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Developing Understanding through Global Case Studies
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Neuropsychology in Coast Salish Native American Contexts

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*Tedd Judd and Eagle Bear*

**Introduction**

**JUDD:** When I received the invitation from Dr. Irani to write this chapter I thought of the principle of “Nothing about me without me” and so I realized that I wanted a Native American coauthor. I recalled that Eagle Runs Around Bear (Eagle Bear) is a storyteller who wants the story of his people to be preserved for his people and to be known by others and so I invited him to be my coauthor. Fortunately, he accepted.

Part of my biography is in the Guatemala chapter of this book. I have grown up with an interest in Native Americans, in a house with Navajo rugs, Kachina dolls, photographs, many books about Native Americans, and with summer family visits to reservations mostly in the US Southwest. The Pacific Northwest has been my home for the past 40 years, and I have gotten to know many of the local tribes through visits, powwows, festivals, music, friendships, and clinical work, including a contract with the clinic of the remote Makah Tribe, with biannual visits.

**EAGLE BEAR:** My great, great grandfather was the man you call Chief Seattle. He was Duwamish. I grew up Lummi, but my family was banished from the reservation because my mother struck and killed a child with her car on the reservation in 1945. I have land on the reservation but still we have to live in Marietta (a run-down village that often floods across the Nooksack River from the reservation). When I was a boy and bears still came to Portage Island (a wooded island that is part of the reservation and can be reached on foot at low tide) there was a bear and I ran all of the way around it, and so they gave me the name of Runs Around Bear. I spent a lot of my time from age 6 to 10 at my elders drumming, singing, dancing, listening, and remembering.

When I was growing up there was a lot of alcohol and not a lot of love. I suffered from that and couldn’t understand it. My guiding spirit voice first came to me when I was 4 years old and has helped me through since that time. I had a vision. I flew to my parents and the door flew open and they were surprised and I told them I wanted them to stop drinking. When I first did my ceremony at age 20 I stayed awake for 3½ days. When I started to fall asleep I flew. I flew out of my body in my 4th month of ceremony and flew over Lummi. I have had visions forever.

**Prelude: Eagle Bear: Oral Improvised Poem-Song**

Just hoping the memory of our people when we are a family and community,
When we have love and understanding and how we hear and remember
With the Indian our grandmother moon
Reminds us it’s good to stay in tune

DOI: 10.4324/9781003051862-15
With the Creator of all things and the message each creation brings.
With the Indian this is our way of life
And not just a tomahawk bow and knife
With training in everything we use
So we won’t be careless and abuse
With the Indian this way of life became hard
Because by a new way we were scarred
With many left to wonder
Why such a good way went asunder
With the Indian we only have one choice
That is to continue listening to ancestor’s voice
No matter how hopeless things be around us
Our Creator will always surround us
With the Indian we’ll forever continue on
In the old ways that help keep us strong
For we have a spirit within our heart
That will help us to do our part
With the Indian we all must stand together
In the ways that help us remember
We are Mother Earth and we should always share in her birth
And her birth is to give us life
Give us some peace and calm and hope and faith
And some trust definitely some trust
Honesty truth respect and above all
To honor all those that have went before us
Honor who we are withing the eyes of Creation
The strong gotta be strong
Me, I’m out there every day that’s what I was made for
To be part of that voice
So others can make a choice to rejoice.

Section I: Background Information

Terminology

The Indigenous peoples of North America are extremely diverse linguistically and culturally. Many of these Indigenous peoples identify primarily with their own group, tribe, language, or reservation more than with a common Indigenous identity. In formal settings, especially intertribal encounters, speakers usually introduce themselves with their tribes and clans and often with their lineage, sometimes going back several generations. When viewed collectively, Indigenous peoples are most commonly called Native Americans and Native Alaskans in the United States and First Nations in Canada. “Indian” is often used (sometimes NDN in social media) and occasionally objected to as pejorative. There are also many insulting and pejorative terms and images, some of which, at this writing, are still used as names of sports teams, in spite of vociferous objections by Native peoples.²

This chapter will focus on Native Americans in the United States, and particularly the Coast Salish people of the Pacific Northwest around the Salish Sea (Puget Sound, Straights of Georgia, Straights of San Juan de Fuca). And this will be especially the Lummi, Eagle Bear’s people.
While Native Americans usually identify most strongly with their tribe, mixed heritage is common. For example, the Métis are a French-First Nations cultural group of about a half million people in central Canada and the northern United States who speak a French-Cree creole. Tribal mixtures are also common, and it is common to encounter someone who will say, “I’m X tribe,” but later they may elaborate, “Actually, my mother is Y tribe” or “but I was raised or spent summers on the Z reservation.”

It is usually best for clinicians to ask about heritage and identity, listen patiently and make note of such lineages, and feel honored when Native clients are willing to share their full identity.

**Geography**

European and other peoples in North America have displaced many Native American tribes from their accustomed territories, sometimes multiple times. They have typically been given reservations that are a small fraction of the size of their original territory and often far from their original territory. Clinicians are advised to learn the histories of the particular groups and tribes they work with. There is a Native American flavor of humor that can be gently teasing, yet pointed, and it is reflected in this chapter, including in the following: “They took away our land and gave us new land that they said we could have as long as the water flows and the grass grows. But they broke that promise and gave us new land that they said we could have as long as the water flows and the grass grows. But they broke that promise, too, and gave us land where no water flows and no grass grows.”

When an Indian laughs, it’s because they are applying a fresh layer of medicine on an open wound.

Most Coast Salish people have not been fully displaced but have been consolidated onto remnants of their original territories through mid-nineteenth-century treaties with the US government. Sometimes this means that tribes that were distinctive, perhaps hostile to one another, and may even have spoken different dialects or languages were placed together on the same reservation. Historically the Lummi territory spanned the US-Canada border. The Lummi reservation is in the United States, but the tribe has special treaty rights with respect to border crossing. The reservation was illegally reduced in size several generations ago, but Lummi treaty fishing rights in those waters persisted, and those rights allowed the Lummi to block the construction of what was proposed to be the world’s largest coal port for shipping Montana coal to Asia. Conflicts over fishing rights and other treaty rights have perpetuated tensions between Coast Salish people and others in the area, including some conflicts between tribes.

**History**

Most Native American tribes have oral histories that reach back from events that may correspond to written histories or anthropological records through to mythologies, as is the case for most societies (e.g., the Iliad, the Bhagavad Gita, the Holy Bible, the Popol Vuh). Some aspects of oral histories are public, and others may be more closely guarded and unknown to outsiders. For those who are strongly identified with their tribes, these oral histories may strongly shape their worldview and their engagement with others including outsiders, health care, and neuropsychologists (just as the texts cited above strongly shape their corresponding societies). Nontribal neuropsychologists need not—indeed, often cannot—know these histories intimately, but some familiarity with the oral history of the specific tribe is helpful for serving that tribe.
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EAGLE BEAR: The written history is “his story,” not our story.

The distinctive prehistories and written histories of the many tribes are beyond the scope of this chapter, but neuropsychologists serving a local reservation, tribe, or community are encouraged to study the history of that tribe. Most tribes were decimated by infectious epidemics and wars following the arrival of Europeans. Tribes have typically had strong spiritual, cultural, and technological ties to their territories, and displacement was highly disruptive to that. Most US tribes have Reservations and First Nations in Canada have Reserves. Tribal treaties are formally just below the US Constitution in authority, but this typically has not been the case in practice. Gross treaty violations by the federal and local governments and nontribal populations have been experienced by almost every tribe. Most treaties grant land rights, often hunting and fishing rights, health care and education rights, and exemption from many state and local laws. Treaties often grant local governance for various legal functions, social services, etc., but tribal government structures are often outwardly imposed. The federal government at times used a “quantum blood” standard to determine who qualified as Native and as members of a specific tribe. Most tribes now determine their own membership. Approaches vary widely from tribe to tribe and are often contentious, especially regarding access to services and communal property. Neuropsychologists are encouraged to visit the websites of the local tribes they serve and to visit the reservations themselves, including the tribal governments, clinics, schools, social services, museums, casinos, and those cultural events that are open to the public in order to familiarize themselves with the tribe.

EAGLE BEAR: We don’t just have teepees. [Coast Salish people did not traditionally use teepees at all.]

JUDD: On one such visit, my son and I were at the Lummi Stommish canoe races wearing distinctive red voter registration t-shirts. My son asked the powwow Master of Ceremonies to announce the voter registration. He obligingly announced, “If anyone isn’t registered to vote, go see the white boy in the red t-shirt … or was that the red boy in the white t-shirt?”

Some tribes do not have treaties or federal recognition. Some such groups persist in maintaining their identities and structures, and many have undergone decades-long onerous legal struggles to gain federal recognition.

EAGLE BEAR: Intermarriages kept the peace. My great, great grandfather was the man you call Chief Seattle. He was Duwamish. He gave your city its name. But my people on that side, the Duwamish people, don’t have tribal recognition. You recognize us when you use our names and our land and city but you don’t recognize that we are still here. We’ve all been denied the truth through religion, education, famine, war, greed, hate, drugs, and alcohol. Our history, our identity, our intimacy comes from being intimate with the creation. That means knowing when to berry pick, where to dig clams, where and when to fish, and so on. Peoples’ character is expressed in their totems and what stories songs and medicine you have.

Men are born ignorant, not stupid. They are made stupid by education.

(Bertrand Russell)

During the 19th and much of the 20th century the governments of the United States and Canada maintained policies of cultural assimilation, often enforced through residential schools that were harshly punitive of native language use and cultural practices, quasi-military in structure, and often deadly. Intergenerational residential school trauma is still a major theme of Native mental health.
EAGLE BEAR: I still cry over it; my heart is still broke over it. For me it’s all children; all have been
denied.

Coast Salish people lived mostly in villages by the sea and rivers for more than a millennium and
were able to be partly sedentary hunter-gathers because of the richness of the region. They tradi-
tionally used canoes for fishing, sealing, and whaling and also hunted on land. Rich runs of salmon
were a staple. Intertribal warfare was not unusual. White people and later others arrived through-
out the 19th century, preceded by smallpox and other epidemics. There were skirmishes with the
whites but no major wars. Most Coast Salish tribes now have reservations centered around their
original villages. Old rivalries have been reduced but live on in tribal school sports leagues and
occasional fishing rights lawsuits and struggles over tribal clinic resources and administration.
Collaboration has evolved, however, through cultural revivals such as the powwow circuit, canoe
races, and the annual canoe journey,7 in which each summer each coastal tribe sends one or more
canoe “families” as much as 400 miles on the open and inland sea to a single reservation that hosts
the week-long gathering of over 100 canoes that may carry up to 20 paddlers.

Languages

There were hundreds of Native North American languages and dialects, with great linguistic
diversity. A handful of languages are healthy and maintained, while many are extinct, at risk, or
endangered.8,9 Other than elderly Navajo (Diné), it is rare to find Native North Americans who
are monolingual in their tribal language. There were about 14 Coast Salish languages, and most of
these are now extremely endangered or extinct. There are attempts to maintain and revive them,
as is also the case for many other Native languages. The Salish Sea area is one of the world’s hot-
beds of endangered languages.

JUDD: I had occasion to evaluate an elderly instructor in one of the local endangered languages
after they had a mild stroke with mild aphasia. Needless to say, there were no standardized
aphasia tests in that language available. Instead, the process involved aphasia evaluation in
English and then informal evaluation assisted by the client’s adult child (also an instructor) in
the native language. Focus was on the instructional materials that they used in the preschool
and the tribal college. We settled on a strategy of home rehabilitation through repeated story
telling using the instructional materials. The child also worked to record and document fur-
ther language knowledge. The intervention also involved negotiations with school adminis-
tration to allow the instructor to resume teaching with a reduced load and accommodations,
especially for energy budgeting. I felt a tremendous responsibility in trying to help preserve
and recover not just a person’s language, but a people’s language.

Communication

I don’t tell my shit to white people.

(Tessa’s Dance)10

Communication styles may vary across tribes and depending upon acculturation. Many Native
Americans are skilled at code switching from tribal to mainstream communication styles. Even
where tribal languages are extinct, there are residual dialectical differences within English that
reflect those languages and some dialectical differences that cross many tribes. Authors such as
Louise Erdrich, Sherman Alexie, and the Missouri Cherokee descendant novelist, musician, and
neuropsychologist, David Walker (http://www.davidedwardwalker.com/index.html), have captured much of these dialectical differences in their writing.

EAGLE BEAR: Show respect for elders by listening, hearing, and understanding what they said before answering. Consider deeply the things they have said.

Most pertinent to neuropsychology, Native Americans are often very comfortable with silence. They may have few words and may speak slowly until they are ready. They may have a circular and repetitive narrative style, often deepening the meaning and detail and disclosure with each repetition as trust is built and understanding is established. Elders are especially to be respected and not hurried. At least among the Coast Salish, they are invariably honored and given full respect, first in the processions, and the best seating at tribal events. This participation may prevail well into mid-stages of dementia, strokes, and similar disability.

JUDD: My wife (Roberta DeBoard, PhD) worked as a school psychologist at the Lummi Tribal School. The children were often boisterous, to say the least. But when an elder would come for a cultural lesson they all quieted down and were very attentive. Elders are regularly bused from the tribal assisted living/nursing home, Little Bear, to the place of honor in the front row of school assemblies.

JUDD: I attended the opening ceremony for an international UNESCO conference in Seattle. The organizer was officiously rushing around with a clipboard, trying to keep everything on schedule. The first speaker was a Coast Salish elder, scheduled for 5 minutes, to welcome the conference, recognizing that it was being held on historically native territory. She talked, and talked … and talked. She absolutely ignored all signals to cut it short and attempts to intervene until she was done with her say. And that was just the way it was going to be.

**Education**

Cultural education in many tribes such as the Lummi occurs primarily through extended families, especially through sharing and living together. Mother and daughter time together is very important to communicate and learn to work. Cultural education also occurs through other tribal organizations and institutions. Smokehouse is a secret society in many Coast Salish tribes that is heavily engaged with adolescent coming-of-age training, initiation, spirit quest, and community commitment. Tribal fishing industries and boats also build communities and culture. There are also organizations and cottage industries that maintain crafts, music, dance, costume, healing practices, ceremonies, and celebrations. There are also many Indian Shaker Churches on Coast Salish reservations, a blend of Salish, Catholic, and Protestant beliefs and practices that include healing ceremonies that may induce shaking (unrelated to the US East Coast Shaker churches).

EAGLE BEAR: I spent a lot of my time from age 6 to 10 at my elders drumming, singing, dancing, listening, and remembering.

Tribes and reservations that are large enough may have their own schools, especially elementary schools, that may be under tribal or school district administration. There is typically a priority for having tribal staff, when possible. Curriculum often includes cultural materials and sometimes language. Tribal schools are often underfunded. Sports are often popular and an important focus. The Lummi high school has a dormitory for teens who want to finish high school but are having
difficulties with their home life. It is not unusual for Native students to encounter discrimination, cultural incomprehension, and bullying in mainstream schools off the reservation. A common pejorative that students use against Native children in the schools around the Lummi reservation is “dummy Lummi.”

There are 37 tribal colleges and universities in the United States, serving 27,000 students from 250 tribal nations. The Northwest Indian College (https://www.nwic.edu/) has its main campus on the Lummi Reservation, with six satellite campuses on Coast Salish and inland (Nez Perce) reservations. It offers Bachelors of Arts degrees in Native Studies Leadership, Tribal Governance and Business Management, Native Environmental Science, and Community Advocates and Responsive Education in Human Service.

Literacy

Literacy in tribal languages is generally low with the exception of a few of the larger tribes. Many languages have writing systems, many of them using variants of the Latin alphabet. There may be signage and limited literature, but tribal languages are more often practiced orally. As a population, Native Americans generally lag behind the general population in their level of English literacy skills.

Values and Customs

Values and customs vary widely by tribe. The Northwest Indian College provides a succinct statement of values common in the US Northwest tribes, presented in the Lummi language:

- **Sala-lex**: Our strength comes from the old people. From them we receive our teachings and knowledge and the advice we need for our daily lives.
- **Schtongaxʷon**: We are responsible to protect our territory. This means we take care of our land and water and everything that is on it and in it.
- **Xwłmi-choson**: Our culture is our language. We should strengthen and maintain our language.
- **Leng-e-sot**: We take care of ourselves, watch out for ourselves and love and take care of one another.
- **Xaalh**: Life balance/sacred

Health

Although there is much variation in culture and experience, Native Americans currently share, for the most part, a number of cultural experiences and history due primarily to the impact of the colonization of the Americas by Europeans. Among characteristics that are most neuropsychologically relevant are:

1. Poverty or, at least, lower income than the general population.
2. Distinctive, internationally recognized human rights as Indigenous peoples that are poorly enforced.
3. Worse overall health than the general population and lower access and quality of health care services.
4. Worse brain health than the general population.
5. Chronic turbulent relationships with centralized societal systems such as governmental health care, education, social welfare, and justice systems.
6 Distinctive views of disability, health, healing, and familial/social relationships; these affect how they are individually and collectively impacted by brain illnesses and disabilities as well as how they interface with professional neuropsychology in both clinical application and research. There has been very little neuropsychological research or understanding of this distinctiveness.

7 Relatively few neuropsychological services available and little professional knowledge of how to apply neuropsychology to these populations. 17

8 Indigenous epidemiology that is often distinctive due to genetics, distinctive exposures to pathogens and toxins, diet, racism, etc. 18–21

9 Distinctive pharmacogenetics. 22

10 Culturally distinctive perception of and coping with neuropsychological disabilities.

11 Designated communal tribal lands and separate tribal government, legal systems and courts, health care systems, vocational rehabilitation, industries, and education systems.

In the United States, the Indian Health Service (IHS), usually a treaty right, has a mixed history in the appropriateness, cultural sensitivity, and acceptance of its services. Discrimination from health care services (IHS and others) is still a common and influential experience. 23

**Mental Health View**

Most tribes readily acknowledge the public health data that indicates tragically high levels of depression, anxiety, PTSD, suicide, domestic violence, substance abuse, traumatic brain injury (TBI), cerebrovascular disease, learning disorders, and other conditions in most Native populations. At the same time, each of these conditions may be viewed differently from a Native worldview. In general, they are likely to be seen primarily in their social context and with multiple social causes, rather than from the individualistic, personal-failings perspective that is more prevalent in the general US population and in much of the framing of professional psychology. Local Native worldviews may even radically depart from outside conceptualizations. For example, some tribal members say that their tribes do not have any dementia. They acknowledge that elders may lose various skills and abilities, but they continue to be regarded as valued, honored, and integrated members of their communities rather than as marginalized people who are ill.

**Assessment Needs**

Administratively, Native American neuropsychology assessment needs are not much different from other US resident assessment needs in that they are interfacing with many of the same or similar institutions: Health care, education, injured workers, child welfare, criminal justice, civil proceedings, competencies, vocational rehabilitation, etc. However, many of these functions may be answering to tribal agencies that may have distinctive rules and ways of operating. Neuropsychologists would be well advised to determine if they will be answering to tribal agencies and to familiarize themselves with these institutions and their procedures before engaging in this work.

Neuropsychological research on Native Americans is sparse and not well-differentiated by tribe, region, or language. 17 Available research often calls into question the applicability of conventional English neuropsychological tests and norms to Native American populations, with Native Americans typically showing stronger performances on visual-perceptual tasks (sometimes stronger than white comparison groups) and weaker performances on English verbal tasks. 17

Neuropsychology does not have a high profile in many Native American communities and institutions. Tribal institutions and individuals are quite accustomed to being misunderstood and
mistreated in many ways by outsiders. While superficial friendliness and generosity toward outsiders are common and welcome attitudes, it takes time, patience, listening, goodwill, and sensitivity to build trusting and effective working relationships. A holistic, pragmatic, and culturally sensitive vision of what neuropsychology can offer will typically serve better than an individualistic, high-tech, cognitivist, universalist approach.

Migration

International migration is uncommon for Native Americans except for those tribes that have historically straddled the Canadian, Mexican, and Russian borders. Intertribal and inter-reservation travel and marriage is common, and it is common to live in the rural areas surrounding reservations. Urban migration is also common. It is common that urban migrants will retain ties to their tribe and reservation.

Acculturation

As noted above, Native Americans have a wide range of cultural identities. Since most are now native English speakers and often have access to mainstream institutions and education, many may be highly acculturated to mainstream culture. Many learn to “pass” and hide their indigenousness when convenient. Many will code switch from one identity to another. It is likely that such individuals will present themselves in their acculturated identity to the non-Native neuropsychologist, but this may not tell the whole story.

JUDD: I saw a Native couple for therapy for coping with the TBI of one partner. While they had both grown up on the reservation, they had received their education off of the rez, lived off rez for many years, and both had masters degrees and highly responsible non-tribal employment. I proceeded as if with a white couple, but soon came to realize that their expectations for their marital relationship and for their relationships with their extended family and tribe were profoundly Native. This also applied to their understanding of their own emotional needs and the intergenerational causes of those needs. I had to adjust my explanations and operate from a position of mutual problem solving rather than clinical authority.

Section II: Case Study — “Making it Through the Spiraling Fire Tunnel”

Identification and Referral

At the time of the evaluation in May 2000, Robert Lawrence was a 46-year-old, Lummi, single, 10th grade and GED-educated, unemployed, multiskilled laborer who was referred by his primary care provider of the Lummi Tribal Health Center for a neuropsychological assessment of a TBI with particular reference to eligibility for disability. No medical records were made available.

Interview

History of the Present Illness

Mr. Lawrence said that on January 24, 1979, he was assaulted by six guys with hammers and knives while in Walla Walla State Penitentiary. He described this as a manipulation by the prison administration, who turned some of the “lifers” into vigilantes. His spirit helper had told him
three times not to go into lifer's park. It told him, “F*** those crazy people and f*** this place. Why don’t you go in the hole and think about going home?” But he told the spirit he wasn’t afraid of anything. The lifers attacked him and his spirit told him not to fight back. He got struck by a hammer in the right parietal area. He saw himself going through a spiraling fire tunnel. He kept asking his spirit how to reach their spirits. He was hit in the head with the claw part of the hammer and his hands were hit many times. “I stayed conscious and aware of me getting beat. When hit with the hammer it caved my head in. When this happened, my spirit was lifted into a giant fire that was moving like a tornado, but slower. I twirled around two times and came back to my body and I immediately began a prayer. I said, ‘I’m praying to you, Great Spirit, please don’t hurt me anymore.’” They thought he was dead and felt that he was not breathing and had no pulse, but he was still conscious and listening to them. He now sees this as having been dead and coming back. As they left he saw a white cloud leave with them. Then he felt Jesus’ spirit come and heal him.

He was taken to the nearby hospital. He remembers seeing his parents praying for him in the Emergency Room. He saw energy waves from his gut going between him and his mother. He woke up from anesthesia before they operated to tell the doctor to save his hair. He had had a skull fracture in the right parietal area, and he had the skull fragments removed and the wound debrided. Later he had an acrylic plate placed. He also had surgery on his right hand.

**Background**

“God has been pretty gracious to me so that I have not had to suffer much, I’ve never had to ask for help. This was given to me in a vision in 1974. I was on a self-destruct suicide mission, feeling that I had been abused and my father never said he loved me. But in 1974 I started having visions and they came true within 2 days. I didn’t understand the gifts we people had in dreams and visions to guide us. I was never taught how to love myself or to plan for my future. We got dehumanized by boarding schools to get civilized. These are the stories we hear about only in family circles growing up. My father beat me, the schoolteachers beat me when I was growing up. I couldn’t tell my father. I ran away from home. I heard that the police were looking for me so I turned myself in, but they just took me back home. In prison nobody cared for me, either. I didn’t get help. They didn’t have child abuse programs then. The spirit people told me my heart was full of punctured holes but we’re going to try to help you. From when I was little I remember being on the floor with the beer bottles all around. I remember feeling ‘How come my parents aren’t talking to me, just drinking?’ They talk about not being able to pray in school, but why don’t they teach them about self-talk and feelings and how to be a good parent? It’s all in my autobiography, I’m writing a book. I get paid $300/hour to do lectures and workshops about these things. To me the most important things are the internal things.”

**Spontaneous Complaints**

Mr. Lawrence reported that he had sharp, shock, stabbing, or throbbing pain in his head where the plate is or where the black spot is. Sometimes it was in the back of his head, his spine, or behind his eyes. Sometimes it also went to his ears, especially the right, and felt sensitive, or as if his glands were swollen. The pain was especially intense when he was emotional. He also felt that the left side of his body was tightening up.

His girlfriend said he had troubles at night sometimes with sharp movements and quivers. Sometimes she had to wake him because he was having spasms.

He said that his memory had gotten worse. If he did not write things down he would forget them. He was feeling more tired lately. He had had a job from time to time, but his prison record made it hard for him to get jobs.
He had to make an extra effort to remember that he had a left side and to use it. He felt that its coordination was not good. His girlfriend told him that she thought he needed a tranquilizer because of his expectations for other people. He felt that she didn’t really understand him or care to, and so he was upset at that suggestion. He was on epilepsy pills after the injury, but he quit them because they were making him worse. He took them for a couple of months but got feelings of things shooting down his left side. When he quit them those feelings went away, but he still got them periodically.

Coping
When the pain got bad he would put his hand on his head to remind him of the spirit, and he would pray. He carried a notebook to help his memory.

Previous Medical History

History of Traumatic Experiences
Mr. Lawrence said that his father used to beat him up and abuse him mentally. He felt emotionally abused in school by teachers, especially with racism. He remembered being called a dumb Indian, and so on. He felt trapped in prison and had dreams that he was going to be assaulted again and dreams of being shot and feeling the bullet go into his brain and going back into the fire tunnel. The dreams had been less frequent since leaving prison. When he had those feelings along with pain he felt that he was close to having a heart attack again. He could feel anxious at that time and feel that he was slipping away, and he would say his prayers. He thought this would happen especially when he would get emotional. This could happen almost every day, or less frequently.

Alcohol and Drug Use
Mr. Lawrence reported that alcohol has been a problem all of his life. He was sober when he was in prison. He got back into it when he got out and used his relationship as an excuse to drink. He had alcohol treatment at Thunderbird House (Native American residential substance abuse treatment center) in Seattle, graduating 10 months prior to the evaluation with ongoing care at Lummi Care. He was particularly mindful that he should not drink because of his injury. He had used cannabis and a little bit of everything else. He felt that there was still something missing from treatment, or perhaps he should have stayed in Thunderbird House longer.

Psychosocial Situation
Mr. Lawrence lived with his mother and brother. He broke up with his girlfriend the previous month. He already sang a mourning song for that and so felt resolved about it. They had been together six years.

Family History
Mr. Lawrence’s mother had 13 children altogether, and he was number 5. Five of those 13 died young.
Pertinent Results of Review of Neuropsychological Systems

Mr. Lawrence sometimes has difficulty staying focused. He had had difficulty getting going on a beading project recently. He felt that he is perhaps impulsive. He said he could plan well for writing and was learning more about planning for other things.

At age four at his uncle's funeral, he was impressed by the speakers and wanted to learn to speak publicly himself. He had hoped that his father would guide him in this but he did not. He learned to be a writer out of his desire to be a public speaker. In 1980, he had a vision of his grandmother guiding him toward expressing his experiences. A wind of spirits took her two days later. He used to type but can no longer do so with his left hand. He used to use a computer to write, but no longer had a computer. The teacher in prison would not work with him on computers.

He felt that his visual-spatial skills were OK. He showed a fancy beaded wristband he made which he designed without sketches with much symbolism in it.

He reported that he had to focus more on his balance. High places bothered him, mostly because of his left side getting tight. His left side was weaker, less coordinated, and not as sensitive, such as having something in his left hand and not realizing it. He was very sensitive to loud noise and startled easily. His left side would jump to noise, but not his right. His gait was uneven.

He tried to stay cheerful and to be a peacemaker but would get depressed at times. He was depressed about not being able to get a job and about his breakup with his girlfriend. He drank in the past in part because he was depressed. He had had suicidal thoughts. He thought of drinking as a suicidal, self-destructive act. He had difficulty falling asleep. He had a hard time eating commodity foods (surplus foods supplied by the federal government) and felt malnourished but had an appetite for a balanced diet. He was often bothered by intense anxiety, often associated with pain.

He acknowledged an anger problem, including physical fights, especially in prison.

He often had visions or heard voices, but he was clear in his description that these were spiritual experiences distinct from the reality shared with others and not full-blown hallucinations. These experiences are certainly within the norm for his culture and not suggestive of a psychotic process.

Review of Functions

He finished the 10th grade, then got his GED at Community College in 1971. He has studied on his own and studied a few quarters at Northwest Indian College. He had done furniture factory work, custodian, cook, janitorial, construction, fishing, and assembly line. His longest job had been 3–4 months. He was in prison for 22 years for armed robbery and related charges and was then pardoned because of having been convicted on false testimony. He had a poetry and photography book in preparation.

He knew how to drive but lost his license for a DUI in 1997.

He believed in the “Chief of Many Names,” whom he saw as Native spirits but also as Jesus. He had a religious experience at age four, which the elders told him was the tree spirits. He grew up in the Catholic Church, as well. The spirit of Jesus first spoke to him in 1980.

Informant's Perspective

His mother reported that she was quite concerned about him because of his headaches. She reported that his left hand got shaky sometimes. She saw him as being depressed once in a while. She noted seeing him holding back the desire to cry. She reported that he made friends easily and got along well in the community. She felt that he had difficulty with anger in the past, such as punching holes in the wall.
Tedd Judd and Eagle Bear

Behavioral Observations

Attitude

Mr. Lawrence was attentive, cooperative, and quite open and talkative. He had an attitude of looking for help. He was wearing casual clothing, including a cedar visor and leather cell phone pouch that he made, and carrying a native drum.

Speech, Language

His speech was normal in articulation, tone, rate, word-finding, and coherence. He has a finely developed sense of narrative and drama, like a good storyteller. He also makes good eye contact, sometimes piercing. When speaking about spiritual matters he switched into an oratory style. His comprehension of test instructions was normal. His handwriting was legible, coherent, and organized on the page, and correct in spelling, grammar, and punctuation above the level expected for his education.

Self-Awareness

Mr. Lawrence was aware of the quality of his test performance.

Effort, Validity

Mr. Lawrence gave a good effort on the tests and tolerated frustration well. This was a valid testing.

EAGLE BEAR: After being dehumanized to become civilized by lies and denied my human rights to become a human being my life has been one of heartache and pain. And this is why I am so thankful for Tedd Judd. In the beginning I was uncertain about what kind of person he might be and whether he would believe me when I talked to him about this voice I heard since I was four years of age. This voice stayed with me until now and helped guide me many times.

JUDD: When I first met Eagle Bear I expected that he would be reluctant to trust and to tell me his story and I was prepared to be patient. I expected that he would speak slowly and would not be very specific or expressive. I was wrong … mostly. He was highly articulate and expressive, spoke fast, and was eager to tell most of his story and to trust me with it. But there were parts that were still difficult, that could not be shared, and things he could not trust me with. Some of these came out later in therapy.

When I heard his life story and his education and employment I expected that on testing he would perform in the low normal range on our tests, but with visual-spatial impairments from his right parietal injury. I was wrong.

When I checked his birthdate I noticed that he and I were born within a few months of each other. I could not help but feel how different our life paths had been through the accident of the circumstances of our births. And I also felt a generational affinity of our birth cohort, growing up through some of the same national and world events shaping our development.

The stated purpose of the evaluation concerned eligibility for disability (State and SSI). But I came to realize that Robert was searching for understanding and meaning regarding his brain injury and help with coping with it and that his physician and other care providers were also looking for direction as to how to best serve him. So I chose screening testing that could look for both strengths and weaknesses and that would also focus on areas of particular concern. I chose Wechsler subtests, Rey Figure, verbal fluency, and sensory and motor screening.
**Results**

Mr. Lawrence performed in the superior range on speed of information processing and working memory. His Block Design score was in the low normal range, lower than is to be expected for someone of his background. His approach involved difficulties with his perception of the designs, as expected with a right parietal lesion, but very good and systematic problem-solving strategies for overcoming these difficulties. As a consequence, he gained only one bonus point for speed and got two designs correct after the time limit. His Similarities score was average, consistent with his education. His memory performances were above average, with particularly strong memory for faces. There was slight “confabulation” on his story memory, suggesting that he tends to interpret and process deeply when recalling narrative. His word list memory was precise and in the superior range. His copy of the Rey figure was ultimately well organized, but he arrived at it through a piecemeal strategy and corrections. His recalls were better organized through a more global strategy and were within the normal range. He named 27 animals in one minute, with very strong verbal fluency. His specific responses reflected his cultural perspective: Eagle, falcon, raven, crow, hawk, pelican, brant goose, mallard, pintail duck, black duck, sea otter, coyote, deer, elk, cougar, bear, skunk, opossum, porcupine, grouse, pheasant, seagull, whale, mountain goat, parrot, snake, salmon. (parrot is the only one that is not from his regional environment).

He was mildly impaired in left-hand tactile perception. Right-hand coin rotation was fast normal, but it took him 47 seconds to perform 10 rotations with his left hand, which included 5 drops of the coin, at which point the test was discontinued due to frustration.

**Conclusions**

Mr. Lawrence had a traumatic brain injury due to an assault in 1979 that resulted in a skull fracture over the right parietal area. He has had multiple other closed traumatic head injuries. As a consequence, he had a left hemiparesis and a subtle left hemisensory deficit, with mild left neglect. In spite of this severe injury, however, he showed high normal to superior intellectual functioning. He was particularly gifted in verbal expression. The only cognitive difficulty evident from this screening evaluation was a weakness in visual-spatial perception. He had compensated well for this weakness with good problem-solving skills so that he was able to design complex beadwork without sketches, for example.

Mr. Lawrence was physically and emotionally abused as a child. He had had many traumatic experiences, including numerous assaults as an adult. He had spent 22 years in prison, convicted on false testimony. He had been alcoholic, depressed, and suicidal. He had had difficulties with anger. Counterbalancing this extreme traumatization, he had a strong spiritual grounding, several channels of artistic expression, tenacious motivation, and a somewhat tenuous but committed sobriety. He showed extraordinary resilience in now wanting to tell his story through writing, speaking, and song, with a message of forgiveness, peacemaking, cultural preservation, and respect for elders, children, and the environment.

For administrative purposes, I gave him these Western diagnoses: posttraumatic stress disorder, major depressive disorder, moderate, recurrent, alcohol abuse, in remission.

**Recommendations**

I recommended psychotherapy through the Lummi Tribal Health Center so as to be culturally appropriate or through mentoring with a tribal elder. I recommended client-centered, minimally directive therapy, especially at the outset, staying within his spiritual framework, avoiding psychobabble, attention to long-term issues and trauma, and reinforcing sobriety and healthy
relationships. I offered to consult with his therapist/mentor or to be his therapist if the referral didn’t work out. I recommended consideration of a selective serotonin reuptake inhibitor targeting depression and anxiety.

1 I recommended physical therapy to maintain the flexibility of his left side.
2 I noted that he did not have cognitive impairments that would be likely to qualify for disability on that basis alone but recommended that his hemiplegia, PTSD, depression, and anxiety be considered.
3 I recommended the Northwest Indian Vocational Rehabilitation Program to explore his potential as a writer, teacher, and related activities as a cultural resource or youth counselor or coach at the Lummi Tribal School.

Feedback

I reviewed these findings and recommendations with Mr. Lawrence, and he was appreciative. I gave him some direction for dealing with TBI impulsive anger.

Follow-Up

JUDD: Two years after the evaluation he called me and wanted to see me for therapy. He was in therapy at the tribal clinic and after discussion we agreed that it would be sufficient for him to continue with that established relationship.

Two years after that my wife and I encountered him in his craft booth at Stommish, the annual sea canoe races and powwow on the reservation. We bought a pair of cedar bark earrings he had made. A few months later he called me and asked to see me for therapy. There were some things he wanted to talk about that he felt that he could not talk about in the tribal clinic. I contacted his therapist who agreed to this. He began seeing me to deal with issues with family and tribal government. My file logs 28 psychotherapy sessions over 4 years, the last one being 12 years ago. But the file also logs about three times that number of contacts. He did not drive at that time and public transportation from the rez into town was so infrequent that it wound up being an all-day affair. There were a lot of rescheduled appointments and phone appointments. I was in touch with his prescriber about medications, his girlfriend as collateral to his treatment, social workers about disability, and vocational rehabilitation counselors. His girlfriend was white, although quite acculturated to Coast Salish ways. Nevertheless, their cultural differences in expectations for relationships were substantial and a focus of therapy. And I continue to run into him in the community at festivals and civil rights demonstrations.

Through all of this I paid close attention to balance the professional ethic of maintaining professionally traditional boundaries of the therapeutic relationship with more relaxed, culturally-sensitive Native expectations of the therapeutic relationship. There are advantages to each. For example, in my consultations to another tribe that is distant and isolated I have encountered many clients who would prefer to drive 90 minutes each way for their psychotherapy rather than be seen going to the tribal clinic. And there have been issues of cognitive disability and professional competence of tribal employees where they welcomed my outside evaluation because I was not allied with either side in the tribal politics surrounding the decision. So the outsider is sometimes a role of benefit. On the other hand, people from the tribe almost always understand the context and relationships and appropriateness of behavior and dangers and resources much better than I do. And the tribe is often a much better source of authority.

One of the most challenging aspects of the therapeutic relationship for me was to gain enough trust that he would feel that I could hear out his anger and would validate it, yet still
be able to confront and challenge him to find productive and not destructive ways to act on that anger through his art, teaching, and storytelling. This involved our mutual dissection of his feelings and actions to determine what was justified and what not, and what was reflective of impulsive anger resulting from his TBI. At one discouraged moment he said that nothing could be done about the dehumanization and destruction of their culture that has come with “civilization.” I reframed this into the ways he can try to choose what aspects of the new culture to accept, and he accepted the reframing.

We made use of his spiritual practices such as his power song to help him with his emotional control. The Coast Salish have many metamorphosis myths that are acted out in dances using transformation masks, in which one animal spirit mask opens up to reveal another animal spirit within. We used this imagery to help him to transform from his angry self to a loving, happy self. He struggled with his pain from his injuries, with the temptation to self-medicate, and with the humiliation of not being believed by clinic doctors, which he experienced as racism and discrimination because of his incarceration history. For pain management he decided to call on his eagle spirit to be very observant of pain and to ask himself if there is anything it was trying to tell him about what he needed to do to keep it from getting worse. He could then use his warrior spirit to ignore the pain and move above it.

He told me his names: Eagle Runs Around Bear. Eagle Bear. Two Fires. Comes with the Wind. I gave careful consideration to the ethics of asking Eagle Bear to participate in this writing. It had been 8 years since we had had any official professional connection and 12 years since our last therapy session. After ethics consultation I decided that asking him was congruent with what I knew of his life goals. I assured him that his participation was entirely voluntary and that he would have full control over what portions of his story he chose to reveal. I decided to pay him for his contribution so as not to exploit his knowledge and skill, but to tell him of this only after undertaking the agreement so as not to leave him feeling that he was under the obligation of employment. Because of COVID-19 we had to work outdoors, so we met to work in the parking lot of a retail store where he busks with his drum. He has a smart phone but not a computer, so he wrote longhand and I scanned and transcribed his writing or took down his words.

Section III: Lessons Learned

• Background cultural knowledge is very helpful in working with Native Americans. While there are many commonalities among tribes and much intertribal interaction, the differences between tribes are equally important. It is very important for clinicians to get to know the local tribes that they will serve. This is best done through a mix of academic learning and direct experience. Since most tribes are strongly identified with their locations, it is particularly important to visit.

• Background knowledge is important, but individuals are individuals, and it is important to take time to understand their ancestry, acculturation, identities, social connections, and connections to tribes and tribal organizations and groups. Such information may emerge only slowly as trust is built.

• Many Native Americans, especially those with ties to their reservations, have strong, extended, and persisting connections with extended family and with tribal, cultural, spiritual, and governmental communities and institutions. These connections have positive and negative aspects and are critical to take into account when considering how brain disabilities may be manifested, understood, and dealt with.

• Many people who identify as or can be identified as Native American have pervasive and persisting experiences of racism that are traumatic and multigenerational. Relationships may be problematic and at least initially nontrusting with nontribal organizations and services, including health care, education, courts, child and elder welfare, vocational services, and neuropsychology.
Many Native Americans have strong spiritual belief systems that are often syncretic, incorporating elements of local tribal spiritual beliefs and practices along with outside influences. These may or may not relate to identifiable spiritual communities and organizations. They often weigh heavily in their understanding of medical and mental problems, solutions, and treatments.

Native Americans may have visions, hear voices, or have tremblings that are sought-after spiritual experiences, culturally congruent, positive, and not due to psychosis or somatization disorders.

Native narrative and dialogue styles are variable and distinctive from mainstream medical and mental health styles.

Native formal educational experiences and experiences of testing are wide-ranging and variable. Conventional US English tests and norms cannot be applied with full confidence.

COVID-19 Addendum

The COVID-19 pandemic has been devastating to Indigenous populations in the United States and around the world, often hitting them much harder than neighboring populations. The reasons for this particular health disparity are many, some of them noted above. They are being studied and better information will be available by the time this chapter is published. But the cultural toll has been even more disparate, with many of the elder repositories of culture, history, language, wisdom, and guidance being forever taken from us. It is likely that a handful of the world’s 7,000+ languages have gone extinct due to this pandemic.

There is a bright spot in this. Many US tribes have been leaders in the vaccination program and have successfully vaccinated most of their members ahead of much of the rest of the United States. Given the history of epidemics on this continent, there is reason for reflection that yesterday, as I write this (February 28, 2021) the Lummi Tribe held a vaccination clinic in their casino for the teachers and staff of the neighboring Ferndale School District. Chairman Lawrence Solomon said, “Since time immemorial, our past and current leaders always think about the future of our people. We continue that responsibility today by giving our children everything they need to live a healthy life. Which means we must act as good neighbors, work together with our surrounding governments, to take care of our children, and to take care of each other.... In 1855, our ancestors signed the Point Elliot Treaty with the United States government, which states that our people will receive healthcare, including vaccinations. Therefore today, as a sovereign nation, we have the unique ability as a government to establish our own policies and prioritization of the vaccines we receive from the Indian Health Service.”

References


