contacted through education outreach groups in schools with larger proportions of Indian students. Another off-site group was located in another Indian community program in a heavily Indian neighborhood. Clinical consultation was provided by a University substance abuse treatment program. Clients generally were referred by family and friends, courts, clinicians, and self-referrals. The program was developed under a grant from the Indian Health Service to provide care to adolescent and young adult American Indian substance abusers (and their families) in the Denver area.

The Clients, Materials and Procedures

Records from 68 consecutively admitted male and female American Indian clients seen for substance abuse problems were studied. Cross-employment of staff by the research and clinical organizations, qualified service agreements between them, and the fact that only retrospective reviews of existing chart data were performed removed the need for client consent for the research.

An admission log book was used to identify these clients. Client files were checked for American Indian ethnicity. We then extracted information from clinical record forms required by funding agencies;

Colorado's Drug/Alcohol Coordinated Data System form and the Alcoholism Treatment Guidance System form of the Indian Health Service had been completed by the patients' counselors, who provided supplemental information as needed. Data were analyzed with the Statistical Analysis System (SAS User's Guide, 1985).

Results

Demographic Characteristics

Of the 68 clients reviewed here, 62 were seen in relation to their own substance abuse, five primarily in relation to substance abuse among family members, and one did not have specific substance-abuse complaints in self or family. However, we have included all of these clients, since all sough evaluation or treatment in the substance abuse program. These 68 clients included 32 females, while one client's sex was not reported. The clients' mean age was 24 years (range 13-62). Among the 67 clients for whom a birth year was clearly recorded, 72% were 17 years of age or older.

Of this group, 38% were living with parents, 20% with a spouse, and 9% with children. Sixteen percent were considered at admission to be "transient loners," were living alone, or were in a group living situation. Only 23% of clients were employed at admission. Thirty-two percent said that their usual occupation was "student," while homemaker and laborer each were reported as usual occupation by 13%; 16 clients said that they had no usual occupation.

Of the 67 clients for whom martial status information was available, 11 stated that they were married, 5 lived in common-law marriages, 2 were separated, 5 were divorced, 1 was widowed, and 43 reported never having been married.

Sixty-seven clients classified themselves as American Indian, and 45 of the clients said that they were of at least one-half Indian descent. Half were Sioux and 12% were Navajo. Although only Ute tribal reservations are located in Colorado, no clients were Ute. Only 21 of these clients had been raised in an Indian community. Few participated in Indian cultural activities: 47 clients reported that they did not participate, one reported regular participation, and the others fell between these extremes. Similarly, 59 clients reported no participation in traditional Indian religious activities, and only one reported regular participation.

The mean educational achievement for all clients was 10.2 years, with a range of 0 to 13 years. For those 17 years of age or older, the mean was 10.7 years.

Thirty-four percent of the group said that they were supported by family or friends. Twenty-two percent reported that they supported themselves with jobs, 21% through public assistance, and 15% had no income. Pension and illegal sources of income were each reported by one client,

and four said that they had "other" sources. Forty-one of these clients said that they had no annual income; of the 72% of clients 17 years of age or older, the mean reported annual income was $3,154. The highest income, $13,000 per year, was reported by two clients.

It is very striking that only two clients reported alcohol abuse among their fathers, and only one reported alcohol abuse by the mother. Moreover, only three clients reported alcohol abuse among siblings, although they averaged 0.56 siblings per client (range 0 - 6).

Referral Sources

Referrals for treatment were from social and community service agencies (31% of clients), relatives (24%), self (12%), probation agencies (10%), and various other services (24%). Reasons for referral included alcohol problems (39%), alcohol and drug problems (35%), and family problems (12%).

Legal Status

These clients reported a median of 0 and a mean of 2.7 for lifetime arrests (range 0-90). The numerous and extensive client-tracking forms required by the program's funding agencies ask about arrests in several different places. Although 39 clients reported no arrests on one form, 58 reported no arrests on another form. Sixty-four clients stated that they had never had an arrest for Driving Under the Influence (DUI) or Driving While Intoxicated (DWI). Two clients reported one such arrest, one reported two such arrests, and one reported 10. In another form, all 68 clients denied any DWI arrests. Seventy-one percent of clients said they had never spent any days in jail, so the median was zero jail days. However, 8 clients reported spending from 3 to 167 months in jail.

Admissions Assessments

At admission the counselors considered alcohol the primary or secondary drug of abuse for 90% of clients; marijuana was listed as primary or secondary for 62%. One of these two drugs was primary in all but three cases, in which cocaine, inhalants, or "tranquilizers," respectively, were listed as primary. The primary drug was reported to have been abused a mean of 6.4 years (range 1-30 years). Forty-four percent of clients were considered to have no secondary drug of abuse. For 31%, alcohol constituted a secondary drug of abuse, and for 21% marijuana was a secondary drug. Barbiturates, anti-anxiety drugs, or heroin were the secondary drug problem for each of three patients respectively.

Fifty-nine percent of clients reported no prior alcoholism treatment experience, and 27% had been in alcoholism treatment only once previously. Ten clients had experienced 2 to 12 prior alcohol treatment

episodes. Ninety percent had received no prior treatment for abusing other drugs.

At admission, 22% of clients already were taking disulfiram. None of the others were using drugs commonly prescribed to substance-abusing patients, including methadone, naltrexone, neuroleptics, benzodiazepines, or tricyclic antidepressants.

At admission, 65 clients had never had a blood test for Human Immunodeficiency Virus (HIV). Three had been tested but results were not available to us. All clients denied that they ever had shared hypodermic needles, and only one admitted to prostitution. In a list of signs and symptoms of AIDS or AIDS-Related Complex, only one client complained of fatigue, and one other complained of dry cough. Thus, the risk of drug-related HIV infection in this sample appeared to be low. Similarly, all 68 clients denied that they ever had a history of tuberculosis.

At admission, both clients and interviewers were asked to rate problem severity in several different areas on a 0 (no problems) to 3 (severe problem) scale. Table 1 shows that interviewers rated the problems as more severe than did clients.

Table 1
Mean (±SD) Rating of Problems by Client and
Interviewer at Admissions

	Client	Interviewer
Health	.35 (.79)	.90 (1.04)
Family	1.50 (1.22)	2.54 (.74)
Friends	.94 (1.10)	2.00 (.99)
Employment or School	1.10 (1.16)	2.16 (1.06)
Legal	1.59 (2.02)	1.71 (1.23)

Of the 65 clients for whom data were available, 40% reported at admission that they had no current legal problem, and 25% reported severe current legal problems. The others fell between these extremes. The admission interviewers' assessments were that 28% of clients had no legal problems and that 37% had severe problems. None of these outpatients had current commitments under Colorado's Alcohol Commitment Act.

Treatments and Discharges

At the time of our chart review, 79% of the clients had been discharged and the rest still were registered. On the discharge forms, counselors reported that services used most frequently in treatment were group counseling (43% of clients), individual counseling (35%), and family

counseling (11%). Disulfiram was prescribed for 22%. Discharged clients had received an average of 11.7 hours of services.

Discharge records were somewhat confused because some patients formally had been discharged, others no longer were attending treatment but had not yet been formally discharged, and still others remained active in treatment. However, relative counts of the counselors' stated reasons for discharge remain interesting. Seventy-eight percent of admitted clients had dropped out of treatment; notations included "refused services," "moved away," "left before completed," and "needs not met in treatment." Only two clients were considered to have fully attained the treatment goals, and nine others partially attained those goals.

At discharge, clients were rated on the Indian Health Service (IHS) 9-point scale of alcohol/substance dependence. The scale ranged from Stage 1 ("in withdrawal") to Stage 9 ("{sobriety is a way of life or no problem for one year or more"). Of the 60 clients for whom we had ratings (some provided by counselors after our initial chart review), 73% ranged at discharge from Stage 2 ("compulsive drinking or drug use") to Stage 5 ("some problems related to alcohol or drugs, or building up to abuse"). Twenty-seven percent ranged from Stage 6 ("has a plan for maintaining sobriety but still needs a supportive environment") to Stage 9 ("sobriety is a way of life or no problem for one year or more").

In the IHS scale, Stage 4 is "activities centered on alcohol or drugs, or admits use causing problems." The mean admission rating for the entire group of 68 clients was 4.1 ($\pm$1.8 S.D.). The mean discharge rating for the 60 clients so rated was only 4.7 ($\pm$ SD 1.7).

Counselors' ratings of 1 (severely impaired) to 9 (problem-free for at least one year) were made on IHS forms at admission and discharge not only for alcohol/drug problems, but also for physical, emotional, cultural-social, and "spiritual" problems. The mean across all factors at admission for the 68 clients was 3.76, while the mean for the discharged 60 clients was 3.72.

Discussion

This report of an effort to provide substance abuse treatment for a group of urban American Indians has obvious weaknesses. The treatment organizations were also the investigators. The data were assessments by counselors who provided the treatment. The method involved retrospective chart reviews. The many forms required by funding agencies resulted in some questions being asked more than once, and discrepancies in answers certainly suggest unreliability in data collection. The extremely infrequent reports of substance abuse in first-degree relatives of these substance-abusing clients are especially suspect.

On the other hand, there are almost no data describing American Indian substance abusers who live in cities. Accordingly, this report may

have heuristic value for formulating future hypotheses about substance abuse among urban American Indians. Some of the factors which appeared to stand out in our data, and which may merit further research, are discussed here.

Difficult Population

Attracting and treating this group was very difficult. The counselors did extensive outreach activities with schools, churches, courts, and other potential referral sources.

The assembled clients were not well equipped for success in the majority society. They were young, of a minority group, desperately poor, poorly educated, medically indigent, and largely unemployed. In addition, many members of the group had criminal involvement.

Moreover, these clients seemed to have little attachment to Indian culture or values. Most had not been raised in Indian communities and did not participate in Indian cultural or religious activities. Most also were at some distance from their own reservations; the group included no representatives of tribes with reservations in Colorado.

With an average age of 24 years, this was a group of mostly younger persons. The clinic was supported by a grant which specified attention to a younger population, and that may have influenced the age distribution. Surprisingly, males and females were about equally represented; in the American general population alcoholism is about four times more prevalent among males than among females (Robbins et al., 1984). The reasons for the unusual distribution here are unclear.

In substance abuse treatment, employment, education, income, and marriage are all considered prognostic factors. By those standards, this was an exceedingly difficult population, with low educational and occupational achievement, extremely low income, and few clients in stable marriages. Moreover, more than 40% of the clients were referrals from social service or probation agencies. These clients infrequently reported prior substance abuse treatment. Although the reasons are unclear, we can conclude that these clients had not actively sought much treatment previously. In addition, in comparison to estimates of the counselors, the clients underestimated the severity of their problems at the time of admission; problems perceived as minor do not effectively motivate change.

We conclude that clients in this clinic were a particularly difficult group to treat. As might be expected, treatment outcome as assessed by counselors was discouraging. Most clients left without completing treatment, and only two were considered to have attained their treatment goals fully. It may be argued that counselors had set unrealistically high goals for this admittedly difficult population, but the high rate of early drop-outs also suggests that, as originally structured, this treatment program had limited beneficial effect.

Cultural Considerations

Alcohol and marijuana overwhelmingly were the drugs abused by this group. It may be that drug choice is influenced by urban-rural differences, since other investigators have emphasized the extensive use of inhalants by younger American Indians in on-urban settings (Cockerham, 1977; May, 1982; Young, 1988; Cohen, 1977; Young & Lawson, 1986). Moreover, cocaine abuse was spreading through other impoverished minority groups at the time that this study was underway, but cocaine rarely was abused by these clients.

This clinic, with consultation from University substance abuse specialists, was directed and staffed by Indian personnel, so it was very sensitive to these clients' cultural issues. However, few clients had strong ties to Indian culture, and very few practiced Indian religions.

Research Needs

It would be helpful if future clinical research with substance-abusing American Indians could address the following issues:

First, this program experienced considerable difficulty in attracting clients into treatment. Counselors had to perform extensive community outreach to get referrals; meanwhile, the grant paid for treatment, not outreach. Communication networks, usual forms of media advertising, and other familiar methods for attracting clients had limited value in this project. Moreover, retaining clients was a major problem. Families and social agencies generally were not very effective in maintaining pressure to keep clients in treatment. Clients had shown little previous motivation to enter treatment, and tended to drop-out well before treatment had achieved much.

The need for extensive outreach activities, coupled with many early drop-outs, may indicate that outpatient treatment of the kind offered here is not very attractive to these clients. Novel methods may be needed to draw them into treatment and to hold them there. In other contexts (Crowley, Andrews, Cheney, Zerbe, & Petty, in press) we have paid patients to enter treatment and to modify their drug-using behavior, and such approaches might be appropriate with these impoverished clients. Perhaps future research could examine the hypothesis that these clients would have better outcomes if they were rewarded with food, social services, social activities, or even money for participating in and improving in treatment.

Several factors may be related to the high drop-out rates. One may be the enormous paperwork burden imposed upon the treatment process by funding agencies. The required detailed records were useful in preparing this report, but intruded into the client-counselor relationship; clients come to a clinic to get help and not to fill out forms. Perhaps the collection of such data could cease until those who require its collection have analyzed and published that which now is in their possession.

Second, many programs aimed at American Indian clients emphasize traditional healing practices, including the Sweat Lodge, traditional religious activities, etc. However, most of these urban clients had very little attachment to traditional Indian culture and religion. The effort of having programs staffed by Indians and offering traditional healing practices deserves further research. Some might argue that greater cultural emphasis would improve outcome, while others may suggest that traditional practices would be perceived as irrelevant by urbanized Indians; the issue warrants empirical testing.

Third, it will be important to examine what treatment goals are reasonable for these clients, given their bleak prognostic indicators. In retrospect, clients' individual goals were probably not well defined. Some may have come only because of pressure from an agency, while others may have sought food or shelter, to avoid domestic violence, or simply to associate with a counselor respected in the community. Staff often assumed that the client's goal was, "I want to stop drinking." However, this may not always have been a major motivation. When counselors set goals that cannot be achieved, they become frustrated and clients are not well served. Our review of this program suggests that modest initial goals may be appropriate for such clients. For example, if initial clinic goals were that most patients would stay in treatment for six months, would usually take Antabuse, and would decrease drinking days by 50% during the six-month period, counselors and clients more often might feel successful, and that might contribute to later work on more extensive goals. The value of using such concrete, modest initial goals is empirically testable. Such goals, of course, must be individualized in consideration of patients' different age, tribe, urban/rural residences, etc.

Fourth, future research should focus on the merit of well-defined treatment interventions for this very difficult group. An eclectic mix of behavioral, pharmacologic, counseling, and traditional medicine treatments, together with strong exhortations regarding Alcoholics Anonymous, were employed here (and in many other programs). However, improving outcome will depend upon clarifying the merit of these various components; that requires research with an experimental group which receives the component and a control group which does not.

Department of Psychiatry
University of Colorado Health Sciences Center
4200 E. 9th Ave., Campus Box C268
Denver, Colorado 80262

References

Beauvais, F., & LeBoueff, S. (1985). Drug and alcohol intervention in American Indian communities. *International Journal of Addictions, 20*(1), 139-171.

Brod, T. M. (1975). Alcoholism as a mental health problem of Native Americans. *Archives of General Psychology, 32*, 1385-1391.

Cockerham, W. C. (1977). Patterns of alcohol and multiple drug use among rural White and American Indian adolescents. *International Journal of Addictions, 12*, 271-285.

Cohen, S. (1977). Inhalant abuse: An overview of the problem. In C. W. Sharp & M. L. Brehm (Eds.), *Review of inhalants: Euphoria to dysfunction* (pp. 2-11). Department of Health, Education, and Welfare, Publication No. ADM 77-553. Washington, D.C.: U.S. Government Printing Office.

Crowley, T. J., Andrews, A. E., Cheney, J., Zerbe, G., & Petty, T. L. (In press). Carbon monoxide assessment of smoking in chronic obstructive pulmonary disease. *Addictive Behaviors,*

May, P. A. (1982). Substance abuse and American Indians: Prevalence and susceptibility. *International Journal of Addictions, 17*(7), 1185-1209.

Snake, R., Hawkins, G., & LeBoueff, S. (1976). Report on alcohol and drug abuse, Task Force Eleven. *Final Report to the American Indian Policy Review Commission.* Washington, D.C.: U.S. Government Printing Office.

Sorkin, A. (1978). *The urban American Indian.* Lexington, MA: Lexington Books.

SAS User's Guide: Basics, Version 5 Edition. (1985). Cary, NC: Statistical Analysis System Institute, Inc.

Young, T. J. (1988). Substance use and abuse among Native Americans. *Clinical Psychology Review, 8*, 125-138.

Young, T. J., & Lawson, G. (1986). Voluntary inhalation of volatile substances: A clinical review. *Corrective and Social Psychiatry, 32*, 49-54.

DETERMINANTS OF BLOOD PRESSURE
IN NAVAJO ADOLESCENTS

**JOHN L. COULEHAN, M.D., M.P.H., MARTIN D. TOPPER, Ph.D.,
VINCENT C. ARENA, Ph.D., and THOMAS K. WELTY, M.D., M.P.H.**

Abstract: Hypertension is becoming more common among Navajo people, especially among young men. In a group of 580 Navajo adolescents, we looked for factors associated with variations in blood pressure level. Using our criteria, 11.1% of adolescent males and 1.6% of females had an elevated screening blood pressure. In males, blood pressure was a function of age only, and not significantly related either to obesity (body mass index) or measures of acculturation and personal adjustment. In females, blood pressure was not related to age, but was associated with body mass index. Systolic pressure in females was also associated with poor personal adjustment. Level of acculturation (by our index) had no bearing on blood pressure level in this population.

The low prevalence of ischemic heart disease among the Navajo and other Southwestern American Indians has been a striking and consistent finding in studies over the last 50 years (Gilbert, 1955; Sievers, 1967; Smith, 1957; Hesse, 1964; Fulmer & Roberts, 1963; Coulehan, Lerner, Helzlsouer, Welty, & McLaughlin, 1986; Coulehan, in press). While the incidence of acute myocardial infarction is increasing (Klain, Coulehan, Arena, & Janett, 1988; Sievers & Fisher, 1979), age-adjusted mortality from ischemic heart disease among Navajo people in 1981-1983 was less than one-third that of American Indians in general, and less than one-fourth that of the U.S. population as a whole (Coulehan, in press). In an effort to understand this resistance to heart disease, investigators have studied the prevalence of cardiovascular risk factors, such as smoking, diabetes, elevated serum cholesterol, and hypertension.

Hypertension was uncommon in early clinical studies and surveys (Coulehan, in press). For example, Fulmer and Roberts (1963) found in the late 1950s a prevalence of only 4% among the adult Navajo population in a community survey of Many Farms. However, more recent evidence, some of which was summarized by Sievers in 1979, suggests that the prevalence of high blood pressure has been increasing among Southwestern Indians. Twenty years after Fulmer's study, we screened several hundred adult Navajo volunteers and found that 17% had abnormally high casual blood pressures (DeStefano, Coulehan, & Wiant, 1979).

When we looked in some detail at the results of this screening program, we found that elevated blood pressures were quite common in young men, and did not appear to increase with age, as is the usual pattern in the United States and Europe. However, there was a dramatic difference between young men and young women in the occurrence of elevated blood pressure. This pattern led us to hypothesize that hypertension was increasing among the Navajo primarily because of excess cases among the younger male population (DeStefano et al., 1979). If this were true, one would expect to see more dramatic increases in hypertension as this cohort of persons aged and new cohorts were exposed to whatever factors were contributing to the elevated blood pressures.

What might these factors be? Observers have advanced two sets of hypotheses to explain the low prevalence of hypertension in traditional societies (Eyer, 1975). The first is that these societies are generally characterized by adequate exercise, little obesity, and diets that typically have a low salt content. The second set of hypotheses is concerned with the "coherent value systems" of traditional societies. Because there is little personal or social stress in such societies, the chronic adrenergic stimulus that causes blood pressure elevation does not occur.

When traditional cultures adopt Western values and lifestyles, the prevalence of hypertension increases. This could result from behavioral and dietary changes, leading to more obesity and higher salt intake; and/or it could result from the process of "acculturation" in which traditional economic, social, and cultural systems become disrupted and fragmented. Since we noted a high prevalence of elevated pressures among Navajo men aged 20 to 29 years, we assumed that pressure elevations started in adolescence. Therefore, we decided to survey an adolescent Navajo population to test the hypotheses that variations in blood pressure are related to some measure of body weight and obesity, and/or to some measure of acculturation or personal adjustment.

Methods

We conducted the study during 1981 in two Bureau of Indian Affairs dormitories for Navajo high school students in Tuba City and Flagstaff, Arizona. In each setting, we screened students during a one week period and were able to obtain blood pressure data on 580 adolescents 12 to 20 years of age, about 90% of the students residing in the two dormitories.

In the first part of data collection, two medical students and two community health personnel measured blood pressures, heights, and weights of each student. They took right brachial blood pressures in the sitting position using standard sphygmomanometers. The second part of data collection consisted of a 63 item questionnaire administered to students by dormitory counselors. Five hundred sixty nine (98%) of students completed the questionnaires, although in some cases questions were left

unanswered. Each student was assigned a unique study number so that confidentiality could be maintained.

Two subsets of questionnaire items were pertinent to the blood pressure study. First, 16 items dealt with the variable of traditionality and acculturation. These questions, and those for the other scale, were constructed by Dr. Topper based on extensive experience with Navajo culture and earlier studies of traditional Navajo family life, delayed adolescent separation-individuation, alcoholism, and depression among Navajo people (Topper & Curtis, 1987). The Appendix lists items used in the two scales. Questions in the acculturation scale included language spoken at home, type and location of the student's home, religion practiced by the student and his/her parents, and source of family income. A second scale containing 20 questions addressed the variable of personal adjustment rather than background cultural characteristics. Half of the questions dealt with whether or not the student had difficulties in school or delinquent behaviors. The other half dealt with the student's own feelings, such as degree of loneliness, anger and trust.

For purposes of the study, we defined "abnormal" screening blood pressure to be any determination in which the systolic pressure was 140 mmHg or greater, or in which the diastolic pressure was 90 mmHg or greater. This definition was similar to that used by the National Health and Nutrition Examination Survey (HANES I) for the adolescent age group (*Blood Pressure Levels*, 1977). We calculated body mass index (BMI) from measured height and weight. This index is defined as weight in kilograms divided by the square of the height in meters. A BMI of 27.8 in young males and of 27.3 in females is at the 85th percentile of 20 to 29 year old persons surveyed in HANES I, and values above those were considered to represent an overweight or obese condition (*Blood Pressure Levels*, 1977).

Responses to the adjustment and acculturation scales were assigned weighted values, and cumulative scores were calculated in each scale for each student. We performed continuity-corrected X^2 tests to ascertain the presence of associations between elevated blood pressure and other discontinuous variables (e.g., responses to individual questions). To ascertain relationships among continuous variables (actual blood pressure, age, BMI and questionnaire scores), we performed a series of step-wise linear regression analyses.

Results And Discussion

Table 1 illustrates mean systolic and diastolic pressures by age and sex in this group of Navajo adolescents, comparing them with mean pressures from adolescents in the HANES I survey. As can be seen, both systolic and diastolic blood pressures increase with age in males, while a similar trend is not present among females. In general, systolic blood pressures of Navajo males were a little higher and diastolic pressures a little lower than the national sample. Using an identical definition of "abnormal,"

JOHN L. COULEHAN ET AL.

we found Navajo adolescent males were somewhat more likely to have
elevated pressures than were males in HANES I (11.1% vs. 8.5%), and
Navajo females were considerably less likely to have elevated pressures
(1.6% vs. 4.2%).   These percentages are, however,   based on small
numbers, as there were a total of 33 males and 4 females who met criteria
for "abnormal" blood pressure.

Table 1
Blood Pressures of Navajo Adolescents Compared with Those of
U.S. Adolescents (HANES I)

Age	Male (N=284)				Female (N=296)			
	Systolic		Diastolic		Systolic		Diastolic	
	Navajo	HANES	Navajo	HANES	Navajo	HANES	Navajo	HANES
13	112.6	111.3	64.1	69.5	115.2	111.4	67.9	68.4
14	116.5	111.4	66.3	68.6	116.1	112.8	67.4	68.3
15	124.4	116.4	68.4	71.4	113.7	111.7	67.7	69.7
16	121.6	119.1	67.7	72.8	114.5	113.6	69.4	69.4
17	124.8	119.5	72.4	73.7	112.9	112.2	66.9	71.2
18	126.2	123.5	72.5	76.3	113.5	114.8	69.3	71.5

Table 2 shows weight by gender and age group. Here, as one
might expect, there is a progressive increase in mean weight with age
among the males, but much less of an increase among females. Table 3
shows the percentage of adolescents in this study who attained or exceeded
the 75th and 90th percentiles for weight derived from adolescents in the
HANES I and other National Center for Health Statistics (NCHS) surveys.
While 25% would be expected to exceed the 75th percentile, only 4.6% of
males and 16.9% of females did so. Only about 2% of either sex exceeded
the 90th percentile for weight. Even fewer Navajos exceeded these per-
centiles for height. The bottom row of Table 3 shows the percent of students
overweight on the basis of calculated BMI. Using our cut-off points, one
would expect about 15% to be considered overweight, while only 1.4% of
males and 5.5% of females in this study met that criterion. Thus, despite
the clinical impression of increasing rates of obesity among Navajos in
general, little evidence of overweight was present in this adolescent group.

Table 2
Navajo Adolescents - Weight in Pounds by Gender and Age

Age	N.	Male X±(S.D.)		N.	Female x±(S.D.)	
13	19	106.9	(17.4)	27	112.6	(19.5)
14	32	114.1	(16.4)	32	119.9	(13.0)
15	47	122.1	(16.0)	55	120.8	(12.6)
16	55	132.1	(17.1)	49	124.5	(17.0)
17	58	136.6	(17.6)	55	123.5	(13.2)
18+	73	138.2	(15.8)	78	123.4	(14.3)

Table 3
Weight and Height of Navajo Adolescents
Compared to NCHS Percentiles

	Male (284)		Female (296)	
NCHS Percentiles	75	90	75	90
Weight	4.6%	2.1%	16.9%	2.0%
Height	3.2%	0.2%	4.1%	2.1%
Overweight (BMI*)	1.4%		5.5%	

*BMI $\geq$ 27.8 IF male; $\geq$ 27.3 if female.

On our acculturation scale, the median score was 15 (range 0-42) of a possible 50 points (fully acculturated), suggesting this student population was relatively unacculturated. The median score was 6 (range 0-32) of a possible 50 points on the adjustment scale. In this case, the lower end of the scale indicates good personal adjustment. Table 4 presents results of step wise linear regression analyses for age, BMI, acculturation, and adjustment scores. In these analyses, we employed actual blood pressures, rather than using the "normal/abnormal" dichotomy. In females, body mass index (BMI) was the most significant factor correlated with both systolic and diastolic blood pressure. In other words, increments in blood pressure were associated with increments in weight, but were not related to age. However, adjustment score also entered into the equation for systolic blood pressure in a negative manner; in other words, the less well adjusted girls had higher systolic blood pressures. For males, the only significant explanatory variable was age; blood pressure tended to increase with age but was not related to BMI or to either of the two calculated scores. "R^2" represents the proportion of all variation in blood pressure accounted for by the variables we studied. Only about 10% or so of blood pressure difference is explained.

JOHN L. COULEHAN ET AL.

Table 4
Results of the Stepwise Linear Regression Analysis of Gender, Body Mass
Index, Age, Adjustment Score, and Acculturation Score on Blood Pressure

| | | Systolic | | | Diastolic | |
		Coeff.	p-value		Coeff.	p-value
Total		(n=303)				
	Sex	-7.99	.0000	Age	.90	.0035
	BMI	.98	.0001	BMI	.61	.0092
		R^2=.15			R^2=.06	
Females+		(n=143)				
	BMI	1.04	.0002	BMI	.87	.0010
	Adjust.	.39	.0139			
		R^2=.10			R^2=.07	
Males+		(n=160)				
	Age	2.42	.0000	Age	2.04	.0001
		R^2=.14			R^2=.11	

+The covariate of gender was not used in these models.

For males, we looked at responses to individual questions, comparing those who had abnormally high screening pressures with those who had normal pressures (Table 5). Out of 46 such comparisons, two were significant and three others were of marginal significance. These findings are roughly what one would expect by chance alone and should, therefore, not be overinterpreted. However, they may suggest directions for future research. For example, a higher percentage of those with elevated blood pressure admitted to regularly drinking alcohol. This is consistent with our earlier finding that alcohol use was highly correlated with blood pressure in adult Navajo males (DeStefano et al., 1979). Kunitz and Levy, in a survey of elderly (aged 65 years and over) Navajos, found that alcohol use was correlated with hypertension in females but not in males (Kunitz & Levy, 1986). However, this observation was based on a very small number of women who admitted to drinking (5 out of 135) and the lack of correlation in men was based on a high percentage of men whose drinking status was "unknown" (41 out of 134). Alcohol usage was correlated with hypertension in several major investigations, such as the Kaiser Permanente study in which taking three or more drinks per day was highly correlated with elevated blood pressure, independent of age, gender and a number of other variables (Klatsky, Friedman, Siegelaub, & Gerard, 1977). It is a

reasonable hypothesis that widespread use of alcohol might be associated with the increasing prevalence of hypertension among Navajo people.

Table 5
Responses to Selected Questions by Screening Blood Pressure Status
- Males Only (N=284)

| | Blood Pressure | | | | |
Question	Elevated	Not Elevated	χ^2	df	p
Regularly drink alcohol	69%	49%	5.99	2	0.05
Participate in school sports activities	46%	35%	3.26	1	0.07
Feel lonely - three or more times weekly	33%	11%	10.77	3	0.01
Feel angry - once a week or more	16%	5%	8.31	4	0.08
Religion different from parents religion	4%	22%	3.07	1	0.08

Two items about perceived emotional states--feeling lonely and feeling angry--appeared to be correlated with elevated blood pressure in males. While these may be chance findings, the associations do suggest that perhaps it is not cultural or lifestyle changes per se that influence blood pressure, but emotional response to them. If response induces a sustained hyperadrenergic state, elevated systolic and diastolic blood pressures might develop.

Our study has a number of serious limitations. It suffers from small sample size, yielding few subjects with truely elevated pressures. A single casual blood pressure determination has obvious limitations as an endpoint. Students living in the two dormitories may not be typical of all adolescent Navajos. These students were likely to have homes located at some distance from any settlement or school, which suggests that they came from a less acculturated background than similarly-aged students who lived in towns. The low median scores on our acculturation scale provide some support for this hypothesis. Our two scales were devised for this study and were not validated in other groups. In retrospect, the acculturation scale may well measure traditionality or ethnic identification rather than the process of acculturation per se. Low scores came from families with a traditional life style. Such persons may be less acculturated, but the scale does not directly measure that process. A strong point of the study, however, is that we were able to survey a high percentage (over 90%) of the students in target dormitories.

Two other studies of blood pressure in childhood or adolescence are relevant to this report. In the Bogalusa Heart Study, blood pressures

of children aged 5 to 14 years were found be be correlated with height, weight/height, and skin fold thickness (the latter two being indices of obesity), but were not found to be independently correlated with age (Voors, Webber, Frerichs, & Berenson, 1977). Gender was not entered into the equation and its effect on these relationships is unknown. This study indicates that even in childhood, weight/height indices are important predictors of blood pressure.

In the Tacoma Study, the relationship of various behavioral parameters to blood pressure in adolescents was examined (Siegel & Leitch, 1981). Those who had elevated pressures differed from the others in terms of life dissatisfaction, impatience, "type A" behavior patterns, anger, and hostility. However, the latter three associations vanished when controlled for an index of obesity (Quetelet's index). Life events were not correlated with blood pressure. Again, relative weight seemed to be the most important variable studied, although life dissatisfaction and impatience (factors perhaps related to our adjustment scale) were independently correlated with pressure (Siegel & Leitch, 1981).

Conclusion

In conclusion, we found that 1) elevated blood pressures are more frequent in male Navajo adolescents than in females; 2) blood pressures increase with age in males, but not in females; 3) pressures are independently related to weight in females, but not in males; 4) poor personal adjustment may be associated with higher systolic pressure in females; and 5) traditionality as measured by our "acculturation" scale was unrelated to blood pressure in this adolescent group.

Department of Clinical Epidemiology and Preventive Medicine
University of Pittsburgh
Pittsburgh, PA 15261

Acknowledgements

References

Blood Pressure Levels of Persons 6-74 Years. (1977). Vital and Health Statistics-Series 11, No. 203. Department of Health, Education & Welfare Publication No. (HRA) 78-1648.

Coulehan, J. L. (in press). Differential epidemiology of cardiovascular disease in American Indians and Alaskan Natives. In T.K. Welty (Ed.), *Indian Health Conditions.* Washington, DC: Government Printing Office (DHHS-IHS).

Coulehan, J. L., Lerner, G., Helzlsouer, K., Welty, T. K., & McLaughlin, J. (1986). Acute myocardial infarction among Navajo Indians, 1976-1983. *American Journal of Public Health, 76,* 412-414.

DeStefano, F., Coulehan. J. L., & Wiant, M. K. (1979). Blood pressure survey on the Navajo Indian Reservation. *American Journal of Epidemiology, 109,* 335-345.

Eyer, J. (1975). Hypertension as a disease of modern society. *International Journal of Health Services, 5,* 539-558.

Fulmer, H. S., & Roberts, R.W. (1963). Coronary heart disease among the Navajo Indians. *Annals of Internal Medicine, 59,* 740-764.

Gilbert, J. (1955). Absence of coronary thrombosis in Navajo Indians. *California Medicine, 82,* 114-115.

Hesse, F.G. (1964). Incidence of disease in the Navajo Indian. *Archives of Pathology, 77,* 553-557.

Klain, M., Coulehan, J. L., Arena, V.C., & Janett, R. (1988). More frequent diagnosis of acute myocardial infarction among Navajo Indians. *American Journal of Public Health, 78,* 1351-1352.

Klatsky, A. L., Friedman, G. D., Siegelaub, A. B., & Gerard, M. J. (1977). Alcohol consumption and blood pressure. Kaiser-Permanente Multiplasic Health Examination data. *New England Journal of Medicine, 296,* 1194-1200.

Kunitz, S. J., & Levy, J. E. (1986). The prevalence of hypertension among elderly Navajos: A test of the acculturation stress hypothesis. *Cultural Medicine and Psychiatry, 10,* 97-121.

Siegel, J.M., & Leitch, C. (1981). Behavioral factors and blood pressure in adolescence: The Tacoma Study. *American Journal of Epidemiology, 113,* 171-181.

Sievers, M.L. (1967). Myocardial infarction among Southwestern American Indians. *Annals of Internal Medicine, 67,* 800-807.

Sievers, M., & Fisher, K.R. (1979). Increasing rates of acute myocardial infarction in southwestern American Indians. *Arizona Medicine, 39,* 739-742.

Smith, R.L. (1957). Cardiovascular-renal and diabetic deaths among the Navajos. *Public Health Reportes, 72*, 33-38.

Topper, M. D., & Curtis, J. (1986). Extended family therapy: A clinical approach to treatment of synergistic dual anomic depression among the Navajo. *Journal of Community Psychology, 15*, 334-348.

Voors, A. W., Webber, L. S., Frerichs, R. R., & Berenson, G. S. (1977). Body height and body mass index as determinants of basal blood pressure in children - the Bogalusa Heart Study. *American Journal of Epidemiology, 106*, 101-108.

APPENDIX 1
Items Used to Assess Acculturation and Personal Adjustment.

Acculturation

1. Languages spoken by mother
2. Languages spoken by father
3. Language spoken to parents
4. Proximity of grandparents
5. Structure of home
6. Utilities in home

7. Family source of income

8. Location of home

9. Number of siblings
10. Presence of livestock
11. Parents' religion
12. Personal religion
13. Religion different from parent's
14. Traditional healing for immediate family (in last year)
15. Traditional healing for extended family (in last year)
16. Pacement in Anglo foster home

Personal Adjustment

1. School performance
2. Cut classes
3. Suspension from school
4. Arrests
5. Referred to school counselor
6. Use of alcohol
7. Use of marijuana
8. Sniff glue or paint
9. Use of pills
10. Sports participation

11. Insomnia
12. Loss of appetite
13. School goals
14. Trust others
15. Loneliness
16. Nervousness
17. Wake up sweating
18. Nightmares
19. Anger
20. Interest in school

THE ETHICS OF HEROISM IN MEDIEVAL AND AMERICAN INDIAN TALES

ANNE SCOTT, Ph.D.

Introduction

Sharing roots common to all oral-traditional stories, medieval romances (12th-15th centuries) and tales of American Indian origin draw from a stock of familiar plots, character portrayals, and storytelling techniques.[1] Theorists and scholars of oral-traditional mentalities recognize within such stories the pervasive themes of heroic confrontation and reconciliation and the psychological symbolism of heroic journeys.[2] Young, strong, and eager protagonists, whether brave knights or Indian braves, become exiled from their community (or exile themselves) in order to seek worlds peopled by monsters and foes. Their journeys, laced with the unexpected and fraught with danger, awaken the heroes' cleverness and provide for the educative experiences marking their growth. Through the knight's repeated encounters with dragons, witches, ogres, magical swords and fountains, pagans, and wild forest beasts, and through the Indian hero's similar experiences with half-breed animals, magical and medicinal feathers, shapeshifters, rolling heads, headless bodies, and wizened soothsayers, the protagonists--humbled in the face of danger but ever the wiser--bring back to their communities a broader knowledge of the world, and their place in it.[3]

Medieval romances and American Indian tales share an interest in detailing the growth of their heroes as they embark on solitary journeys and encounter strange beings in unfamiliar landscapes. The nature and quality of these heroes' quests, however, suggest some profound differences in the social and ethical foundations of their journeys,[4] and of the manner in which each group of tales has broadly conceived of their heroes' representation: the heroes' perceptions of "self" and their confrontations with non-self or "other." A brief look at the world views underlying these groups of tales will set these differences in order.

The ethical stance of many medieval romances, especially those of an edifying or didactic nature, draws upon the Judeo-Christian dualism of good and evil. They also draw upon relational hierarchies where Christian knights occupy the top of the socio-religious ladder, and pagans (and peasants) occupy the bottom. As Kavolis (1984, p. 24) notes, "in the medieval and early modern European tradition, ever-present polar opposites to which the qualities of good and evil are unambiguously attached either battle energetically until the final solution, the outcome of which is predetermined (the God-Satan model) or are mutually interdependent in a

static hierarchic relationship that it is quite possible but wholly impermissible to challenge." Authors of medieval romance adapt this kind of dualistic hierarchy to suit their didactic intentions, and show their heroes partaking in clearly delineated struggles between the polarized forces of good and evil.[5] Such struggles may take place symbolically within the family (where an evil father figure may take the form of a monster or dragon; Bychowski, 1968, p. 20), in the political arena (where evil tyrants are placed in opposition to well-ruling kings), in the realm of religious belief (where righteous Christians struggle against heathens), or in the bedroom (where an untoward maiden asks sexual favors from a venturesome but chaste knight). But the basic dualistic nature of good and evil in these romances is never questioned or altered, either by the hero or by his audience. Separated from his aristocratic community, the medieval hero places himself in isolation from, and in opposition to, the world around him, and perceives all that is non-self with suspicion or aggression. Such a perception is, as Becker (1975, p. 11) notes, characteristic of Western thought; Western man "expand[s] his self-feeling" not only by "overcoming obstacles and incorporating other organisms" but by demonstrating "any kind of triumph . . . of his own excellence . . . [i.e.,] boasting about his achievements, taunting and humiliating his adversaries, or torturing and killing them." A medieval knight competes with or diminishes the worth of the "other" in order to reaffirm his identity. To the medieval knight, "other" is alien, dangerous, and most often evil, something to be subdued or annihilated but never assimilated.

The knight brings back to his special community the body of values cherished by it: manly resolve, courage, self-reliance, and such human virtues as honesty and loyalty. How the knight learns about these values requires his repeated and antagonistic encounters with those unlike himself,[6] encounters set in an often unfriendly environment where such clashes between "self" and "other" are both necessary and justified. Having thus proved himself heroic to peers (and an audience) who have already expected such heroism from him, and having shown the victory of good over evil (the meanings for which have already been assigned by his Christian aristocratic community), the medieval knight returns to his kingdom in a kind of formal, symbolic gesture of his maturity. By doing so, he reinforces the already existing values of that kingdom, but not for the purpose of teaching his community about them.

This absence of "communication" between a knight's public life and his private journey, other than on a symbolic level, points to one fundamental difference between heroism in medieval romance and that in American Indian tales. Like medieval romances American Indian tales often conclude with the Indian hero's reintegration into his tribal community. American Indian tales also clearly uphold certain behavioral norms set by that tribal community, and use the Indian hero's actions as the vehicle for demonstrating them. However, unlike the medieval knight, the Indian hero is expected--even obliged--to convey to his society the wisdom acquired on his solitary journey. American Indian tales teach us that no one is beyond

learning about goodness, how tenuous it can be, and how tenacious its counterpart often is. Unlike the medieval knight, an Indian hero's reintegration into his tribe does not involve a quantified retelling of dragons slain and kingdoms conquered, but rather includes the sharing of ethical knowledge required for the maintenance of a harmonious community. Such knowledge might include practical advice about existential needs, or admonishments to protect the fragile balance between "self" and "other."

What this "other" is or may become is a matter of great interest to American Indian storytellers, and cannot be clearly pigeonholed according to oppositional contrasts which the Western mind is fond of grasping (Krupat, 1987, p. 120). Indian heroes, armed with tremendous self-reliance and curiosity and with the remembered wisdom of their fathers, mothers, or grandparents, often encounter the "other" not as something evil, hostile, or fearful, but as a special power to learn from, assimilate, and ultimately respect. A brave struggles with ever-transforming forces that incorporate both good and evil qualities, that take on human and non-human characteristics alike, and that may well continue to exist despite whatever feats of prowess the brave may show. Unnamed powers in Nature can place demands upon the Indian hero beyond his control (and that of his community's), and he must learn the art of cooperation and resourcefulness before these powers (whether good or evil) can be subdued, or, more correctly, harnassed and maintained. Where the medieval knight achieves unity by eliminating diversity--slaying others or demanding the "other's" likeness to "self"--the American Indian hero achieves unity by respecting diversity, or by assuming some of the useful traits of the "other." The ethical stance articulated through the Indian hero's struggles does not incorporate the dualism of good vs. evil so common to Western thought, but rather embodies the notion of "appropriateness vs. inappropriateness," where "appropriateness" conveys a sense of relational or interpersonal balance and harmony.[7]

A selection of tales will illustrate these important differences in medieval and American Indian ethics. A discussion of medieval tales will include: Chaucer's *Franklin's Tale* (Benson, 1986); *Sir Isumbras* (Mills, 1982); *Sir Gawain and the Green Knight* (Davis, 1967); Chretien's *Yvain* (Troyes, 1977); *Havelok the Dane* (Loomis & Hibbard, 1957); *King Horn* (Hall, 1901); and Malory's *The Tale of Sir Gareth* (Cowen, 1975). A discussion of American Indian tales will include: *The Life and Death of Sweet Medicine* (Northern Cheyenne); *Son of Light Kills the Monster* (Hopi); *The Flying Head* (Iroquois);[8] *The Arrow Thrower* (Sioux); *The Hunter Who Was Saved By Eagles* (Sioux); *The Leap of Hawk-Dreamer* (Sioux);[9] *The Boy Who Lived with the Bears* (Iroquois); *The Gifts of the Little People* (Iroquois); *Skunny-Wundy and the Stone Giant* (Iroquois); *The Two-Headed Snake* (Iroquois); *Workers of Evil* (Iroquois);[10] *Origin of the Evil Spirit* (Acoma); *White Buffalo Calf Pipe* (Sioux);[11] and *The Four Worlds and the Emergence* (Hopi).[13]

Good and Bad Blood in Medieval Romances

The world of the medieval romance is, for the most part, both masculine and aristocratic.[14] In some but not all romances, especially those of French origin, an elaborate code of conduct between knights and their beloveds elevates the status of its female protagonists as well, subverting traditional social hierarchies between men and women, and dictating that knights submit to the whims of their lovers by performing feats of prowess on their behalf. Despite the presence of a courtly love sentiment in many romances, their singular focus on the hero's (not heroine's) actions offers to the audience a decidedly male fantasy, through subject matter appealing to his desire for knightly combat, victory, status, and wealth.

The martial, aristocratic world of the protagonists shapes their perceptions of both good and evil. In the medieval romance, human values and virtues are codified within the framework of chivalry: a knight must show his loyalty and honesty by fighting for his king, pairing boastful words with brave deeds, and defending vows (made to king or maiden) or knightly honor through hand-to-hand combat with unknown assailants. "Good" actions for the hero of medieval romance are those actions that uphold the noble, virtuous, and aristocratic tenants of knightly behavior: truthfulness, generosity, honesty, bravery, courtesy, good speech, humility, and even patience. Many of these aspects also define good Christian behavior, with the knight beholden not only to his temporal but also heavenly king.[15] King Horn, for example, is a good hero precisely because he does "nu that [he] er of spake" (i.e., does now what he had earlier spoken of; l. 535). The noble Arveragus in the *Franklin's Tale* exhibits all the humility and prowess expected of him as knight and lord (*passim*), and Sir Gareth in Malory's tale, patient in the face of his damsel's rebukes, offers her courteous service so that she recognizes his noble birth (p. 249).

Kingdoms, war booty, and lovely maidens are the fruits of the hero's labor, and are marks of his goodness as well as his heroic stature. A medieval knight achieves glory through his acquisitions and shares his wealth with the members of his kingdom in an act of generosity hearkening back to the *comitatus* of Old English epic. Havelok the Dane honors his cook's previous generosity to him when Havelok was a disinherited young boy, and transforms the cook's destitute state into a prosperous one, giving him "Cornwall and all of Godrich's land in town and field" and providing for his wedding (p. 310). Sir Isumbras celebrates the reinheritance of his own kingdom by giving each of his sons "a londe / And crown[ing] hem [them] kynges with his honde" (ll. 784-5).

Good knights are thus of "good" (i.e., noble) blood, and of "good" (i.e., noble, heroic, and Christian) character. Evil knights do not honor their noble blood or Christian duties. When medieval romances treat the notion of evil, they may do so through illustrations of knightly waywardness. For example, Sir Kay in the *Tale of Sir Gareth* is an "ungentle" (i.e., discourteous) knight of Arthur's court whose contentious words provoke frustration

in Arthur's more well-behaved knights (p. 236, *passim*). The "Brown Knight Without Pity," also in the *Tale of Sir Gareth*, deserves his fate at the hands of the more chivalrous Gareth, who blames him for his "wicked, [unruly] customs" (p. 299).

Throughout all romances, in fact, "evil" characters in general are those "villainous,"[16] non-noble (and ignoble), lower-born, or non-Christian characters who impede the progress of the knight in reaching his goals of wealth and status, or who disrupt the socio-religious hierarchies that privilege the knight but degrade those less fortunate pagans (or peons). The heroes of medieval romance experience as good those subordinate characters who preserve and protect this social hierarchy, and as evil those same characters who challenge the hierarchy, who elevate themselves to a position not warranted by their "bad" blood, or who take, rob, or steal the heroes' acquisitions. Medieval heroism thus values, and supports, an ethics founded upon dualism (knights vs. pagans), hierarchy (knights over serfs or pagans) and possession (a knight's property and inheritance defended against all others seeking to enjoy it). We can more clearly illustrate the relationship among these elements by examining the general structure of medieval romances and their protagonists' perceptions of good and evil, especially their means of coping with evil when they are confronted by it.

The style, plot, characterization, and themes found in medieval romances are firmly grounded in oppositional structures. The two-part theme of exile and return dominates nearly all plots of medieval romances as does a kind of binary syntax found in their protagonists' speeches and descriptions. In the *Franklin's Tale*, Dorigen is one of the "faireste" women under the sun, and the "treweste and the beste wyf" Aurelius, her secret admirer, has ever known (ll. 734-35, 1539). Aurelius himself is "con of the beste farying man on lyve [alive]," "wel biloved," and "holden in greet prys," loving Dorigen "best of any creature" (ll. 932-39). Each character endures vicissitudes of emotion and is continually buffeted between the extremes of living or dying, dying or suffering, "deeth" or "dishonour," being "ystiked [stabbed] . . . / For verray true love" or suffering shame (ll. 1317, 1336, 1358, 1476-77).[17]

The diction, syntax, and thematic structure of many medieval romances reveal a way of perceiving the world that is stable, principled, and exclusionary. Like those who engage in the petal-picking pastime of "s/he loves me, s/he loves me not . . . ," the authors of romances shape the life-decisions their heroes must face into dilemmas (the operative words in their speeches are often "or" or "levere [rather] . . . than"), not complex predicaments. Many romance heroes need only tap into the Christian fortitude with which their authors have endowed them in order to reduce such dilemmas to univocal challenges with unambiguous solutions. With a minimum of forethought, King Horn slays hundreds of pagans to earn glory in his homeland (ll. 607, 609, 613-20, *passim*). Sir Isumbras and his wife both dress in coats of armor "as [though] she were a knyghte, / And

forth wente with spere and shelde . . . They slowgh [slew] hethen kynges two / And othur Sarezens mony mo[re]: / Thrytty thowsand and thre"--"Grete joye it was to see" (11. 746-62). King Athelwold in *Havelok the Dane* "loved God and Holy Church, truth and righteous men, but he hated robbers, and all the outlaws he could find he hanged high on the gallows" (p. 288).

By eliminating the difficult grey areas existing between good and evil and by limiting the shapes these two forces can take (see Franz, 1977, p. 152), the authors of medieval romances reduce the number and kinds of choices their protagonists must make in response to good or evil.[18] These authors further disambiguate good and evil by referring to such forces archetypically, drawing from a familiar, and Christian, field of semantic reference. The Earl Goodrich in *Havelok the Dane* behaves as a traitor and is thus likened to "a wicked Judas . . . [who] took her [Havelok's beloved], from Winchester to Dover" (p. 290).

Viewing characters from within this kind of oppositional framework, we have no difficulty identifying those who clearly stand opposed to the protagonists and their endeavors. Pagans or "saracens" are one such group of antagonists. Thieves, ill-bred leaders who ascend to the hero's throne unlawfully, persons who deny the hero his rightful inheritance, or in fact any situation in which the hero finds his fortunes diminished or himself separated from his aristocratic community (or worse, mixed with classes lower than his own)--all of these are also evils for the medieval hero, who reacts with discomfort and aggression when confronted by them (Becker, 1975, p. 15). Sir Gareth's mother chastises King Arthur's court for not recognizing the signs of her son's noble birth and mistreating him as a result: "Ye did yourself great shame when ye amongst you kept my son in the kitchen and fed him like a poor dog" (p. 279). Havelok the Dane seeks "vengeance on the foe" who has treated him poorly, i.e., who has made him poor: "With wicked wrong he holds my land who has made me a beggar" (p. 299). The "wicked treachery" of Godrich's earlier decision to marry Havelok to Goldeboru hinges upon his false perception that Havelok is a "churl's son" and his assumption that the wedding will therefore be one of mismatched classes. Goldeboru also views the wedding as an act of wickedness, for she believes that she has been "unfitting[ly] . . . wed" to a churl, until it is revealed to her that Havelok is a king's son, and she shall "be a queen" (p. 298). Not surprisingly, the earls who steal both Havelok's and Goldeboru's inheritance are given their just deserts; both are drawn and quartered and burned for all to see.

Medieval heroes often view with suspicion and aggression others who do not occupy their own socio-religious level or who disrupt the "natural order of things" by daring to challenge it. A knight will not be dissuaded from agonistic encounters with strangers unless those strangers will occupy, both peaceably and of their own accord, their subservient status to him. To avoid confrontation, Havelok's servant asks that Havelok have "pity" on his wife and him: "both of us are your churls, your hinds" (p. 292). Similarly, Sir Gringamore befriends his foe, Sir Gareth: "as soon as your

dwarf told me what ye were and of what blood ye are come, and what noble deeds ye have done in these marches, then I repented of my deeds" (p. 270). In addition, a knightly hero will not perceive strangers with what might be called simple curiosity unless they can be shown, through noble words, deeds, or demeanor, to be *like* the knight, and therefore not alien at all. As the narrator in the *Tale of Sir Gareth* comments, "Right so came into the hall two men well beseen and richly, and upon their shoulders there leaned the goodliest young man and the fairest that ever they all saw" (p. 231). Sir Gareth's wealthy company and his own "fair" demeanor--a word used in connection with well-bred and handsome heroes--allows him a smoother entrance into Arthur's kingdom, perhaps, than had he been churlish, ugly, or poor. Sir Gareth's combat with his own brother, Gawain, and with Lancelot, the knight who grants Gareth knighthood, ceases only when Gareth's true identity is made known to these knights--in effect, when Gareth's "foes" are shown not to be foes at all but comrades or brothers, knights occupying the same social class. ("'Ah sir,' said Sir Lancelot, 'I am more gladder of you than I was; for ever me thought ye should be of great blood, and that ye came not to the court neither for meat ne for drink'" [p. 238]).

When knights willingly mask their identities, assume the dress and character of non-noble persons, or are reduced to beggary due to uncontrollable circumstances, it is for the purpose of reaffirming the nobility that lurks beneath the surface of their words and deeds, and which will be revealed by the tales' end. Sir Gareth's penchant for hiding his true lineage serves to heighten the noble and courteous qualities of his actions. Havelok's working-class activities through much of the romance, although something he accepts with a Christ-like patience, nevertheless stand in opposition to the royal stature he has been denied through the villainous behavior of his earl. In other cases, the hero's transformation into a poor or despised stranger serves as a kind of penance for the hero. Sir Isumbras's own change in identity serves a moral function by illustrating the evils of unchristian behavior. His pridefulness blocks his path to true kingship; losing his possessions, he assumes the role of Palmer and "smythes manne," and gradually reintroduces himself into his rightful kingdom. The hero Yvain, in the medieval French romance by the same name, also loses his identity and powers of reason for failing to honor his word to his lady-love, Laudine, and lives in the forest with a friendly lion until his heroic worth and prowess return to him.

But "self-other" switches such as these, for the purposes of overt moral edification, are not common in medieval romances. The authors of romances, instead, preserve the heroic identity of their protagonists by eliminating heterogeneity within the hero's world and by allowing their heroes repeated opportunities to confront or annihilate their opponents in their quest for ascendancy, unity within (but not outside) their kingdoms, and acquisitions. In a world where the values of good and evil remain constant and the relationships between characters remains relatively static,

it is the *quantity* of heroic clashes that the authors choose to embellish. Might makes right, and a medieval hero is both mightier and "right-er" if he can be shown to uphold the received values of good and evil time and time again through his repeated efforts.

Despite the cyclical repetition of such self-other conflicts in medieval romances and the hero's cyclical (and symbolic) return to his kingdom, the hero nevertheless seems to move in a linear fashion toward his goals through a policy of "overkill," eliminating all obstacles to (or competition for) his land, throne, or even lady-love (Goodman, 1988, p. 163; Lowe, 1983, p. 99). Such wholescale destruction of the "other" in the medieval hero's environment reinforces the eternal optimism projected by traditional stories that the protagonist will always succeed. It also underscores the extent to which the medieval hero perceives that environment as unfriendly or even hostile--a lonely place fraught with dangers that are capable of seducing the hero to encounter them, for he is offered little else (Midgley, 1984, p. 83; Franz, 1974, p. 125; Bettelheim, 1975, p. 9; May, 1982, p. 246). A hero may find a troll lurking behind a bush to help him, or perhaps an old crone. Or he may call upon God for help. But friendly helpers seem to appear on the scene far too infrequently to aid the hero. Their journeys conducted nearly always alone, it is no wonder that the heroes of medieval romances find the nature that surrounds them dreary, their tasks burdensome, and the landscape rife with their projected fears and aggressions (Midgley, 1984, p. 125. 130; Bychowski, 1968, p. 29). Sir Isumbras, wandering and destitute, weeps "for pyne [pain]" and lives in continual "care and woe" (ll. 522, 536). Sir Gareth's excursion to prove his noble identity leads him into foreboding nights filled with lightning and thunder (p. 291). And the author of *Sir Gawain and the Green Knight* poignantly illustrates the lonely, cold, and frightful journey of his knight, who, "in peryl and payne and plytes ful harde," conducts his quest "al one [alone]," making his "mone," alone, to the Virgin Mary (ll. 733-36).[19]

The "classic symbol for alienation," Edinger (1972, p. 50) comments, "is the image of the *wilderness*." One senses, keenly at times, the medieval hero's alienation within his wilderness. Such alienation is due, in part, to his honoring an ethical system that does not acknowledge ambiguities--does not permit him the type of "constructive ambivalence" toward evil that might open him to other (perhaps non-violent) solutions to it (May, 1982, p. 263). The dualistic morality of medieval romances breeds, instead, the knight's disproportionately vengeful or destructive responses to evil, which, when this destruction is stated as "policy" and carried to extremes, becomes an evil in its *own* right (May, 1982, pp. 265, 267; Midgley, 1984, p. 86; Pocock, 1985, p. 42). The medieval knight's experience of his environment and the strangers inhabiting it is not a sacred one: he fears, but does not (or cannot) esteem what he encounters.[20] By controlling or killing those he encounters, the medieval knight achieves a pedagogical awareness of evil as "that which is to be feared," and perhaps a social awareness of boundaries that separate him from those unlike himself. But

by not respecting the essential "otherness" of those strangers, the medieval knight eliminates from his journey any experiences of the sacred or transcendent; he fails to honor and perceive the mystery that both binds him to, and distinguishes him from, others.[21] The medieval hero's martial accomplishments, which he recounts laundry-list fashion upon his return to his community, point to the absence of any transcendent experience of the "other" during his journeys. Instead, they suggest that the knight creates his identity through a vision of his separateness from others--through a policy of "separate and unequal"--and that the idea of "relatedness" as an ethical construct pertains only to his immediate, and equal, company of peers.[22]

"Replacing Yourself": Relational Ethics in American Indian Tales

The principle of relatedness is both part and parcel of the ethics of heroism as we find it in American Indian tales. Being in "right relationship" involves maintaining horizontal (not vertical or hierarchical) bonds between persons, the natural world, and the spirit forces that make their presence known through animate or inanimate objects. An Indian hero learns to both fear and esteem the other, to help his tribal members achieve proper harmony among themselves, and to teach his community to honor their place within the larger community of Nature. A good Indian hero's actions involve brave deeds, excursions into unknown territories, or encounters with "helpers," all of which further the hero's knowledge about maintaining this "right relationship."

The important function that relatedness serves in American Indian tales cannot be overstressed. As Lincoln (1983, p. 49) notes, "a tribal people learn to know richness in a sense of loss; they know through a necessary economy, tempered in poverty, that more is not always better." Existential concerns--a tribe's need for food, water, and shelter--figure importantly in American Indian tales, and an Indian hero can only meet such demands by protecting, even nurturing, his relationship to others and the world generally. American Indian tales cast the practical need for this kind of relatedness into a moral framework that supports all behavior appropriate to maintaining essential bonds, including bonds between tribal members and elders, between parents and offspring, and between (and among) human beings, Nature, and its spirit forces (whether positive or negative). American Indian storytellers recognize that the power to foster or disrupt these essential bonds resides in all the members of the community. Evil in American Indian tales thus takes the form of tribal members or forces that disrupt these essential bonds through willful displays of violence, greed, or ignorance, or through events that threaten the tribe's dependence upon Nature (see Taylor, 1985, p. 29; Russel, 1986, p. 19; Lowe, 1983, p. 91; Caplan, 1985, p. 112). Unlike medieval romances, American Indian tales often locate such evil within the hero's own family or tribe. But as Santo Domingo scholar Rina Swentzell notes, American Indians "are not a 'fallen'

people," i.e., an inherently sinful people paying penance for a single individual's mistake, their actions measured against the moral yardstick of absolute good and evil.[23] By acknowledging that both good and evil forces exist within but also beyond their heroes' tribal boundaries--by acknowledging the presence of both moral and natural evil in all things--American Indian tales suggest pathways of appropriate behavior for their heroes to take between these two extremes so that they might acquire the knowledge needed to avoid being seduced by either power. The Indian hero achieves this sense of moderation and balance by honoring an ethics of relatedness, and by confronting the powers that threaten it. Several tales of Eastern, Pueblo, and Plains Indian origin illustrate this heroic code of conduct as it operates in situations testing the protagonist's cleverness, resolve, and memory.

Like the medieval hero and other heroes in traditional folktales, Indian protagonists prove their bravery by seeking adventures, lured by the possibility that danger will await them when they leave the security of their tribe. Okteondon, who lives with his grandfather in the forest, ignores the old man's warning "not to go to the north for there is danger in that direction" (Bruchac, 1985, p. 107). Rarely, however, does the Indian hero exile himself from his community merely for the sake of the adventure itself, merely to prove his bravery, or even less to reaffirm his heritable rights within that community, so common an occurrence in medieval romances. An Indian hero's exile or acts of bravery are often brought upon by his tribe's lack of essential food or water, as in the Sioux story *The Arrow Thrower*. Turning Bear leaves with his scouts to kill buffalo, for the tribe's supply of meat has dwindled after the long winter (Standing Bear, 1984, p. 15). Sweet Medicine, in a Cheyenne tale, also performs magical feats to remedy the "very little game, and much hunger in the village" where he has been adopted (Erdoes & Ortiz, 1984, p. 201). Indian heroes also leave home to escape unkindness, their departure a moral lesson to those who should treat them more graciously. In *The Boy Who Lived with the Bears*, an uncle's stinginess provokes the nephew to depart in "tattered clothing" and shabby moccasins, and to find generosity among the bears instead (Bruchac, 1985, p. 24). Indian braves exile themselves to confront these natural and moral evils, and it is toward their eradication or remedy that they direct their resourcefulness.

Like the medieval knight, the Indian hero is praised for his strength, horsemanship, and other physical accomplishments. Turning Bear and his companions "were famous for throwing the ball, and there were those who could shoot the arrow farther than any other man" (Standing Bear, 1934, p. 14). An unassuming protagonist named Dirty Clothes in an Iroquois story was a good hunter and would "spend many hours in the forest hunting" prey (Bruchac, 1985, p. 41). An Indian brave's accomplishments might also signal his passage into adulthood; Sweet Medicine's father rewards the boy for killing his first buffalo (Erdoes & Ortiz, 1984, p. 201). In a similar vein, medieval knights are also rewarded for their strength; kings grant them

knighthood or give them large rewards. An Indian hero's bravery, however, does not necessarily grant him an air of entitlement or a superior status over his tribal members. American Indian storytellers generally attach less importance to a brave's strength than to his cleverness. An Indian hero is particularly clever when he can rely upon the wisdom of his ancestors to trick or outwit uncooperative companions or dangerous forces. Dirty Clothes is indeed a clever hunter, but the laziness of his uncle forces him to be so. Armed with the "words his mother had spoken year ago,'" Dirty Clothes undertakes his solitary hunting journeys with confidence (Bruchac, 1985, p. 41). The Iroquois hero in *The Boy Who Lived with the Bears* "remembers what his parents had taught him," and in this way dispels his fear upon entering the bears' cave: "If you do good and have faith, good things will come to you" (Bruchac, 1985, p. 25). Skunny-Wundy, another unprepossessing hero in an Iroquois tale, defeats the Stone Giants by sheer trickery, for they are more stupid than he (Bruchac, 1985, p. 164). Son of Light is a Hopi hero who employs his wit in a several-tiered contest against a monster renowned for his excessive killing, maiming, and ingesting (Erdoes & Ortiz, 1984, p. 211): "They did shameful things out of ignorance, because they didn't understand how to live" p. 199. Ignorance breeds evil, and a hero's knowledge becomes his best weapon for fighting against both.

By relying upon their memories and knowledge, Indian heroes harbor a "felt sense" of strength, a trust that sustains them on their journeys and fuels their encounters with negative forces. Hawk Dreamer "did not fear. So long as he could run he was safe. He was in the land of the Sioux and felt that the swiftness of his friend the Hawk was with him" (Standing Bear, 1984, p. 30). Like medieval knights, Indian heroes display the optimism and confidence required for their superhuman tasks. The storytellers of American Indian tales, however, underscore their heroes' confidence time and time again through narrative asides, stressing at the same time that even fearful heroes can call upon their own resourcefulness, animal friends, or spirits to help them in time of need. Hawk Dreamer senses danger but "does not fear" because he knows the hawk protects him (Standing Bear, 1934, p. 30). Turning Bear breaks his bow, rendering it useless, "but this caused him no worry, for there was nothing to fear, and he thought that . . . he and the rest of the warriors would fix up broken bows, re-feather arrows, and make new sinew strings" (Standing Bear, 1934, p. 16). As Son of Light tells his wife, "don't be afraid. . . we'll come out of here alive and happy" (Erdoes & Ortiz, 1984, p. 213).

An Indian hero uses his inner resolve to reassure those less trusting, but he knows that he has at his disposal helpers of all kinds to aid him if his own resolve fails. Nature is rarely, if ever, a forlorn place for the Indian hero: it speaks to him, nurtures him, offers timely advice. Its inhabitants, birds or other sure-footed creatures, "serve as messengers" for the hero, becoming his "servants, guards, or scouts" (Courlander, 1982, p. xxxiii; Rank, 1932, p. 90; Edinger, 1972, p. 70; Franz, 1974, p. 120). For example, Hawks come to the aid of Hawk Dreamer (Standing Bear, 1934,

passim). The Hopi protector Spider Woman marshals together a number of different birds of prey as well as a horned toad to protect Son of Light from Man-Eagle (Erdoes & Ortiz, 1984, pp. 212-13). The Iroquois hero in *The Boy Who Live with the Bears* receives not only protection from his animal friends but a cherished glimpse into their animal nature: "And you will remember what it is to know the warmth of an animal's heart" (Bruchac, 1985, p. 30).

When Nature does not offer an Indian hero ready protection, as in the Sioux story the *Workers of Evil*," the hero can rely upon dreams or objects endowed with magical properties. Okteondon receives a special flute from his grandfather so that he will know "what game to hunt and where to find it" (Bruchac, 1985, p. 106). When the flute fails him and he finds himself abducted by a woman speaking "gentle words," his flesh torn by ravenous birds, Okteondon responds with confidence ("he only laughed and spit upon the wound which healed immediately" [p. 108]) born from knowing that greater forces will protect him. A voice in Okteondon's dream directs the hero to a "small cedar twig" that will grow and provide him an escape route. A hero's spirit protector will also appear in a dream to warn him, as does an Iroquois hero's protector, a great water bird, teaching young Hahjanoh to "beware the eyes of false friends" (Bruchac, 1985, p. 99).

An Indian hero draws from all that Nature has to offer him, so much so that he assumes the properties of Nature or of his spirit helpers during his journeys. Hawk Dreamer, for example, escapes his enemies by flying through the air like a bird (Standing Bear, 1934, p. 31); the narrator has also likened his actions to that of a swift-footed deer (p. 29). Such similes, which in the hands of medieval romancers are employed as stock descriptions of heroic valor, in American Indian tales take on a special significance: they underscore the hero's likeness to and dependence upon his natural habitat. The woods and plains, to the hero in *The Hunter Who Was Saved By Eagles*, were "like a book that he read each day," for "so long had he been out in the solitudes of nature breathing only pure air and drinking only pure water that he could smell the various animals when they came close to him just as the animals could smell him" (Standing Bear, 1934, pp. 20-21).

One often senses a special reciprocity that exists between an Indian hero and his environment, a flexible, even fluid bond between "self" and "other" that, if respected, provides the hero with special knowledge or a fresh perspective to be shared with his community (Ballard, 1988, pp. 16, 21). The lessons the hero learns are not always pleasant. But whether pleasant or not, they are only made possible by the hero's willingness to see the "other" for what it is, or may become. Honoring the "other's" space and identity, the hero learns from it and often acquires its properties in the process. When Dirty Clothes offers his assistance to the two small hunters he sees struggling at his feet to kill a squirrel, they respond with kindness, offering Dirty Clothes the freshly killed game and their hospitality. He accepts, seeing only a tiny canoe much too small for him to enter, but "he took one step . . . and found he had become as small as the tiny hunters"

(Bruchac, 1985, p. 42). They teach him many things about the forest animals, and "the corn and the squash and the beans which feed human life" (p. 43)--both useful and pertinent information for Dirty Clothes to pass to his old caretaker, whose niggardly treatment of Dirty Clothes prompted the hero's departure.[24] The hero's metamorphosis into well-attired brave when he returns to his tribe symbolizes his attainment of new knowledge and an enhanced outlook: "so many things had changed in just four days. It was the same place, yet nothing was the same" (p. 43). The transformation also suggests that Dirty Clothes has now become the sagacious "other," a foreigner to his tribe, and will (in a manner analogous to the tiny hunters) provide them with important knowledge if they honor him ("'You are welcome here, Stranger' . . . . The wisest of the old men and women listened well to this young warrior" [pp. 43-44]). In a similar fashion, the hero in *The Boy Who Lived with the Bears* also becomes an "other," a foreigner to his uncle, after having acquired the traits of his helpful bears. The uncle who mistakes his nephew for a bear and is chastened by the fact that he has almost killed him in his pursuit, "realized that he had been a wicked person. He had turned back, resolved to treat the son of his own sister well from then on" (Bruchac, 1985, p. 30).

        Not all the hero's communions with Nature are favorable. On their journeys, Indian heroes learn prudence and moderation by having to contend with their opposites, i.e., excesses in their own behavior or in the behavior of those they meet. The protagonist in the *Two-Headed Snake* meets such a creature on an outing and treats it with fearless compassion, for it was limp from hunger. Hajanoh, in his oversolicitousness, feeds but cannot not quench the hunger of the snake, and does not recognize the greed represented by the snake's anomalous, two-headed body (see Asikinack, 1988, p. 5). The tale's somewhat unsatisfactory moral, "you must remember to treat with gratitude those who helped you when you were weak" (Bruchac, 1985, p. 102), only applies after the remains of the snake's gluttonous appetite have been transformed into a multitude of fish that feeds Hajanoh's tribe. The tale's earlier moral, however--"beware the eyes of false friends" (p. 99)--attaches much more readily to the tale's pedagogical framework, for it has been Hajanoh's overzealous helpfulness that has blinded the hero to the snake's four-eyed charm. Excess, whether of appetite, curiosity, or ignorance represents a kind of evil in American Indian tales; the hero's encounters with excess will either teach him the importance of moderation or will expose him to the consequences of living without it. The *Origin Myth of the Acoma* makes such consequences painfully clear. Despite being cautioned to "be always very careful in handling their baskets" of images, the two sisters, Iatiku and Nautsiti, "became too anxious to give life" to them, dropping one to the ground which "came to life itself, and with a power of its own. . . . This was the snake that was to tempt Nautsiti" (Velie, 1979, p. 25).

        Excesses produce rifts between human beings and Nature that the Indian hero cannot easily mend. Negative forces, however they have been

introduced into his environment, are not always easy for him to spot or alter, no matter how good or well-intentioned he has become or how growthful his journey has been. Many American Indian stories suggest that harmful powers are gratuitous , self-animating, undefined, hard to catch, and once caught even more difficult to hold on to. "In long days past," an Iroquois storyteller begins, "evil monsters and spirits preyed upon humans. As long as the sun was shining, the monsters hid unseen in deep caves" (Erdoes & Ortiz, 1984, p. 227). Frightful beasts lay waste the Hopi landscape (Erdoes & Ortiz, 1984, p. 211), and "workers of evil" destroy Iroquois families (Bruchac, 1985, *passim*). All Indian heroes come to realize that evil powers coexist with good ones: "Hah! You can't get along without the evil one. He has a part to play in this world. You have to have the good and the evil" (Courlander, 1982, p. 6). Once spotted, these evil powers elude the hero's grasp. The young Iroquois mother in *The Flying Head* succeeds in eliminating the devouring head from her camp, but "nobody knows what became of it" afterward (Erdoes & Ortiz, 1984, p. 228).

And yet such apparently radical, irreducible evils as these can be transformed, or at least their destruction mended. Indian heroes start this process of transformation with the help of their spirit protectors or through sheer determination not to let such evil powers continue to upset the harmony of their tribes. In *The Workers of Evil*, Okteondon burns an evil mother-in-law in a sweat lodge, initiating her metamorphosis into a screech owl that "flew out, hooting mournfully" (Bruchac, 1985, p. 113). With the help of his special cedar twig, Okteondon also manages to piece together the remains of people devoured by great birds, thus reversing their process of destruction. (See also Bruchac, 1985, p. 102). With the help of Spider Woman, Son of Light is able to transform "Man-Eagle . . . into a good-looking man" (Erdoes & Ortiz, 1984, p. 215). An Indian brave can confront evil by first transforming himself and by serving as a model for others to emulate. But he also transforms evil by trusting in powers greater than himself, and by placing his hope in what many an Indian hero optimistically asserts: "We'll come out here alive and happy." Hope, confidence, gratitude, magic, imagination, and a good heart all become the Indian brave's helpers in his quest for correct relatedness. His heroism directly reflects his appropriate and sustained use of all of them.

Like Apache moral narratives, these and other American Indian stories are "changing you now, making you want to live right. [They are] making you want to replace yourself" (Basso, 1984, pp. 42-3).[25] Indian heroes "replace" themselves in their desire to "live right." The hero's own special communion with his environment makes such a chain reaction possible, his own adventure, by extension, becoming a model of related-ness and replacement for the storyteller's audience itself. This flexible view of "self" and "other" suggests that morally correct action in American Indian tales involves personal growth, indeed, that the former cannot exist without the latter. As Moehle remarks, "the authentic innocence of transcendence involves the recognition that self-consciousness is implicitly other-con-

sciousness, and that evil arises from a surfeit of egoism through which the welfare of others is neglected in the construction of one's own acts" (1978, p. 109). Heroes in medieval romances recognize the "other," but in maintaining their privileged place within their "chivalric adventure-ideology," choose to integrate the "other" into their societies "whether by peaceful means or not . . . [or through] their destruction" (Nerlich, 1987, p. xxi). For the American Indian hero--secure within his environment and receptive to others in it--"otherness" is often welcomed and potentially gratifying, because it is through his contact with the "other" that he makes the bonds within his tribe more secure and meaningful (see Ronnow, 1989, p. 70; Laing, 1969, p. 42). "Otherness," as Highwater notes, "does not imply a single, alternative option" for the Native American hero but rather "a multiverse of possibilities" (1982, p. 68). American Indian heroes move within their multiverse with remarkable agility, comfortable with all that it might offer them, but not overconfident of their place within it.

Summary

Oral-traditional stories detail their heroes' growth through a narrative pattern of exile and return that places the heroes in situations repeatedly challenging their strength and resolve. Through the motif of the quest, medieval and American Indian tales alike reaffirm general psychological truths that bear upon our understanding of human nature. Stories about heroes are stories about us: about our desires to grow up, to defeat death, to prove ourselves in difficult situations, and to achieve recognition or admiration among our peers (Becker, 1973, p. 4). In this way, medieval and American Indian tales are about self-actualization. They maintain that "one has within oneself proclivity toward growth and unity of personality ... and an automatic thrust toward expression" of these qualities (Yalom, 1980, p. 9).

All forms of literature, however, reflect ideas peculiar to their cultures. The ways in which these basic human truths are represented in medieval and American Indian tales suggest the differing religious or social concerns that have informed these truths and have given them shape. To a large degree, the medieval knight's view of "self" and "other" encompasses the view that Western humanity has had (and continues to have) of itself. This is a view conditioned upon the superiority of the "self" as measured against the inferiority of the "other," reinforced through existing social (hierarchial) and religious (Judeo-Christian) codes of behavior. Such codes are not only inadequate to the task of interpreting American Indian perceptions of "self" and "other," they are inimical to the ethical foundation underlying them. Scott Momaday remarks that "you cannot understand how the Indian thinks of himself in relation to the world around him unless you understand his conception of what is appropriate; particularly what is morally appropriate within the context of that relationship" (Basso, 1984, p. 46). For the American Indian hero, self-actualization is self-transcendence.

By "becoming a part of something greater" than himself, the American Indian hero sustains a moral vision that not only reveals his "latent nobility"[26] but also protects, even strengthens, the relational fabric of his community. By reading these and other American Indian tales, Western healers may become more sensitive to the moral conflicts uniquely experienced by American Indians and to the needs of others who desire to revise or strengthen their own moral structures by including ideas of relatedness and relationship.

Department of English
Union College
Humanities Center
Schenectady, NY 12308

Reference Notes

[1] For general discussions about oral-traditional mentalities, see Havelock (1963), Goody (1977), and Ong (1982).

[2] Zweig (1974, pp. 81-96) draws parallels between heroic adventure and the act of reading. See also Hillman (1983, pp. 40-46), in which he stresses how the act of historicizing one's own life stories gives meaning to, "enhances, [and] dignifies" those stories. Campbell (1988, pp. 123-163) offers a synchronic view of heroic behavior as seen in ancient and modern myths. I am grateful to Dr. John Nagel for drawing my attention to this work and others (e.g., Becker, 1973; Campbell, 1983; Gilligan, 1982; Highwater, 1988; Yalom, 1980; and Wickes, 1963).

[3] See Brewer, 1980; Wilson, 1975; Bettelheim, 1975; Rank, 1983; and Franz, 1974 for psychoanalytical, Jungian, and general psychological interpretations of heroic growth as seen in specific romances and tales.

[4] For a discussion of the relationship between traditional narrative styles and ideologies, see Scott (1988, pp. 37-68).

[5] "The result of the concurrent presence of both these models [of moral structure] in the Western tradition is constant tension between hierarchy and dualism: hierarchies are always potentially threatened by a dualistic militance subversive of them" (Kavolis, 1984, p. 24). For further discussion about dualistic notions of good and evil, see Franz (1977, p. 140), Goodman (1988, p. 61), Highwater (1981, p. 27), Lowe (1983, p. 102), May (1982, p. 249), and Taylor (1985, pp. 34-35). Taylor (p. 37) and Nerlich (1987, pp. 6-11) discuss the religious- and class-specific nature of social hierarchies as they occurred in the Middle Ages.

[6] Goodman (1988, p. 163) views the need for repeated clashes between good and evil as an integral part of "city dweller" societies: "It seems to be an endless chain that never comes to a satisfying conclusion. Compulsively the ritual [struggle between good and evil] has to be repeated over and over again, a confrontation without end."

[7]Gilligan's (1982) pioneering work on ethical development discusses the importance of interpersonal relationships for women's moral frameworks, and the importance of abstract and hierarchical relationships for men's moral frameworks. For more information about the ethics of "appropriateness" as it relates to American Indian culture and hunter-gatherer societies, see Goodman (1988, pp. 58-60, 86, 96, *passim*); Lincoln (1983, pp. 51-53); and Basso (1984, p. 46, *passim*).

[8]See Erdoes and Ortiz (1984).

[9]See Standing Bear (1934).

[10]See Bruchac (1985).

[11]See Velie (1979).

[12]See Courlander (1982).

[13]See Crane (1986) for the view that Middle English romances focus not on the aristocracy but rather on the landed gentry, whose power had diminished during the years after the Anglo-Norman invasion.

[14]See Miller (1977, pp. 156-207) for a selection of medieval writings on the tenants of chivalry.

[15]"The quest for adventure . . . is thus a distinctive hallmark of a class: among other things, it distinguishes the knight from the *vilains*, the 'man who does not belong to the nobility'" (Nerlich, 1987, p. 6).

[16] Scott (1988).

[17]Wickes (1963, p. 37) argues that although good and evil are "forces . . . existing before personal life," they are "born anew within the individual through an act of choice and acceptance." Medieval heroes seem to "bring evil upon themselves" by choosing to acknowledge its existence outside of themselves, accepting only its external (but not internal) references.

[18]Jungian analyst Franz remarks that "loneliness, especially loneliness in nature, opens the door to the powers of evil" (1974, p. 142). Heroes, confronted by this loneliness, display an "infantile curiosity" or "pseudo-courage, a lack of respect for the power of evil."

[19]"What is sacred is simultaneously held in greatest esteem and greatest fear. It is the source of life and the power to take life away. From it man expects all rewards, success, and power; yet as a force greater than he, it might bring punishment, failure, and degradation . . . Man is ambivalent toward the sacred: he respects that which is greater than himself, desiring to possess and control it; but, in addition, he fears it, wishing to avoid its negative powers." (Stivers, 1982, p. 32)

[20]In *The Way of the Animal Powers,* Campbell (1983, pp. 8-9) outlines the psychic functions of myth to be found in all cultures: (1) the mystical or transcendent; (2) the cosmological; (3) the sociological; and (4) the pedagogical. To reflect a hero's psychological growth, such an outline can be inverted and adapted as follows: (1) the individual or psychological (involving the hero's pre-reflective, reflective, and articulated experiences); (2) the pedagogical (involving that which is taught to the hero); (3) the sociological (involving the hero's experiences of bonding, identity, and community); (4) the cosmological (i.e., the reality of the hero experienced by reference to another reality); and (5) the transcendent (suggesting the hero's experiences of epiphany and mystery). Thanks to Dr. Nagel for suggesting this modified scheme.

[21]"It is only by contrasting and comparing himself to *like* organisms, to his fellow men, that he can judge if he has some extra claim of importance" (Becker, 1975, p. 12).

[22]Personal communication; Santa Fe, NM, July 10, 1989. Zuni scholar and fieldworker Jane Young noted the difficulty of broaching the topic of evil to many American Indians, as it (too easily) encourages their discussion of sacred and taboo subjects (personal communication; Albuquerque, July, 1989). Limited interviews with three American Indians (Chippewa [June 28, 1989], Laguna/Zuni [July 6, 1989], Laguna/Acoma [August 3, 1989]) indicated their readiness to discuss evils *introduced into* their societies by non-Indian cultures (e.g., alcohol, drugs, cars, money), or the evils resulting from cultural conflict (e.g., adoption and subsequent abandonment by anglo parents, suspicion of non-tribal opportunities for higher education), and their effect on tribal or familial relationships. When asked for remedies to these ills, interviewees responded by stressing the importance of family bonds and community services--"relational" solutions strengthening already exiting relationships among tribal members.

[23]*Cf.* the Zuni tale *The Boy and The Deer* (Smith, 1986, p. 140). The callousness of the boy's human mother contrasts with the "deer-mother's tenderness. The deer-mother is made to speak an embittered indictment of the human mother's behavior."

[24]I am grateful to Jane Young (University of New Mexico) for suggesting Basso's very useful article.

[25]Will Durant, quoted in Yalom, pp. 434-435.

References

Asikinack, W. (1988). Anishinabe (Ojibway) legends through Anishinabe eyes. In T. E. Schirer (Ed.), *Contemporary Native American cultural issues* (pp. 3-12). S. Ste. Marie, MI: Lake Superior State University Press.

Ballard, C. (1988). The island that moves: Shamanistic practices and psychic posturing in one Naskapi myth from Little Whale River. In T. E. Schirer (Ed.), *Contemporary Native American cultural issues* (pp. 13-29). S. Ste. Marie, MI: Lake Superior State University Press.

Basso, K. H. (1984). Stalking with stories: Names, places, and moral narratives among the Western Apache. In E. Bruner (Ed.), *Text, play and story: The construction and reconstruction of self and society*. Washington, D.C.: The American Ethnological Society.

Becker, E. (1973). *The denial of death*. New York, NY: The Free Press.

Becker, E. (1975). *Escape from evil*. New York, NY: The Free Press.

Benson, L., et al. (1986). *The complete works of Geoffrey Chaucer*. Boston, MA: Houghton Mifflin.

Bettelheim, B. (1975). *The uses of enchantment: The meaning and importance of fairy tales*. New York, NY: Vintage Books.

Brewer, D. (1980). *Symbolic stories: Traditional narratives of the family drama in English literature*. Cambridge, MA: D. S. Brewer.

Bruchac, J. (1985). *Iroquois stories: Heroes and heroines, monsters and magic*. Trumansburg, NY: The Crossing Press.

Bychowski, G. (1968). *Evil in man: The anatomy of hate and violence*. New York, NY: Grune & Stratton.

Campbell, J. (1983). *The way of the animal powers: The historical atlas of world mythology* (Vol. 1). London, England: Summerfield Press.

Campbell, J. (1988). *The power of myth* (pp. 23-43). New York, NY: Doubleday.

Caplan, L. (1985). The popular culture of evil in urban south India. In D. Parkin (Ed.), *The anthropology of evil* (pp. 110-127). Oxford, England: Basil Blackwell.

Courlander H. (Ed.). (1982). *Hopi voices: Recollections, traditions, and narratives of the Hopi Indians*. Albuquerque, NY: University of New Mexico Press.

Cowen, J. (Ed.). (1975). *Le morte d'Arthur*. Sir Thomas Malory (Vol. 1). Harmondsworth, Middlesex: Penguin.

Crane, S. (1986). *Insular romance: Politics, faith, and culture in Anglo-Norman and Middle English literature*. Berkeley, CA: University of California Press.

Davis, N. (Ed.). (1967). *Sir Gawain and the green knight*. Oxford, England: Clarendon.

Edinger, E. F. (1972). *Ego and archetype: Individuation and the religious function of the psyche.* New York, NY: Penguin.

Ellis, R. (1985). Do the Fipa have a word for it? In D. Parkin (Ed.), *The anthropology of evil* (pp. 209-223). Oxford, England: Basil Blackwell.

Erdoes, R. & Ortiz, A. (1984). *American Indian myths and legends.* New York, NY: Pantheon.

Franz, M. L. (1974). *Shadow and evil in fairytales.* Dallas, TX: Spring Publications.

Franz, M. L. (1977). *Individuation in fairytales.* Dallas, TX: Spring Publications.

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development.* Cambridge, MA: Harvard University Press.

Goodman, F. (1988). *Ecstasy, ritual, and alternate reality: Religion in a pluralistic world.* Bloomington, IN: Indiana University Press.

Goody, J. (1977). *The domestication of the savage mind.* Cambridge, MA: Cambridge University Press.

Hall, J. (1901). *King Horn: A middle-English romance.* Oxford, England: Clarendon Press.

Havelock, E. (1963). *Preface to Plato.* Cambridge, MA: Harvard University Press.

Highwater, J. (1981). *The primal mind: Vision and reality in Indian America.* New York, NY: Harper & Row.

Hillman, J. (1983). *Healing fiction.* New York, NY: Station Hill.

Kavolis, V. (1984). Civilizational models of evil. In M. Coleman Nelson & M. Eigen (Eds.), *Evil: Self and culture* (pp. 17-35). New York, NY: Human Sciences Press.

Krupat, A. (1987). Post-structuralism and oral literature. In A. Krupat & B. Swann (Eds.), *Recovering the word: Essays on Native American literature* (pp. 113-128). Berkeley, CA: University of California Press.

Laing, R. D. (1969). *The divided self.* New York, NY: Pantheon.

Lincoln, K. (1983). *Native American renaissance.* Berkeley, CA: University of California Press.

Loomis, R. S., & Lommis, L. H. (Eds.). (1957). *Medieval romances.* New York, NY: The Modern Library.

Lowe, W. (1983). *Evil and the unconscious.* Chico, CA: Scholars Press.

May, G. G. (1982). *Will and spirit: A contemplative psychology*. San Francisco, CA: Harper & Row.

Midgley, M. (1984). *Wickedness: A philosophical essay*. London, England: Routledge & Kegan Paul.

Miller, R. P. (1977). *Chaucer: Sources and backgrounds*. New York, NY: Oxford.

Mills, M. (1982). *Six middle English romances*. London, England: Dent.

Moehle, N. R. (1978). *The dimensions of evil and of transcendence: A sociological perspective*. Washington, DC: University Press of America.

Nerlich, M. (1987). *Ideology of adventure: Studies in modern consciousness, 1100-1750* (Vol. 1). Ruth Crowley (Trans.). Minneapolis, MN: University of Minnesota Press.

Ong, W. (1982). *Orality and literacy*. New York, NY: Metheun.

Pocock, D. (1985). Unruly evil. In D. Parkin (Ed.), *The anthropology of evil* (pp. 42-56). Oxford, England: Basil Blackwell.

Rank, O. (1932). *The myth of the birth of the hero*. New York, NY: Vintage Books.

Ronnow, G. (1989). Tayo, death, and desire: A lacanian reading of ceremony. In G. Vizenor (Ed.), *Narrative chance: Postmodern discourse on Native American Indian literatures* (pp. 69-90). Albuquerque, NM: University of New Mexico Press.

Russel, J. B. (1986). *Mephistopheles: The devil in the modern world*. Ithica, NY: Cornell University Press.

Scott, A. (1988). Plans, predictions, and promises: Traditional story techniques and the configuration of word and deed in King Horn. In D. Brewer (Ed.), *Studies in medieval English romances: Some new approaches* (pp. 37-68). Cambridge, MA: D. S. Brewer.

Scott, A. (1988). *Traditional words, expansive worlds in Chaucer's Franklin's Tale*. Paper delivered at the 23rd International Congress on Medieval Studies. Kalamazoo, MI.

Smith, E. (1986). Andrew Peynestsa's telling of The boy and the deer: Storytelling and double binds. *Sail, 10*(3), 134-47.

Standing Bear, L. (1934). *Stories of the Sioux*. Lincoln, NB: University of Nebraska Press.

Stivers, R. (1982). *Evil in modern myth and ritual*. Athens, GA: University of Georgia Press.

Taylor, D. (1985). Theological thoughts about evil. In D. Parkin (Ed.), *The anthropol-
    ogy of evil* (pp. 26-41). Oxford, England: Basil Blackwell.

Troyes, C. (1977). Yvain. In D.D.R. Owen (Ed.), *Arthurian romances*. London,
    England: Dent.

Velie, A. (Ed.). (1979). *American Indian literature: An anthology*. Norman, OK:
    University of Oklahoma Press.

Wickes, F. (1963). *The inner world of choice*. New Jersey: Prentice-Hall.

Wilson, A. (1975). *Traditional romance and tale: How stories mean*. Ipswich, NY:
    D. S. Brewer.

Yalom, E. (1980). *Existential psychotherapy*. New York, NY: Basic Books.

Zweig, P. (1974). *The adventurer: The fate of adventure in the western world*.
    Princeton, NJ: Princeton University Press.