Annotated Bibliography

Understanding the Spiritual Values of Native Americans© May 2011
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The authors of this article discussed the importance of health care providers demonstrating respect for Native American clients in order to gain their trust and engage them in treatment. There were two primary issues they focused on: communication styles and spiritual beliefs. In terms of the communication styles, they point out that speaking in metaphor to discuss their concerns is more common than the more direct approach. Also, the authors state that handshakes should be light and a modest distance should be maintained physically. Voice tone should not be loud, which can be seen as aggressive, and it’s very important to avoid direct, intense eye contact, which is seen as disrespectful. In terms of spiritual beliefs, the authors state that in the Native American view, all things have life, or spirit, and all things are interconnected. Spirit is seen as the life force which fuels emotional, mental, spiritual, and physical well-being and one must live according to spiritual values, known as “lifeways” to maintain health. Poor health is believed to be caused by an imbalance of some kind, which traditional medicine seeks to heal through ceremonies including prayers or chants, smudging, herbal remedies, dance, therapeutic touch, and energy work. Inherited disorders are considered to be the result of unhealthy or immoral behavior, breaching a taboo, negative spirits, or sorcery. Western medicine alone may be seen as interfering with important life lessons. The client’s perception of the healer’s spirituality can also be a factor in the effectiveness of the relationship. Health care providers should see themselves as being part of the “circle of healing”, the larger cultural context which includes family and tribe. Health care providers should also support use of traditional healing practices in conjunction with Western practices and should work collaboratively with traditional healers.

Many elderly individuals are at risk for neglect. Elders from a reservation residing at urban nursing homes have infrequent visits from relatives and no contact with the culture of their reservation. However, some tribes make transportation available to family members of elders residing in off-reservation nursing homes.
and coordinate monthly visits and holiday events in which traditional activities such as dancing occur and traditional food is served. One additional resource available includes a recorded reading of the tribal newspaper in the Apache language.

Three religious healing forms found among the Navajo residing on reservations include a traditional Navajo ceremonial healing, a Native American Church peyote healing, and a Navajo Christian faith healing. Individuals accommodate their healing practices to their life. The example given is of a man who had a ceremony and observed a four day post-ceremony period of reverence and thus scheduled the surgery for the fifth day.

Native Americans are likely to suffer from poverty and have poor education. However, the population also is very heterogeneous with many intertribal and intratribal variance. In some cases, there may be no reason to seek treatment for older adults of Native American ancestry with a diagnosis of Alzheimer’s disease because the culture may not view Alzheimer’s disease as a pathologic event. However, culture and life experience lead to differences in assessments used to test individuals for Alzheimer’s disease.

It is important for healthcare professionals to be cognizant of the cultural differences of Native Americans in relation to other cultural groups when dealing with their health issues. Counselors and clinical social workers should be aware of how Native American values can affect the content and process of therapy. Some content factors that can influence the counseling process with Native Americans include family structure, the unique needs and problems faced by Native Americans, and their opposition to integration and assimilation into mainstream society. The process of counseling efforts may also be affected by factors such as socioeconomic status and type of counseling. In general, Native American individuals tend to have more positive outcomes during family counseling rather than individual counseling. Although this article proposed understanding Native American values for counselors, it is believed that this information will benefit any professional who works with this population.
Native Americans in the Great Lakes region of the United States may identify with different tribal groups. Anishinaabeg elders were found to display less objective criteria of what they considered to be “traditional” but were found to be subjectively traditional in practice. The three markers of cultural identity are speaking a native language, having been given an Indian name, and participating in traditional activities. It is important to be aware of time and place as some elders experienced the relocation of their people to reservations, attended boarding schools, and participated in the relocation job program, all of which taught the individual that their culture and ways of life were wrong.

A small number of the 561 federally-recognized tribes own and operate nursing homes. In a tribal nursing home in the Northern Plains, residents and workers were interviewed and staff believed that residents became more traditional and monolingual in their tribal language as their dementia progressed. Staff found traditional activities were considered important to Native American residents but not specifically as a preventive or corrective to behavioral issues. The use of minimum data set (MDS) was used to collect data on the nursing home residents.

Qualitative research was conducted at a Navajo nursing home located in Chinle, Arizona. Research explored the reasons why elderly Navajos were placed in the nursing home, what cultural practices are conducted at the nursing home and the implications of those practices explained by those who work with Navajo elders. The term “cultural care” is defined as “the learned and transmitted values and beliefs that enable people to maintain their well-being and health and to deal with illness, disability, and death.”

Research from the article indicates that elders who live off the reservation reported loneliness, depression, and isolation whereas elders at the nursing home on the reservation appeared to be content, satisfied and at home. The researcher begins by talking about Navajo culture and religious practices to give the reader an idea of what it is like to be Navajo and elderly and as well as some historical background. Demographics are also described including the fact that nearly half of all Navajos live below the poverty level, many do not have running water or electricity and eighty percent do not have telephones. The Navajo Nation only has two nursing homes and cannot provide all the care needed for
all the Navajo Elders. Data was collected by the researcher through semi-structured interviews with residents and their families that included medical and social histories. Data was also collected with key nursing staff and administrative staff.

Cultural and spiritual practices were also taken into account in a Navajo nursing home. For instance, the nursing home in Chinle has saunas to simulate “sweat baths” which to residents cleans you inside and out spiritually. The home also allows resident to sleep in their regular day clothes if they wish because some are not used to “sleep clothes”. They serve traditional foods and staff respects the wishes of the residents to abstain from certain foods following a ceremony. Advanced directives are not pressured upon the residents because of religious beliefs. If there is a death in the nursing home, a ceremonial singer would come and cleanse the room before it was used again to not contaminate or bring illness on the other residents. A traditional hogan was build alongside the nursing home so that residents and families can use it for prayers and ceremonies. Cultural care practice is an important need for all nursing homes on and off reservations to ensure the quality of life for Native American elders.


The article examines Native Americans in Oklahoma. Statistics reported include that one-fourth of native elders reside on reservations or native villages, more than half of native elders reside in non-metropolitan areas, and almost half reside in the southwestern United States. The article suggests to invite elders into networks which serve the elderly, to better identify traditions and to support of the community.