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Engaging Anthropology in Disability Studies:
American Indian Issues

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This literature review will deal primarily with anthropological interest in American Indians with disabilities since 1964. This was about the time the "War on Poverty" began and the Office of Economic Opportunity was established and that seemed to provide a vehicle for anthropologists to become engaged in disability studies with American Indians. In addition, permanent disability insurance and workman's compensation were created in 1956 in an effort to expand social insurance under the social security program. At the same time, benefits were increased and eligibility requirements were eased. These measures increased the popularity of these programs well beyond what the planners had anticipated (Berkowitz, 1979). The field of "Action Anthropology" had just evolved during a decade of work in the 1950s with the Fox Tribe (Tax, 1958; Gearing, Netting & Peattie, 1960).

Formative Years

Anthropologists before 1964 sometimes included important information regarding disabilities in studies that were not focused on disability per se. Washington Matthews (1902) description of the complex nine day Navajo Night chant includes the tale of the "Stricken Twins" (pp. 212-265) that has much information about Navajo ideas about disability. One of the twins is blind, the other is "crippled," i.e., cannot use his legs. In brief, it is a story of repeated rejection, eventual redemption, and healing.

Matthews became deaf - probably even before he started to learn the Night Chant - and suffered a paralytic stroke while studying it (Reichard, 1950, pp. 82, 95), and died in 1905. According to Reichard, the Navajo attributed these disabilities to his errors while trying to learn the Night Chant (Reichard, 1950, pp. 82, 95). Reichard tells a similar story about a Navajo medicine man (p.94):

Crawler, the extraordinary star of the film The Mountain

Chant, directed by Roman Hubbell in 1926, derived his name from paralysis of the lower limbs. He gave up trying to learn the Night Chant when paralysis indicated his incapacity to withstand its power. His disability did not prevent him from learning and successfully practicing other major chants, among them the Mountain Chant.

Reichard's book contains a chapter on "Theory of Disease" (pp. 80-103) that includes much information about disability terminology, including how disabilities and diseases are grouped by the Navajo into categories. Of course, much of the early anthropological interest in American Indian disability issues comes via the more general interest in medicine and curing practices (Hrdlicka, 1908; Greenlee, 1944). One outcome of this was that the Navajo Tribal Council initiated a five-year project with Cornell University on the Navajo reservation (McDermott et al., 1960). The purpose of this project was to make health services more culturally relevant for many of the Navajos who distrusted or refused Western medicine (Joe, 1980).

The Leightons wrote about the connection made between physical deformity and "disharmony" in Navajo thinking, linking this to the idea of contagious magic:

In general Navahos have an uneasy feeling about people who show some physical deformity. This may be related to their fear of witchcraft and result in their thinking that since such a person cannot do very much because of the deformity, he may try to exert power or gain riches in an abnormal way. Their fear is probably in part due to feeling that since the deformed are out of harmony with the forces of nature, contact with them may bring disharmony to one's own life, according to the general principles of contagious magic. Occasionally a deformed infant will be abandoned to die, or will be brought to the hospital and never taken home again...." (Leighton & Leighton, 1945, p. 61).

Robert Young, the Navajo linguist, wrote a number of articles for the Navajo Yearbook (1961), including one on "Off-Reservation Placement and Relocation: The Navajo Economy" (pp. 210-242). In his study, he made the following astute observations:

A generation ago the lowest economic stratum in Navajo society, comprising the aged, the blind, the disabled, the unwanted orphans and those people with few or no livestock, led a precarious existence. ...The very survival of many members of this segment of the population owed itself largely to the closely knit family - extended family - clan structure and sharing features of Navajo society. In the course of a generation, the lot of this erstwhile least privileged class in Navajo society has undergone a radical change, and the group has emerged as a comparatively

affluent segment of the population due to the operation of the Social Security program. Regular payments to Dependent Children, the Aged, the Blind, and the Handicapped, Old Age and Survivors benefits, and other forms of welfare have elevated this otherwise underprivileged class from the bottom, economically, to a much more favorable position, and the sharing process in Reservation society has reversed its direction of flow from instead of to the segment of the population which is otherwise lacking in resources or capacity to gain its own livelihood! Welfare recipients now share their meager resources with less fortunate kinsmen who, as potential employables or for other reasons, are not themselves eligible for regular welfare benefits, but who are insufficiently trained to compete successfully for available steady employment. (pp. 218-220, emphasis in original.)

The study of mental disorders among American Indians has also drawn some interest (Opler, 1936; Devereux, 1961; Ritzenhaller, 1963). However, perhaps the earliest disability associated with American Indians that commanded considerable attention from anthropologists was Indian alcoholism (e.g. annotated references compiled by Mail & McDonald, 1980).

Disability Studies by Anthropologists: 1960s

The Navajo Rehabilitation Project began at Northern Arizona University (NAU) in 1963, funded by a Research and Demonstration Grant from the Vocational Rehabilitation Administration, U. S. Department of Health, Education and Welfare. The Anthropology Department at NAU soon became involved:

As part of Program research, a brief study of disabled individuals was begun in 1964 by the author and Dr. William Griffin, both part-time Research Anthropologists of the staff. We were also members of the Department of Anthropology, Northern Arizona University. Prior to this time, Dr. Ralph Luebben... and Mr. Charles C. Case... held similar positions and initiated anthropological research on other topics. (Kelly, 1967, p.vii.)

Kelly's study of Navajo Indians with disabilities gratefully acknowledged the "interest, efforts and cooperation" of a number of anthropologists in the area, including Jerrold Levy, David Brugge, and Larry Powers (p. viii).

Powers, after living on the Navajo Reservation, had been trained as an anthropologist at NAU and had become an intake counselor for the Navajo Rehabilitation Program by 1964. He has spent his entire professional career working with American Indians with disabilities, and eventually became regional director of VR for northern Arizona. Although his anthropology has been "applied," he has some publications (Powers, 1987; 1989).

Although they do not explicitly refer to vocational rehabilitation programs, Wax and Wax (1971; see also Wax 1971) provided an interesting retrospective on federal programs for American Indians such as Head Start that were launched during the 1960s.

Jerrold Levy is, of course, is an anthropologist well known for his work on American Indian alcoholism (Kunitz, Levy & Everett, 1969; Kunitz & Levy, 1974, 1994; Levy & Kunitz, 1971b, 1974). But his prior work on a broader range of American Indian disability issues is less well known (Levy, 1967; Levy & Kunitz, 1971a; see also Levy, 1983). Other anthropologists drawn to research on American Indian alcoholism at this time were Heath (1963, 1983), Dozier (1966), and Graves (1967).

Werner (1965, pp. 2, 3, 13-16) identified in Navajo half a dozen terms for disability and other related concepts as part of his study of Navajo medical terms. Ablon, Rosenthal and Miller (1967) wrote an overview of the Mental Health problems of Indian children. Joan Ablon has also written about other American Indian issues (1964, 1965, 1971) as well as disability issues (1984, 1999) from an anthropological perspective.

Some pioneering work on evidence for disabilities in archaeological skeletal populations of American Indians was done by Angel (1966) to identify "atl atl elbow" among prehistoric peoples from Tranquility Site, California (cited in Buikstra, 1991).

Disability Studies by Anthropologists: 1980s

A Navajo woman, Jennie Joe, received a doctorate in Medical Anthropology in 1980 from the joint doctoral program with the graduate division of the University of California, Berkeley and the University of California, San Francisco. Her dissertation committee included Joan Ablon and Elizabeth Colson. Her dissertation topic was children with disabilities in Navajo Society (Joe, 1980). She observed,

One basic assumption held in common by most medical anthropologists is that health and illness are sociocultural categories and that health beliefs and practices are based on some cultural conditioning....Some of these anthropological findings have been applied to development of health programs for American Indians and Alaskan Natives. One such project was the Navajo-Cornell project on the Navajo reservation ...

Later, Joe provided an illustration from this project regarding congenital hip disease among the Navajo:

The most striking finding obtained was that the disease is not considered particularly incapacitating, or, in the absence of pain, even worth treating. "There are many who limp and get along" summed up the reaction of all but one of the parents of an abnormal child. "Getting along" includes

marrying, having children, performing household tasks, and living as long as anyone else. So long as the individual can function within Navajo society, none of the feelings of uneasiness or abhorrence associated with radically deformed individuals are applied to patients affected by congenital hip disease. (Rabin et al., 1967, p.29)

Joe commented (pp. 142-143) that:

It is implied here that Navajos do accept certain degrees or forms of disability depending to a large degree on whether the disabled person can function in society and is able to live up to his expected role. It would seem, then, the concept of health for Navajos can be fluid and flexible, making allowances for those whose state of health is assessed within the context of their ability to function.

This also makes the case for her prior statement that health and illness (and by extension, disability) are sociocultural categories. Additional evidence was provided by her difficulty explaining the concept of mental retardation in Navajo "without resorting to detailed, descriptive analogies" (p.143).

Furthermore, "Children with learning disabilities were not seen as disabled by an illness. Their disabilities were considered an education problem which did not affect the child's role and position in the family when not in school" (p. 198). In general, "disabilities which are not visible to the eye are the most difficult to define or explain" (p.145). Joe further says that for the Navajos, "it is the causes of illness, not the symptoms, that are most important" (p.146).

Superficially, this would make it seem as if Navajo and English medical terminology ought to be readily interchangeable - until one realizes that the etiological systems underlying the terminologies are radically different. For example, "congenital abnormalities are traditionally associated with parental disregard for certain cultural taboos like incest and violation of certain prescribed prenatal taboos by the parents, especially the mother." She provides an example of such taboos later on:

"For example, traditionally, pregnant women were not allowed to come into contact with or look at certain things. The restricted things varied, but most common items were associated with death, gross disfiguration, and witchcraft... There are also some prenatal taboos against certain animals... Snakes, coyotes, and owls lead the list of animals to be avoided since unborn babies and small children are expected to be most vulnerable to these types of evil prey" (p.147).

Joe also makes the point that among the Navajo, two levels of explanation may coexist: the technical explanation (e.g., Down Syndrome) and the personal explanation (e.g., punishment).

Consequently, she argues, in some cases it is necessary for the professional to understand both types of explanations in order to help a person with disabilities or their families (p.151).

Joe subsequently was involved in creating the Native American Research and Training Center (NARTC) in Tucson in 1983, as part of the Department of Family and Community Medicine within the College of Medicine at the University of Arizona. She has continued to publish studies on American Indian perspectives on disabilities (e.g., Joe & Miller, 1987; Johnson, Joe, Locust, Miller & Frank, 1987; Joe & Locust, 1989; Miller & Joe, 1993). The NARTC in Tucson and the Native American Rehabilitation Research and Training Center in Flagstaff at NAU were funded by the National Institute for Handicapped Research (now the National Institute on Disability and Rehabilitation Research [NIDRR]) to establish a Research and Training Center concerning Native Americans with disabilities. This partnership lasted for five years. The grant application for the Center in Flagstaff was written by Keith Cunningham, a folklorist. By special order of Congress, these two centers jointly conducted a study of the special needs and problems of American Indians with disabilities both on and off Indian reservations resulting in a three volume report (O'Connell, 1987a). Reports from both research and training centers often include contributions by anthropologists.

The folklorists Keith and Kathryn Cunningham (n.d., ca. 1986) wrote a study on cross-cultural research for the Research and Training Center (RTC), and conducted ethnographic interviews with members of various tribes, mostly in the Southwest, on disability issues. A narrative ethnography (Cunningham, 1992) centering upon Native American concepts of disability and rehabilitation was based directly upon the research the Cunninghams conducted during their five years with the Native American RTC. When the RFP for the next competitive application was published in 1988, the two centers could not agree on a common strategy, and both submitted applications. Both were funded by splitting the available funds between them. The same thing happened in 1993. In 1998, the Tucson RTC did not submit a proposal.

Anthropological studies of alcohol use and abuse among American Indians continued during the 1980s and 1990s with contributions by Waddell and Everett (1980), Dwight Heath (1983), a doctoral dissertation by Bea Medicine (Lakota) (1983), and a study of alcohol consumption and its effect on the dietary patterns of Hualapai Indian women (Teufel, 1994). In addition, the Native American anthropologist Michael Dorris wrote an award winning book on his experiences adopting a Native American (Sioux) child with Fetal Alcohol Syndrome (FAS). This book is part memoir, but includes extensive references and footnotes relating to Dorris's attempts to deal with his son's disabilities associated with FAS. The book was made into an ABC-TV movie, and had a large impact on raising awareness of FAS across the country. About 1979-1980, Martin Topper (1987) investigated the impact of relocation on Navajo mental health, and his studies

have highlighted the anthropological process involved in this work.

Analysis of archaeological skeletal data for disability information focusing on degenerative joint disease was conducted by Pickering (1984). One of the major findings was that there are significantly higher levels of severity of arthritis in spines of women representing the late Late Woodland and Mississippian periods versus women representing the Middle Woodland and early Late Woodland periods. Differences in scores from the cervical spine are most pronounced. In other words, there was earlier onset of arthritis in agricultural females (Buikstra, 1991; Pickering, 1984). Pickering argued that detailed ethnographic data is critical for the development of supportable hypotheses. Degenerative joint diseases in archaeological data from the southeastern United States have also been discussed by Bridges (1991, 1994).

Disability Studies by Anthropologists: 1990s

The Action Anthropology of the 1950s, without the name, began to penetrate into other fields as an idea. For example, O'Connell (1987) wrote an action anthropology-like research design for a community-based needs assessment proposed in the Native American RTC competitive application, which was subsequently funded. This evolved into a series of projects that are described below. The idea also emerged under the name Participatory Action Research (PAR) in the 1990s (Whyte, 1991). My own work with disability studies began in 1988 when I began working for the Institute for Human Development on a number of special projects which eventually resulted in a series of publications (O'Connell & Schacht, 1989; O'Connell, Schacht, Horn & Lenz, 1993; Sontag & Schacht, 1993, 1994). I then began working for the American Indian Rehabilitation Research and Training Center (AIRRTC, formerly the Native American Rehabilitation Research and Training Center) studying the affects of relocation programs on American Indians with disabilities (Schacht & Minkler, 1991) and the communication skills of American Indian job applicants (Nye, Betancourt, White, & Schacht, 1993).

Community-based needs assessments

The community-based needs assessment model advanced by O'Connell (1987b) was field-tested by Marshall (Johnson, Marshall, Martin & Saravanabhavan, 1990) in the Denver metropolitan area in 1989-1990 and in Minneapolis-St. Paul (Marshall, Day-Davila & Mackin, 1992). At about the same time, the similar PAR model was being advocated by the director of NIDRR (Graves, 1991, citing Whyte, 1991), and was quickly endorsed by other RTCs (Bruyere, 1991).

O'Connell's community-based needs assessment model had at its core the Concerns Report Method (Fawcett, Suarez de Balcazar, Johnson, Whang-Ramos, Seekins & Bradford, 1987). While not itself explicitly anthropological in origin, this method lends itself readily to action anthropology. Three crucial features of the

method are:

1. Involvement of the community before field work begins to define the questions to be asked and to recruit members of the community in implementation of the project;

2. Involvement of the community during implementation of the project as local research coordinators, interviewers, and recruiters;

3. Involvement of the community in the interpretation of the results.

I continued the series of community-based needs assessments of American Indians with disabilities in metropolitan urban centers (Dallas-Ft. Worth, Houston) at the request of the Texas Rehabilitation Commission (Schacht, Hickman & Klibaner, 1993; Schacht, Morris, & Gaseoma, 1994). I then conducted follow-up studies in Minneapolis-St. Paul (Schacht, Vanderbilt & White, 2000) and in the Texas metropolitan areas (Schacht & Vanderbilt, 1997). The results have also been summarized in Schacht, Vanderbilt, Wiggins and Jurgensen (1999, pp.52-55 and 87-95 [Appendix B]). There were a number of anthropological challenges associated with these projects that are described in the following paragraphs.

Do it yourself. I cannot argue with Wax (1971), who observed that "the head researcher, the person who is going to analyze the material and write the major report, should himself do as much of the interviewing and observation as he possibly can" (p. 267). This section in Wax's book has the heading, "DO NOT MAKE OR LET OTHER PEOPLE DO YOUR FIELDWORK" (p. 266). One of the reasons for this is that the more involved the head researcher is, the better his/her rapport will be with the community, the easier the project implementation will be, and the better the researcher's understanding of the results will be. The researcher's involvement sends an "I care" message to the community. Lack of involvement, on the other hand, sends an "I don't really care" message. As in other types of anthropological fieldwork, personal contact is important. Of course, the degree of involvement of the head researcher is contingent on funding and other commitments.

Precision vs. Practicality. Communities often want needs assessments in order to obtain funds for health clinics or other service agencies. Funding agencies want applications for such facilities based on reliable and valid data demonstrating need. This often means large sample sizes, a standardized methodology (e.g., questionnaires), good sampling designs, trained interviewers, etc. To many American Indians with disabilities, these procedures seem excessively ornate, the questions may seem intrusive, and they may challenge the researcher to justify the necessity for these aspects of the research design. The researcher must do everything possible to enhance the validity and reliability of the results, without alienating the community. Sometimes compromises must be made, but these should always be reported.

Distrust of Government programs and anthropologists.

American Indians and Alaska Natives have experienced approximately 380 years of bad relationships with the United States government and its state and local predecessors. The distrust is so deep that the specific reasons may no longer be important. Community members are used to outsiders who come barging in, ask a bunch of questions, and leave, never to be heard from again. Vine Deloria's (1969; cf. Biolsi & Zimmerman, 1997) barb about an anthropologist in every Indian house is rehearsed every time a potential respondent wants to know why they should help every young anthropologist get their degree when their only interest seems to be to squeeze enough information out of the "Indians" to prove their point, after which they disappear, apparently having no further interest in the community.

Obtaining significant community involvement in project planning. I was at a meeting on the Navajo Reservation years ago that related to school business. I forget the exact context, but one observer remarked that unless a meeting lasted all day and involved food, it couldn't be very important! In the early stages of a project, there is no substitute for taking time to meet people and establish rapport. This means one cannot count on flying into a community and having enough time to meet with enough people to launch a project with effective community involvement in only a few days. In fact, several trips may be needed before the local community decides that one's interest is credible and worthy of attention.

Recruiting local research participants. It is important to begin by forming a local project advisory committee. There is often a dynamic tension between including non-Indian service providers who may be genuinely interested in outreach, and local members of the community. The service providers may be an important source of material support, but active participation by the community members is essential. It is sometimes necessary to split the advisory committee into two committees, one for non-Indians, and another for American Indians and Alaska Natives. The issue of hiring American Indian field assistants has been amply discussed in anthropology (e.g., Wax, 1971, pp. 292-295). We generally sought to hire a local research coordinator who knows and is accepted by the entire community. It can be difficult for an outsider to appreciate divisions within the community and to avoid choosing someone who is overly identified with one faction. Choosing the wrong person may close off important segments of the community who will not deal with certain persons. Similarly, the recruitment and choice of interviewers is crucial.

Supervising local research participants. American Indian project participants (local research coordinators and interviewers) cannot be supervised in the same way as non-Natives without risking alienation and passive-aggressive responses. Sensitivity is essential. Pauses in productivity are to be expected. Dependability of transportation cannot always be assumed. Some local research participants may not want to disclose the difficulties they are having in implementing the

research design. Others may freely interpret the design in their own ways or coach respondents according to their own private concerns. Consequently, we always told them up front that we would randomly call a certain percentage of respondents to verify that the research design was being implemented appropriately.

Who is Indian? In some communities there are definite divisions based on perception of Indian-ness. This difference is sometimes characterized as "Fullbloods" vs. "Mixedbloods" (Wax & Wax, 1971, 495-496) and is important because outsiders are most likely to encounter the Mixedbloods first. As noted by Wax and Wax, these Mixedbloods have often served as mediators between the Fullbloods and the outside world and as such may be viewed with suspicion by the Fullbloods - especially when Government agencies or anthropologists are involved. In our Houston community needs assessment (Schacht, Morris & Gaseoma, 1994), this issue came out into the open at the community meeting at the end of the project.

One of the interviewers who had interviewed the largest number of respondents was Mixedblood Potawatomi. Though registered with her Tribe, she was definitely less than one quarter "Indian blood". Our policy was that anyone was regarded as American Indian if they said they were and were accepted as such by the interviewer. Because I had advance warning about this, I broke down the results by degree of Indian identification and found that the Mixedbloods felt just as strongly about community issues, if not more so, than those who had the strongest degree of Indian identification (Schacht, Morris & Gaseoma, 1994). But to some participants, the results were irretrievably contaminated by the involvement of the Mixedbloods.

Another illustration of this is that the Texas Rehabilitation Commission made a sincere outreach effort to hire counselors who had Indian ancestry. However, almost all of these were, naturally, Mixedbloods and while some of them were well received, others were not welcomed at all, despite the best intentions.

What is a disability? Disability means different things to different people. There are language differences as well as differences in cultural attitudes. Consequently, we asked about the respondent's disabilities in several ways:

1. First we asked them what disabilities or chronic illnesses they had. The interviewer had a checklist, but was not supposed to show it to the interviewee because it might influence their response. Based on the interviewee's response, the interviewer would check the appropriate categories, or write the response under "Other".

2. Next, we asked them what assistive devices they used. These included everything from devices for sensory impairments (e.g., hearing aids, eyeglasses) to mobility aids.

3. Finally, we asked them a list of questions relating to the activities of daily living (ADL).

We then compared the results in order to check for differences in perception about disabilities.

Consumer concerns. Based on the Consumer Report method designed by Fawcett, Suarez de Balcazar, Johnson, Whang-Ramos, Seekins and Bradford (1987), we sought to encourage each community to identify which concerns to ask respondents about. A meeting was held in the community with community members and other stakeholders early in the research process, with the goal of identifying about 30 issues to ask respondents about. Ideally, one might start from scratch inductively, so as not to bias the community member's perceptions of relevant issues. However, that is a time extensive process at the very time when everyone is just starting to work together on the project. As a practical alternative, we generally started with a list of issues previously used that had been compiled by Fawcett, Suarez de Balcazar, Johnson, Whang-Ramos, Seekins and Bradford (1987). We encouraged members of the initial working group to delete and add items at will. We then used a number of devices to identify the issues perceived by the group to be of most importance. Each item is repeated twice, once to ask about its importance and a second time to ask about the respondent's degree of satisfaction that the statement is true. This consistent format allows the items to be rated by degree of importance and satisfaction. But it also may require re-wording of some proposed items in order to get them into the standard format. The resulting changes were sometimes interpreted by working group members as "twisting" their words.

Presenting the results to the community. After a preliminary tabulation of the questionnaires, and in consultation with the local research team, we would schedule a community meeting to present the preliminary results in order to obtain their assistance in interpreting the results. We invited everyone who had participated in the project in any way, presented the findings, and requested their comments. This feedback was then incorporated in the final report.

Unplanned consequences. There was a whole set of consequences that were not part of the project design, but that were often beneficial. First, respondents who knew nothing about the services for which they were eligible received information from the interviewer about how to contact service providers. Second, the project brought together members of the community who may not have worked together before thereby forging new working relationships within the community.

Molly Dufort (1992) began as a sociolinguistic research assistant in the mid-1980s on the Tohono O'odham reservation in Arizona. By means of a series of personal encounters, she was drawn into exploring the reasons for failure in the service delivery to a Tohono O'odham person with disabilities. Her doctoral study at the University of Arizona (Dufort, 1991) examined discourse practices and knowledge systems involved in disability management in cross-cultural settings. This in some ways is an important sequel to the work by Wax with Indian Head Start programs (Wax & Wax, 1971; Wax 1971) and deserves wider attention.

In a similar vein, Dapcic (1995) explored the social construction of disability among members of the Hopi tribe for her Master's thesis in the Anthropology Department at Northern Arizona University.

Results from archaeology and physical anthropology were studied by Bridges (1992) who focused on arthritis. Powell (1991) considered skeletal evidence for syphilis and tuberculosis, but the general interest seems to be in the occurrence of these diseases in America, rather than their disabling effects.

The Anthropological Difference

Anthropological engagement in disability issues is at its best when it shows some awareness not only of the concept of disability, but also something about current disability issues with respect to employment and independent living (however culturally constructed.) It is also at its best when it draws on more than one branch of anthropology in describing and analyzing the data. For example, Reichard's book contained a chapter on "Theory of Disease" (pp. 80-103) that included much information about disability terminology, including how disabilities and diseases are grouped by the Navajo into categories. And when the Leightons wrote about the connection made by the Navajo between physical deformity and "disharmony," and linking this to the idea of contagious magic, they linked together physical anthropology, linguistics, and culture.

Angel (1996) linked skeletal evidence of elbow pathology with use of the atlatl in hunting. Pickering (1984) used a combination of skeletal and archaeological evidence to show that there was earlier onset of arthritis in agricultural females than in the pre-agricultural females in the same region. Dufort (1991, 1992) examined discourse practices and knowledge systems involved in disability management in cross-cultural settings. The greatest divide, it seems, is between the physical anthropologists and archaeologists, on the one hand, and the cultural anthropologists and linguistic anthropologists, on the other.

There are some domains of research that deserve greater attention. For example, the cultural construction of disability and work among American Indians and Alaska Natives would be quite interesting. Both terms (disability, work) are culturally laden and may intersect in quite different ways not only in a comparison of Anglo vs. Indian, but also in a comparison among different Indian tribes and peoples. The cultural construction of "work" and "disability" are rich fields of inquiry in which anthropologists can truly make a contribution (e.g., Trotter, Ustun, Chatterji, Rehm, Room & Bickenbach, 2001). For example, I have heard it suggested (although I cannot find the reference) that among some AI/AN peoples, hallucinations and similar forms of mental experience that in the Anglo world would be considered signs of mental illness that would be vocationally handicapping, may be considered as signs of vocational (shamanic) qualification. But not all AI/AN cultures share this view.

This goes to the heart of the idea that different

environments can be handicapping, i.e., can be a hindrance to participation in society (Trotter et al., 2001). Just as cement curbs without curb cuts can be an environmental barrier to employment for people who use wheelchairs, so some other forms of cultural expression can be environmentally handicapping. The same individual who may be regarded as disabled and unproductive in one culture may be regarded as gifted and employable in another culture. This ought to be a rich field for anthropology.

Even more, Kleinman's (1990) distinctions between disease, illness and sickness have only begun to be explored. For example, alcohol abuse among American Indians and Alaska Natives can be viewed on all three levels: as a disease with possible genetic variations in alcohol metabolism, as an illness defined by the DSM-IV, and as a sickness imposed on entire peoples by a post-colonial dominant society. These mere suggestions cannot be fully developed here, but serve as an indication of the potential for anthropological engagement with the disability issues of American Indians and Alaska Natives.

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