

Balancing Culture and Professional Education: American Indians/Alaska Natives and the Helping Professions

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Historically, education has often been equated with assimilation for American Indian students. Today many students seek education in the helping professions so they can take the best of Western ways of helping back to their cultural communities without losing the best of their own traditions. Little research has explored the conflicts that hinder or the support mechanisms that help American Indians/Alaska Natives in professional education. This research examined the experiences of 132 American Indians/Alaska Natives with training in social work, nursing, and psychology. The respondents were asked about cultural content in their training and support mechanisms and challenges they experienced as indigenous people during their professional education. The voices of these helping professionals reflect a mixture of problems and hope. Faculty and administrators can take this information and use it to enhance their programs and to counteract the struggles of future students.

Introduction

Many American Indian/Alaska Native people pursue education in the helping professions in the hope that they can apply this knowledge to help their people and communities. Although the theories and models used in helping professions are drawn largely from Western cultural traditions, little research has explored the conflicts and support mechanisms that American Indians/Alaska Natives face in professional education. This research project examined the experiences of 132 American Indians/Alaska Natives with training in social work, nursing, and psychology. Since the respondents included no Alaska Natives, the term *American Indian* will be used in the

remainder of the article. The respondents were asked about cultural content in their training and the support mechanisms and challenges they experienced as indigenous people during their professional education.

Literature Review

American Indians and Education

Historically, education has been used as a tool to force American Indian people to assimilate into the dominant society (Noriega, 1992). Although education no longer has this explicit function, many American Indian people still distrust education and question whether educational models based on dominant society values are appropriate for indigenous people. While in some communities American Indian people have made important strides in taking control of the content and methods of teaching their children (see Allen, Christal, Perrot, Wilson, Grote, & Earley, 1999; Begay, Dick, Estell, Estell, McCarty, & Sells, 1995; Watahomigie, 1995, for examples of these initiatives), it is also important for American Indian people to have a strong voice in higher education.

The number of American Indians pursuing higher education increased dramatically between the end of World War II and the 1970s, but these gains began to erode in the 1980s under the Reagan administration (Davis, 1998). Authors such as Lowery (1997) clearly articulated the pain and alienation many American Indian people experience in universities. More must be done to identify specific struggles of American Indian students, take steps to help them meet these challenges, and change oppressive educational structures.

American Indian cultural values often differ from those of the dominant society, which form the basis of professional values and ethics. Indeed, for example, the traditional Lakota worldview not only differs from but also is in conflict with that of the dominant culture (Voss, Douville, Little Soldier, & Twiss, 1999). Faced with such conflicts, American Indian students often drop out of school or are forced to compromise their beliefs in order to succeed and graduate (Ryan, 1992).

In the past 10 years there has been no significant growth in the number of nurses of color in spite of the fact that some nursing schools have received grants to recruit, retain, and graduate diverse students (Hixson, 1998). Additionally, only 4% of American Psychological Association members are people of color (Bernal & Castro, 1994). The profession of social work has been more successful in recruiting culturally diverse members, but their membership is still disproportionately white compared to the U.S. population. As of 1996, 11.49% of National Association of Social Workers members (80% of the membership) who disclosed their ethnicity were people of color and .59 % was American Indian (L. Lopez, NASW staff member, personal communication, July 13, 1999).

Socialization Processes in Professional Education

Helping professions have their own cultures including values, norms, beliefs, and behaviors they identify as desirable (Buechler, 1988; Green, 1999; Suominen, Kovasin, & Ketola, 1997). In part, the purpose of professional education is to socialize students into the professional culture (Cartwright, Davson-Galle, & Holden, 1992). Professional education deliberately works to supplant beliefs and values of other cultures (Egan, 1989; Keeton & James, 1992; Rendón, 1994; Ryan, 1992; Smith, 1994).

It is important to question the extent in which ways of helping to be grounded in the dominant culture impose cultural values of individualism and materialism on indigenous people (Voss, et al., 1999). Nurses who have been educated in Western ways of helping attempt to apply Western techniques in their own cultural communities, even when these methods contradict their own values and traditions and those of their clients (Abdullah, 1995; Kavanaugh, 1993). Similar concerns have been expressed for helping professionals from other disciplines. Voss et al. (1999) cited a compelling example of a Lakota BSW student who was coached by professors to make direct eye contact. Although this behavior contradicted the student's culture, he worked diligently to master this behavior that is highly valued by the dominant society. His professors rewarded the student for learning this new behavior. However, when he applied for a social work position at tribal social services, he at first was rejected. He asked the reason for the rejection, and, as it turned out, was told that he acted very rudely during the interview by staring impolitely at the interviewer: "How could he work with Indian people with such offensive manners?" (p. 231).

Concerns about conflicts between professional socialization and American Indian cultures are particularly relevant for students who are strongly grounded in their indigenous cultures. American Indian students who do not have strong grounding in their tribal cultures may not experience the same level of cultural conflict as their more traditional counterparts.

Cultural Content in Professional Education

The National League of Nursing, the accrediting body for nursing schools, mandates cultural content in nursing curricula (Rooda, 1993). Likewise, the Council on Social Work Education mandates cultural content in training for social workers (Weaver, 1998)

as does its psychology counterpart the American Psychological Association (Allison, Crawford, Echemendia, Robinson, & Knepp, 1994; Bernal & Castro, 1994). Inclusion of diversity content is seen as an ethical imperative although research has not been conducted to explore how inclusion of content on groups such as American Indians enhances professional training. Likewise, while various helping professions recognize the need to include cultural content in training, there is not a consensus on how best to incorporate this material. Diversity content is still rarely integrated in a systematic way in nursing programs (Kavanaugh, 1993; Rooda, 1993), social work programs (Weaver, 1998) or psychology programs (Allison et al., 1994; Allison, Echemendia, Crawford, & Robinson, 1996; Bernal & Castro, 1994; Midgette & Meggert, 1991). The fact that cultural diversity is not addressed vigorously and coherently in classrooms or clinical settings reflects the American tendency to disregard difference. Many helping professionals approach their work from a color blind perspective because they have not been trained to do otherwise (Kavanaugh, 1993).

It is important for professional education to help students recognize the value of cultural diversity. Along with this respect for culture comes recognition of the students' own cultural attitudes and biases and how these influence the helping process (Abdullah, 1995; Smith, Colling, Elander, & Latham, 1993). Additionally, exposure to working with clients from different cultural groups during training is associated with therapists' self-rated cultural competence after graduation (Allison et al., 1996). In particular, helping professionals need to focus on cultural competence with non-Christian populations such as traditional American Indians (Voss et al., 1999). This is especially important because the Judeo-Christian value system figures prominently in

the dominant society culture and thus is reflected in the cultures of the helping professions. Professionals coming from this belief system may not realize that traditional people from some American Indian cultures do not necessarily share all of the Judeo-Christian values.

Lack of faculty qualified to incorporate cultural content is a limitation in some schools. Faculty development and active recruitment of culturally diverse faculty are crucial in integrating cultural content in curricula (Smith, Colling, Elander, & Latham, 1993). Unless faculty are adequately prepared to incorporate issues of diversity in their teaching they cannot prepare students to work effectively with diverse clients.

In addition to lacking cultural content, some professional training programs reflect biases and prejudices found throughout society. Students who experience bias and prejudice during their professional education are often hesitant to report these incidents until their courses are complete for fear of negative evaluations (Smith, et al., 1993).

American Indian Faculty and Support for American Indian Students

It is common for scholars concerned about diversity in higher education to discuss the need for diversity among faculty and staff. This is seen as one way to create a more welcoming and supportive environment for minorities and to enhance education for all students. American Indian faculty may be able to serve as role models for American Indian students and help them to negotiate academia. Additionally, American Indian faculty and staff may be able to help others in the university to become more aware of and responsive to the challenges faced by some American Indian students, thereby leading to more effective and culturally competent programs.

Although increasing the numbers of American Indian faculty and staff in higher education might be a positive step, it would be inappropriate to assume that this alone would ease the challenges faced by some American Indian students. Indeed, although many authors discuss variations in cultural orientations among indigenous people (e.g., Garrett & Pichette, 2000; Young, Lujan, & Dixon, 1998; Zimmerman, Ramirez-Valles, Washienko, Walter, & Dyer, 1996), there seems to be an assumption that American Indian professors and students share common values and cultures. American Indian teachers are assumed to have more insight into American Indian students than their non-Indian counterparts (Tonemah, 1990). In fact, Deloria (1986) identified that tensions between American Indian students and faculty were common. Students were often afraid to show a lack of knowledge if they thought the professors' courses were irrelevant.

American Indian faculty and students may differ in a variety of ways, such as tribal background and level of connection to culture. American Indians are an extremely heterogeneous population (Simms, 1999). Merely having American Indian faculty may be important as role models and mentors for some students but it would be inappropriate to assume similarities exist among American Indian students and faculty based solely on the fact that they share an indigenous background. When speaking of American Indian counselors in a college setting, Simms (1999) stated, "Being a Native American Indian does not guarantee that one will understand a client from one's own tribe or another. Intratribal differences are not as simplistic as the division between speakers of the language and nonspeakers" (p 29).

Given the inherent socialization function, it would also be reasonable to question how American Indian people who have achieved an extensive background in higher education may differ culturally from their tribal communities of origin. American Indian people who have pursued higher education may be viewed with suspicion by those who have not. The assumption can be made that they left behind their cultural traditions in order to succeed in an academic environment grounded in dominant society values. Such judgments may or may not be grounded in fact. It would be inappropriate to make blanket assumptions about the cultural identity of American Indian people who become faculty just as it is inappropriate to make stereotypical assumptions about American Indian people in general. The fact remains, however, that American Indian faculty and students may differ from each other in many different ways.

Methodology

Surveys were distributed to American Indian social workers, nurses, and psychologists as well as students in these professions. In addition to demographic questions, the survey asked about cultural content and the educational climate in the respondents' professional training. Specifically, the survey included the following:

- Describe any cultural content that was included in your professional training.
- Would it have been helpful to have additional Native American content in your professional training?
- Were you able to gain Native American cultural content relevant to the helping professions from sources other than university courses?

- If you were able to gain Native American cultural content relevant to the helping professions from sources other than university courses, describe how this was done.
- Describe the supports that existed for your Native American cultural identity in the programs you attended.
- Describe the struggles that existed for your Native American cultural identity in the programs you attended.

The study replicated work conducted with Maori helping professionals in New Zealand by the author and colleagues (Weaver & Moeke-Pickering, under review). The survey was modified for an American Indian cultural context by the author (Lakota) and a Seneca doctoral student.

Surveys were distributed through professional training programs with American Indian students enrolled, associations of American Indian helping professionals, and through snowball sampling. In all, surveys were distributed through eight social work programs, two nursing programs, and one psychology education program as well as to mailing lists from conferences of the American Indian Social Work Educators' Association, the Indian Nursing Education Association, and the Society of Indian Psychologists. Batches of surveys were sent to schools because precise numbers of American Indian students were unknown or because contacts were anticipated during distribution of additional surveys to American Indian helping professionals (i.e., 20 surveys may have been sent to a particular school but fewer were probably distributed). Although the precise number of surveys that reached potential respondents is not

known, 730 were sent out, 132 usable surveys were returned, 51 were returned by the post office, 14 were completed by people who did not meet study criteria (respondents who were not American Indians in social work, nursing, or psychology), and 11 were returned with incomplete data. It is not possible to say if survey recipients who did not respond differed from those who completed the survey. However, respondents came from a variety of tribal backgrounds generally representative of the population of American Indians.

The data were reviewed by the author and categorized according to themes. The author was immersed in the data from entry through a multi-stage process of analysis. Data were analyzed separately for each discipline. As each question was analyzed, similar responses were clustered into themes. For example, in response to the question about support mechanisms, many respondents indicated the importance of peer support. The responses indicating this type of support mechanism were clustered together into a theme and the percentage of people giving this response was calculated. The author defined a theme as a response stated by at least 10% of respondents in a discipline. Although many qualitative researchers do not use a numerical cut-off for identifying a theme, this author found the 10% cut-off to be useful in identifying areas that respondents found to be the most important. The author's extensive immersion in the data helped ensure the quality of the analysis. Additionally, a researcher from a different ethnic background analyzed the data independently. The fact that both an American Indian and a non-American Indian researcher identified the same themes reinforced the reliability of the analysis. The work in progress was also modified as the result of input from a group of qualitative researchers.

Results

Demographics

Of the 132 helping professionals and students who responded to the survey, 63 (47%) were social workers, 40 (30%) were nurses, and 31 (23%) were psychologists. One respondent had degrees in psychology and nursing. Another had degrees in social work and psychology. These respondents identified with two professions. Ninety respondents were female (68%). Nursing was the profession with the highest percentage of women (88%), followed by social work (70%), and psychology (42%). Social work had the greatest percentage of students (59%) followed by nursing, (43%) and psychology (16%). Doctoral students with other professional roles (e.g., working in their field or teaching) were counted as students. Respondents represented 52 American Indian nations (confederacies were counted as one nation) while less than one third of the sample identified with multiple nations.

Most respondents attended more than one program (e.g., baccalaureate, master's, doctorate, or coursework for one degree completed at more than one institution) so reports of the number of programs attended (278) exceeds the number of respondents (132). Respondents attended 135 social work programs (63 baccalaureate, 58 master's, 14 doctoral), 79 nursing programs (27 one- to two-year programs, 34 baccalaureate, 17 master's, 1 doctoral), and 64 psychology programs (19 baccalaureate, 16 master's, 29 doctoral). Some psychologists combined information on masters and doctoral programs. In those cases, the data was analyzed as representing one program. Demographic information is reported in Table 1.

Table 1. Demographics

	All	Nursing	Psychology	Social Work
	Professions			
<i>Gender</i>				
Female ^a	90 (68%)	35 (88%)	13 (42%)	44 (70%)
Male	42 (32%)	5 (13%)	18 (58%)	19 (30%)
<i>Age</i>				
18-25	12 (9%)	7 (18%)	1 (3%)	4 (6%)
26-35	29 (22%)	8 (20%)	4 (13%)	17 (27%)
36-45	42 (32%)	14 (35%)	10 (32%)	18 (29%)
46+ ^a	49 (37%)	11 (31%)	15 (48%)	24 (38%)
<i>Nation^b</i>				
Lakota/Dakota ^a	30 (23%)	12 (30%)	4 (13%)	15 (24%)
Chippewa/Ojibway	20 (15%)	7 (18%)	6 (19%)	7 (11%)
Cherokee ^a	17 (13%)	3 (8%)	10 (32%)	5 (8%)
Haudenosaunee	17 (13%)	7 (18%)	3 (10%)	7 (11%)

Navajo/Dine	12 (9%)	5 (13%)	---	7 (11%)
Colville	6 (5%)	---	---	6 (10%)
Blackfeet	5 (4%)	---	---	5 (8%)
Choctaw	3 (2%)	---	3 (10%)	---

Highest degree^c

1-2 yr program	7 (5%)	7 (18%)	---	---
Baccalaureate	25 (19%)	16 (40%)	2 (6%)	7 (11%)
Masters	59 (45%)	16 (40%)	1 (3%)	42 (67%)
Doctorate	41 (31%)	1 (3%)	27 (90%)	13 (21%)

Note. Number of respondents = 132

^a Numbers adjusted so respondents identifying with two professions are not counted twice. ^b Includes nations identified by 3 or more respondents. ^c Includes degrees in progress.

Cultural Content

Respondents were asked to describe cultural content in their professional education. Four themes were identified: (a) no content, (b) elective courses, (c) minimal content, and (d) integration in required courses (see Table 2). Although cultural content in the programs of current students and recent graduates was greater than their earlier counterparts, cultural content was still limited in all disciplines in the study.

According to all respondents, 28% of their programs had no cultural content. This was a particularly common complaint about psychology programs (59%), followed by nursing programs (34%), and social work programs (10%).

Respondents reported that in 28% of their programs they were able to get cultural content through electives. Sometimes this was available within the discipline but it was also common for respondents to seek cultural content in other areas of the university such as American Indian studies, anthropology, and sociology. Elective courses in cultural issues were taken in 41% of the psychology programs, 37% of the social work programs, and 24% of the nursing programs.

Respondents reported that in 15% of the programs they attended, cultural content was minimal. The content was sometimes described as token representation that was not presented in a meaningful way. This complaint was most commonly expressed about social work programs (27%) followed by nursing programs (16%) and psychology programs (6%).

Respondents indicated that only 7% of their programs had cultural content integrated in required courses. Social workers were most likely to have cultural content required in their programs (13%). Required cultural content was reported in 5% of the psychology programs but not in the nursing programs.

Table 2. Cultural Content in Professional Training

All

Social

	Professions	Nursing	Psychology	Work
None	69 (25%)	27 (34%)	29 (45%)	13 (10%)
Elective	61 (22%)	19 (24%)	9 (14%)	33 (24%)
Minimal	49 (18%)	13 (16%)	12 (19%)	24 (18%)
Integrated	25 (9%)	--	5 (8%)	17 (13%)

Note. Number of programs = 278

All psychologists, 94% of the social workers, and 88% of the nurses stated they would have liked additional cultural content in their training. Ninety-four percent of the social workers, 90% of the psychologists, and 86% of the nurses reported obtaining additional cultural content, at least some of the time (see Table 3).

The most common source of additional cultural content was self-guided study such as reading and attending workshops (see Table 3). Forty-seven percent of the respondents (61% of psychologists, 46% of social workers, and 35% of nurses) obtained additional cultural content relevant to their work through self-guided study. Contact with other indigenous people such as elders and members of the respondents' communities were a source of cultural knowledge for 40% of the respondents (48% of psychologists, 38% of social workers, and 35% of nurses). Seventeen percent of the respondents learned cultural content through their work or volunteer activities. This was the case for 27% of the social workers and 19% of the psychologists but nurses did not mention work as a source of cultural learning. American Indian professionals and

mentors were a source of cultural learning for 17% of the respondents including 23% of the psychologists, 17% of the social workers, and 13% of the nurses. Fourteen percent of the respondents (22% of social workers, 13% of nurses, but no psychologists) reported learning cultural material through contact with American Indian colleges, agencies, or organizations.

Table 3. Additional Cultural Content

	All Professions	Nursing	Psychology	Social Work
<i>Wanted more</i>	125 (95%)	35 (88%)	31 (100%)	59 (94%)
<i>Obtained more</i>				
Yes	80 (61%)	19 (48%)	19 (61%)	42 (67%)
Sometimes	41 (31%)	15 (38%)	9 (29%)	17 (27%)
<i>Sources of content</i>				
Self-guided study	62 (47%)	14 (35%)	19 (61%)	29 (46%)
Indigenous contacts	53 (40%)	14 (35%)	15 (48%)	24 (38%)
Work	23 (17%)	---	6 (19%)	17 (27%)
Mentors	23 (17%)	5 (13%)	7 (23%)	11 (17%)

American Indian org. 19 (14%) 5 (13%) --- 4 (22%)

Note. Number of respondents = 132

Educational Climate

When asked about support mechanisms for their indigenous identities during professional training, respondents identified the following themes: (a) peer support, (b) faculty and mentors, (c) cultural events and projects, (d) American Indian specific programs or colleges, (e) minority services offices, and (f) no support mechanisms. When asked about struggles related to maintaining their cultural identity during their professional education respondents identified the following: (a) stereotypes, (b) curriculum and school factors, (c) non-school factors, and (d) no struggles (see Table 4).

Peer support. Peer support (often obtained through student groups) was cited as important in 35% of the programs and was the primary support mechanism for people in all disciplines including 37% of the nursing programs, 30% of the psychology programs, and 29% of the social work programs. Current students and recent graduates were more likely to have access to student support groups. A social worker stated that having an “organization only for Native Americans was very helpful.” Another social worker found support through “7 or 8 graduate students in the School of Social Work who were American Indian. We sorta hung around together.” A nurse reflected,

I have been president of our Native American student organization for 3 years and our organization is very wonderful and we are very active on campus. However, we

have almost no Native American faculty or staff and a severe shortage of good courses; however, we are working on this problem.

Support from faculty and mentors. American Indian faculty or mentors were listed as a significant support element in 10% of the programs, including 16% of the psychology programs and 11% of the social work programs. A social worker, speaking of his undergraduate program reported, “[I had a] supportive, good advisor, [who showed] respect for my Native heritage [and helped me] uplink to graduate school.”

Support from cultural events and projects. Thirteen percent of the social work programs (8% of total programs) offered respondents support through cultural events or projects. One social worker reported gaining support through participating in a “research project on campus with Native American content. ” Another social worker talked about feeling support through cultural activities on campus like “Indian dancing . . . [and other] cultural events. ”

Support from American Indian-specific programs. Nurses reported support mechanisms in 17% of their programs (5% of total programs) when they attended a tribal college or American Indian specific program. One nurse reported, being in a American Indian specific program in a large university that “supported our view, our feelings and understood our cultural background, [and] accepted us for who we were.” Another nurse reported feeling supported in a “tribal college [with] small classes, much encouragement [and] Native American content in all classes.”

Support from minority services offices. Psychologists were the only respondents to report receiving significant support from minority services offices located within their

universities. This was reported by psychologists in 16% of their programs (4% of total programs).

No support mechanisms. Respondents reported no support mechanisms in 33% of the their programs. This was most commonly reported for psychology programs (64%) but was also reported for 34% of the nursing programs, and 14% of the social work programs. One psychologist reported being “discriminated against by [the] psychology department chair—[this] added 1 1/2 years to my program.” Another psychologist who completed Ph.D. work in the mid-1980s reported, “I did my work before the interest and concern about diversity was developed.” A nurse in an American Indian-specific program reported,

Attitudes of individual teacher[s] were seldom culturally sensitive. No content in [the] program about Native Americans. We are very [much a] minority. Same issues with all people of color. Cultural competency-sensitivity basically does *not exist*. [emphasis in original]

A social worker stated her education was “more supportive of assimilation than traditional identity!” [emphasis in original].

Table 4. Support Mechanisms for Cultural Identity

All

Social

	Professions	Nursing	Psychology	Work
Peers	96 (35%)	29(37%)	19 (30%)	48 (29%)
Mentors	28 (10%)	---	10 (16%)	18 (11%)
Events/Projects	22 (8%)	---	---	22 (13%)
Am. Indian Program	13 (5%)	13(17%)	---	---
Minority Services	10 (4%)	---	10 (16%)	---
None	93 (33%)	28(34%)	41 (64%)	24 (14%)

Note. Number of programs = 278

Struggles with stereotypes. Stereotypes (particularly about cultural identity) and racist attitudes were reported as a struggle in 29% of the programs, including 50% of the psychology programs, 27% of the nursing programs, and 16% of the social work programs. As a social worker stated, there was an assumption that “we're all the same and that we are spokesperson[s] for all Native American cultures.” Some respondents reported struggles because those around them either romanticized or denigrated American Indian culture. One nurse stated, “I was told that Native people weren't smart enough to complete the program. [I] experienced open racism from clinical preceptors which almost ended my graduate career.” Many respondents expressed the pain of being defined by others as “not Indian enough.” As a response to this external definition of cultural identity, one social worker “moved toward mainstream culture” and a psychologist struggled with “submersion of identity.” The respondents reported

struggling with a variety of assumptions about their cultural identity. A social worker reported an “assumption of assimilation, being overlooked by university staff and faculty.” Another social worker reported an “assumption that I was raised in a traditional background. I was raised more as a mainstream person.” A social worker stated, “They assumed I am white because I am fair skinned. [They] kept telling me Native people had to look a certain way.” A psychologist reported “prejudice from non-Indian students who think we get a free education.”

Struggles with curriculum and school factors. Struggles with curriculum and school factors including an institutionalized devaluing of culture were reported in 17% of the programs including 20% of the social work programs and 22% of the psychology programs. A psychologist reported struggling with “the insistence on the part of faculty and graduate students that culture and ethnicity were of little or no value in the academic field.” A social worker reported “no interest by faculty of including cultural content in courses.” Sometimes students also dismissed the value of cultural content.

Some respondents reported struggles with the content and methods of teaching because these were alien to their culture. A social worker stated, “Many of the study concepts were simply out of my reality and experience.” Sometimes what was taught was not only alien to the students but also not a good fit for providing services to the American Indian population. As a social worker stated, “Psychodynamic theory isn't applicable to all cultures. Behavior modification theory/intervention means different things to different cultures. . . . One paradigm does not fit all!” [ellipses and emphasis in original].

Sometimes when cultural content was lacking in classes, professors turned to American Indian students and placed the burden on them to fill the gap. Students often experienced this as very awkward. A social worker, reflecting the concerns of a number of respondents, struggled with “people trying to place me in the position of 'resident expert' when discussing Native issues.” A psychologist “felt pressure to speak not only for your own tribe (inappropriate and uncomfortable) but for other tribes, urban and rural Indians and even other minority groups.”

Various respondents reported insensitivity and assimilationist attitudes in their programs. A social worker stated,

I feel like the whole attitude was “be like us and if you're not, forget it!” They even still had the Indian as the mascot in those days. It seems like they felt that “real” Indians were dead.

A social worker stated,

The realization that educational institutions are often “talking the talk” but not “walking the walk” as far as creating opportunities for cultural diversity is overwhelming to me. Student[s] of color continue to drop out . . . but it goes unnoticed in higher education systems.

Another social worker reported, “Even though there were 200–300 of us, we were still invisible and powerless in a lot of ways in a university of 35,000 students. Lack of understanding by instructors and administrators about our extended family needs (e.g., absence due to illness, ceremonies, death, etc).”

Struggles with non-school factors. Non-school factors such as isolation and culture shock were a struggle experienced by respondents in 17% of the programs including

30% of the nursing programs, 13% of the psychology programs, and 10% of the social work program. Nurses in particular often reported experiencing culture shock. More nurses obtained degrees from tribal colleges before attending mainstream universities and were more likely than people from other disciplines to report limited previous contact outside of American Indian communities. Some social workers and psychologists also expressed feelings of culture shock. One social worker complained about “culture shock. First time away for Native people. Going from reservation setting to [a] largish city.” A nurse stated,

Culture shock was a big issue. No housing. No one wanted to rent to an Indian. Same message, 'somehow I am not as good as others . . . tribal community in Montana to urban isolation. [ellipses in original]

A social worker reported, “I felt the lack of culture, feeling of separateness from the society I was living in as there was no representation of Indian culture present.”

No struggles. No struggles were reported by respondents in 17% of the programs including 31% of the psychology programs, 24% of the nursing programs, and 6% of the social work programs. Respondents who reported no struggles were usually protected by American Indian people around them or had culturally assimilated and felt comfortable in a dominant society setting. One social worker stated there were no struggles because he was “aligned with a teacher who is Lakota. Very little struggle.” A nurse reported, “There wasn't basically any cultural struggles because the college is located on a reservation and the majority of students are/were Native American.” A psychologist reported “no significant problems. I am more identified with mainstream culture than my Native culture.”

Table 5. Struggles

	All Professions	Nursing	Psychology	Social Work
Stereotypes	80 (29%)	21 (27%)	32 (50%)	27 (16%)
School factors	48 (17%)	---	14 (22%)	34 (20%)
Non-school Factors	47 (17%)	23 (30%)	8 (13%)	16 (10%)
None	47 (17%)	19 (24%)	20 (31%)	8 (6%)

Note. Number of programs = 278

Discussion

The respondents indicated that, in many programs, cultural content has not yet been integrated in a meaningful way. Integration of cultural content varied by discipline with psychology programs, the least likely to have any cultural content, followed by nursing and social work programs. Most respondents wanted additional cultural material in their professional training and were able to obtain useful cultural information from other sources. When cultural content was part of the curriculum, respondents often saw this as token representation that was not very meaningful. Respondents who reported

receiving cultural content often obtained it through electives rather than required courses. Only a few programs (usually in social work) integrated cultural content in required courses. While the data are preliminary, it appears that although all disciplines need to include more cultural content in their curricula, social work has been somewhat more successful than nursing and psychology at this task. Psychology appears to be the furthest from reaching this goal.

While many respondents in all disciplines were able to access support mechanisms for their cultural identities during their professional training, one third were not. Lack of support mechanisms was most common for psychologists followed by nurses and social workers. Those who did access support mechanisms were likely to gain support from peers, particularly student groups. People in some disciplines accessed other support elements such as faculty and mentors, cultural events and projects, and pursuance of studies within a tribal college or American Indian specific program. While attending a tribal college or American Indian specific program was an important support mechanism for some, others reported some of these programs were not as helpful and culturally grounded as expected. The finding that American Indian programs are not always experienced as supportive of cultural identity deserves further study. It is possible that some American Indian programs, especially if housed within a larger mainstream university, are influenced by dominant society values to a degree that is uncomfortable for some American Indian students. It may also be possible that the cultural/tribal background of some students differs from the cultural/tribal background most common in the program, leading to an uncomfortable fit.

Respondents in all disciplines reported struggling with stereotypes and racist attitudes. This was particularly common for psychologists. School factors such as the curriculum and devaluing of culture by the institution, faculty, and students were cited as struggles by social workers and psychologists. Respondents in all disciplines, but particularly nurses, reported struggling with non-school factors such as culture shock and isolation from American Indian people and communities. Respondents who reported no struggles with their cultural identity during their studies were likely to report either pursuing their degrees in a context that had the support of other American Indian people or feeling they had assimilated into the dominant society culture.

Even though this study provides important preliminary information on the educational experiences on American Indian helping professionals, the survey response rate cannot be calculated precisely because the exact number of surveys distributed is unknown. It is not possible to know if American Indian helping professionals who received surveys but did not return them differed from their counterparts who completed surveys. Additionally, the uneven distribution of professional groups (i.e., more social workers than nurses or psychologists) may have influenced the findings. Another limitation is that some psychologists gave separate information for master's and doctoral programs while others did not. This could influence the outcome for the questions on cultural content, support mechanisms, and struggles in educational programs that used programs as a unit of analysis.

The data on struggles with stereotypes suggest that the respondents probably had various levels of cultural commitment and knowledge, yet no information was specifically sought on the cultural identities of the respondents. This could be viewed as

a limitation of this study. Although such information could have provided a context for examining their responses, there is no consensus about the best way to measure cultural identity. It is the author's view that although there are many measures of American Indian cultural identity currently in use, most are linear models that are inadequate to measure such a complex phenomenon. The topic of American Indian identity is an important one that deserves attention. To try and address it in this study would have detracted from the focus on the educational experiences of the respondents and would not have done justice to the complex nature of identity.

Helping professionals in all three disciplines identified many common experiences and areas to be addressed if professional education is to be responsive to the needs of American Indian students. Although commonalities exist, it is also clear that psychologists stand out as reporting the least cultural content and as the least likely to receive support for cultural identity in their education. Faculty and administrators can use this information as a starting point for examining the impact of programs on their current and future American Indian students. Similar research can be conducted with other diverse populations to reveal how they experience professional training. Based on study findings, faculty and administrators in professional education programs should (a) recognize professional education is a socialization process that can raise conflicts for American Indian students, (b) examine how cultural content is integrated in professional training and take steps to integrate it in required courses in a meaningful way, (c) enhance factors that support the cultural identity of American Indian students, (d) recognize the impact of stereotypes and biases throughout the institution and take steps

to eliminate them, and (e) recognize the impact of culture shock and isolation on some American Indian students and offer support accordingly.

Conclusion

Historically, pursuing an education has often been equated with assimilation for American Indian students. Today many students seek education in the helping professions so they can take the best of Western ways of helping back to their cultural communities without losing the best of their own traditions. The voices of American Indian helping professionals contained in this study reflected a mixture of problems and hope. Clearly, professional education can do more to include cultural content and support indigenous students; however, it would not be appropriate to assume that all American Indian students struggle with professional education to the same extent. Faculty and administrators can take what American Indian students have identified as positive and supportive in their educational experiences and use this information to enhance their programs and to counteract the struggles of future students. Likewise, the struggles identified here can raise the awareness of faculty and administrators who can then address these concerns. Through listening to the voices of these professionals, faculty and administrators can shift the balance of support mechanisms and struggles in a positive direction. All students can benefit from addressing the challenges identified by American Indian students. Reducing stereotypes and racism in the classroom and incorporating more cultural content can only enhance the educational experiences of all and lead to more culturally competent helping professionals.

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