Chamorro Perspectives on Mental Health Issues in Guam: Cross-Currents of Indigenous and Western Cultural Discourses

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Abstract

In order to promote cultural sensitivity in addressing mental health problems among the Chamorro people of Guam, the authors conducted a study aimed at exploring indigenous Chamorro alternatives to Western mental health theory. In tape-recorded interviews, thirty Chamorro participants shared their thoughts on Guam's psychosocial problems and the various ways in which Chamorros describe, explain, and address these problems now and historically. The resulting narratives were analyzed through a multi-layered process involving a number of Chamorro and non-Chamorro researchers and the participants themselves. In the spirit of participatory research, direct quotations from the interviews were woven into a synthesized cultural narrative highlighting a multiplicity of participant perspectives. This narrative examines substance abuse, violence, youth and family problems, and socially "bizarre" behavior in the context of cultural changes resulting from modernity and Westernization. The narrative also outlines Chamorro indigenous approaches to helping and healing, including family support, community support, and the use of traditional healers, as well as Chamorro views on Western mental health services. Discussion focuses on the role of mental health discourse in contemporary Chamorro culture.

KEY WORDS: Guam; Chamorro; indigenous peoples; culture; mental health; narrative.

My primary goal is to open space for cultural futures, for the recognition of emergence.
James Clifford,
The Predicament of Culture

With increasing recognition of the impact of cultural factors on mental health and its treatment, there has been a recent surge in scholarship devoted to the study of mental health issues across cultures (e.g., Comas-Diaz, Griffith, Pinderhughes, & Wyche, 1995; Pedersen, Draguns, Lonner, & Trimble, 1996; Ponterotto, Casas, Suzuki, & Alexander, 1995; Sue & Sue, 1990).

Much has been written about deleterious cultural variables which lead to mental health problems, the prevalence of mental disorders in different cultural groups, and the adaptation of Western diagnostic and treatment models for use with ethnic minorities and transnationally with non-

Western peoples. However, less of the mental health literature's multicultural hype has focused on understanding indigenous cultural alternatives to Western mental health models (Zea & Echeverry, 1998). This may be due, in part, to the tendency to view "culture" in essentialist and historicized terms, thereby relegating "culture" to traditional pasts and making indigenous cultural practices seem outdated or inadequate for addressing the complexities of modern day problems. This paper applies a model of culture that embraces not only historical traditions, but also change, growth and transformation in an exploration of indigenous alternatives to Western mental health theory in the Pacific Island of Guam.

Historical and Cultural Context

Guam, an unincorporated territory of the United States, is the southernmost island of the Marianas archipelago located in the western Pacific approximately 1500 miles east of the Philippines. At 209 square miles, it is the largest island in Micronesia, a geographic region in the western Pacific encompassing over 2000 islands including the Marianas, the Carolines, the Marshalls, and the Gilberts. The population of Guam is roughly 155,000 of which approximately 65,000 are indigenous Chamorros; the remainder of the population includes Filipinos, Micronesians from other islands, Caucasians, Koreans, Chinese, and Japanese (U.S. Census Bureau, 2002). The Chamorro people are of Malaysian decent having migrated to the Marianas from Southeast Asia beginning at least 3,500 years ago. Up until the 16th century, the Chamorros lived in relative isolation from the outside world and developed a unique culture and lifestyle which was self-sustaining and in harmony with their Pacific Island environment. Their first contact with the West came in 1521 when a flotilla of Spanish galleons led by Ferdinand Magellan stopped at Guam after making the first European crossing of the Pacific. This marked the beginning of a series of colonial encounters that have continued through to the present.

In 1565, Spain laid claim to Guam, although it was not until 1668 when the first Spanish settlement was established. After becoming a Spanish colony, the arrival of outsiders, diseases, and a series of wars led to a dramatic decline in the Chamorro population. The number of Chamorros in 1668 has been estimated at 24,000-70,000 for the entire Marianas and 12,000-30,000 for Guam; by the early 1700s, the population had been reduced to less than 4,000 in the Marianas and less than 2,000 in Guam. Many of the survivors intermarried with Spanish and Filipino immigrants creating the multi-ethnic ancestry of the Chamorro people of today. They lived under Spanish rule until 1898, when, as a result of the Spanish-American war, Guam became an American possession. It remained under American military administration until World War II when the Japanese invaded and occupied the island for nearly three years (December 1941 - July 1944). During this period, the Japanese imposed martial law and forced labour while also attempting to replace American influences with Japanese language and culture. In 1950, six years after Guam was re-captured by the Americans, the United States Congress passed the Organic Act making Guam a US territory and its inhabitants US citizens. Nevertheless, to date, Guamanians do not enjoy the full rights of American citizenship. For example, their elected representative in the United States Congress is a nonvoting member; moreover, they are not permitted to vote in US presidential elections (Alkire, 1977; Mayo, 1992; Rogers, 1995).

In the year 2002, Guam appears considerably Americanized: it remains an important site for U.S. military bases; its government institutions mirror U.S. models; and its urban landscape is replete with wide streets, strip malls, 7-11s, K-mart, and all the familiar fast-food chains.

It also has a vibrant Asian presence, evident in the many Asian restaurants, shops, and community organizations catering to Filipino, Japanese, Korean, and Chinese immigrants and tourists. Nevertheless, many of Guam's villages are distinctly Guamanian and continue to reflect the close-knit communities of traditional island life.

Like the social environment of the island, the culture of the Chamorro people represents a unique blend of multiple cultural influences, both indigenous and foreign. Despite American attempts to suppress use of the Chamorro language during the first half of this century, many Chamorros speak both English and Chamorro, the latter a mixture of Spanish and the original spoken dialect of the early Chamorros. The religion of more than 90% of Guam's Chamorros is Catholic, their ancestors having been converted by Spanish missionaries in the 17th and 18th centuries; yet, early forms of ancestral worship coexist alongside Catholicism, most noticeably in the belief in the *taotaomo'na* (Chamorro ancestral spirits). Chamorro family structure, once based in a matrilineal clan system, has become more patrilineal and focused on the nuclear family; nevertheless, extended families, often headed by a strong matriarch, remain a powerful social unit in contemporary Chamorro culture. In short, Chamorro culture today is a reflection of the diverse historical experiences of the Chamorro people.

Implications of Western Mental Health Practice in the Pacific

In the industrialized West, it has become increasingly popular to turn to mental health professionals (e.g., psychiatrists, clinical psychologists, clinical social workers, psychiatric nurses) as a means of addressing a variety of forms of human distress. In fact, mental health *ways of knowing* have become embedded in contemporary popular culture. This is not only true for North American and European communities, but also for many Third- and Fourth-World[1] cultures such as those found in the Pacific Islands. Whether in San Francisco, Glasgow, or Yigo,[2] one hears of "mental disorders," "chemical imbalances in the brain," "irrational beliefs," "repressed desires," "dysfunctional families," and "co-dependent personalities." However, the medico-psychologic discourse that dominates Western mental health models has certain cultural implications. Explaining human suffering through medicalised conceptions such as *mental disorder* tends to emphasize the intra-individual concomitants of psychiatric problems, such as biological and psychological factors, and minimize the importance of the social context in which such problems arise. By ascribing the causes of psychiatric distress to factors within individuals, Western mental health models direct attention away from adverse societal factors (e.g., poverty, inequality, powerlessness, alienation), and thereby protect the existing socio-political system from criticism and reform (Albee, 1982, 1986; Beit-Hallahmi, 1974; Berger & Kytle, 1985; Prilleltensky, 1989, 1990; Sarason, 1981; Twaddle, 1996).

The ramifications of Western mental health theory for Pacific Island communities such as Guam are significant. While the Westernization of Guam has brought serious psychosocial problems, such as the dramatic rise in drug and alcohol abuse and suicide seen in recent years, Western medico-psychologic explanations for these problems have also been imported. Unfortunately, these explanations focus little on the social upheaval brought about by Westernization, and instead lay the focus of blame on individual psyches. In a sense, Westernization comes along with its own defences for explaining away its negative consequences. For example, although theorists have pointed to socio-cultural change as underlying the high rates of suicide and substance abuse among young Micronesian males (Hezel, 1987; Kleinman, 1988; Rubinstein, 1995), treatment and prevention models used in Guam tend to reflect biological and

psychological theories, so that suicide is often seen as arising from depression, an internalized disorder, and substance abuse from the "disease" of addiction. These de-contextualized mental health theories may misrepresent the experiences of Pacific Islanders for whom individualistic understandings of the self are less commonly employed. David Ho's (1998) thoughts on the role of Western psychology in Asia are perhaps equally applicable in the Pacific Island context:

> Much of Western psychology may be irrelevant or inapplicable in Asia. Western ideological presuppositions, such as individualism, are alien to the Asian ethos. Thus, a reliance on Western psychology can only lead to an incomplete, even distorted, understanding of Asia or of Asians. Moreover, the wholesale importation of Western psychology into Asia represents a form of cultural imperialism that perpetuates the colonization of the mind. (p. 89)

What Western theories often fail to acknowledge is that Pacific Island peoples have their own models of human functioning, their own "indigenous psychologies" (Ho, 1998; see e.g., Lutz, 1988). According to Robillard (1987), mental health service programs which were implemented across Micronesia in the 1970s and 80s replaced indigenous understandings of behavior with modern Western explanations. American-style mental health institutions and programs were replicated with almost no consideration of their "fit" within local cultural contexts: "Instead of looking to and examining Micronesian psychologies, western psychology, the product of a distinct social context, is hypostatized, made a universal" (Robillard, 1987, p. 224). As a result, indigenous approaches to helping and healing have been largely ignored. Derald and David Sue (1990) have argued that "the mental health movement has de-legitimized natural help-giving networks that have operated for thousands of years by labelling them as unscientific, supernatural, mystical, and not consistent with 'professional standards of practice'" (p. 8). These authors have stressed the need to broaden our view of what constitutes mental health practice to include natural support systems, folk-healing methods, and indigenous systems of therapy.

Indigenous Alternatives

Challenges to the "cultural imperialism" associated with Western mental health models have arisen in various sectors of Guam's social service community where indigenous cultural alternatives are being revitalized. In 1995, a number of these alternatives were brought together and showcased at the Guam Association of Social Workers 15th annual training conference, entitled "The Rhythms of Our Ancestors." In the conference program, the GASW president, Carl Diaz, encouraged social service workers to embrace Pacific Island cultural traditions in their work:

> I invite you to reaffirm our strengths as Pacific Islanders and explore ways we can use and nurture those strengths in our work as helping professionals. We are beset with challenges today as Pacific Islanders in a Pacific Basin that is in rapid economic, political, social and cultural transition that call for us to hold fast to what is good and lasting in our cultures.

The conference went on to highlight a variety of Pacific Island indigenous cultural practices: the survival of oral traditions in the modern era; healing through the ancient symbolism of the *redondo* ("circle" in Chamorro); the development of family and community support networks; *suruhanas* (Chamorro female traditional healers) and herbal medicine; Micronesian canoe building and navigation; traditional birthing practices of Palauan women;

the roles of Marshallese women in relation to the land and culture; and the use of healing stones and accupressure among the Bikols of the Philippines.

Furthermore, indigenous Chamorro mental health models have been discussed in the research literature. After working for two years on the development of a community mental health center in Guam in the early 1970s, Penningroth and Penningroth (1977) published an article outlining ways in which Chamorros classify and describe mental illness as well as Chamorro beliefs about its cause and treatment. Although their work represents an "outsider's" description of Chamorro culture, the authors' treatment recommendations are encouraging (e.g., "establish therapeutic goals compatible with Guamanian cultural values"; "use treatment methods consistent with Guamanian theories of causation and compatible with Guamanian cultural values, beliefs, and healing practices"). In the mid-1980s, Allan, Tydingco, and Perez (1985) used three clinical case descriptions of Chamorro mental health clients to illustrate the integration of Western psychiatry and traditional healing practices. More recently, San Nicolas (1996) proposed a social work practice model that emphasizes collaboration with the families of the seriously mentally ill and applied this model in the discussion of a Chamorro case vignette. Finally, in her doctoral dissertation, Pier (1999) examined the impact of historical trauma on the Chamorro people and explored culturally appropriate interventions for working with Chamorro clients. Each of these works underscores the importance of employing mental health treatment approaches that are compatible with Chamorro culture.

Despite efforts to promote traditional ways of life and culturally sensitive forms of helping and healing, social services provided to Chamorros experiencing psychosocial or "mental health" problems continue to mirror Western, particularly American, mental health practices. Chamorro "patients" or "clients" are diagnosed with DSM-IV (*Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition*; American Psychiatric Association, 2000) disorders and offered the gamut of Western treatments including psychotropic medication, psychotherapy, family therapy, counselling, residential or inpatient care, and AA (alcoholics anonymous)-based groups. Though arising from a variety of theoretical orientations (e.g., biomedical, psychodynamic, cognitive-behavioural, humanistic), these treatments all tend to reflect Euro-American conceptualisations of human functioning. Why is it that indigenous Chamorro alternatives to Western mental health practice continue to be marginalized? To answer this question we will briefly examine some of the competing understandings of *indigenous Chamorro culture*.

What is Indigenous Chamorro Culture?
Guam has been the site of competing cultural discourses, both indigenous and colonial, from the 16th century to the present, as successive waves of colonial encounters – from Spanish to American to Japanese and back to American – established hegemony on the island. Today, Guam continues to be situated amidst multiple discourses, both local and trans-national, as it is a central meeting point of Micronesian, American, and Asian cultures (although, in many ways, it is on the fringes of each of these regions both geographically and politically). Given the complexity of Guam's multiple and shifting cultural encounters over the past five centuries and the significant changes in Chamorro ways of life that have resulted, there has been much debate as to what constitutes indigenous Chamorro culture.
Many Chamorros see indigenous Chamorro culture as rooted in the historical traditions of their ancestors who lived under Spanish rule. Thus, cultural practices strongly influenced by

the Spanish, from Catholicism and *fiestas* to dancing the *Cha Cha*, are often seen as decidedly "Chamorro." Perhaps the most obvious example is the Chamorro language, which is a blend of pre-contact Chamorro and Spanish languages. The process by which indigenous cultural practices were constructed out of Spanish colonial influences is cogently described in Schwab (1996), with regards to Catholicism:

> Over three hundred years indigenous and Spanish Catholic influences interacted with each other and created distinct Chamorro-Catholic life practices. Due to the strength and duration of this interaction Catholic and Chamorro markers of identity had become identical; to be Chamorro meant to be Catholic. (p. 36)

Others see indigenous Chamorro culture as grounded in pre-Spanish cultural practices, thus leading to efforts to preserve and revive cultural traditions in existence prior to the 17th century. For example, in 1994, Chamorro activists founded Chief Gadao's Academy, a school dedicated to the preservation of pre-contact Chamorro culture through pedagogical practices that promote ancient ways. Chief Gadao students learn early forms of the Chamorro language that preceded the Spanish influenced Chamorro of today. Student age groups are named according to the ancient Chamorro class system – elementary school students are referred to as the *manachang* (low caste), middle school students are called *acha'ot* (high caste, lower class), and high school students are known as the *matua* (high caste, high class). Students are also taught daily living skills, such as cooking fish wrapped in banana leaves over an open pit of heated rocks (D. Flores, personal communication, June 16, 1998). However, some attempts to preserve the past have tended to objectify traditional practices by removing them from their original contexts. Thus, for example, the *latte* stone (ancient Chamorro stone pillar), once used to support Chamorro dwellings, has become a symbol or emblem of Chamorro culture and can be seen throughout the island from the architecture of Guam's International Airport and its bus-stop enclosures to t-shirts and key-chains. Similarly, one of the ancient pictographs from *Gadao's Cave*[3] has become commodified in jewelry, bumper stickers, t-shirts, and the like.

The exclusive association of indigenous Chamorro culture with cultural traditions from either the Spanish or pre-Spanish period has led to the belief that Chamorro culture is incompatible with modernity. This perspective has been clearly outlined by Robert Rogers (1995) in the conclusion to his book *Destiny's Landfall: A History of Guam*:

> Now, at the end of the twentieth century, the islanders for the first time in their post-contact history hold their destiny in their own hands. What path will they choose in the twenty-first century – economic growth, political sovereignty, or indigenous cultural continuity? And these paths, regardless of what advocates of each may say, are not necessarily compatible. (p. 289)

Rogers paints a picture in which the continuity of indigenous Chamorro culture conflicts with the pursuit of economic and political development. In fact, many cultural critics (e.g., Van Peenen, 1993) have expressed concern that, as Guam becomes more modern Chamorro culture is disappearing. Culture and modernity are pitted against each other as the polar opposites of a historical continuum in which indigenous culture resides in the past and the modern world in the future.

It is all too simplistic, however, to frame the modern world as eradicating Chamorro culture, to view Chamorro people as victims of modernity's wrath. According to James Clifford (1988), "this feeling of lost authenticity, of 'modernity' ruining some essence or source is not a new one," (p. 4) but derives from the Western tendency to relegate marginal peoples to their traditional pasts and to ignore the unique ways in which modernity is reconstructed within their cultures. Clifford argues that cultural identity is always "mixed, relational, and inventive" (p. 10). Always in motion, culture endures, constantly evolving, assimilating, and thriving – culture is life as we live it. From this perspective, *indigenous Chamorro culture* refers to the unique ways in which the Chamorro people construct and give meaning to their lives. It reflects customs and lifestyles practiced prior to Spanish colonialism; it encompasses Chamorro adaptations of Spanish traditions; it also includes modern aspects of contemporary Chamorro culture, such as Chamorro reconstructions of American social practices.

Vicente Diaz (1994) suggests that the "signs of cultural demise" so often highlighted by foreign observers of Chamorro society "can in fact be read to illustrate not death but survival and vitality, indeed, eternal vigilance for future possibilities" (p. 32). Thus, the automobile's displacement of the carabao as a means of travel, lamented by some as the loss of a cultural icon, is reframed by Diaz as a sign of Chamorro resilience. Just as the carabao was employed by Chamorros for their own purposes after it was introduced to Guam by the Spanish, the automobile (particularly the pickup truck) has been appropriated as a convenient means of "exercising what (is) of local importance" (p. 37). For example, automobiles are used as a means of traveling to the many cultural and religious gatherings Chamorros are obligated to attend while still maintaining busy day-to-day lives. Diaz also points to movies, which have been blamed for the demise of storytelling, to illustrate how "the Chamorro have 'localized' non-local ideas and practices" (p. 53), for movies, in the form of home videos, have emerged as a cultural medium through which family celebrations are shared and preserved; they are a new means of "telling stories."

By highlighting instances of Chamorro cultural continuity, we do not mean to deny the troubled history of Guam's colonial past (and present). Certainly, it is clear that Guam's cultural encounters have not been (and continue to not be) on neutral ground where Chamorros freely direct the evolution of their culture. Chamorro conversions to colonial practices, such as Catholicism or the English language, were often marred by various forms of control and oppression. Yet, neither can Chamorros be framed as hapless victims at the mercy of colonial conquerors responsible for the destruction of traditional Chamorro ways. These visions do not capture the complexity of cultural and historical processes. Instead, culture can be viewed as a complex and dynamic discursive field constructed through interactions between peoples both inside and outside that field (Clifford, 1992). Culture is thus negotiated and contested; it emerges out of conflict, struggle, domination, and resistance. Diaz (1994) argues that "history and culture...can be viewed as contested sites on which identities and communities are built and destroyed, rebuilt and destroyed, in highly charged ways" (p. 31). Similarly, Sherry Ortner (1996) encourages us to attend to "sites of social friction and cultural encounter where culture is no longer an inert object but something constantly under challenge and construction" (p.181).

When indigenous culture is viewed as residing in the past in some pure and uncontested form, indigenous alternatives to Western mental health models are restricted to historical artifacts – ways of living, helping, and healing practiced long ago – that may be of little relevance to the

psychosocial problems experienced in the early 21st century. It is our belief that models of indigenous culture that recognize the continuity of historical traditions in ever evolving and contested cultural constructions will open new doors for the exploration of Chamorro alternatives to Western mental health models. Rather than looking exclusively to the past, we can observe the present to understand the unique ways Chamorros describe, explain, and address psychosocial problems that arise in their lives. In addition, we can look to the future as new indigenous solutions to these problems emerge.

Research Methodology

The present research employs a participatory qualitative research methodology (see Reason, 1994; Reason & Lincoln, 1996) designed to survey a wide range of cultural beliefs and practices and to highlight the multiplicity of perspectives presented by research participants. We followed the recommendations of Ogan and Kiste (1987) who argue that mental health research in Pacific Island communities must involve the "meaningful incorporation of islanders themselves into the research enterprise" (p. 9). They suggest that, rather than importing American concepts and research frameworks, researchers should ask:

> What are islander perceptions of mental health and illness? What do islanders
> see as the most pressing mental health problems facing them as individuals and
> communities? What are the factors in a real-life setting that islanders identify
> as most significant for understanding these problems? (p. 9).

This research was aimed at answering these questions.

Participants

Thirty residents of Guam, who identified their cultural/ethnic background as Chamorro, participated in the project. Research participants were selected by one of eight interviewers through informal contacts. These included primary contacts (e.g., neighbours, work associates) as well as secondary contacts, that is, referrals obtained through primary contacts (e.g., neighbour's aunt, work associate's brother). In order to explore a variety of Chamorro perspectives, we made every effort to choose a diverse participant group. There were 17 men (57%) and 13 women (43%) spread over a wide age range (14 to 72), including 5 teenagers (17%), 6 young adults in their 20's (20 %), 8 adults in their 30's (27%), 5 in their 40's (17%), and 6 who were age 50 or over (20%). Half of the participants were either married or in a common-law relationship, 11 were single (37%), 2 were widowed (7%), and 2 were separated (7%). Nineteen had children (63%); 11 did not (37%).

Participants represented a wide range of social and economic backgrounds. For example, they had diverse educational experiences: 5 (17%) received less than a high school education, 9 (30%) graduated from high school, 9 (30%) had taken some college courses or had completed a college degree, 4 (13%) had taken some postgraduate courses or had completed a postgraduate degree, and 3 (10%) were still attending high school. They were employed as semi-skilled workers (e.g., custodian, security guard), skilled technicians (e.g., mechanic, computer operator), managerial supervisors (e.g., financial credit manager), and professionals (e.g., teacher, accountant); others worked as students (high school and college), and home and family caretakers (e.g., homemaker, housewife); a few were unemployed or retired; one was a *suruhana* (female traditional healer).

Participants came from 17 different villages in Guam: 19 (63%) lived in villages in Guam's more urbanized central and northern regions, while 11 (37%) lived in villages in the more rural southern part of the island. Thirteen (43%) had lived part of their life in the US mainland, Europe, or Asia, while 17 (57%) had never lived outside of Guam. The majority of participants (25; 83%) said that both of their parents were born and raised in Guam; 4 (13%) reported that one of their parents was born and raised in Guam; 1 said that his parents were from Spain.[4] Most (27; 90%) identified their religion as Catholic; 2 identified their religion as Christian; 1 did not state his religion.

Twenty-six participants (87%) stated that their cultural and ethnic background was Chamorro and that they identify with the Chamorro culture. Three participants (10%) said that they were half Chamorro; of these, one identified solely with the Chamorro culture, while the other two identified with both the Chamorro culture and the culture of their non-Chamorro parent. Finally, one participant identified his cultural and ethnic background as "Spanish Guamanian," but said that he participates in the Chamorro culture.

Procedure
Interview Design
In tape-recorded interviews, the participants shared their thoughts and beliefs on the psychosocial problems in Guam's communities, and the various ways in which Chamorros describe, explain, and address these problems now and historically. The interviews were semi-structured open-ended dialogues. Care was taken to avoid using terminology such as *mental health* or *mental illness* in order to encourage participants to explain psychological and social problems through their own cultural frameworks. Interview questions were developed by a multi-ethnic research team, consisting of the first author (a British Canadian) and eight interviewers (including four Chamorros, two Filipinos, an African/Native American, and a French American).

Narrative Analysis
The research interviews were analysed and interpreted through a multi-layered process involving a number of researchers and the participants themselves. First, each interview was transcribed verbatim. The interviewers then prepared a summary of each transcript and a brief interpretive analysis, which focused on conceptualising the participant's views. In these interpretive analyses, each transcript was treated as a form of narrative. While the term *narrative* usually refers to a story, we use it to suggest that participants' answers to the interview questions arise out of their own personal theories and that all theory represents a type of story (see Howard, 1991; Mishler, 1986).[5] Thus, the interpretive analysis for each interview was aimed at conceptualising the participants' underlying "theoretical stories" (Howard, 1991) about mental health issues in Chamorro culture.

A few weeks after their interview, each participant was given a copy of the transcript, summary, and the interviewer's interpretive analysis along with a feedback form for his or her comments. This provided an opportunity for participants to clarify any points made in the interview, provide their own interpretations, and agree or disagree with the interviewer's conclusions. It also gave participants time to reflect on their initial responses and develop new ideas. Finally, it served as a validity check to assess the extent to which we were understanding their perspective, that is, getting their "story" right.

While participants' interview responses were treated as individual narratives, they were also understood as reflecting a broader community or *cultural narrative* (see Rappaport, 1995) comprised of the social and cultural discourses that circulate in Chamorro communities. As outlined above, cultural discourses are complex and dynamic - incorporating not only shared views, but also conflict, struggle, and resistance. The second phase of analysis was aimed at bringing this cultural narrative to light in all of its complexity. To accomplish this goal, a research team consisting of four Chamorro researchers (including the second and third authors) conducted multiple readings of the transcripts, summaries, interpretive analyses, and feedback forms and performed a preliminary analysis by coding the primary themes. Then, using the preliminary analysis as a guide, the authors explored the research materials again, highlighting common themes, unique perspectives, and conflicting positions, which were then woven into a synthesized cultural narrative reflecting the multiplicity of participant views. The narrative is structured by drawing shared perspectives together and pitting opposing views against each other, so as to highlight both the commonalities and debates within Chamorro culture.

In the spirit of participatory research, the results are presented in their original form, that is, in quotations taken directly from the interview transcripts. Our goal was to let the participants speak for themselves without detailed commentary from the researchers. This follows Rappaport's (1995) recommendations that empowerment researchers should "listen to, amplify, and give value to the stories of the people we serve" (p. 796). Nevertheless, we acknowledge that the material presented herein is to some extent our own construction, for in the process of weaving the cultural narrative we removed the quotations from their original narratives. The quotations have thus been de-contextualised and re-contextualised within an emerging narrative of the authors' creation. Rather than trying to deny our role in the construction of meaning from the research data, we prefer to see ourselves as collaborators with the research participants, working together to learn about and construct Chamorro indigenous alternatives to Western mental health theory.

Participant Narratives
Common Psychosocial Problems in Guam's Communities
Participants were first asked to discuss some of the psychological and social problems affecting Guamanian Chamorros, their families, and the communities in which they live. Most of them highlighted drug and alcohol abuse as a rising concern in Guam. For example, one participant stated:

> I'm pretty sure in all the villages there are a lot of problems with substance abuse. [In] the culture before, you don't see much of that, but now [it's] more modernized, there [is] a lot of it. [Female, 45 years, Barrigada]

Of particular concern was the *prevalence* of drug and alcohol use in Guam's communities:

> I'd say in my street, out of the ten families that live there…I'd say one, two, three, four, five - five of them have a household of persons that smoke marijuana on an occasional basis. I know a couple of them who deal ice. And to me, experimentation and just occasional taking of this drug is substance abuse in itself. [Male, 20 years, Mongmong]

> I think alcohol [has become] acceptable to a point where everybody drinks and

adults are offering little children alcohol at fiestas, saying, "here try this" and thinking it's cute that the two-year old is tasting alcohol and liking it. So, I think alcohol is prevalent in the community. [Female, 38 years, Maite]

When asked to explain the causes of substance abuse, participants pointed to a number of interpersonal and psychological factors:

If someone perhaps had a position in the family and has lost that position, for example through retirement or being misunderstood by their spouse or children, those may be…problems that may cause the alcoholism. Or maybe one has too much pride.…To some extent it's a matter of one's poor concept of himself, and through drinking it kinda boosts their ego and makes them more macho. [Female, 51 years, Piti]

Substance abuse was seen as leading to interpersonal problems:

When one is inebriated or has had too much to drink, they tend to brag, tend to exaggerate. And to a lot of people who are sober, that can create ill feelings, disrespect.…When I notice that someone has had too much to drink, I tend to stay away from that kind of environment in order to avoid any embarrassments, avoid any confrontations. [Female, 51 years, Piti]

Many felt that substance abuse can lead to family violence:

The parents, especially the man in the family, should not get involved with drugs, alcohol or any item that is hazardous to your health because if you overdo that, it might lead to child abuse. Like, for example, the head of the household, he drinks alcohol, and on payday when he comes home and he's half-way-drunk, he might beat the child, you know, without any reason at all, just because he wants to show the family that he's head of the household. [Male, 72 years, Yigo]

Well on drinking…let's put it this way. When there's a party, especially family, you know, sometimes they misunderstand each other, they start to hit one another and things like that. I really don't agree on drinking. [Female, 46 years, Inarajan]

It's drugs. There are young people down there around my vicinity…they harass their mother and they even beat-up the mother. And when they're on [drugs] they break things, they don't want to be controlled. They take things out from their mother's home, even money, and when they want money, you know, the mother has to give them because they need it. If not, they go breaking things in the house, even breaking the mother's car. [Female, 70 years, Tumon]

Although many participants attributed domestic violence to the abuse of drugs and alcohol, others highlighted socio-cultural changes, such as a shift in gender roles and increasing socio-economic pressures, as responsible for the rising violence within Chamorro families:

I think there is a lot of spouse abuse in my community and I think a lot of that

stems from changes in the ancient Chamorro culture. Women used to be in control; they were the ones everyone respected. Somewhere along the line things changed and now it's the man who acts as the master of the house….If they feel they're not in control in the house, they react by thinking, "If I smack you a little harder, maybe you will notice that I am in control." [Female, 38 years, Maite]

[One problem is] taking it out on your kids when something gets you depressed, I mean when you're under pressure, so much pressure, they abuse their kids. [Male, 25 years, Barrigada]

A few participants suggested that it is common for Chamorro men to portray a "macho" image that often leads to misunderstandings, conflict, and violence:

I know one of the things that does come across the wrong way is the way men that I grew up around [put on] the macho act; the way they would look at people, sometimes even the way they ask questions, the way they talk, sometimes even confrontational…I don't know how to describe it, it's just the way they act, so manly and so macho, and other people look at it as, "they are ready to pick on me, they don't like me, they're ready to fight" kind of attitude. [Female, 38 years, Maite]

Chamorro *machismo*[6] can be seen in the excessive jealousy and domination sometimes present in Chamorro romantic relationships. The term *ekgo'* is commonly used to refer to one who is jealous and controlling with their partner:

I think young couples in today's society here on Guam, have a problem that needs to be recognized by both the parents and probably a lot of the community, in that they seem to have a problem with their relationship; how one or the other looks at someone else is a prime example. Having a strong hold on each other, the dominance over one another; looking at another guy's girl for example – that's not expected as the right thing to do….There seems to be no tolerance for this kind of thing. It's as simple as, "why is that guy talking to my girlfriend" that constitutes a fight that gets out of hand, and before you know it someone gets hurt or killed. [Male, 35 years, Nimitz Hill]

In many of the narratives, substance use, machismo, and violence were identified as problems among adolescents:

When there's a dance, I always hear from my friends that some of the guys are in the back drinking and smoking joints. I even hear they do ice….They just want to be bad…because they walk around the village and think people should be scared of them. They act like a gang and sometimes fight with other boys, like from Merizo, Umatac. [Female, 16 years, Talofofo]

There was also more general concern with a wide range of youth problems:

Yah, kids that don't stay in school, you know they go out skipping…they disrespect their parents. Some of them get pregnant at a young age…you know,

just to get back at the family…revenge. Some of them commit suicide. Some of them, they become delinquent; they grow up to do stupid things. [Male, 25 years, Barrigada]

However, some saw these problems as a transient phase of adolescence:

I was one of those teenagers. I have tattoos on my body that I don't want to show. I used to take marijuana, I used to smoke dope, and I used to drink beer a lot in my teenage years. I think it's just some period. As I went to school I learned that it's almost characteristic of that experimental stage. [Male, 20 years, Mongmong]

A few suggested that youth problems stem primarily from boredom:

I know that there are a lot of problems with the adolescent group down [south] because there really isn't anything for us to do. There are a lot of young mothers with unemployed fathers and there are a lot of drugs going around. Yes my friends do drugs, they drink alcohol and most of them have been confined with the Department of Youth Affairs at least once. I think that in our age group there is a lot of competition in materials that we own and they just get desperate, they end up stealing or selling drugs. All these problems have to do with not having anything to do...there are too many of us that are just bored. [Female, 19 years, Umatac]

Others implicated the lack of respect for Chamorro elders:

One of the biggest problems with Chamorro culture is that the kids nowadays have lost that respect, *respeta I manamko*', in other words, the elders. [Male 44 years, Dededo]

A common theme in the narratives was the suggestion that youth problems arise from limited parental involvement and supervision:

I think the problem with most of the people I grew up with is the problem of parents. The children now are being given more things and not being controlled by the parents at home. You know, I mean things should start at home but their parents are too busy earning a living that the kids are more or less neglected to a point, so that's how they end up getting in trouble here. It's that parental supervision is not what it used to be when we grew up. [Male, 44 years, Dededo]

Often children don't get the help and understanding that they need from their families:

Some of the problems come up when the…kids really need a person. Like some parents aren't home because they're both working, and sometimes the parents take two jobs, so they go from one job to another, and by the time they come home, it's late, so the kids are not home or they are sleeping. A lot of times, problems at home lead [adolescents] to go and drink or go into drugs…it's like

they're reaching for help, but we, the parents, are too busy or are not there to help them. [Female, 45 years, Barrigada].

There are a lot of parents who don't understand us and some teens would just go out and do things they are not supposed to, just because their parents are not listening to them. [Female, 19 years, Umatac]

If a teenager becomes out of line, first and foremost it's his family's responsibility…his family has to deal with it. But in the Chamorro culture it's different because we don't discuss or talk to the kids very often. The father is busy working to try to earn bread for the house, he comes home and he's tired and doesn't want to be bothered with the kids' problems….Sometimes a teenager in the house just sits in their room solitary, and that's what they like them to do, to be quiet and don't bother us with your problem….The kids don't get help much in the family. [Male, 69 years, Agat]

A number of the participants went beyond parent-child relationships to address family issues in general. For example, many were concerned that Chamorro families tend to hide their problems and keep them within the family:

They have this attitude of *na'mamahlao* – it's embarrassing – for the family, for the culture, so you're not supposed to talk about it. You don't hang your laundry out for everybody to see. [Female, 51 years, Piti]

In the Chamorro culture, most of them, they're so secret that they don't want to [expose] what problems they have. They keep it among the family itself. And, I feel that more and more, talking it out or seeking help would help solve some of the problems that the Chamorros are having right now….But, I'm pretty sure that they're scared and insecure because they feel that they will be talked about, and that's one thing about the Chamorro culture…they're scared of people talking about them. [Female, 45 years, Barrigada]

The Chamorro people like to hide things; they don't want it being publicized to the public or have other Chamorros knowing that you have a sister that's an alcoholic. They always try to keep things in the closet because they are ashamed of it. But times are changing, we need to open it up…you know families need to be honest with themselves and say, "You're an alcoholic, we need to help you." [Male, 44 years, Dededo]

Others saw the closeness of Chamorro families as creating too much dependence:

For the Chamorro culture a lot of it revolves around the family. The problems that arise out of that is too much dependence on family….So that leads to laziness, disregard for building self-esteem….It's good to have family, because that's where you get a lot of your strength; [but] it shouldn't be the main focus, you should try to build up some of your own independence. [Male, 23 years, Dededo]

In contrast, some participants felt that Chamorro families are not close enough:

[In the past], family units being so strong, there were so many people you could turn to for assistance…so you had people you could rely on. Now families are broken up, even the kids you used to play with, now you don't even see them….People don't get together much anymore, maybe once a year for a big reunion and you have to wear name tags. [Female, 38 years, Maite]

I'd say more time is spent on things like watching TV and getting involved with things that preoccupy them or entertain them, like MTV or video games or soap operas…that it removes them from the family. [Male, 21 years, Barrigada]

I think the rearing of the Chamorros on the island is quite different than that of the Western society. I think the caring and loving feeling that stems all the way back with our grandparents and parents, is something that is carried on, the closeness. It's not uncommon for third cousins to be close-knit. The families in the Western culture of society don't recognize this as a norm….I think the family rearing and closeness of the family here has become [more Western]. [Male, 35 years, Nimitz Hill]

In many instances, multiple problems exist within a single family:

It's my daughter-in-law, we used to live together, and she broke me out of the house, and the brother-in-law who killed my son is married to her sister, and she starts giving me that [attitude] when she comes in the house. She always has to hurt my feelings by telling me things and accusing me of things that I'm not doing because she's the kind of women that likes to go out, like to the bar; she go out and drink martini, and she stays overnight, and she always follow my son, but my son don't like it because she's abusing the children….She leaves them, you know, like she goes and plays bingo at [the bar] and she leaves them by themselves, and she stays all night, and she'll come home around two o'clock and sometimes she will stay all through the night. They're always with neighbours, and as soon as my son leaves to work, she'll be gone. [Female, 70 years, Tumon]

Surprisingly, despite growing awareness of its prevalence, only one participant highlighted child sexual abuse within the family as a concern. This may reflect the taboo nature of this topic within Chamorro culture.

When participants were asked to describe the people who exhibit the psychosocial problems they had been discussing (e.g., substance abuse, domestic violence, juvenile delinquency), their responses revealed a variety of attitudes. Some participants saw them as "sick" or "abnormal"; others viewed them as "bad" or "immoral." A few seemed more sympathetic:

I think they're *helpless* in the sense that they don't have a strategy or other options in the behaviour they're exhibiting. I don't think as a society on Guam we're teaching them those options. [Female, 38 years, Maite]

With the person who beats his wife…takes drugs and doesn't really pay

attention to his children, I'd say he's *lost*….For the teenagers who engage in those crazy activities, I'd say they're *confused*. Then those who just take drugs and have nothing better to do…I'd say they're *incomplete*. [Male, 21 years, Barrigada]

Using Chamorro descriptors, some participants said people with these problems are *kaduku* (crazy). With respect to alcohol use, someone who has had too much to drink is said to be *bulachu* (drunk or intoxicated); one who is habitually drunk is described as a *butlacheru* (drunkard). When asked whether people with these psychosocial problems might have been affected by the *taotaomo'na* (Chamorro ancestral spirits), most participants replied in the negative:

> No, not with this kind of problem, only if I see that they are acting crazy, always shouting or hurting someone. [Female, 57 years, Merizo]

Socially "Bizarre" Behavior[7]
In addition to substance abuse, violence, and youth and family problems, a number of participants discussed behaviors that they saw as "strange," "bizarre," or "weird":

> There are some problems in my community regarding people that are going out in the streets, and they undress themselves…or speak bizarre language. [Female, 45 years, Barrigada]

> There is a guy in my community, sometimes he loses his mind; he keeps going around directing traffic even if there are no cars, he keeps going around like he's [from] outer space….There is [also] a young boy, maybe in his twenties, he drinks beer, he even sleeps on the side of the road, he sleeps by the store, at the mayor's office….He has a family, but he just drinks beer; he just goes out and he sleeps wherever he wants. [Male, 34 years, Talofofo]
> There was a lady, a teacher, she was riding in a Jeep and she opened the door and threw herself out. She teach math before, but she don't know how to count, how to add, don't remember her kids, don't remember anything….She was seeing things and started hollering, screaming like she is scared. [Female, 43 years, Dededo]

> We once knew someone who was just an average guy, even pretty cool. One day he just snapped and started to do real weird things, like yelling at public places or bothering people for things like money and food. We knew that this guy needed help. [Male, 23 years, Yona]

People exhibiting these unusual behaviors were described as *fafatta* (not all there), *kaduku* (crazy), *bababa I ilu-na* (crazy, something wrong with his head), or *atmariao* (sick in the head).[8] Their problems were often attributed to illness:

> It may be illness…you know, it could happen where, with all the depressions that they've gone through...they just do not snap out of it….They have gone to more deeper depression and do bizarre things. [Female, 45 years, Barrigada]

A few participants said they may be "possessed" by spirits such as the *taotaomo'na*:

He did seem sort of possessed, like something had just taken over his mind and he had no control over himself or his actions….I've heard people say [that he was affected by the *taotaomo'na*]. [Male, 23 years, Yona]

There is *taotaomo'na*, evil spirit….If the evil spirit goes into your system, it controls your judgment, and you are going to be doing things that you won't be responsible for. It is the evil spirit's judgment that is doing all the tricks. [Male, 72 years, Yigo]

Some believed that the *taotaomo'na* can "make you see things," cause disorientation, or change personalities "100%". However, other participants denied involvement of the *taotaomo'na* in socially "bizarre" behaviour. One participant stated:

The *taotaomo'na* can make people sick physically and they can leave unexplainable marks on your body, but it's rare that the *taotaomo'na* will make people [act in bizarre or socially inappropriate ways]…there must be another explanation for that….In the olden days, they might have been more likely to say that the ancestral spirits were the cause for these types of problems. [Male, 32 years, Merizo]

Instead, this participant suggested that people display such behaviour as a result of being alienated from the community:

Those types of people with more severe problems…do it probably because they have nowhere else to go and really don't have a skill to be productive citizens. [Male, 32 years, Merizo]

He implicated negative attitudes and stereotypes, while praising community services which provide understanding and support:

Some people just don't accept or tolerate people like that. Some feel they are a danger to the safety of our island; others don't like the way it makes our island look; and some are angry because it's their tax money being used to keep these people alive. It's sad, but that's how some people see it….We have services for them here on Guam, such as the Guma Francisco or Guma Mami, where these people can receive food and shelter, and I think they do a good job of redirecting these people….It seems in most cases, all they need is a little hope. [Male, 32 years, Merizo]

Westernization, Modernity, and Contemporary Chamorro Culture
Many of the narratives pointed to cultural change as the primary cause of Guam's psychosocial ills. For example, the day-to-day pressures associated with modernity were seen as highly stressful:

So many things to do and so little time. It's hard to explain because there is just so many things to think about, things to be done, and it has to meet a certain deadline…and you just can't focus on one particular thing, you have to think about everything….It comes from a lot of areas…school, family, work, expectations. [Female, 19 years, Barrigada]

With the rapid pace of life today, it's kind of making our people confused and they're just like a machine trained to run faster and catch time. We now seem to be restless to catch up with the changing of time and to pay our bills too. It's some kind of a whip and this [can lead to] depression...anxiety, confusion. [Male, 69 years, Agat]

Some participants implicated technology and the media:

I would say that a lot of these problems have to do with television. There really isn't much for someone to do here in Guam. When there is an advertisement for liquor, it makes it look so good. Then there are the shows with violence and family problems and peer pressure. [Female, 26 years, Umatac]

The community today is different cause we have a lot of TV, a lot of technological improvements that serve as distractions in most cases. In the past, a lot of people were concerned about the social wellbeing of one another because it was a close community. [Male, 21 years, Barrigada]

Traditionally, Chamorro communities have been sustained through giving, sharing, and helping. For example, *chenchule'*, the practice of giving with the expectation that a similar gift will one day be returned, serves to strengthen family and community bonds. Yet, many participants felt that these ways are changing:

In the past, people are generous…they help one another, but ever since the changing [of] the culture, people are changing. [Female, 46 years, Inarajan]

Another problem is neighbors don't communicate as they used to….About ten years [ago]…my neighbor's wife died. I didn't get a chance to help because I'm so busy. It's not that I didn't want to help, it's I didn't have the time. [Male, 21 years, Barrigada]

Chamorro communities may be losing the sense of togetherness and shared responsibility that existed in the past:

When I was growing up, you were the community's kid. It didn't matter who your father was, if you were doing something wrong, Tan Maria from down the street was going to stop you and say, "Excuse me kid, you don't do that in my yard." Now, you don't see that happening anymore; people say, "That's not my kid, he's not even Chamorro, I don't know what his culture says." But it didn't matter whose child you were, [if] you messed up, someone would be correcting you right there and then, whether they knew you or not, and I think that has changed completely – nobody is taking responsibility. [Female, 38 years, Maite]

Often these changes are blamed on outside influences:

> I know a lot of people who grew up in a completely Chamorro isolated environment, they consider all the problems are due to outside influence and also the deterioration of the Chamorro culture. For everything that went wrong they blame people from outside, first the *haoles* (Caucasian Americans), now its the Micronesians. [Female, 38 years, Maite]

Many saw Westernization as having a dramatic impact on Chamorro lifestyles:

> Our way of life has really changed, our traditions, our status…it's a more comfortable life now….During the Spanish time and prior to that, life was very difficult but people survived. They worked hard, they didn't have paved roads, we didn't have cars, we walked, we exercised a lot, we had great conditioning for the body…. We've become used to the leisurely life and not much exercise. [We] just sit in front of the TV for two or three hours, eat corn chips and potato chips….Because of the changes we've become fat and susceptible to disease like diabetes, high cholesterol. It's just no good this luxury life. We need to go back to [our] roots and eat them…before we ate the roots like the yam and the taro, coconuts and bananas. [Male, 69 years, Agat]

Moreover, changes in traditional ways of living were seen as difficult to deal with:

> People my age sometimes have to give up some of the old [Chamorro ways] because, you know, it doesn't fit anymore and having to give them up is traumatic. [Female, 38 years, Maite]

Many Chamorros feel torn between two cultures:

> But now the main blame or source of the problem is the Western culture. It's changed a lot of the youth. They're lost in between their parent culture and the new culture that's been thrust upon them. [Male, 23 years, Dededo]

> In my generation we were like the lost generation. We were the ones between super-Chamorro and accepting the Western world. So my generation is not real clear…we're the ones having the children now and trying to teach the Chamorro culture with something you're not real clear about. [Female, 38 years, Maite]

Helping and Healing Practices in Guam's Communities
Seeking Help within the Family
Participants were asked to discuss how psychosocial problems are dealt with in their communities. A majority stated that Chamorros usually first seek help within the family:

> With the Chamorro culture they would try and solve the problem in the family….In the end the family can almost always help you. It may not be through knowledge, but the caring and the love – that's what's going to help you solve the problems. [Male, 23 years, Dededo]

> Traditional [Chamorro] methods [include] going to the uncles, the aunts, the *ninas*, the *ninos* – the godparents…before anybody else. [Male, 21 years, Barrigada]

> Inarajan is in the southern end of Guam and we handle everything within the family. [Male, 30 years, Inarajan]

While most participants cited the family as the main source of social support, some suggested that Chamorro families do not intervene soon enough, while others felt that Chamorro families no longer provide the support they once did:

> I'd say, most [families] don't really pay particular attention to it until it gets to be a big problem….I have yet to see a parent say, "Oh, by the way, honey, uh, you know our boy looks like he's having problems, let's jump in and intervene before it becomes a problem." I think that's seldom true for most every case. [Male, 21 years, Barrigada]

> Then, they would say, "This is our problem and we have to deal with it as a family unit." Now, it becomes the government's problem, somebody else's problem, and I want to say, "Where is the family?" But more and more, I see the family relinquishing the responsibility saying, "I can't do it, you fix it." [Female, 38 years, Maite]

Many stressed the need to strengthen family ties:

> We…the people of this island need to focus back on the family, togetherness of the family, you know, keeping the family together because they're losing it. To me, it's way out of control; they need to pull it back in. [Male, 44 years, Dededo]

Seeking Help in the Community

Although psychosocial problems are often covered up to avoid bringing shame to the family, if a problem becomes serious, Chamorro families often do seek help in the broader community:

> I think if it's a mental problem that's not out of control or as noticeable, the family just tolerates it and they try to cover up, to gloss over it, and if it starts progressing, then they start looking for outside help. [Female, 38 years, Maite]

Some Chamorro families turn to the local Pale' (catholic priest) for prayers, support, and guidance:

> I remember growing up and if there was a problem I think one of the first things they'd do is go to the parish priest. I think a lot of times they would approach a priest to get guidance…as to which direction they need to go to fix or help individuals who need help. [Male, 44 years, Dededo]

It is also common for Chamorro families to turn to *suruhana*s (female traditional healers) and

*suruhanu*s (male traditional healers).[9] These traditional healers continue to preserve spiritual knowledge and natural medicinal remedies that have been passed on through generations. Their curing methods include boiling local plants to make medicine and ointments, and massaging to relieve bodily pain or injury. Belief in their curing abilities is strong, and thus they remain highly respected members of Guam's communities:

> I know that in some families where the parents are older, before going to the doctor, they go first to the *suruhana* and see if the *taotaomo'na* is doing this or if there is some other reason for this and see if the herbs won't help. [Female, 38 years, Maite]

> I believe that [the *suruhanu*s] do help because they believe in what they are doing. And if they believe and the patient believes in them, they do end up solving the problem.   [If] it's spiritual, then they know how to relieve the victim…or if it's just mental, they make the victim believe that they have taken out that spirit. [Male 23, Dededo]

> With the *suruhanus*, I believe the services they have are successful because there are a lot of people that believe in them, probably more than in mental health. [Female, 26 years, Umatac]

> [I think *suruhanus*] are a valuable asset to the community. I think they hold a wealth of knowledge. There are *suruhanus*/*suruhanas* that depend on the herbs of the environment and the roots…and I wish their programs are preserved [along with] their traditional values and knowledge. [Male, 21 years, Barrigada]

> Well, I believe in [the *suruhanus*] work, and with the way society is today, their work preserves our culture. [Male, 30 years, Inarajan]

Many Chamorros feel more comfortable talking openly with traditional healers:

> For a lot of [Chamorros] it's a disgrace to open up to medical doctor, especially in the field of medicine, whereas opening up to a *suruhana* or a *suruhanu* is a little more different because of the closeness of the culture. [Male, 35 years, Nimitz Hill]

> Just the fact that it's a *suruhana* who gives the massage, calms the person down; I think that gets things started, people start talking. [Female, 38 years, Maite]

There is some disagreement over which psychosocial problems *suruhanas* and *suruhanus* treat. Participants were in agreement that they do not treat substance abuse or domestic violence:

> No, they can't help with the alcohol abuse, the spouse abuse. No, other than the spiritual world, I don't think they can help with that. [Male, 44 years, Dededo]

> I think that it depends on what kind of a problem it is because with drugs and alcohol, the family tends to try and handle it on their own. But with problems with the *taotaomo'na*, families go to the *suruhanu*. [Female, 19 years, Umatac]

Some participants felt that *suruhanas* and *suruhanus* do not treat mental health problems at all:

> I know that with the combinations of herbs and plants that they use to heal, they can cure a flu or a fever, but I'm not so sure about mental health. [Male, 23 years, Yona]

Others felt it depends on the type of affliction:

> It all depends on what sickness we're talking about. If we're talking about those roaming the streets, I believe they may be able to help to a certain extent. [Male, 32 years, Merizo]

Most important seems to be whether or not the individual's problems are due to spiritual or natural causes:

> Maybe some people get mental because of drugs, some people are very alcoholic, that's what makes them mental. If not that, the *taotaomo'na* makes them sick; there's a difference. You could tell if it's the sickness of the *taotaomo'na* or if it's not. Because if you're a *suruhanu* or a *suruhana*, when you see the person, you feel something that comes to us, and if we feel, we know the sickness is from the *taotaomo'na.* [Female, 43 years, Dededo]

Utilizing Western Mental Health Services

Many Chamorro families also seek assistance from mental health professionals (e.g., psychiatrists, psychologists, counsellors), physicians, community based self-help groups (e.g., Alcoholics Anonymous, Narcotics Anonymous), and other forms of Western intervention. Until recently, most Chamorros accessed mental health services only after traditional community interventions had failed to resolve the problem. However, some participants indicated that Western interventions have become the primary source of assistance for many Chamorro families:

> Oh, I would probably seek the help of the medical doctors and the counsellor first and then if they did not help, or maybe at the same time, I would see a *suruhanu* and see what he has to say about the sickness, like getting a second opinion. [Male, 32 years, Merizo]

Many held Western mental health services in high esteem, including some participants who claimed that they "have not really heard a lot about mental health [professionals]" and "don't know much about what they do," suggesting an implicit assumption that these services are effective:

> I am not too familiar with the services [mental health professionals] provide but I am pretty sure it is effective. I mean one way or the other it has to be effective. [Female, 26 years, Umatac]

A number of participants viewed traditional Chamorro ways of understanding and describing psychosocial problems as arising out of a lack of education and awareness:

> Because education wasn't a big thing back then, and wasn't available for them to understand, they used simple terms like *baba*, [meaning] "it's just not good, it's just not right." [Male, 21 years, Barrigada]

> [Things are] different today in the light of let's say alcoholism. People are more aware of the causes, [that it is a] disease or illness….Many years ago it was part of life; men drink and so they get out of hand….That has changed quite a bit, the attitudes of people. They're more aware that these problems don't have to exist and they're preventable. My generation are going to college, being educated, going off-island and seeing different ways of living. You know these once acceptable behaviors on the island don't have to be so. Awareness is a big part of the reason for the change of attitudes. [Female, 51 years, Piti]

Thus, Western mental health models are often believed to be superior to the "old-fashioned" ways of the past. From this perspective, Chamorro traditions of helping and healing are seen as "antiquated," while Western approaches represent a more "advanced" and "enlightened" understanding of human problems and how to treat them:

> There's more help for [Chamorro people] these days than there was a hundred to fifty years ago because back in them days…they didn't have doctors. They had the *suruhanu*, but he wasn't an experienced doctor….They had no professionals back in those days. [Male, 35 years, Mongmong]

> I think [Western mental health] services are essential to Guam's well-being. Without it, there would be a lot of confused people. It's comforting to know that there are trained professionals on our island offering the kind of services that are compatible to the more advanced societies. [The value in Western approaches is the] advanced training and the usage of what is learned through experiments and studies done abroad. [Male, 23 years, Yona]

> Oh, I think [mental health professionals] do a lot of good. They use the latest in technology and they use what people spend years and years studying. It would be ridiculous if we did not use that knowledge to better our people. Some might be old-fashioned about ways of living and the deep-rooted culture but when it comes to health and mental care, I don't think the people of Guam, no matter how old-fashioned they might be, will deny their families and the ones that they love the opportunity to get well. [Male, 32 years, Merizo]

> The [mental health] services available in the Western culture, by far, is probably the best in the world. [Male, 44 years, Dededo]

Despite widespread respect for mental health professionals, many participants said that Chamorro people are reluctant to utilize their services. This may be due in part to limited awareness of the mental health programs available on island; it may also be due to concerns with "pride" and bringing "shame" to the family:

> A lot of people think that only crazy people go [for mental health services], they

are not aware of the services offered. And they do have their pride. [Female, 26 years, Umatac]

In addition, talking to strangers about personal problems may be alien to many Chamorros:

[In] the culture that we have, you deal with the problem with your family and friends….Going to someone you don't know and having them solve your problems…is just not something we're comfortable with. [Male, 23 years, Dededo]

I think a lot of them find it difficult, because it is our custom, culture to keep things to ourselves. And especially when they go to a psychiatrist or a counsellor whom they don't even know. You know they would be very reluctant to discuss any problems they have. [Male, 44 years, Santa Rita]

However, some of the study's participants pointed to broader weaknesses in Western mental health models:

I think they need [mental health professionals and the services they provide] on Guam; however, I don't think their system is set up right now to be sensitive to the culture of people on island. They come from a clinical background that is based in the US or Europe…but do not seem to meet people's needs. [People] are not excited to go to mental health, even kids say, "I'm not going there, I'm not crazy." They have a difficult time accepting that model. [Female, 38 years, Maite]

Well, I think that the services they provide is okay, I mean, because I am a recovering addict and was helped by the mental health professionals. I found that what I had learned was of benefit, but yet was not enough for me. I say that it wasn't enough because of the experiences I am going through outside the walls of mental health is called reality and no one knows it better than I do and it is hard. [Male, 30 years, Inarajan]

It would be hard for me to believe that [mental health professionals] are sensitive to the culture; they tend to always think there is a logical or scientific solution to solve the problem. [Chamorro people] try to solve it through loving and caring. [Male, 23 years, Dededo]

Ajuda I Taotaota' (Helping our People): Indigenous Chamorro Approaches
Many of the narratives underscore the importance of traditional Chamorro ways of helping and healing within Guam's communities:

Most of all I value the traditional Chamorro approach because it is my culture…and as long as it is believed in and passed on through the generations, it will never die. It holds our islands legends, our peoples' regard for respect. [Male, 32 years, Merizo]

Some of the participants offered recommendations for integrating traditional Chamorro ways

with Western mental health models:

> I would say the best marriage between the two will be…if they could get the pragmatic or instrumental approaches of the American professional and incorporate the involvement and the roles of the extended family in the process of helping. [Male, 21 years, Barrigada]

> I think the way to [integrate the two] would be to have more original treatments in the villages, like mental health professionals meeting regularly with *suruhanus*…I know the most successful doctors are those who have no qualms telling the parents after two or three weeks, "Take your kid to the *suruhana*." Also they are the ones who have a lot of people sitting outside their door….I think if the same thing happened with mental health, if they have families who need things beyond and above what they are able to provide, [they should] feel free to say, "Go to the *suruhana*, have them help you out." I think that's the only ways it's going to start, by getting that communication going, getting more original. [Female, 38 years, Maite]

However, before integration is possible, Western models may need to become more open to indigenous alternatives:

> I think what still doesn't work is that clinical, empirical model….It shuts out opportunities to put [Western] and [Chamorro practices] together. [Female, 38 years, Maite]

Although the participant narratives reflect diverse perspectives, when considered collectively, they highlight many indigenous helping and healing networks that thrive within Chamorro communities. These networks, which include the extended family, traditional healers, the church, and community support in general, serve as culturally based means of addressing psychological and social problems in Guam's communities and as viable alternatives to Western medico-psychologic mental health models.

Summary and Conclusions

A number of common themes emerged from the research interviews. Most participants saw substance abuse, violence, and youth and family problems as the most pressing psychosocial concerns in Guam's communities; many felt that these problems were caused by social and cultural changes associated with Westernization and modernity; many highlighted the strong social networks that Chamorro people turn to for support and guidance; almost all stressed the importance of family within Chamorro culture. Nevertheless, the participant narratives hardly represent a homogeneous model of Chamorro beliefs and practices. On the contrary, they seem more reflective of diversity, even controversy. Rather than revealing the essence of indigenous Chamorro mental health models, this research highlights some of the tensions and debates surrounding this topic within contemporary Chamorro culture.

For example, while many participants underscored the strength of traditional Chamorro families, and others called for a return to the family, there were some who viewed Chamorro kinship as problematic. Chamorro families were seen as too close and dependent; some expressed concern that Chamorro families tend to hide family problems to avoid shame or

embarrassment; others felt that Chamorro families are not meeting the needs of their children.

There was also disagreement among participants as to the cause of socially "bizarre" behavior. Some explained such behavior through a Western medical framework (e.g., mental illness); others pointed to Chamorro forms of spirit possession (e.g., *taotaomo'na)*; one stressed the role of the social environment and the negative effects of alienation.

Conflicting perspectives also arose in discussions focused on the merits of Western mental health care and Chamorro indigenous alternatives. Some participants had implicit faith in Western models; Western mental health services were seen as more "advanced," while traditional Chamorro ways were characterized as "old-fashioned." On the other hand, some participants felt that Western mental health services are inadequate for addressing Guam's psychosocial problems; a number saw them as culturally insensitive; others viewed the scientific model as too narrow.

These conflicting positions from the research narratives tell us a great deal about competing Chamorro views on a variety of mental health issues, but they also reflect broader debates within contemporary Chamorro culture. In fact, the narratives serve as a lens through which we can view the workings of culture, for mental health models, whether of Western or indigenous Chamorro origin, are constructed through social and cultural processes. Moreover, while mental health knowledge is culturally constructed, the reverse is also true – culture itself is constructed through discourse on social issues such as mental health. Thus, culture is not a monolithic structure that influences the development of mental health models from above, rather it resides in our day-to-day thoughts and activities. The way we respond to human psychological and social problems is an integral aspect of culture. Therefore, the competing perspectives evident in the participant narratives can be seen as "sites of cultural encounter" (Ortner, 1996).

So what do the narratives tell us about Chamorro culture and the interactions between indigenous and Western cultural discourses in contemporary Chamorro society? On the one hand, the narratives illustrate the *cooperative coexistence* of Chamorro traditions and Western ways, with Chamorro helping and healing networks thriving alongside Western mental health models. Yet, as outlined previously, cultural encounters tend to involve complex dynamics between peoples and discourses of unequal power. In mental health discourse, power relations are often maintained through discursive tactics that privilege Western perspectives. These tactics are evident in many of the participant narratives presented in this research. For example, when terms such as "illness" and "health" are invoked to describe human distress, it is taken for granted that Western biomedical interventions are required. Similarly, when Western models are linked with "education" and "awareness," indigenous practices seem somewhat "naive" and "unsophisticated." Moreover, when indigenous Chamorro helping networks that have thrived for hundreds of years are labeled "old-fashioned," and Western interventions are regarded as more "advanced," it seems appropriate to replace indigenous traditions with Western mental health models (Sue & Sue, 1990). In each of these instances, we can see Western cultural hegemony at work, employing the language of mental health discourse as a means to justify the dominance of Western cultural practices.

Nevertheless, this research also demonstrates Chamorro *resistance* to Western hegemony. For example, many of the narratives point to Westernization as the cause of Guam's psychosocial problems, thus providing an indigenous alternative to Western medico-psycho-logic explanations. Moreover, a number of participants embraced indigenous Chamorro helping and healing practices, which emphasize familial and community ties, and were highly critical of Western mental health services, which were viewed as "not sensitive to the culture." At the same time, the narratives also illustrate Western models being reconstructed in local ways and Chamorro traditions re-emerging in new forms (Diaz, 1994). This is most evident in participants' suggestions for integrating Western models with traditional Chamorro practices, such as involving the extended family in mental health treatment programs and encouraging mental health professionals to collaborate with traditional healers. Thus, while the narratives show the influence of Westernization in Chamorro culture, they also highlight indigenous cultural continuity and point to possibilities for the development of indigenous "cultural futures" (Clifford, 1988).

We hope that this research encourages the Chamorro people of Guam to celebrate their unique approaches to helping and healing, which emerged hundreds of years ago and continue to thrive, adapt, change, and re-emerge in the present. Moreover, we hope that it opens the door for the creation of new indigenous practices that meet the changing psychosocial needs of Chamorro communities.

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Endnotes

[1] The term *Fourth-World* is often used in contemporary cultural theory to refer to indigenous cultures within First- or Third-World nation states (see e.g., Shohat, 1997).

[2] Yigo is a village in northern Guam.

[3] Gadao's Cave is a small cave located on the north side of Inarajan Bay on the southeast coast of Guam. It contains several pictographs which are said to tell the legendary story of the meeting between Chief Gadao of Inarajan and Chief Malaguana of Tumon (Lotz, 1997; Thompson, 1932; Van Peenen, 1993).

[4] One participant said that he was of Spanish ancestry; however, his interviewer, who knew him personally, reported that he was a Chamorro who claimed "95%…Spanish blood" in order to acknowledge the complex hybridity of the Chamorro people who are in fact the descendants of indigenous Chamorros, Spaniards, and other immigrants.

[5] Mishler (1986) argues that interviews can be framed as a "discourse between speakers" and that answers to interview questions can be treated as "stories or narratives" (p. 234). Howard (1991) suggests that scientific theory and in fact all human thought can be conceptualized as a form of storytelling.

[6] For a discussion of *machismo* in the Micronesian context, see Marshall (1979).

[7] The behaviors that participants described as "bizarre" are thought by mental health professionals to be symptomatic of a psychotic disorder such as schizophrenia or bipolar disorder.

[8] The English translations presented here are those given by the research participants. *Kaduku, bababa I ilu-na*, and *atmariao* can all be translated as "crazy." However, *kaduku* is the closest equivalent to "crazy" and is often used informally to joke among friends; *bababa I ilu-na*, on the other hand, has a slightly more serious connotation and is used primarily to refer to someone who is acting in a "bizarre" manner; finally *atmariao* is the most serious classification and is usually reserved for someone who is acting very "bizarre" or is believed to be "mentally ill."

[9] For in depth discussions of Chamorro traditional healers, see McMakin (1978) and Pobutsky (1983).

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