FISEVIER

Contents lists available at ScienceDirect

Health & Place

journal homepage: www.elsevier.com/locate/healthplace



Spaces of hope? Youth perspectives on health and wellness in indigenous communities



Lydia Wood^{a,*}, David Kamper^b, Kate Swanson^c

- ^a Department of Geography, San Diego State University, 5500 Campanile Drive, United States
- ^b Department of American Indian Studies, San Diego State University, 5500 Campanile Drive, San Diego, CA 92182-6036, United Stated
- ^c Department of Geography, San Diego State University, 5500 Campanile Drive, San Diego, CA 92182-6036, United States

ARTICLE INFO

Keywords: Indigenous peoples Health and well-being Research methods American Indian reservations Youth

ABSTRACT

This article addresses an apparent paradox between academic and policy depictions of American Indian reservations as "broken" and "unhealthy" places, and Indigenous youth perceptions of reservations as spaces of "health" and "wellness." Public health literature often frames reservations as damaged, health-denying places, chronicling the extraordinarily high rates of suicide, substance abuse, as well as vast health disparities. Despite these dire statistics, our research with Native youth in San Diego County found that young people chose to primarily emphasize their positive experiences with, and attachments to, their reservations. In this article, we share strength- and desire-based narratives to explore how reservations can serve as spaces of wellness for Indigenous youth, despite ongoing settler colonial harm. We seek to expand the discussion on the unintended consequences of deficit-centered scholarship by arguing that health research should also engage with the narratives of hope and desire that are reflective of the way many Native youth feel about their communities. In this article, we urge scholars and practitioners to rethink how we conduct health research to include methodologies that listen to the narratives and experiences of those who, day in and day out, navigate settler colonial landscapes, while continuing to create spaces of hope and healing.

1. Introduction

I think with health... there's this whole idea that there's a hopelessness about it. It's not in their power to fix it. Obviously they have no power. It's already decided for them. They have all these statistics telling them that they can't overcome it. –Sharon, 25 years old

Native youth in the United States grapple with disempowering narratives concerning health in Indian Country. Having grown up in off-reservation communities in San Diego, as well as on her reservation in Arizona, Sharon¹ has an intimate understanding of the health issues many Native youth face. In our conversations, she emphasized the hopelessness she sees plaguing Native youth today. In part, she pointed to the circulation of narratives perpetuated by health statistics, which frame Indigenous communities as risky, dangerous, and unhealthy places of poverty, isolation, and addiction. Native youth are bombarded with these negative representations in schools, health centers, and in

the media. Yet, these portrayals only capture a partial story of life in Native American communities. In this article, we share young people's perspectives on health and wellness in order to bring more depth and nuance to this story. In doing so, we move away from one dimensional, deficit-centered narratives. Instead, we share a more complex story that captures strength- and desire-based narratives to reflect on Indigenous youth's experiences with health and well-being.

This is not to understate the profound impacts of settler-colonialism on Indigenous health and wellness. Native Americans in the United States contend with some of the nation's highest rates of poverty, social inequalities, and poor health (Sarche and Spicer, 2008; King et al., 2009). Researchers have documented shocking physical and mental health disparities in Native American communities across the United States. For instance, the 2010 National Health Statistic Report found that American Indian and Alaskan Natives were significantly more likely to be diagnosed with heart disease and diabetes, exhibited higher instances of substance abuse, and struggled with significantly higher rates of psychological distress and mental illnesses (Barnes et al., 2010). Health researchers have invested heavily in efforts to document,

^{*} Corresponding author.

E-mail addresses: Lydpw86@gmail.com (L. Wood), dkamper@mail.sdsu.edu (D. Kamper), kswanson@mail.sdsu.edu (K. Swanson).

¹ Pseudonyms are used to protect the identity of all individuals quoted in this article. Moreover, recognizing the social familiarity and intimacy amongst members of San Diego's tribal communities, we do not refer to the individual band affiliations of our interviewees, but instead refer to the general region of their communities or their larger tribal affiliation.

L. Wood et al. Health & Place 50 (2018) 137–145

measure, and explore the social determinants of health for Native communities. Past research has helped uncover health disparities and revealed how Native communities often lack the resources needed to maintain good health and well-being (Sarche and Spicer, 2008; Everett Jones et al., 2011; Castor et al., 2006; King et al., 2009). Much of this literature recognizes that settler colonialism is a significant contributor to poor health (King et al., 2009; Jones, 2006; Czyzewski, 2011). However, many scholars are increasingly criticizing health literature for its simplistic portrait of Indigenous communities (Tuck, 2009; Tuck and Yang, 2014). Inspired by Indigenous critiques of research, scholars like O'Neil et al. (1998), Tuck (2009, 2012), and Ahenakew (2011) point to the way normative health research often obscures Indigenous perspectives and voices, while perpetuating settler narratives of Indigenous communities as damaged and in need of settler interventions. In this article, we heed Indigenous Studies scholars' concerns about these incomplete portrayals and their limited efficacy in addressing the underlying causes of health disparities. As an alternative to reifying and reinforcing the sense of the "hopelessness" that Sharon describes in the opening quote, we focus on how reservations can serve as spaces of strength and wellness for Indigenous youth. To do so, we draw from in-depth interviews with Native youth in San Diego County.

In this article, we argue that it is more effective to ground Indigenous health research in narratives of community strength and desire (O'Neil et al., 1998; Tuck, 2009). While well-intentioned, conventional public health narratives regarding Indigenous communities emphasize the multitude of ways that Native spaces are "lacking." This kind of research often has the unintended consequences of obscuring the complicated geographies promoting "survivance," 2 thereby reinforcing unequal power relationships and perpetuating a public consciousness of Native communities framed only through their damage (O'Neil et al., 1998; Tuck, 2009; Tuck and Yang, 2014). Not only does this risk reinforcing colonial tropes of Native identity and inferiority that serve as another source of continued violence, it also fails to engage with the complexity and ambivalence of the everyday, intimate geographies shaping the reality of Native youth's health and well-being (Big-Canoe and Richmond, 2014). These deficit approaches to research, or what Tuck (2009) refers to as "damage-centered research," too often pathologize Native communities as broken by only inviting them to "speak their/our pain." Additionally, this deficit-based research fails to incorporate Indigenous-led narratives of their communities, often resulting in problematic and paternalistic assertions that Indigenous peoples live bleak and dreary lives and their communities are inadequate to empower their well-being (O'Neil et al., 1998; Powell, Peristerakis, 2014). These assertions can further become fodder for ongoing settler colonial disruption of Indigenous lifeways through the extension of state institutions into Indigenous lives, such as the child welfare and criminal justice systems (Sinha et al., 2013, de Leeuw, 2016). For instance, Native children are more than twice as likely as non-Native children to be sent to foster care and Native Americans experience disproportionately high rate of incarceration in the United States (Sullivan and Walters, 2011; Bell, 2010). The dispossession of Native peoples from their culture and familial relationships can become an additional and compounding source of trauma and violence that hinders community-led efforts to heal (Sullivan and Walters, 2011). In this article, we draw from the first author's experiences working with Native communities in San Diego County, California, in order to examine the ways in which a deficitnarrative of health can reinforce feelings of "hopelessness," and

obscure the multiplicity of spaces that reflect Native peoples' survivance and strength in spite of settler colonialism. As Tuck reminds us, "even when communities are broken and conquered, they are so much more than that – so much more that this incomplete story is an act of aggression" (2009, 416).

In what follows, we briefly review contemporary research on Native health, with a particular emphasis on how this literature buttresses deficit narratives of Native communities. We draw from our research within Native communities in San Diego County to discuss how deficit narratives can fuel trauma and perpetuate negative stereotypes that confront Native communities in their daily lives. To complicate these simplistic and largely negative portrayals of reservation life, we ask: what are we missing in deficit portraits of reservation life? What would a narrative of youth health look like that simultaneously recognizes the strengths and weaknesses of reservation living? In doing so, we hope to develop more nuanced narratives of Native communities that recognize the ways they are intrinsically intertwined with geographies of violence and continued colonial oppression, but also serve as spaces of hope, joy, and healing. This article reflects our attempt to create a "desirebased narrative" (Tuck, 2009, 416) that honors and recognizes the efforts of Native communities working to heal and support the wellbeing of their peoples, particularly for their youth, and the healthpromoting spaces and relations that are often created in spite of settler colonial realities. Desire-based research does not ignore the damage inflicted by centuries of settler-colonialism. Rather it tells a more complex story that does not reduce marginalized communities to loss and damage, but instead engages more truthfully with the contradictions, ambivalence, joy, pain, and hope of lived lives (Tuck, 2009). To create a desired-centered research approach, we have explicitly attended to the complex ways Native youth participants evaluate their experiences of reservations.

2. Literature review

2.1. Health research in Native American communities

Until recently, health research in Native American communities has been overwhelmingly dominated by descriptive research approaches, such as epidemiological studies focusing on disease patterns and risk, health perceptions and attitudes, or on health care service provision at the community level (Sanson-Fisher et al., 2006; Pavkov et al., 2010). Yet, scholars have criticized exploitative and extractive health research approaches, particularly in terms of their lack of transparency and relevance to Indigenous efforts to decolonize and expand self-determination (Smith, 1999; Kowal and Paradies, 2005). In response, researchers are increasingly adopting community-based approaches to ensure more local involvement and oversight in health research. Some have also embraced strength-based approaches to research and health interventions that emphasize community strength and resilience. This approach coincides with efforts to recognize how space and scale shape health in significant ways (Greenwood et al., 2015).

Social determinant approaches have helped decenter understandings of health and well-being, while beginning to account for the power, space, and structures that intersect with Indigenous lives to impact health and well-being. At the same time, the vague terminology of the social determinants of health often fails to encapsulate the profound imprint that settler colonialism has had on Indigenous communities, and can obscure rather than expose the array of structural factors shaping Native health at various scales (Greenwood et al., 2015). In other words, health researchers and providers have not always adequately connected Indigenous health disparities to colonial histories, legacies, and contemporary racism, nor have they explored how these structures continue to interact in the lives of Indigenous peoples in ways that shape their health (de Leeuw et al., 2012b). However, these studies have made important contributions by identifying substantive needs of Indigenous communities. For example, research

² Survivance is a term originally coined by Native theorist Gerald Vizenor (1999, 2008). It is purposely a broad and vague term that has become common parlance in Native Studies to capture the unique kind of cultural change and survival in Indigenous life. It is used as an alternative to narratives of merely "holding on" or "being resilient" to instead describe the way Indigenous communities are generative in how they adapt Indigenous culture and modes of being to contemporary circumstances and dominant culture.

Download English Version:

https://daneshyari.com/en/article/7457034

Download Persian Version:

https://daneshyari.com/article/7457034

<u>Daneshyari.com</u>