



Holistic Health Care for Native Women: An Integrated Model

| Maria Napoli, PhD

Providing health care services to Native women has become a challenge owing to the severity of illness—in particular, diabetes, alcoholism, and arthritis—in this group today. If comprehensive health care is to be offered, coordination of services between health and mental health practitioners is needed.

Gathering together to support each other has been a traditional custom for Native women. An integrated health care model is discussed that offers Native women an opportunity to deal with the challenge of mental health and health issues through traditional activities, enhancing their physical and spiritual health and receiving education while creating an atmosphere of empowerment and mutual support. (*Am J Public Health*. 2002;92:1573–1575)

AS A RESULT OF CENTURIES of colonization, the lives of Native American women have changed. These women have gone from having a valued position in their communities to leading lives marked by illness, early death, and domestic violence. Today we see an increase in alcoholism, divorce, mortality, suicide, depression, health behavior–related illness, oppression, and loss of identity and tribal traditions among American Indian women.¹ McGrath et al. found that the health status and mental health status of American Indian women are generally worse than those of other women. Moreover, the suicide rate is twice as high among American Indians of both sexes as in the general American population. The death rates of Native American women are 2 to 6 times higher than those of other American women for alcoholism, liver disease, homicide, accidental death, and motor vehicle accidents.²

According to Saravanabhavan et al., elderly Native people are the most deprived group of individuals in the United States.³ Native people in general, and elderly Natives in particular, are at greater than average risk for exposure to multiple diseases and disabling conditions. How can health practitioners begin to bring wellness into the lives of Native women?

Native people view wellness as harmony of the body, mind, and spirit.⁴ Skilled practitioners can work successfully with Native

women by embracing a holistic approach to health and healing. In this paper, I discuss a Native women’s health group that used an integrated healing approach in the Yavapai community at Ft Hills, Ariz, from 1993 through 1996.

NATIVE VIEWS OF HEALTH AND ILLNESS

Embracing the significance of the connection between body, mind, spirit, and land is of paramount importance when we attempt to address health issues with Native women. Griffin-Pierce discusses a condition afflicting Navajo people called *ch’eeena*.⁵ *Ch’eeena*—sadness—occurs when tribal people leave their land. The belief that humans and all other living things are connected and affect each other in health and illness is an integral component of Native people’s belief and values.

Native people view health and illness from many perspectives. Connection to the spirit world is significant both in daily life and in ceremonies. For example, a Salish woman was suffering from arthritis, which became severe for no apparent medical reason. The onset of her illness dated to the morning after she had been visited in her sleep by her deceased father. In the Salute tradition, dreams of the dead may signify illness or even death, or they may signify that the spirit has laid claim to the dreamer.

When their hearts are heavy with emotion or a situation is dif-

ficult, Native people embrace humor as a way of healing. Humor helps the person feel a sense of relief. Humor is an avenue to good mental and physical health and is an integral part of Native life. “Native Americans use humor’s ability to erase, cleanse, or change what was embarrassing, oppressive, sorrowful, or painful.”^{6(pp67–68)}

THE ROLE OF THE HEALTH PRACTITIONER

To enter into a healing relationship with Native women, the practitioner must first acknowledge the issue of trust.⁴ Empathy, trust, acceptance, and understanding of value differences are key ingredients in working effectively with American Indian clients.^{7–11} Dubray, who studied leadership in Native communities, found that American Indian students felt that the “kind of person” a leader is was more important than “knowledge and skills.”¹²

According to Schacht et al., spending time in casual conversation and sharing meals with Native clients before discussing intimate issues enhances trust.¹³ The practitioner must feel comfortable with self-disclosure and participation in cultural activities or ceremonies. This vulnerability connotes receptivity and enhances trust. In this way the women not only know the professional qualifications of the practitioner, but get to know her on a personal level as well.

THE NATIVE WOMEN'S HEALTH GROUP

For Native women, gathering together and participating in activities is an empowering experience and a way to communicate and share stories and information. In Kalyanpur's study, a Yavapai woman shared her thoughts: "We get together and meet sometimes in the week. We do our beadwork and talk and then go back to our house."^{14(p327)} Spending time together in a positive way contributes to developing supportive relationships.

The women in this group were all grandparents. They all had diabetes and arthritis and were recovering from alcoholism. The purpose of the group was to offer these women an opportunity to deal with physical and emotional pain and to experience an intimate connection to each other. Since the women lived in the same community and were from the same tribe, their families had known each other for several generations. They shared stories about relatives, home remedies to relieve pain, and new ways to cook traditional foods.

I met with the group weekly at the community healing center, Wajevjo (meaning "house of the people" in the Yavapai language). This facility offered health, mental health, and preventive services. Community health and mental health practitioners shared space in the center.

Group activities included the following:

- *Storytelling.* During our time together the women gathered in a circle to share stories.
- *Meals.* The women shared healthy meals, usually preceded by a prayer, and discussed rec-

ipes for diabetics and women with cardiovascular disease. Meals were provided by the center or by the women.

- *Yoga.* Members of the group participated in a weekly yoga class. They learned postures that benefit the kidneys, cardiovascular system, and pancreas and enjoyed the benefits of relaxation and increased energy.

- *Walks.* The women took short walks together through the community and in the desert. These walks benefited their overall health and gave them an opportunity to chat about community events. On desert walks, the women felt empowered both by the exercise and by the connection they felt to the land of their ancestors.

- *Retreats and field trips.* Several retreats were scheduled to help the women reflect on their health and their personal lives. During these retreats, the sweat lodge offered relief from joint pain related to arthritis, stretching and breathing exercises offered help with stress reduction, and short hikes gave the women alternatives to sedentary behaviors. They found that they had more energy, felt more relaxed, and had controlled blood sugar levels.

- *Education.* Guest speakers brought in information about ways to improve health. The community health and mental health program offered by the center helped the women understand and treat conditions such as depression and diabetes.

Many stories and feelings were shared during these times, often with tears and laughter. Ending the gathering with a prayer—usually a prayer for good health for members and their families—was part of the structure.

The Power of Breath

We begin life with our first breath and end it with our last. When we observe a baby breathing, one of the most obvious things we notice is the full "balloon belly" breath. It is the body's natural way of releasing toxins and enhancing cell regeneration. As we grow older, our breath often becomes shallow. Integrative therapists see the holding or blockage of breath as an indicator of stored emotions that need to be released. "Most people utilize only a small percentage of the natural five-quart capacity of the lung. How fully we breathe directly affects our mental processes as well as our emotional and physical states."¹⁵

The breath, according to the Tibetans, is a means of extracting energy (*chi, prana*) from the environment, and therefore control of the breathing process in meditation is one means of affecting the movement of prana. "Traditionally, *prana* is described according to three aspects— [1] the underlying energy itself, [2] the channels in which it moves, and [3] the movements or currents within those channels."¹⁶ According to Reynolds and Lee, "metaphysically, the lungs, which are one of the main organs of breathing along with the diaphragm, are the body's reservoir of suppressed grief and sadness."¹⁵

We began all of our activities with meditation and breathing exercises. Some breathing exercises facilitated increased energy and others increased the relaxation response.

THE STORY OF BETTY

The following story describes how one woman was able to

move into a deeper awareness of herself by releasing her emotions and becoming focused through breathing.

On one of our field trips the women decided to take a trip to the natural mineral baths to enjoy the baths' medicinal effects, particularly good for their arthritis. As we exited our van one of the women, in her humorous way, exclaimed, "Here we come with our broken bodies for some healing in this paradise." We all had a good laugh.

We were escorted into the locker room and told to disrobe and cover our bodies with sheets. We had another good laugh at our various body shapes and at the fact that we were all walking around dressed as if for a toga party. We accepted our vulnerability with humor. After reveling in the warmth of our individual tubs of running mineral water, we were escorted to a room where we were offered blankets to rest on. One of the group members, Betty, had severe pain in her back and could barely walk or lie down.

Betty and I began our integrative therapy experience. I guided and supported her in some deep breathing and yoga postures to help relieve the pain in her back. "The gentle perseverance of returning to the breath both strengthens concentration and cultivates the ability of letting go."^{17(pp20–21)}

Betty began to shake, and she thought she was going to faint. I assured her that I had a good grip on her and that she could let her body and her emotions run free. At that moment Betty began to sob from a place very deep in her body. She shared her sorrow about her daughter's alcoholism and

her concern for her grandchildren. I found myself holding Betty like a baby in my arms. We sat like this for some time, and then she looked up at me and said, "The pain is gone." Betty had been released from the body/mind experience of carrying the pain of her daughter and grandchildren on her back. She was then able to enjoy the effects of the mineral baths on her arthritis along with the other women.

SUMMARY

Taking the journey with a client, wherever and however it happens, is the path of transformation not only for the client but for the health practitioner as well. The bonding and sharing that take place between the client and the practitioner is the substance of growth and change. The most effective therapeutic tools include not only expertise in technique and theory but, more important, empathy.

The integrated model is an effective approach to working with Native women. An understanding of Native traditions, such as prayer, storytelling, and ceremonies, along with an understanding of the importance of body, mind, and spirit, are integral components of treatment. We cannot separate ourselves into parts; we are part of a whole and, from a health perspective, need to be treated as a whole person. ■

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