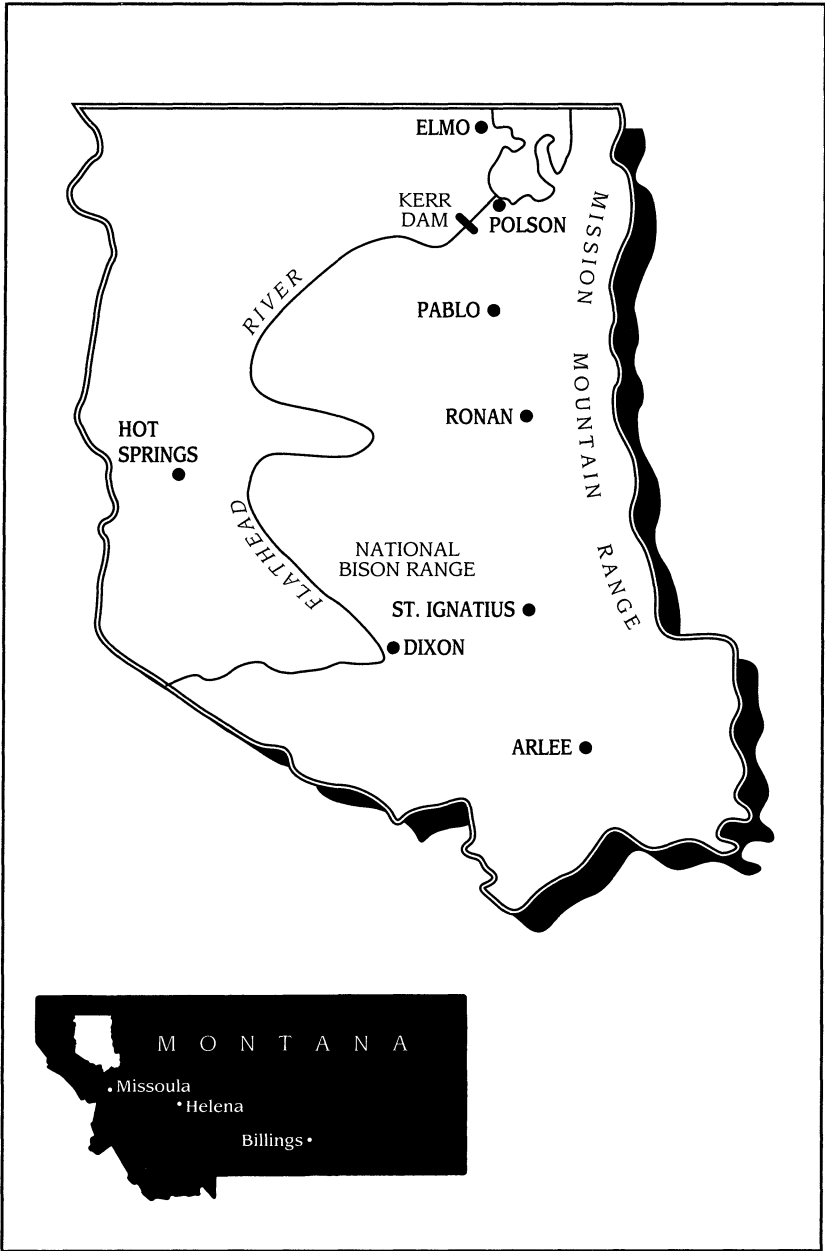


Introduction

The reservation town of St. Ignatius looks different depending on where you stand to view it. Heading north on the two-lane state highway out of Missoula, Montana, St. Ignatius comes into view when the summit of Ravalli Hill is reached. From that perspective, St. Ignatius is Lilliputian, a miniature postcard town of eight hundred people nestled in a green valley over which towers the Goliath of the Mission mountains. As you descend into the valley, St. Ignatius is transformed into an accessory glorifying the Catholic church whose stately red-brick facade commands the surrounding area. With the approach to town, the reality of St. Ignatius changes again. The sights along either side of the highway become more prosaic: off to the left, Col. Doug Allard's Trading Post and Flathead Indian Museum, boasting a gas pump, a 24-hour convenience store, six motel rooms, and a few penned buffalo next to the shop selling Indian books, beadwork, and jewelry; and off to the right, the local drive-in restaurant and the Community Center, a low building painted in the muted institutional gray-pink of the early seventies.

Off the highway, the sights of Main Street are reminiscent of other small rural towns across the nation. The downtown hardware and clothing stores sport recently built cedar fronts and canopies, as well as a wooden boardwalk. Across the street and next to the sewing and fabric store, the TeePee Lounge is visible but not prominent. Several older-model cars and pickups are parked diagonally in front of the grocery store, and a lone car waits at the drive-through window at the



Flathead Reservation, Montana

bank. In the next blocks, the visitor discovers the pharmacy, the laundromat, another hardware store, the video rental store, the one-room library (open two days a week), the corner malt shop, the post office, the school, the barber shop, another bar, several churches, the funeral home, and an old Masonic Lodge that has recently been repainted and restored as a theater house.

From Main Street, St. Ignatius seems to disclaim its location on an Indian reservation. None of the residents—those stopping to gossip as they pick up their mail at the post office, those raising their hands in greeting as they drive slowly through the town, or those carting sacks of groceries to their cars—wears traditional Indian dress. No language other than English is heard on the streets. No signs indecipherable to English speakers appear in store windows. No smells of “exotic” foods waft through the air.

It is not until the small bridge at the south end of Main Street is crossed in the direction of the Catholic mission that minor differences from mainstream rural America begin to appear. Houses are closer together and are more gaily colored, some with tepees set up in the back. Indian children ride their bikes on the side streets, waving or nodding at passing neighbors. Small groups of teenage girls glance without expression at the tourists driving past on their way to visit the church but smile and laugh at relatives and friends passing by in their cars. There, outside one of the homes, the visitor might see an old woman, wearing a bright scarf over her braided hair and a colorful dress drawn at the waist with a beautifully beaded belt, being helped to a car by a young man whose long dark hair is pulled back into a ponytail with a leather strip.

In the summer of 1987, I settled in St. Ignatius with my husband and son to conduct eighteen months of fieldwork on depressive experience and depressive disorder among the Flathead Indians of Montana.¹ Over that period of time, my understanding of “depression” among the Flathead would shift as radically as the appearance of St. Ignatius shifts for the visitor who draws nearer and nearer. And as with the visitor whose perception of St. Ignatius changes depending on whether she views it from the top of Ravalli Hill, from Main Street, or from the side streets around the church, my shifting perceptions about the nature of “depression” would have a great deal to do with the vantage point on which I stood.

In large part, my decision to settle on the Flathead Reservation to conduct my fieldwork was based on the local response to my research

interests. Over the three previous summers, I had made short visits to the Flathead Reservation to meet with Mental Health Program staff, members of the Flathead Culture Committee, Tribal Council representatives, and others. In those meetings, I hoped to determine the desirability and feasibility of a research project focused on the issue of culture and depression. Repeatedly, my interests were reciprocated, and, repeatedly, they seemed to strike a chord among those to whom I spoke.

At one level, I was not surprised by the response. Although few psychiatric epidemiological studies have been conducted among these peoples, there is, nonetheless, a general consensus in the literature that depressive disorders are of momentous concern for American Indian individuals, families, and communities. The older studies, dating from two decades ago, amount to a handful of size-limited or quasi-epidemiological surveys the utility of which is somewhat hampered by outdated diagnostic and methodological procedures.² Weighing the evidence from those and other studies, however, Spero Manson and his co-workers (1985) concluded that prevalence rates of depressive disorder among American Indian populations may be up to six times the rate for the general U.S. population.³

In a more recent study, J. D. Kinzie and his colleagues (1992) found lifetime prevalence rates of 25.2 percent for affective disorders, leading them to conclude that these disorders are a major mental health problem in the native community where the researchers conducted their survey. The American Indian village rate is significantly higher than the 17.1 percent for major depression found in a recent national sample (Blazer et al. 1994; Kessler et al. 1994). But even on its own, the numbers are compelling; using the Kinzie et al. findings, over one in four persons in the community suffered from a clinically recognizable depressive disorder. This proportion forcefully indicates the magnitude of the problem of depression not only for individuals but for families and the community as well.

Other kinds of studies supplement the epidemiological evidence of the significance of depression in American Indian populations. Investigations of inpatient diagnoses point to depression as one of the most prevalent problems among hospitalized American Indians (Termansen and Ryan 1970; Fritz 1976). Mental health service utilization studies document depression as *the* most frequently diagnosed problem among American Indian clients presenting for assistance (Schoenfeld and Miller 1973; Rhoades et al. 1980; Shore and Manson 1983; Kirmayer

et al. 1993). In a recent review of the records of 581 cases receiving a psychiatric referral in the Baffin region, L. T. Young et al. (1993) found that depression accounted for more than one-fourth of the cases.

I entered St. Ignatius with an awareness of the scholarly concern with high rates of depression among American Indian populations. Still, I was unprepared for the extraordinary statements made during my first visits to the reservation. When talking to people I had met about my interest in culture and depression, I was struck by the nearly unanimous concern with the prevalence of depression in the Indian community. Many people told me that depression had been a personal problem and related short anecdotes about ways they had tried to help themselves. More startling than the ubiquity of stories about personal experiences with depression, however, was the repeated comment from many of those with whom I spoke that the *majority* of Flathead Indians were suffering from depression; some claimed figures as high as 70 to 80 percent.

What does it mean when so many Flathead people say that the majority of their people are depressed? Indeed, this became the first puzzle of my fieldwork. First, I wanted to know whether the powerful statements about the prevalence of depression for Indian people, elicited so easily in the context of explaining my proposed work, were also made in other contexts. I soon learned that the concern for depressive-like feelings among the Flathead was evident across many contexts, from the musings of adult children worried about the prolonged grief of their elderly mother to the reflections of parents on reasons why Indian children seem to do poorly in school and the ruminations of many on the painful legacy of discrimination and oppression for contemporary Flathead people.

The breadth of the concern with depression—and the startling assertion that the majority of Flathead people are depressed—evoked in me a sense of widespread personal suffering but begged for further interpretation. Who are the majority who are depressed, and who are the minority who are not? What does being depressed mean for a Flathead person, and what does it mean for the entire Flathead community? How does this putatively ubiquitous Flathead depression relate to psychiatric formulations of depressive disorder?

This book is, in part, an attempt to come to terms with the pervasive rhetoric of widespread Flathead depression, an indisputably powerful and plaintive commentary on contemporary American Indian life. This book is also addressed to the meaning of Flathead depression for

individuals who experience profound affective disturbances that pervade their entire psychic lives. For both concerns, I needed to pay strict attention to the language of affect among the Flathead. As for many, if not most, American Indian peoples, English is now the dominant language of the Flathead people. English is used in virtually all settings, both public and private. The exceptions include some ritual gatherings, or when two or more Salish-speaking elders come together. Even in these cases, however, English translations will be offered to anyone present who does not easily understand the native language—a group that includes almost everyone under the age of fifty, save those who were raised by older Salish-speaking grandparents.

Within this context, I learned the handful of Salish words, mostly kinship terms, that pepper contemporary Flathead Reservation English. I also attended beginning Salish classes at the local college, bringing my level of understanding of the native language to that of most young adults. This effort allowed me to greet native speakers, to express my respect for traditional ways to the elders, and to glean the subject matter of some conversations. Most important to the study of culture and depression, however, was a systematic investigation of Salish terms for emotions that resembled depression, most of which was done in consultation with Flathead elders and other native language speakers and which revealed three related aspects of the contemporary language of affect among the Flathead. First, a core set of Salish terms consistently emerged as the closest translations for the English term “depression.” Second, these Salish words were *not* commonly known in their native garb to most Flathead people. *But*, third, Salish terms were commonly used in the form of their English glosses. In other words, Flathead use of English emotion terms, such as depression or loneliness, is informed to a large degree by the concepts, categories, and values that structure Salish emotion terms. Thus much of this book is an attempt to make explicit the meanings of key affective terms among the Flathead via an exploration of the various contexts within which such terms arise. Throughout the chapters, then, non-Flathead English speakers need to be very careful about imputing their own meanings to English terms for affect used by contemporary Flathead people—an issue with theoretical significance for cross-cultural research to which I will return throughout the book, but especially in chapter 6 and the afterword.

At the start of my fieldwork, I envisioned a direction for my research that derived from a variety of sources, but two were particularly

formative. Having cut my teeth on *Culture and Depression* (1985), the volume of works edited by Arthur Kleinman and Byron Good, I was anxious to reply to a number of the issues that were raised in that provocative set of readings. Of primary relevance was the research indicating important differences in style of expression among various populations.⁴ Not surprisingly, hints of variation in the cultural organization of depression had also appeared in research among American Indians.⁵ Thus investigating alternative idioms for depressive-like experience and culture-specific explanatory models of depressive disorder in this community was a high priority for me as I set off to do my fieldwork.

Additionally, my interest in depression had been piqued by a desire to elucidate the nature of the links among domination, demoralization, and disordered emotional experience. Numerous studies have documented both the historically high rates of morbidity and mortality among American Indian people and the uniquely oppressive and demoralizing conditions of reservation life.⁶ Depression, if understood as a culturally constituted “final common pathway” capable of expressing personal distress (Carr and Vitaliano 1985), seemed to offer a fertile field to investigate the confluence of cultural meaning, oppressive power relations, and personal experience.

This theoretical training led me to be open to the possibility that depression may well be an expression of socially produced demoralization and that depressive-like experience may be expressed through idioms that differ from those presented in psychiatric formulations. Again, however, I was unprepared for the uniqueness of the phenomenology of depressive-like experience and depressive-like disorder among adults at the Flathead Reservation. Thus, in the pursuit of an answer to the first puzzle about the rhetoric of the prevalence of Flathead depression (and to my general concern with culture and depression), I encountered the second puzzle of depression at the Flathead Reservation: rather than strict accounts of illness, reports of depressive experience and disorder reverberated with a sense of the positive value of suffering as a marker of maturity and Indian identity.

On a wintery day, well into my fieldwork, I sat next to a fifty-year-old man on a couch in the Longhouse in St. Ignatius and listened for several hours as he softly recounted the story of his painful experiences with depression. From the start, this man organized his story neither by episodes of depression nor by descriptions of isolated interior feeling states, the directions that my questions might have led him, but

instead plunged directly into a moral universe and a set of dramatic life events that were only loosely connected to the formally defined criteria of major depressive disorder. The ego-centered symptoms of depressive disorder, far from being *the* central symbols or themes of the narrative, played a supporting role in a far more significant drama about the self and moral responsibility that was woven around the respondent's attempt to commit suicide some twenty years ago.

I conducted thirty-three such interviews in the course of my work, and without fail, each narrative portrayed depression in ways that were as concerned with moral dilemmas as with the complaints of ego-centered psychological distress. Unlike sadness and depression in formal psychiatric nosology, Flathead depression encircles a broad semantic domain that extends well beyond narrowly defined psychological distress into the realms of moral development, social relations, history, and contemporary American Indian identity. Indeed, Flathead narratives of depression are often poignant tales in which the narrators try to transform personal or collective demoralization into a positive moral charter for modern Indian life.⁷

Depression, as I encountered it at the reservation, reflected far more than a troublesome condition affecting individuals. An essential part of a larger discourse on Indian identity, depression in individual narratives often resonated with one hundred fifty years of loss and betrayal and the moral imagination with which the Flathead Indians strive to make meaning out of that history. After the completion of my work at the Flathead Reservation, the statement that the majority of Flathead people are depressed made eminent sense as a statement about the history and identity of the Flathead people. Similarly, the finding that individual narratives are as much about identity and moral responsibility as they are about psychological distress also made a great deal of sense in this context.

In retrospect, after learning the rich meanings of depression among the Flathead, neither of the puzzles that struck me so forcibly at first seemed particularly puzzling any longer. The third and final puzzle of this project, then, was to figure out why I found the moral, historical, and relational aspects of depressive-like experience among the Flathead so puzzling in the first place and why I found them so difficult to interpret until the final stages of my analyses. I argue that this last puzzle is explicable with reference to the ground on which I chose to try to understand depression in this community. I argue, further, that an important implication of this insight is that cross-cultural researchers in-

tent on understanding depression among non-Western peoples will have to struggle, as I have, with the distinct and sometimes contradictory voices of psychiatry and anthropology and the way each voice translates local conceptualizations of emotion.

I had originally conceived my project as one in which ethnographic and clinical approaches were united to permit a vantage point superior to either one alone. I justified this union in both substantive and methodological terms. I was convinced at one level that the two disciplines could be bridged by a shared concern with understanding particular kinds of human suffering. Then, too, methodologically, the two disciplines seemed to share a tradition of phenomenological inquiry. Along methodological lines, I understood as very similar the meticulous empirical observation by the psychiatric researcher of the signs and symptoms of psychopathology and the detailed and systematic recording by the ethnographer of different behavioral signs of disordered emotion, and of the local interpretations of those behaviors, in a given social and cultural milieu.

From the ground I constructed out of my academic training, I saw depression among the Flathead as amenable to the following kinds of questions: What are the central complaints of depressed Flathead adults? What does the clinical presentation of depression look like? Do the symptoms for depressive disorder as they are formulated in the American Psychiatric Association's Diagnostic and Statistical Manual (DSM) carry expressive force among Flathead people (American Psychiatric Association 1980, 1987, 1994)? What is the relationship between depression as an important affect at the reservation and depression as an important sign of affective disorder at the reservation? Do the key idioms of Flathead depression carry meanings other than that of pathology and illness? What is the relationship between a diagnosis of depressive disorder based on Western criteria and the local definition of being depressed? Does depression among the Flathead Indians carry the same risks that are associated with depression in mainstream society?

As I set off to do my work, I believed that an investigation based on these questions, deriving from both transcultural psychiatry and psychiatric anthropology, would allow me to respond in a single cohesive account to the central issues that each discipline poses to the topic of culture and depression. As my work progressed, however, I encountered a chasm between the two perspectives that seemed more and more unbridgeable. Despite the tradition of phenomenological inquiry

in psychiatry, the incorporation of culturally constructed experience into the diagnostic process seemed to be antithetical to contemporary psychiatric thought. Yet, as moral tales that draw on a wide range of meanings, Flathead narratives of depression seem to demand in their analysis the cultural and historical contextualization of psychopathological experience.

What I found as I sought answers to the questions I brought to the field was that the questions contained a hidden division and that the two sets of questions were unable to respond easily and meaningfully to each other. On the one hand, anthropological accounts of the cultural construction of depression seem unable to answer the questions about prevalence or cultural “variation” that derive from the ground of psychiatry. Specifically, if one allows, indeed, searches, for the unique historical and cultural construction of human distress and disorder in a way that permits the very definition of disorder to vary, as interpretive anthropologists do, one is prohibited from answering the paramount questions from the psychiatric perspective as to whether these people were *really* “depressed” and how culture influences or obscures the presentation of depression. In other words, the anthropological perspective that I brought to the field ultimately called into question the primacy of the psychiatric formulation of depressive-like experiences, rendering moot questions about depression as an entity in this cultural setting and focusing instead on locally constructed realities.

On the other hand, psychiatric formulations of how to understand depression in this setting seemed patently unable to answer to the interests of cultural anthropology. From the ethnographer’s perspective, what gets lost in the medicalized vision of “depression” from the ground of the DSM is the ability to appreciate the cultural processes whereby unique phenomenologies of self, emotion, and disorder are constructed, to understand the social origins of disease and distress, or to ascertain the impact of history on personal experience. In other words, the psychiatric perspective about the universality, the “givenness,” of “real depression” calls into question the primacy of cultural processes in human experiences of disorder, relegating culture to the marginal position of “influencing” the universally recognizable disease of depression.

It was as if Western psychiatric thought had staked out a position on Main Street and could go no further to see the nature of “depression” as constructed by the Flathead people; and as if the ethnographic

perspective had crossed over the bridge at the southern end of Main Street and could no longer return to see “depression” from the center of town. My belief, formed from the hilltop position of academic preparation, that the two realities could be encompassed satisfactorily in a single perspective was thrown into doubt. Thus this book is about two distinct “depressions”—a psychiatric depression that accords reality to a putatively universal disease category and an anthropological depression that accords reality to a culture-specific way of understanding normality and abnormality. Each is constructed from a ground that cannot easily accommodate or map onto the reality of the other. As a result, this book is as much about my changing perspectives on how to understand these two “depressions” and my observations on the meaning of this shifting reality for medical anthropology, psychiatric diagnosis, and cross-cultural research as it is about Flathead culture and depression *per se*.

At a fundamental level, then, this book is about the predicaments and possibilities for the dialogue between psychiatry and anthropology. These are the predicaments and possibilities, however, that characterize cross-cultural understanding more generally. One of the central dilemmas that shapes this enterprise can be seen in the difficulty I have had in finding a language that accords a reality to Flathead depression that does not derive from a psychiatric or Euro-American perspective on human disorder. In the very act of translating my findings about Flathead depression, I have had to use terms that seem to render Flathead depression a “variant” of Euro-American depression. Most assuredly, this is not a position I hold or seek to communicate. Rather, the act of translating produces the appearance that the first reality (Euro-American depression) is the basis for understanding the second reality (Flathead depression).

However, understanding based on translation need not be constrained by such a narrow outlook. Take, for example, the Gestalt-switching illusion in which the image of a goblet shifts to an image of two profiles face-to-face (see fig. 1). Now, if you wanted to help someone to see the illusion, you would start with the image that the person *could* see and then use aspects of the first image to construct a vision of the “other” image. In essence, this is how I have proceeded in my translation of the phenomenal reality of Flathead depression for an academic audience steeped in Euro-American traditions. This hermeneutic process—learning the “new” through a translation that builds on the “old”—characterizes learning to “see” both images in the

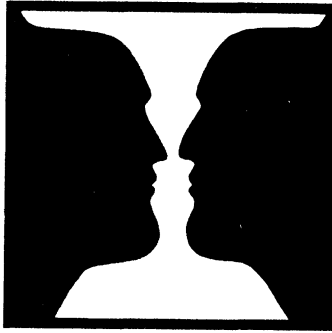


Figure 1. Reversible images illusion

illusion and learning to “see” both Euro-American and Flathead depression.⁸

This analogy, along with the analogy of geographically grounded perspectives on St. Ignatius, helps to put the language that I use to describe Flathead depression in this book into perspective.⁹ Most important, few who have mastered the image-switching illusion would privilege one image over the other as objectively primary. In fact, having perceived both images, most viewers will achieve a metaperspective that allows them to recognize both images as related yet independent of one another and to see either image on demand. Unfortunately, given the dominance of universalizing perspectives in both psychiatry and the study of emotion, such relativism is unlikely to prevail when it comes to issues of emotion and disorder cross-culturally. It is, nonetheless, a vision that I want to encourage, and one that is best accomplished with an awareness of how the act of translation affects the appearance of others’ realities. However, neither do I want to suggest that the two depressions are “equal” in all settings—but that is an issue that can only be addressed after some of the richness, complexity, and depth of Flathead history, identity, and affective life have been presented.

This book is divided into three parts. Part I introduces the charged context of contemporary Flathead identity, its historical and cultural shaping, and how moral authority and depressive-like affect are linked in dominant narrative forms of Indian identity. Part II explores the ways that loneliness, pity, and responsibility, key idioms in narratives of depression, are enacted in ritual and everyday settings at the reservation. Parts I and II reveal that underlying many Flathead narratives

and practices is the dramatic moral assertion that depression is the natural and esteemed condition of the “real Indians,” those who have “disciplined hearts,” those who have transformed their sadness over present and past losses into compassionate responsibility for others. Part III turns to the cultural construction of personal experience and to the relation of loneliness, as a historically situated dialogic product, to depressive disorder, as it has become defined in Western psychiatry. The conclusion explores the parallels between Flathead social histories and personal narratives and contemplates the implications for psychiatry and psychiatric anthropology, as well as for our understanding of emotion and processes of self-construction.

In exploring the role of loneliness in contemporary Flathead lives, this book tells a story about culture and emotion. Moreover, in exploring the shifting nature of “depression,” depending on where one stands to view it, this book tells a story about how emotion and affective disorder can be studied cross-culturally. Most striking, however, in describing the moral imagination with which Flathead Indian people weave emotion, history, and contemporary identity together into a tapestry of loss and social responsibility, *Disciplined Hearts* tells a story about the symbolic processes that link individuals, experience, and society.