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Indian Sports Nicknames/Logos: Affective Difference between American Indian and non-Indian College Students <i>Angela R. LaRocque, PhD, J. Douglas McDonald, PhD, Jeffrey N. Weatherly, PhD, and F. Richard Ferraro, PhD</i>	1
"It Runs in the Family": Intergenerational Transmission of Historical Trauma among Urban American Indians and Alaska Natives in Culturally Specific Sobriety Maintenance Programs <i>Laurette L. Myhra, MS, LMFT</i>	17
Chokka-Chaffa' Kilimpi', Chikashshiyaakni' Kilimpi': Strong Family, Strong Nation <i>Zermarie Deacon, PhD, Joy Pendley, PhD, Waymon R. Hinson, PhD, and Joshua D. Hinson, MA</i>	41

INDIAN SPORTS NICKNAMES/LOGOS: AFFECTIVE DIFFERENCE BETWEEN AMERICAN INDIAN AND NON-INDIAN COLLEGE STUDENTS

Angela R.LaRocque, PhD, J. Douglas McDonald, PhD, Jeffrey N. Weatherly, PhD,
and F. Richard Ferraro, PhD

Abstract: The use of American Indian (AI) words and images in athletic teams' nicknames, logos, and mascots remains a controversial issue. This study investigated the emotional impact of the University of North Dakota's "Fighting Sioux" nickname/logo on 33 AI and 36 majority culture (MC) students enrolled at the university. Participants completed the Multiple Affect Adjective Checklist-Revised (MAACL-R) before viewing two slide presentations of Fighting Sioux-related images: one neutral (i.e., non-controversial) and one controversial. Participants completed the MAACL-R after each presentation. They also completed the Nickname and Logo Distress Scale, and AI participants completed the Northern Plains Biculturalism Inventory to assess their degree of cultural orientation. Results showed that AIs experienced higher negative affect following both slide presentations than did MC participants. MC participants' affect was only changed following the controversial slide presentation. The findings suggest AI students may experience significantly higher levels of psychological distress when viewing even neutral images of AI nicknames/logos.

Indigenous people have lived in North America for more than 15,000 years, developing cultures and lifestyles as diverse as those of their non-Indian counterparts in other regions of the world. In 1492, Columbus arrived in the Caribbean Islands believing he had landed in India and thus named the Indigenous inhabitants "Indians" (Edwards & Smith, 1979). The name was applied to the majority of Indigenous people of North America, even though hundreds of distinctive cultures were flourishing at the time of the first Europeans' arrival (Broken Nose, 1992).

First impressions of early Europeans regarding the Indigenous peoples of North America were usually negative. Indigenous people were viewed as uncivilized, savage, filthy, and hostile (Trimble, 1988). Unfortunately, many of these depictions of American Indians (AIs) persist. AIs are

commonly seen as incompetent, backwards, and incapable of managing their own affairs (Trimble, 1988). Other stereotypes depict AIs as bloodthirsty savages, untamed, warlike, and aggressive (Churchill, Hill, & Hill, 1978; McDonald & Chaney, 2004). These perceptions influenced the formation of Federal policies towards AIs that served as a nurturing ground for racism.

The word “Indian” triggers an array of images in different people. To some, the word provokes the image of a warrior dressed in Native regalia ready for battle, or of a docile, stoic “noble savage” who is wise and one with nature (Broken Nose, 1992; McDonald & Chaney, 2004). Unfortunately, many majority culture members tend to over-sensationalize their image of the AI of the past and ignore the real AI of the present and future. This attitude is most often reflected in the names of professional, college, and high school athletic teams. Staurowsky (2007) suggested Native nicknames, logos, and mascots appropriated by athletic teams unfortunately portray AIs as caricatures rather than real people. These images are often biased and distorted, and they misrepresent reality (McDonald & Chaney, 2004; Staurowsky, 2007). Inaccurate images also are derived from literature, history books, television, and Hollywood movies. AIs are typically portrayed generically, with no attempt to identify individual tribes or diversity across tribes. Even the regalia associated with AI mascots is generic and not representative of the tribe which the mascot supposedly represents.

Inaccuracies and stereotypes stemming from these depictions cause many modern AIs (and some non-Indians) to find AI nicknames, logos, and mascots offensive and dehumanizing. These claims are supported by the finding that many AI students attending schools and universities outside Indian communities are often subjected to racial slurs and attacks (Hansen & Rouse, 1987). Thus, there is a genuine possibility that efforts intended by the majority culture to promote a unified identity (i.e., through use of a nickname, logo, or mascot) are, in fact, producing the opposite effect for those whose heritage is supposedly represented.

A struggle exists between AIs and athletic teams (fans included) over the use of AIs as sport symbols. Many teams and fans justify the use of AI nicknames, logos, and mascots by proclaiming that this use brings tradition and honor to AIs, and believe that AIs should be honored by it (Davis, 1993). The issue is not a small one. Although “Eagles,” “Tigers,” and “Cougars” are the most popular, “Warriors” and “Indians” are also among the top 10 most popular nicknames for athletic teams (Nuessal, 1994). Other examples of frequently used names for athletic teams in the U.S. include “Redmen,” “Savages,” “Braves,” and “Chiefs” (Nuessal, 1994). Nicknames for both collegiate and professional sports teams also refer to whole Indian nations, such as the Illini, Chippewas, Black Hawks, Sioux, and Hurons (Nuessal, 1994).

Nonverbal behavior is another nuance that arises from the use of AI nicknames, logos, and mascots. A prime example is the “tomahawk chop” used by fans of such teams as Major League Baseball’s Atlanta Braves (Nuessal, 1994). Other such behaviors are the utilization by fans of

plastic tomahawks, turkey feather headdresses, and face paint (Nuessal, 1994), which can still be observed at both professional and collegiate sporting events. Many AIs find these behaviors degrading because they depict a “cartoon-like” view of a real people, poke fun at their lifestyle and culture, and use ceremonial objects that AI tribes consider sacred in a disrespectful way. It may be that AIs hold this view because members of the majority culture engage in these behaviors but do not acknowledge or attempt to understand key aspects of AI cultures. (e.g., see Tafoya, 1989).

Many mental health organizations have supported the elimination of AI nicknames, logos, and mascots. The Society of Indian Psychologists (SIP, 1999) expressed its concern with the use of AIs as mascots and released a statement in support of discontinuing the use of such mascots due to the adverse effects AIs have experienced. SIP also compiled a list of psychological considerations that need to be examined in relation to the use of AI mascots (e.g., working to improve the welfare of all people when working in a cultural setting). Professional organizations such as the National Indian Education Association, National Congress of AIs, NAACP, and the NCAA have also passed resolutions in support of eliminating AI nicknames, logos, and mascots (Pewewardy, 2002).

Despite these efforts, there is a paucity of research examining the use of AI nicknames, logos, and mascots, especially as it pertains to the AI educational experience. The clash of cultures has been noted to produce a unique sort of stress—acculturative stress—that is accompanied by physiological discomfort as an individual moves across cultures (Choney, Berryhill-Paapke, & Robbins, 1995). This discomfort may manifest itself in a variety of psychological, as well as physical, problems for AI students.

The present study focused on the nickname/logo “Fighting Sioux” used by the University of North Dakota (UND). UND changed its nickname/logo to the Fighting Sioux in 1930, apparently because its previous nickname (the “Flickertails”) did not inflict any fear into opponents at sporting events. Little attention was given to the university’s nickname/logo until the early 1970s, when questions about its appropriateness began to be raised by students and others. Those questions are still being raised today.

LaRocque (2001) conducted a study examining the differences between AI and non-Indian college students’ attitudes, beliefs, and reactions related to the Fighting Sioux nickname/logo at UND. Results showed that AI students and non-Indian students viewed the issue quite differently. AI respondents tended to view the Fighting Sioux nickname/logo as not honoring UND or the Sioux people. Further, they responded that the nickname was used in a disrespectful manner, that it should be changed if it offends some AIs, and that UND should abide by Sioux tribal councils’ requests and change it. Such views were associated with degree of acculturation: Traditional AI participants, as measured by the Northern Plains Bicultural Inventory (NPBI; Allen & French, 1994) overwhelmingly supported changing the nickname/logo, whereas assimilated AIs did not oppose it as

strongly. Importantly, AI respondents also reported feeling that their personal safety was threatened, that they experienced discrimination, and that they experiencing high levels of stress and tension because of the nickname/logo. Non-Indians, on the other hand, supported the continued use of Fighting Sioux nickname/logo and did not report negative experiences due to its use.

Jollie-Trottier (2002) examined differences in level of fan identification and motivation in UND students. Caucasian participants highly identified with the Fighting Sioux nickname and were more likely than AI participants to attend sporting events, especially hockey games. AI participants, on the other hand, tended to not identify with the nickname and were not likely to attend sporting events. Many of the AI students reported that they were fans, but did not attend games because of the nickname/logo. Consistent with the findings of LaRocque (2001), non-Indian respondents supported the use of the Fighting Sioux nickname/logo, whereas AI participants favored eliminating their use.

The present study was another attempt to bring clarity to the complex issue of using AI nicknames and logos. Whereas previous studies had largely focused on participants' views of AI nickname/logo use, the main focus of the present study was to examine the psychological effects of the UND Fighting Sioux nickname/logo on AI and majority culture (MC) students at UND. AI and MC students watched "neutral" and "controversial" slide presentations depicting images of the Fighting Sioux nickname/logo. We hypothesized that AIs would have more negative affect than MC participants as a result of viewing neutral images of the Fighting Sioux nickname/logo, but that MC participants would experience more negative affect than AI participants as a result of viewing the controversial images of the Fighting Sioux nickname/logo. Further, when measuring psychological distress, we predicted AI participants would display higher scores of distress than MC participants.

METHOD

Participants

Participants were 33 AI (18 female, 15 male) and 36 MC (19 female, 17 male) UND students. Participants represented a convenience sample (i.e., no overt attempts were made to match AI and MC participants based on certain demographic variables); they received extra course credit or \$5, if they were not enrolled in a psychology course, for their participation.

Materials

Participants completed a packet of paper-and-pencil measures that consisted of an informed consent form, a brief demographic questionnaire, 3 subscales of the Multiple Affect Adjective

Checklist-Revised (MAACL-R; Lubin, Van Whitlock, & Zuckerman, 1998), and the Nickname and Logo Distress Scale (NLDS). AI participants also completed the NPBI (Allen & French, 1994).

The informed consent form described the study, including its risks and benefits, as approved by the Institutional Review Board at the University of North Dakota. The demographic form asked participants their gender, age, year in college, number of years attending UND, and ethnicity. AI participants were also asked to provide their tribal affiliation.

The MAACL-R is a versatile, reliable, and valid instrument (Lubin & Zuckerman, 1999) that measures both affect states and traits. The 66 adjectives measure affect on three levels: 1) factored domains of anxiety, depression, hostility, positive affect, and sensation seeking; 2) higher-order affects, dysphoria (sum of anxiety, depression, and hostility) and well-being (positive affect plus sensation seeking; PASS); and 3) the 12 components or facets of the domains resulting from principal components analyses. The first and second measurement levels of the MAACL-R were utilized in this study. In addition to measuring negative affect, the MAACL-R also includes two measurements of positive affect states; the Positive Affect scale measures the more passive aspects of positive affect and the Sensation Seeking scale measures the more active, energetic aspects of positive affect. There are two versions of the MAACL-R: the State version and the Trait version. The purpose of the current study was to examine change in affect after viewing two different slide shows, so the State version of the MAACL-R was used.

The NLDS was developed for the present study. It is a six-item, self-report questionnaire that asks questions about psychological distress an individual may have experienced while attending UND, due to the Fighting Sioux nickname/logo and its surrounding controversy. Each question is rated on a 4-point scale, with potential scores range from 6 to 24, with higher scores representing more distress. The NLDS can be found in its entirety in Appendix A.

The NPBI is a 30-item survey developed based on the Orthogonal Theory of Biculturalism (Oetting & Beauvais, 1990). It assesses cultural competence along two distinct cultural dimensions: American Indian Cultural Identification (AICI) and European American Cultural Identification (EACI). Respondents scoring high on both subscales are considered Bicultural, those scoring high on AICI but low on EACI are considered Traditional, those scoring low on both subscales are considered Marginal, and those scoring high on EACI and low AICI individuals are considered Assimilated.

Procedure

A focus group consisting of 10 AI and 10 MC students viewed 42 images related to the Fighting Sioux nickname/logo. The focus group participants were asked to rate each image using a Likert-type scale of 1 (very neutral) to 4 (very controversial). Images rated as more controversial

(i.e., above 2.5) were put into the controversial slide show, and those rated more neutral (below 2.5) were put in the neutral slide show (see Figure 1). A total of 38 images were used, 19 per slide show. Examples can be found in Appendix B. Four of the images were not used because the mean rating of those images by the focus group participants was exactly 2.5. Participants in the focus groups did not participate in the study proper.

Student participants initially were solicited from psychology classes. This solicitation yielded primarily MC participants, so the researchers attempted to recruit AI participants by advertising the study at the AI center on campus.

Each participant viewed the images and completed the surveys individually. After obtaining informed consent, the researcher had the participant complete the demographic questionnaire. If the participant was AI, s/he then completed the NPBI. Next, the participant completed the first MAACL-R State version in order to establish a baseline emotional state. The participant then viewed the two slide shows that presented different images of the Fighting Sioux nickname/logo. The slide shows were presented using Microsoft PowerPoint and were projected onto a large screen on a wall. Each image was shown for approximately 25 s. Thus, each slide show lasted approximately 5.25 min. The order of the slide shows was systematically counterbalanced, with some participants viewing the neutral presentation first and others viewing the controversial presentation first. Each participant saw the same images within each slide show in the same order. After viewing each slide show, the participant was instructed to fill out the three MAACL-R subscales. Once the last MAACL-R was completed, the participant completed the NLDS. S/he was then debriefed about the procedure and the hypotheses, compensated, and dismissed. Importantly, this process expressly addressed the potential psychological effect the procedure may have produced. Each participant was also provided with a copy of the informed consent form, which contained information as to how and where participants could seek psychological services as a potential outcome of their participation. No participants sought services at those sources as an outcome of their participation.

RESULTS

The mean age of the AI participants was 25.75 years ($SD = 5.89$ years). Of the 33 AI participants, 20 self-identified as Chippewa, 4 as Lakota, 2 as Dakota, and 3 as Three Affiliated Tribes. The remaining 4 AI participants each listed some other tribal affiliation. The mean number of years the AI participants reported having attended UND was 2.67 ($SD = 1.51$). Twenty-seven of the 33 AI participants were undergraduate students, whereas 6 were graduate students. The mean age of the MC participants was 21.52 years ($SD = 5.87$ years). The mean number of years they reported having attended UND was 1.92 ($SD = 1.65$). All MC participants were undergraduate students.

Pearson product-moment correlations revealed statistically significant relationships between several demographic variables and the NLDS. Total scores on the NLDS were positively correlated with age, year in college, and years attended UND (all $r_s > .37$, all $p_s < .01$). Results for these, and all following, analyses were considered significant at $p < .05$.

Table 1 presents the correlations observed between the NLDS and each of the other psychological measures at each point in the procedure. No significant correlations were observed between the NLDS and the other measures at baseline. However, with the exception of the PASS scores after the controversial slide show, NLDS scores were significantly correlated with each measure after each slide show.

Table 1
Pearson Bivariate Correlations between the NLDS
and Each Dependent Measure at Baseline, After the Neutral Slide Show, and After
the Controversial Slide Show

	Dysphoria	PASS	Anxiety	Depression	Hostility
Baseline					
NLDS	0.22	0.18	0.14	0.14	-0.15
Neutral					
NLDS	0.68**	0.53**	0.42**	0.57**	-0.65**
Controversial					
NLDS	0.43**	0.25	0.42**	0.29*	-0.54**

* $p < .05$; ** $p < .01$

To test the hypotheses of the effects of the slide shows, separate two-way (Ethnicity by Time) mixed-model analyses of variance (ANOVAs) were conducted on the different subscales of the MAACL-R. For the dysphoria composite scale, the main effect of ethnicity was significant, $F(1, 67) = 14.16, p < .001$, indicating that the AI participants scored higher on this scale than the MC participants. The main effect of time was significant, $F(2, 134) = 53.68, p < .001$, as was the ethnicity by time interaction, $F(2, 134) = 6.83, p = .002$. Pairwise comparisons revealed that scores from the AI and MC participants did not differ significantly at baseline, but that the AI participants had significantly higher scores after viewing the neutral and controversial slide shows. Table 2 displays the mean scores for each group at baseline, after the neutral slide show, and after the controversial slide show for this, and each remaining, measure.

The two-way (Ethnicity by Time) mixed-model ANOVA conducted on the PASS composite scale yielded a significant main effect of ethnicity, $F(1, 67) = 14.61, p < .001$, with MC participants scoring higher than AI participants on this measure. The main effect of time, $F(2, 134) = 40.33,$

$p < .001$, and the interaction term, $F(2, 134) = 9.73, p < .001$, were both significant. Pairwise comparisons revealed that AI and MC participant scores did not differ significantly at baseline or after the controversial slide show. However, AI participants scored significantly lower after the neutral slide show than did the MC participants.

Table 2
Mean (and Standard Deviation) for Each Group, and the Total Sample, for Each Scale

	Ethnic Group	Dysphoria	PASS	Anxiety	Depression	Hostility
Baseline	MC	43.41 (8.49)	51.00 (9.10)	44.41 (8.62)	45.38 (7.77)	47.16 (10.18)
	AI	47.36 (14.85)	51.48 (9.57)	45.84 (11.48)	48.48 (11.64)	49.39 (11.77)
	Total	45.30 (12.04)	51.23 (9.26)	45.10 (10.04)	46.86 (9.86)	48.23 (10.95)
Neutral	MC	47.61 (13.41)	48.97 (9.87)	45.08 (10.14)	46.61 (7.83)	54.80 (26.09)
	AI	67.48 (20.05)	36.54 (12.85)	51.30 (12.44)	63.12 (20.48)	81.24 (33.51)
	Total	57.11 (19.54)	43.02 (12.92)	48.05 (11.65)	54.50 (17.26)	67.44 (32.49)
Controversial	MC	67.19 (20.72)	42.30 (10.92)	47.77 (8.83)	51.05 (8.13)	95.58 (48.48)
	AI	77.90 (21.01)	31.48 (11.09)	48.66 (7.99)	64.18 (17.71)	111.09 (45.28)
	Total	72.31 (21.39)	37.13 (12.21)	48.20 (8.39)	57.33 (15.01)	103.00 (47.28)

The two-way (Ethnicity by Time) mixed-model ANOVA conducted on the anxiety subscale did not reveal a significant main effect of ethnicity, $F(1, 67) = 2.51, p = .117$. The main effect of time was significant, $F(2, 134) = 3.13, p = .05$, was significant, indicating that anxiety scores changed as a function of the slide shows. However, the interaction between ethnicity and time was not significant, $F(2, 134) = 2.02, p = .141$, indicating that the effect of the slide shows did not differ between the AI and MC participants in terms of anxiety subscale scores.

The two-way (Ethnicity by Time) mixed-model ANOVA conducted on the depression subscale yielded a significant main effect of ethnicity, $F(1, 67) = 21.19, p < .001$, with AI participants scoring higher on this measure than MC participants. The main effect of time was significant, $F(2, 134) = 16.29, p < .001$, as was the interaction, $F(2, 134) = 6.38, p = .003$. Pairwise comparisons revealed that mean scores did not differ between the AI and MC groups at baseline, but did differ significantly between groups after viewing each slide show, with AI participants scoring significantly higher than the MC participants..

The two-way (Ethnicity by Time) mixed-model ANOVA conducted on the hostility subscale yield a significant main effect of ethnicity, $F(1, 67) = 6.61, p < .001$, with the AI participants scoring

higher on this measure than the MC participants. The main effect of time, $F(2, 134) = 44.84, p < .001$, and the interaction, $F(2, 134) = 6.20, p = .003$, were both significant. Pairwise comparisons revealed that scores of AI and MC participants differed significantly after viewing the neutral slide show, but not at baseline or after viewing the controversial slide show.

Cultural identification, as measured by the NPBI, was determined by conducting a median split on the two subscales (i.e., European American Cultural Identification & American Indian Cultural Identification). This process led to the identification of 6 AI participants as Bicultural, 11 as Traditional, 10 as Assimilated, and 6 as Marginal. To test whether Traditional AI participants would differ from Assimilated AI participants (as measured by the NPBI), a series of two-way (Cultural identification by Time) mixed-model ANOVAs were conducted on the MAACL-R measures using NPBI category as the grouping variable. For the dysphoria subscale, the main effect of cultural identification was not significant, $F(1, 19) = 1.27, p = .305$. The main effect of time was significant, $F(2, 38) = 24.00, p < .001$, but the interaction between cultural identification and time was not, $F(2, 38) < 1$. For the PASS subscale, the main effect of cultural identification was not significant, $F(1, 19) < 1$. The main effect of time was significant, $F(2, 38) = 28.96, p < .001$, but the interaction was not, $F(2, 38) = 1.19, p = .329$. Thus, these measures did not vary as a function of cultural identification.

Scores on the NLDS from the AI and MC participants were compared using an independent-samples t-test. The scores differed significantly, $t(67) = -5.95, p < .001$, with AI participants scoring higher (15.00, $SD = 5.60$) than the MC participants (8.80, $SD = 2.67$). Traditional and Assimilated AI participants did not differ on their NLDS scores, $t(19) = -2.01, p = .058$; Traditional mean score = 19.20, $SD = 4.61$; Assimilated mean score = 14.72, $SD = 5.46$.

DISCUSSION

In general, the data derived from this study supported the hypothesis that AI participants would have higher negative affect than MC participants after viewing the neutral slide show. However, the results did not support the hypothesis that the MC participants would have higher negative affect than AI participants after viewing the controversial slide show. AI and MC participants displayed significantly different levels of negative affect viewing each slide show. They also differed in the levels of psychological distress associated with the use of the Fighting Sioux nickname/logo. We were interested to find that Traditional AIs and Assimilated Indians did not differ significantly in their affect after viewing the slide shows.

Year in college and years attending UND were positively related to scores on the NLDS, suggesting that distress from the Fighting Sioux nickname/logo might grow over time. However, when looking only at the scores of the AI participants, there were only two significant correlations

with an item on the NLDS and demographic factors. The item “To what extent have you experienced stress related to the ‘Fighting Sioux’ nickname/logo and its surrounding controversy?” correlated with both age and years attending UND. This finding suggests that the stress levels of AI students that might grow over time.

Pearson product-moment correlations revealed potentially interesting relationships between scores on the subscales of the MAACL-R and scores on the NLDS. In short, scores on several of the MAACL-R subscales were positively correlated with the NLDS, suggesting that multiple factors could contribute to distress associated with the use of the Fighting Sioux nickname/logo. It is noteworthy that statistically significant relationships did not exist before the participants viewed the slide shows.

AI participants displayed more negative affect than MC participants after viewing neutral images of the Fighting Sioux nickname/logo, indicating that even depictions of nicknames or logos or nicknames that are not generally considered controversial or racist may have a negative impact on AI students. This outcome accounted for the significant interactions that were observed in the analyses. The MC participants displayed an increase in negative affect only after viewing the controversial slide show, relative to baseline. However, AI participants displayed a significant increase in negative affect after both slide shows. Thus, the results suggest that potentially racist depictions of the nickname/logo may increase negative affect in all students, but AI students may be influenced merely by the nickname/logo’s use in general. In short, “neutral” depictions of AI nicknames/logos may not be experienced neutrally by all people.

Although the findings suggest that AI participants experienced more negative affect while participating in the study than did the MC participants, it is important and interesting to note that AI participants generally had similar baseline scores as the MC participants on the MAACL-R subscales, and AIs’ baseline scores for the PASS composite scale were actually slightly higher than the MCs’ baseline scores. However, negative affect was influenced by the slide shows to a greater degree in the AI participants than in the MC participants. While it is beyond the scope of this study to suggest a definitive cause, it is possible that this finding is linked to AI students’ experiences of discrimination, racism, or prejudice that affect their daily emotional state. As noted earlier, LaRocque (2001) found that AI students at UND had experienced discrimination, had greater levels of stress and tension, and felt that their personal safety was threatened. These results coincide with those of Zakhar (1987) and Huffman (1991), who noted that AI students at Midwestern universities often felt emotional turmoil caused by “being an outsider” and by discrimination and racism they may have experienced. Another suggestion is that AIs are at a higher risk for psychological instability due to historical trauma (Bryon, 1997; Lester, 1999; Walker, 2001). Future research would be necessary determine which, if any, of the above possibilities may be true. It would also be interesting to

determine whether, through their repeated exposure to depictions that produce negative affect, AIs have developed coping mechanisms that allow them to return quickly to affective levels similar to those expressed by MC participants.

Limitations

The results of this study represent a starting point and, for a number of reasons, cannot be generalized to other students on the UND campus or at other schools. First, the present study utilized a small sample and, although significant effects were found, including more participants would increase confidence in the generalizability of the results. Second, and perhaps more importantly, the present study employed a convenience sample. That is, MC participants took part in the study to earn extra credit in their psychology courses. AI participants had to be recruited from the AI center on campus. Thus, it is possible that the AIs who volunteered for the study already had strong feelings about the nickname/logo issue, which could have influenced the results. Recruitment materials were designed to be as neutral as possible to avoid this confound, but they did say that the research was on "...the 'Fighting Sioux Nickname and Logo' and the various ways it is presented on campus." Thus, this possibility cannot be ruled out. Also, the AI participants tended to be older than the MC participants and also tended to have been enrolled at UND longer than MC students. Given that NLDS scores were correlated with age, it is not known if the effect of the nickname/logo slide shows was more a function of age or ethnicity.

Unfortunately, the researchers conducting the present study were not able to recruit a large number of AI participants in each quadrant of the NPBI. Theoretically, one would predict that AIs with varying levels of acculturation would also vary in their responses to AI nicknames and logos. The area of cultural affiliation and how it affects AIs in general needs to be addressed further because there are very few published studies that have examined the topic. Because of the relatively small sample size employed in the study, and the small number of AI participants in each quadrant of the NPBI, the present results cannot be seen as definitive on the issue.

CONCLUSIONS

Many of the images used in the present study can be found around the UND campus on any given day. Although the present results cannot be generalized to all UND students, they do suggest that at least some students experience negative affect due to even neutral usage of the Fighting Sioux nickname/logo. Thus, it could be argued that the results support the elimination of the nickname/logo. Opponents of that view may, however, counter with the argument that the present study only employed neutral and controversial images; positive images, which may have actually decreased

negative affect, were not included. Future research should investigate this possibility, starting with a determination of whether such subjectively positive images can be identified (or whether all such images are, at best, neutral). With that said, the present results would suggest that “controversial” images have a detrimental impact on the affect of AI and MC students.

As AI nicknames and logos receive more research and political attention, it seems likely that their use will ultimately decrease. With such a decrease, however, a need for continued research in this area will remain. Because the general populace will continue to be exposed to depictions of AIs (e.g., in cartoons and movies) that are caricatures of the actual people they portray, it is important for the field to understand the psychological impact these depictions have on AIs and MCs alike. The study of cross-tribal differences in this particular pursuit might also generate fruitful results, as it may identify coping strategies that have been developed in different cultures and, thus, enhance our understanding of cultural differences across AI communities.

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**Appendix A
Nickname and Logo Distress Scale**

The following questions ask you to describe your experience in relation to possible psychological distress regarding the "Fighting Sioux" nickname/logo and issues at the University of North Dakota (UND). Please read each question carefully and circle the number that seems most accurate for you. Answer each question according to your experience since the time you first came to UND. Do not skip or leave any questions blank. Thank you for your participation.

1. To what extent are you adversely affected by the "Fighting Sioux" nickname/logo and its surrounding controversy?

1	2	3	4
Not at all	Mildly	Moderately	A great deal

2. To what extent have you experienced stress related to the "Fighting Sioux" nickname/logo and its surrounding controversy?

1	2	3	4
Not at all	Mildly	Moderately	A great deal

3. To what extent have you experienced symptoms of anxiety due to the "Fighting Sioux" nickname/logo and its surrounding controversy?

1	2	3	4
Not at all	Mildly	Moderately	A great deal

4. To what extent have you experienced symptoms of anger due to the "Fighting Sioux" nickname/logo and its surrounding controversy?

1	2	3	4
Not at all	Mildly	Moderately	A great deal

5. To what extent have you experienced symptoms of depression due to the "Fighting Sioux" nickname/logo and its surrounding controversy?

1	2	3	4
Not at all	Mildly	Moderately	A great deal

6. To what extent has the "Fighting Sioux" nickname/logo and its surrounding controversy had an effect on your ability to perform well in your coursework at UND?

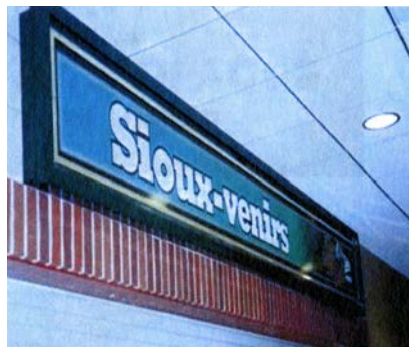
1	2	3	4
Not at all	Mildly	Moderately	A great deal

Appendix B
Examples of Neutral and Controversial Slides

Examples of Neutral Slides



Examples of Controversial Slides



Both of these things are *just* like the other...



H-SIOUX-O is a brand of bottled water produced for, and sanctioned by the University of North Dakota

“IT RUNS IN THE FAMILY”: INTERGENERATIONAL TRANSMISSION OF HISTORICAL TRAUMA AMONG URBAN AMERICAN INDIANS AND ALASKA NATIVES IN CULTURALLY SPECIFIC SOBRIETY MAINTENANCE PROGRAMS

Laurelle L. Myhra, MS, LMFT

Abstract: The aim of this exploratory study, which was informed by ethnographic principles, was to better understand the intergenerational transmission of historical trauma among urban American Indians/Alaska Natives (AI/ANs) in culturally specific sobriety maintenance programs. The results of the study were organized into 3 overarching categories, which included 10 themes that emerged contextually in relation to participants' lived experience of historical and associated traumas, substance abuse, and current involvement in a culturally specific sobriety maintenance program.

This exploratory study was conducted to understand the relationship between the intergenerational transmission of historical trauma and sobriety maintenance among urban American Indians and Alaska Natives (AI/ANs), in order to inform substance abuse and sobriety maintenance programs. According to data collected over the past decade, AI/ANs are in greater need of treatment for substance use disorders than are members of other racial/ethnic groups (National Survey on Drug Use and Health [NSDUH], 2010). Between 2002 and 2005, AI/ANs over the age of 12 were more likely than members of other racial/ethnic groups to report an alcohol (10.7 vs. 7.6%) or illicit drug (5% vs. 2.9%) use disorder in the past year (NSDUH, 2007). According to data collected between 2004 and 2008, although the use of alcohol over the course of a month was lower among AI/ANs than other racial/ethnic groups, the rate of binge drinking among AI/ANs between the ages of 26 and 49 was higher than the national average (NSDUH, 2010). Likewise, illicit drug use among AI/ANs age 18 to 25 was higher than the national average (NSDUH, 2010).

Substance abuse has been linked to lower health status among AI/ANs when compared with other Americans (Indian Health Services [IHS], 2009a), and has also been linked to health disparities (Walters, Simoni, & Evans-Campbell, 2002). AI/ANs have a unique relationship with the Federal government due to historic conflicts and subsequent treaties; thus, members of Federally recognized

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tribes receive health services provided by the Federal government (Centers for Disease Control and Prevention [CDC], 2010). IHS was established to serve the health needs of AI/ANs who reside on Federally recognized tribal reservations; however, according to the 2000 U.S. Census, 60% of the 4 million AI/ANs in the U.S. reside in urban communities (CDC, 2010; IHS, 2009b). For a variety of reasons related to lack of access, socioeconomic factors, and distrust, AI/ANs in both rural and urban areas have poorer health status than other Americans (CDC, 2010; IHS 2009a, NSDUH, 2010).

The Federal government and states have the unified goal of reducing health disparities and reforming health care; thus, because of the relationship that exists between health and substance abuse, it is important to understand substance abuse and treatment needs among AI/ANs (NSDUH, 2010). Of all AI/ANs admitted to treatment in 2000, those who entered treatment in urban settings were almost three times more likely to report daily use of alcohol as compared to those in rural settings (Drug and Alcohol Services Information System [DASIS], 2003). Urban AI/ANs are seeking treatment at higher rates than in the past, perhaps due to easier access to and availability of culturally specific treatment programs. However, many culturally specific treatment approaches lack funding to conduct evaluation research, and information dissemination regarding their effectiveness continues to be a problem (Beauvais, 1998; Duran & Duran, 1995; Legaspi & Orr, 2007; Novins et al., 2011). Furthermore, debate continues over the cultural appropriateness and adaption of evidence-based treatment programs with AI/ANs (Novins et al., 2011).

Substance abuse has been linked to historical trauma in AI/AN families, but the relationship between them is not fully understood (Brave Heart, 2003; Morgan & Freeman, 2009; Walters et al., 2002), and causality has not been established. Historical trauma is commonly defined as the collective emotional and psychological injury over an individual's lifetime and across generations (Brave Heart, 2003). Culturally specific risk and resiliency factors pertaining to alcohol and substance misuse need further evaluation (Whitbeck, Chen, Hoyt, & Adams, 2004). Most salient to this study, researchers have recommended assessment of historical trauma response and its relationship to substance abuse, and the transfer of maladaptive and/or resilient patterns to the next generations (Brave Heart, 2003; Morgan & Freeman, 2009). Historical trauma response is a cluster of symptoms or behaviors, such as "depression, self-destructive behavior, suicidal thoughts and gestures, anxiety, low self-esteem, anger, and difficulty recognizing and expressing emotions" (Brave Heart, 2003, p. 7).

The following research questions guided this study:

1. What is the relationship between substance abuse and historical trauma?
2. How is historical trauma transmitted to descendants?
3. What can we learn about historical trauma to inform substance abuse treatment programs and sobriety maintenance programs?

Historical Trauma

The complete meaning of historical trauma continues to unfold. Despite the fact that most, if not all, AI/AN communities have been touched to some extent by historical trauma, the degree to which individuals suffer from it, and the number of those affected, is unknown. The types of trauma events suffered vary across AI/AN communities and time. The ethnic genocide and forced assimilation endured by AI/ANs date back to early interactions with the first settlers. Government-run boarding schools were put in place in the 1800s to assimilate AI/AN children by removing them from their families and forbidding them to speak their native tongue or practice their traditional ways (Weaver, 1998). AI/ANs were unable to legally practice traditional religion until 1978 (Deloria, 1988; Weaver, 1998). These restrictions disrupted cultural transmission patterns and resulted in cultural loss for subsequent generations, ultimately creating vulnerabilities among AI/AN families and communities (Stamm, Stamm, Hudnall, & Higson-Smith, 2004).

Historical trauma continues to affect AI/ANs' perceptions and impinges on their psychological and physical health (Whitbeck, Adams, Hoyt, & Chen, 2004). Thoughts about historical trauma are associated with emotional distress, including anger, anxiety, and depression (Whitbeck, Adams, et al., 2004). Brave Heart and DeBruyn (1998), who have contributed greatly to the theoretical literature on historical unresolved grief and historical trauma, assert that "understanding the interrelationship with our past and how it shapes our present world will also give us the courage to initiate healing" (p. 76). There is a need for culturally specific interventions and for theory to be specific to AI/ANs (Duran & Duran, 1995; Novins, 2011), shifting paradigms from targeting pathology to supporting spiritual healing (Duran, 2006).

Indigenist Stress-Coping Model

This study was guided by the Indigenist stress-coping model, which is a decolonizing paradigm developed by Walters et al. (2002), as many theories fail to account for the impact of ongoing traumatic stress related to oppressed group status and discrimination on psychological and emotional health. Traumatic stress includes historical trauma as well as microaggressions, e.g., subtle forms of racism (Evans-Campbell, 2008; Walters et al., 2002). Like historical trauma, the effects of racism have led to a deep sense of grief and loss among AI/AN families and continue to impact subsequent generations (Brave Heart, 2003; Okazaki, 2009; Walters, 2009).

The complex relationship between substance abuse and traumatic stress is often explained solely by the limited self-medicating hypothesis, which focuses on personality pathology rather than sociopolitical and historical factors (Duran, 2006; Morgan & Freeman, 2009; Walters et al., 2002) that can increase vulnerability to substance abuse (e.g., out-of-home placements, loss of cultural

practices). According to the Indigenist stress-coping model, the association between stressors and intergenerational substance abuse patterns is moderated by cultural buffers such as family and community, spirituality and traditional healing practices, and AI/AN identity (Walters et al., 2002).

METHODOLOGY

This exploratory ethnographic study was conducted to understand the relationship between the intergenerational transmission of historical trauma and sobriety maintenance among urban AI/ANs, in order to inform substance abuse and sobriety maintenance programs for AI/ANs. This qualitative approach allowed for focus on contextual issues (e.g., socioeconomic status) as well as openness to multiple, interacting influences (Al Rubaie, 2002). The aim was not to test existing hypotheses (Hammersley & Atkinson, 1995), but rather to better understand the intergenerational transmission of historical trauma among urban AI/ANs engaged in culturally specific sobriety maintenance programs.

The Principal Investigator (PI) is an AI therapist in the local AI community, and had existing relationships that informed the research design and process. In the ethnographic tradition, the research process and data collection begin long before interviews are conducted; thus, an established reflexive process (including self-reference, divulging values and interests in the research, and willingness to receive critique) is essential (Hammersley & Atkinson, 1995). The PI utilized a reflective journal to document the research process, from decision making for study development, through changes in protocol, to how themes emerged and were selected or excluded.

Purposive sampling was used, and participants were recruited from four AI/AN culturally specific sobriety maintenance programs in Minneapolis. Two of the program sites were sober residential facilities; the other two were agencies that offered various services, including sobriety maintenance groups. Recruitment strategies included invitation fliers and brief presentations about the study at sobriety maintenance group meetings. During these presentations, the PI provided psychoeducation on historical trauma and facilitated group discussions. The University of Minnesota's Institutional Review Board approved the research.

Because participants were considered to be members of a vulnerable population due to substance abuse issues, the PI took special care to ensure safety and confidentiality (e.g., pseudonyms were used). Participants were made aware that participation was voluntary and would not influence their relationship with their sobriety maintenance program or other involved agencies, and all were provided with a resource list of AI/AN-specific service providers and agencies. A \$10 gift card was provided as a modest incentive for participating. Qualitative data were collected through loosely structured, open-ended, face-to-face interviews, approximately 2 hours in length. Interviews were

conducted by the PI, and were carried out at a centrally located AI/AN agency that was not one of the recruitment sites. Consistent with ethnographic research, one aim of the interviews was to obtain narrative data or life stories. Visual aids, including an “Intergenerational Transmission of Historical Trauma and Loss” map (Appendix A), were used to facilitate discussion of intergenerational family patterns and experiences of historical trauma. Once saturation was achieved, evidenced by repetition or parallel nature of stories, the interviews were halted (Bowen, 2008; Kvale, 1996).

The study was not intended to be a pure ethnographic study; however, the PI primarily used ethnographic methods to collect and analyze narrative data in order to elicit and interpret individual, family, and cultural meanings (Hammersley & Atkinson, 1995), and to furnish meaning to historical events and current life experiences (Hammersley & Atkinson, 2007).

Thirteen participants (six women and seven men) identified with intergenerational transmission of historical trauma and self-selected to participate. Participants had varying lengths of sobriety, ranging from one month to 15 years. The age range of participants was 23-64: Two participants were in their 20s; two, in their 30s; four, in their 40s; three, in their 50s; and two, in their 60s. All 13 participants were AIs residing in the Twin Cities metro area, and all but one participant had lived on a reservation at some point. The participants represented nine different tribal communities in the Upper Midwest, and one from a Northwestern state.

Data Analysis

The interviews were audio-taped and transcribed verbatim for analysis. The standards in the qualitative paradigm to ensure trustworthiness are credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985), and verification strategies were used to ensure the standards of rigor were achieved. These included keeping the reflective journal described earlier, member checking, employing an auditor, and using triangulation. During the consent process, participants decided whether they would permit the PI to contact them post-interview if data needed to be verified. The consenting participants were mailed a copy of their transcript for review (i.e., member checking; Creswell & Miller, 2000), which provided an opportunity to clarify their narratives as needed. All but two participants requested a transcript; however, none followed up to clarify any responses. The PI made follow-up phone calls to a few participants when clarification or further explanation was needed.

A supporting researcher served as an auditor to substantiate interpretive work. The auditor reviewed 6 of 13 audio recordings and transcripts, as well as the PI’s reflective journal. The verification strategy triangulation was used: The findings were evaluated against existing literature and were also critiqued by the auditor (Creswell & Miller, 2000; Lincoln & Guba, 1985). The PI and auditor discussed interpretations of the data until they arrived at a consensus.

The narrative interview data were analyzed utilizing ethnographic analytic steps (Hammersley & Atkinson, 1995; 2007). In ethnography, data analysis is not a distinct phase in the research process; rather, it is embodied in the initial ideas, hunches, and pre-field work in the PI's reflective journal (Hammersley & Atkinson, 1995). The analysis began with careful reading and re-reading of the narratives and transcripts until patterns began to emerge. The PI also took notes in the reflective journal of general impressions, exceptions, and inconsistencies. The analysis became progressively more focused as the PI gradually uncovered what the research was "really about" (p. 206), seeking to understand the personal identity, lifestyle, culture, and historical context of the urban AI/AN participants. Once themes were identified, they were tracked from beginning to end within and across the narratives by reading separately and repeatedly for each theme. Themes were then clustered into categories based on a shared premise, such as mutual plight or developmental issues (Hammersley & Atkinson, 2007).

RESULTS

The findings of the study were organized into 3 categories and 10 themes that emerged contextually in relation to the research questions: (1) What is the relationship between substance abuse and historical trauma? (2) How is historical trauma transmitted to descendants? (3) What can we learn about historical trauma to inform substance abuse treatment programs and sobriety maintenance programs? Some of the quotations used were double coded, as much of the data were highly interconnected, but the selected quotations were used to depict an instance of the overall theme therein.

Category I. Development of Cultural Self

In this category, participants discussed growing up and learning about what it means to be AI—often through experiences of racism—and how this knowledge impacted their sense of self and belonging, as well as their decision to use substances and ultimately to seek healing. Some felt like they were not members of, or were apart from, society at large, and others talked about identity confusion.

I.1. I'm Indian?

All but one participant spent portions of their childhood in White foster families, and struggled with the knowledge that they were different and with hearing negative stereotypes about AIs. Participants often experienced negative feelings, such as shame and disappointment upon learning they were AI, as they had learned only negative things about what it meant to be AI. Evelyn spoke about some of the negative messages that she received as child: "I couldn't wear a white shirt

because it made me look too dark. There was that kind of negative stuff in the foster homes, but from my family there wasn't anything negative about being Indian; people were happy with who they were." Beverly recounted how she reacted when she learned she was Indian from her foster family:

I truly didn't believe I was a Native American, because I didn't want to be. When my [foster] brother told me that I was an Indian... the only things about Indians I would learn in the school that Indians were bad people. And when I heard that I went and sat down by my brother's car and it was that really fine white dust on it. I took it and rub it all over my face, hair and everything. I went to my brother and told him 'I am not an Indian, I am just like you.' I ran to my sister's cabin and found baby powder and poured all over myself and went outside crying telling him 'I am not an Indian.' Believe me I wasn't an Indian.

Wilma explained, "I used to be scared of Indians until I went back to Montana. My aunt told me that I was an Indian myself, so she said, 'You're scared of yourself, huh?' I was shocked. I didn't even know what that was either [to be Indian]. All that time I thought I was White." For Wilma, part of her cultural trauma was being groomed to fear her own people and feeling confused when she discovered that she was part of the group she feared.

I.2. This world in which I live is not my world

Several participants felt that they did not fit into society. They noted that their ongoing experiences of microaggressions and daily hassles related to their minority status reinforced feelings of being different or not accepted. Henry talked about how he did not feel that he was part of society:

Something down deep inside me says that I was born too late. I was supposed to be out there hunting and fishing and making babies. I'm not supposed to be jumping on a bus, battling the circus that it is, rolling down the street, which is why I ride a bike all the time now. It rises up in me, you know—that rebelliousness, that defiance of the society. I just experienced the other day—I walked into a restaurant, a coffee shop; I like to have an afternoon cup of coffee and sit and read my book. I walk in and these two people right away turn their heads toward the door. I've actually walked into restaurants where everybody in the place turned their head toward the door when I walk in. So, anyway, racism is alive and well. I just think that my alcoholism can be linked to the notion that this society that we live in here is not my society; it's not my culture.

I.3. Racism is the reason why I drank

All but one participant connected their drinking or other substance abuse to their desire to numb themselves from cumulative stress related to historical trauma, as well as to ongoing racism and discrimination. The participants talked about how these experiences impacted their beliefs about their access—or lack thereof—to opportunities and various life paths. Participants also experienced negative feelings about AI identity, often based on elders' stories about historical trauma and about being treated as “less than.” Marjorie described how her identity formation was impacted by the racism she faced, which led to her decision to drink:

... White people saying that ‘Natives are nothing but alcoholics, drunks; they’ll never amount to nothing, they’ll never do nothing,’ things like that really hits me hard because I really truly believe that’s a lot of the reason why our people stay drunk is because of things that we have to listen to and go through. I used to hear things like that when I was growing up. It affected me; it had a real big impact on me to have to listen to that. I had to grow up thinking that I was dirty and was never going to be nothing. It hurt.

Category II. The Legacy of Loss Continues

All participants talked about their loss, and that of their family members, continuing in various forms today. Most common were poor health and early deaths, out-of-home placements and struggles to parent, and fear of further loss.

II.1. The new genocide is poor health

All participants talked about the impact of poor health in their own and their family members' lives. Many spoke of early deaths due to poor health status, linking them to the loss of family ties, family history, and cultural practices. Henry stated, “The new genocide is nutrition and health. Our people are dying off because of these diseases: alcoholism, diabetes, cancer, heart disease.” Many participants linked their poor health to their substance abuse. Bernadine talked about her failing health and the deaths of multiple siblings:

I’m sober because of my health. I’ve got health issues and if I don’t stop my alcohol, I’ll probably end up dying, so I have to take care of my health. My brothers and sisters—one sister, she doesn’t drink and the other one is deceased. Some of my brothers are deceased and a couple of my brothers don’t drink; probably three or four of them don’t drink. One is really into alcohol.

The loss of family due to early death has led to feelings of isolation and lack of support. Evelyn talked about her loss of family due to early deaths:

My mother died from alcoholism and my dad died from heart disease; they were both alcoholics; she never stopped drinking. And then because everybody is dead who's older than me and my siblings, there's no extended family for them [children] to belong to; people died so young because of alcoholism and health stuff, cancer and alcohol seem to be the main things. So there wasn't anybody else, so there's a loss; a feeling of loss.

II.2. Parenting impeded by childhood experiences

All but one participant experienced adoption and/or spent some time in foster care. While in out-of-home placement, most reported experiencing significant abuse and hearing negative messages about their families, including that their parents were bad, were drunks, or didn't love them. Despite the problems for which they had been removed from their biological families, often related to substance abuse or poverty, many participants returned home either as runaways during childhood or after coming of age, seeking answers and a sense of family. Some participants' return home was a positive experience; for others, it was a painful reinforcement of negative stories they had heard. One participant talked about how, after early life separations, long-lost family members reconnect yearly for family reunions. The participants linked their disrupted childhoods to their later struggles with parenting.

After spending much of her childhood in abusive foster homes, Evelyn returned to her family of origin, only to be disappointed to find more dysfunction. She made the decision to create a family of fictive kin in order to provide her children with the family she never had, but not before going through her own battle with substance abuse. Some participants connected their early abandonment experiences or lack of positive attachment figures to their parenting struggles and to a lack of faith in their own parenting skills. Participants found themselves resorting to substance abuse early in their lives, which may have, for some, contributed to a self-fulfilling prophecy about their ability to parent. As adults, several participants found themselves involved with child protective services (CPS) and lost contact with their own children, either temporarily or permanently.

II.3. Fear of further trauma and loss

Participants linked the impact of elders' stories of historical trauma and loss, and their own traumatic experiences, to intrusive thoughts about these ordeals and to fear that trauma will continue for future generations. Some noted that they had internalized feelings of fear engendered by elders' stories. Some talked about their fear that the racism faced by elders will recur, and acknowledged

that, to a degree, racism continues. Marjorie talked about her fear of being judged or persecuted for practicing her spirituality:

For me it has to do with old people, old places, the thought of what we had to go through back then kind of makes me think like it's going to come back; like the old historical things that we had to go through then might happen sometime; it might come back, it might resurface. I feel that being at [culturally based sober housing facility], starting to do sweats... it makes me feel like I don't want to do it because of how [White people are] thinking or what they're saying. I'm new to [practicing my traditions]; that is why I feel so uncomfortable and also I tend to worry about what the White people will think or how they will treat somebody trying to practice our culture, since we've been kind of stripped of it. It just brings me back to years back when our elders had to live with mean words by the White man. The White people hated us so much that like I said, we weren't nothing and just sitting at the liquor store all the time and wanted to be drunk. It hurt them [elders] just as much as it does anybody today, the things the elders had to go through—that we're going through. Sometimes I don't know if it will ever stop; it'll just keep going.

Similarly, Evelyn struggled to make sense of a community-wide fear of death:

For many of us there's a little recording of 'I should be dead'. And whether that's 'I want to kill myself' or 'I should be dead' or 'it doesn't matter if I'm alive,' I think that's a piece of the historical trauma. I think this is an actual recording that gets passed on from generation to generation without us even knowing it...

Category III. It Runs in the Family

This category represents challenge and triumph. Having learned problematic behaviors and beliefs about themselves, participants faced the challenge of breaking negative intergenerational cycles in their own families. The participants also told of the pride and understanding they have for their elders, who had survived a great deal of suffering.

III.1. “Monkey see, monkey do”

All participants talked about the problems that plagued their families for generations. The participants believed that historical trauma was central to their elders' patterns of substance abuse and maladaptive behaviors. As Wilma said, “monkey see, monkey do,” referring to following her family's pattern of substance abuse and being in abusive relationships. Emma talked about how, during childhood, she endured abuse and witnessed family fights and substance abuse, which she linked to her grandmother being harshly punished while in boarding school.

I can remember all the times [grandma and mom] fought and my mom would come back all bloody. They were a good mother and daughter; they didn't fight or argue or nothing, just when [mom] was drunk. My grandma was sober when she was beating us. She's been sober for almost for 40 years. She went to a halfway house [chemical dependency treatment], she did have [CPS] involved, but she more or less did it for herself and for us kids. I think it was the impact of the boarding schools that did it, because maybe the way they saw it was 'oh they did something wrong, so let's beat them,' so that's the way she was, the only way she knew how to handle it was with beatings.

Although Emma was not abusive to her children, she did repeat her pattern of involvement with CPS due to substance abuse. Henry explained his decision not to be a part of his daughter's life due to fear he wouldn't be a good example:

I have a daughter; she's 17 now. I've seen her twice since she was born. That's a source of a lot of pain and grief, but hopefully—I'm in touch with her mother and we're at least e-mailing each other back and forth, so that's something. I can imagine that there will be something down the road if not already [substance abuse]; just because of the fact that it runs in our family although her mother is a staunch Norwegian and will do everything in her power to see that it doesn't happen. That's kind of one of [the] reasons that I'm not connected to her; in the back of my mind I always knew that I was going to be drunk and I knew that her mother would take better care of her than I would.

III.2. Stopping the cycle

The participants talked about their areas of growth and their decision not to continue the negative patterns, frequently associated with substance abuse, which they witnessed in their families. They connected their disrupted childhoods to family members' traumatic experiences and learned behaviors, and wanted to change. For example, Emma, whose children are currently in foster care, described her decision to stop the cycle of substance abuse and violence in her family:

I was in foster care until I was seven and then after my grandma sobered up, we went home with her. You know like in the boarding schools when they abused her, my grandma started doing that to us. She started beating us and she finally stopped

after we started fighting back. Basically the way I feel about it is because of what I went through, I wouldn't want to put my kids through that; I wouldn't want them to be hit, because I know how it feels. I would rather have them have a better life than what I had.

Curtis also talked about wanting to raise his young children differently than he had been raised. His father had been through boarding school, but Curtis barely knew him.

I knew him but not really; he was very abusive. He was one of those drunks that didn't care about the family. I don't ever want to be like that. I grew up in foster homes and when I got out of foster homes, I went home for like maybe two weeks and ended up getting locked up until I was eighteen. I just basically try to lead [my kids] on the right path; if they have questions, I answer them to the best of my ability; what to do and not do and let them live their life... hopefully they'll do better than me.

Participants whose children were already adults talked about repairing relationships with them and cherishing their relationships with their grandchildren. Beverly stated:

I talk openly with my kids. I talk very honestly with them. I love my kids, but at the time it was their fault that I couldn't go to the bar. Me and Nicole talked about it for about 4 hours where she yelled and screamed at me, called me all kinds of nasty names, and I sat there listening. Now, back if I would have been using, that would have never happen [sic], never. But I had to understand, I had to realize that this is what I put my kids through. Finally being able to connect with my son is one of the biggest things in my life. I have to make things right with my family, I need them to understand.

III.3. Pride in our elders

Many talked about their admiration for the strength and fortitude shown by elders despite the difficult circumstances they endured. This topic was particularly emotional for participants; some cried and others became angry while describing the pride and grief they felt for their elders. Many were motivated by the resiliency that they witnessed. Marjorie was thankful to elders for paving the way for others: "I do believe they had more of a struggle than we do now, truly believe that. It was way harder on them then than it is on us today, because today we have a lot more laws and things to protect us..." Curtis admired the grace with which elders have endured oppression:

I see that the [elders] went through a lot of hardships and they still are and some of them can't let it go, especially the older generations. I think it is too much pain for them, otherwise just things they don't want to remember. Some of them I feel they use it as a teaching tool; they coped with it and dealt with it. The past generations [had] courage and pride to make it through. I don't see how they could; honestly don't see how they had the courage or the strength to do it, because I wouldn't have. I would have never made it; I would probably be in prison.

Henry stated:

In the larger picture, given the nature of the genocide that has been perpetrated over the last two hundred years, I feel extremely joyful and blessed that I see that our people are strong enough to survive anything that has been thrown our way... brings up a lot of emotions. It's amazing to me that [my father] didn't end up in prison really, truth be told, if that had been me, I would have been so angry.

III.4. Healing journey

Several participants discussed the significance of spirituality and the role that knowledge of their culture and language played in their ability to maintain sobriety and stop negative cycles within their families (e.g., shame). Their family healing included the restoration of cultural traditions, and the creation of new and more functional relationships with common efforts toward sobriety. Marjorie talked about how she is learning her traditional ways now that she is sober.

I'm trying to be more traditional than before, now that I'm sober, because I know that traditional ways can't be practiced while you're using; you know it's very disrespectful. Mom also never practiced traditional ways. We were born and raised in [the metro]. She was born and raised on the reservation but the whole time we were growing up, we didn't practice our ways at all. Just recently I talked with a couple pipe carriers to learn more about our ways. I just recently gave tobacco and got an Indian name.

Gordon noted that his past attempts at sobriety failed due to what his brother called "white-knuckling it," or working at sobriety with no support. Gordon believed that spirituality was the key factor that had been missing:

I go to powwows all the time. I dance once in a great while. I'm going to try to get out there more often this summer. My oldest brother gave me a feather about six years ago and I only took it to a powwow once, so I'd like to get that feather out to powwows more often. Because a friend of mine who's kind of a spiritual guy said that I need to take that feather out and dance with it. The spirituality part I think was missing from my past attempts at sobriety, but in recent years, I've just been thinking that the only way I'm going to change is by believing in a power greater than myself.

Thelma told of the significance of reconnecting with her traditionalism:

It's impacted, especially in the traditional way, has impacted so much, so fast; it's like I rely on it, like the traditional talking circle, the smudging, putting out tobacco, being able to speak some of my language and just remembering how my paternal grandparents used to do the camps, like the sugar camp and the wild rice camp. [I am] just proud to be a Native. I feel that I've been able to let go of a lot of shame and regret, but mostly shame. If the shame was still there I think I'd still be using and that's self-hatred; I think that's really decreased.

With excitement, Henry shared his views about culture and family being restored.

...there's been plenty of loss, plenty of grief, plenty of tragedy, but we're still here and we're still surviving. We still have a lot of children to love and people that love us. We laugh, we joke, and we have a good time despite all the genocide and all of the madness that goes on around us. We still somehow manage to hang on to those things that mean the most to us. We still go dance around a drum, we still sing, we're starting to relearn the languages. All the ceremonies are not totally gone and disappeared; we hang on to those that we need and the culture is as vital as it has been in a hundred years.

DISCUSSION

This study explored the intergenerational transmission of historical trauma and its relationship with substance abuse in order to inform AI/AN substance abuse treatment and sobriety maintenance. The participants in this study reported that they continue to contend with traumatic stress from historical trauma, intrafamilial trauma, ongoing racism, and other daily life stressors (e.g., poor

health, poverty). For many participants, substance abuse was a surrender to what they understood, since their youth, to be their fate, and also signified to them their defeat by the dominant culture. Substance abuse was strongly connected to the negative impacts of historical trauma, intrafamilial trauma, and personal experiences with microaggressions. These negative experiences caused confusion and inner turmoil, diminished participants' sense of self-efficacy, impacted their parenting skills, and influenced their substance abuse patterns. Thus, participants faced the task of overcoming both substance abuse and long-standing negative self-images. There are several lessons that can be drawn from the experiences shared by the participants in this study.

Many participants first encountered negative stereotypes in their formative years. Many also experienced firsthand the trauma of out-of-home placements and, later, struggles parenting their own children. Prevention and intervention programs should address the loss of traditional parenting practices due to historical trauma, as well as encourage the restoration of these values as much as possible. Emphasizing early anti-alcohol and anti-drug messages, coupled with traditional values, is essential to protecting future generations of AI/ANs against substance abuse. There is also a need for culturally appropriate therapeutic services for parents that address historical trauma and substance abuse, in order to ensure that AI/AN children stay with their families, learn their culture, and participate in traditional practices without fear or shame.

Participants noted that family connections were important to them, even after years of being apart; this finding indicates a need for providers to facilitate making the home a safe place for healing to occur for all family members in order to keep families together. Family connections were key to many participants' success in recovery, as a source of motivation and support. Others benefited from creating a new family of fictive kin and, for some, "family" included people in their tight-knit sobriety maintenance programs. It is important to keep in mind that the wellness of a family system is influenced by that of all members, and is not easily teased apart. For some AI/AN families, especially those which are highly interconnected, healing the family wound may be an appropriate treatment goal.

There was a common thread of fear or doom among the participants regarding their own death and the death of loved ones, and about the possibility of experiencing further oppression and related trauma (e.g., victimization). Similarly, Jervis (2009) found disillusionment to be prevalent among AIs who have experienced cultural traumatization. Fear itself after trauma is not exclusive to AI/ANs; however, the participants related their fear to historical trauma they had heard about from elders and to their personal experiences of racism and discrimination. This fear may be an example of historical trauma response (Brave Heart, 2003). The complexity and compounding effects of experiencing both historical and ongoing trauma may compromise mental health and trauma treatment. It is not clear whether existing treatments would be useful for the treatment of historical

trauma, whether adaption would be appropriate, or whether new treatments must be developed; further research is needed.

Many participants reported feeling as though they do not belong or fit into society at large due to their experiences of historical trauma, racism, and/or oppression. Spicer (1998) also found that AI respondents viewed themselves as outsiders in society, and the consequence was often substance abuse. As part of their recovery, a number of participants were learning AI/AN cultural and spiritual practices for the first time and/or were making efforts to reconnect with family members, some of whom resided on reservations; these new activities and experiences may have exacerbated feelings of being different or being an impostor. This is an important finding, as “I don’t belong” or “I’m different” are common but unhelpful cognitions; while normalizing the occurrence of these thoughts after negative experiences is appropriate, it is equally important to emphasize the strength in diversity of views and experiences. Historically, “different” has meant “less than” or “bad” to many AI/ANs; thus, clinicians should work with clients to identify a more affirming narrative or meaning for experiences, perhaps one of strength, resiliency, and healing.

The category “It runs in the family” revealed a paradox that is worth discussing. Each participant mentioned having witnessed or experienced intrafamilial trauma; however, they still had a strong sense of pride in their elders. Perhaps participants were able to understand and identify with their elders’ suffering and trauma, and to see them as survivors rather than perpetrators of abuse. This was a highly emotional topic, revealing both grief about the experiences elders have gone through as well as pride in their ability to endure those difficulties. This phenomenon seems to embody forgiveness and acceptance rather than denial or avoidance; however, it is not fully understood, and further research should be done to see if other AI/ANs in substance abuse treatment mention similar feelings and to clarify this ambiguity. Perhaps this pride in coming from an ancestral line of survivors/fighters has been and can continue to be a source of strength and motivation for AI/ANs’ sobriety.

Participants emphasized the importance of engaging in traditional activities, often of a spiritual nature, during their recovery. For many participants, family activities were also centered around their spirituality and culture. They noted that, out of respect for their culture and elders, they did not participate in their traditional practices during periods of non-sobriety. Most are now learning their culture and language, and exploring spirituality for the first time, though not completely without question or self-doubt. Ambiguity about participating while one is in recovery, lack of knowledge, and negative self-image are barriers to engaging in traditional cultural practices. Interventions that target negative cognitions and affect should also emphasize the importance of engaging in cultural activities and spending time with people that reinforce or promote positive thoughts and feelings. Prevention and intervention efforts should also focus on revitalization of

culture by teaching and strengthening traditions among AI/AN families and communities, as culture is known to be a protective factor against substance abuse (Stamm et al., 2004; Whitbeck, 2006; Whitbeck, Chen et al., 2004).

A few participants were not familiar with the term “historical trauma,” but were able to relate to the idea when it was explained. It is possible that this finding may be observed among other AI/ANs seeking substance abuse treatment; thus, providers should be prepared to introduce the concept, and also explain the compounding nature of related traumas (e.g., intrafamilial). Although using the term “historical trauma” may be helpful for giving a name to an experience or validating a client’s experience, it is always advisable to work within the client’s language and realities. Visual aids such the one used in this study (i.e., Intergenerational Transmission of Historical Trauma and Loss map in Appendix A) will not only help guide discussions about the impact of historical trauma and other related traumas across generations, but also provide safety and permission to talk about sensitive issues such as racism and discrimination.

It is also important to bear in mind that talking about historical trauma and substance abuse is not easy, especially for those whose voices historically have been silenced. Normalizing reactions such as fear, shame, guilt, and anger as a part of the process of healing from historical trauma and substance abuse could be valuable. Participation in culturally specific sobriety maintenance programming, especially in a group format, may help foster readiness for clients to talk about these issues in therapy, as exposure to others’ stories can be a validating experience. The participants in this study valued their involvement with culturally based sobriety maintenance programs, all of which were run in a group format, and benefited from sharing and hearing others’ stories and experiencing the sense of community and kinship that ensued. Furthermore, culturally specific programming may act as a buffer against substance abuse by reinforcing positive identity attitudes and encouraging the use of traditional cultural and spiritual practices.

As they transitioned from substance abuse to spirituality and traditional practices, many participants talked about seeking to end intergenerational shame that they felt was passed on similarly to historical trauma. Shame is analogous to existential death for many AI/ANs (Duran & Duran, 1995)—an important idea to keep in mind when working with AI/ANs in recovery, as they begin to understand the intergenerational processes that have impacted their substance abuse. This finding could also affect the helpfulness of treatment programs that encourage clients to accept an identity of “addict” and “alcoholic.” Such an identity might contribute to negative cognitions and foster further hopelessness and a sense of defeat. For participants in this study, no matter the length of sobriety, it was important that they were empowered to overcome their negative identity formation,

to find a new, more positive view of themselves, and to assign meaning to the past. Perhaps finding a new approach that moves away from assignment of an addict/alcoholic identity and emphasizes healing and wellness, and reclaiming that which has been stripped, would be helpful.

Brave Heart (2003) suggests that true healing can only come after there has been recognition and accountability taken by the government for the pain imposed historically on AIs. Reviving culture, family connections, language, and spirituality is also essential for such healing to take place (Brave Heart, 2003). In addition, there is a need to educate people of all racial/ethnic groups about the historical trauma AI/ANs have experienced, in order to dispel myths about AI/AN history and end societal cycles of discrimination. This education should focus on the resiliency of AI/AN people to overcome oppression and reflect the pride that the participants in this study have for their elders. Such efforts could help AI/AN children develop a healthy cultural identity so they do not to fall prey to substance abuse at the same rates as previous generations.

Participants noted that substance abuse served as a way to cope with historical trauma, as they had observed previous generations do. By identifying and working to eradicate internalized negative beliefs and intergenerational family patterns, participants made significant gains toward sobriety and spiritual wellness, including restoration of family and healing of intergenerational patterns. Sobriety, therefore, was their victory of sorts. Participants in this study agreed that their own healing was initiated by their readiness to change and feeling a sense of urgency about ending negative intergenerational family patterns. As one participant stated, “to heal from historical trauma is to heal from substance abuse... one and the same.”

Limitations

Although intergenerational studies may be adequately conducted solely from the perspective of one generation (Katz, Lowenstein, Phillips, & Daatland, 2005), this approach may miss the nuances of generation-specific beliefs among AI/ANs, and the potential for a more rich description of how historical trauma and substance abuse patterns are transferred. Interviews with multiple generations of a family are important for this research, as one person’s response, of course, captures only his or her version of an experience. Therefore, the second research question, “How is historical trauma transmitted to descendants?” may have been more easily explored with an intergenerational sample. Although the PI attempted to interview participants who represented multiple generational cohorts, the sample size of this study is too small to draw conclusions about generational patterns or intergenerational issues at an adequate depth. Future researchers should take special care to recruit multigenerational family sample or a larger sample in order to better understand generational nuances.

The interviews were approximately 2 hours in length, which is short for ethnographic work, and may not have been sufficient to obtain the depth of information that was sought. Future research should allow for multiple interviews with participants. It is important to note that recruiting participants from culturally specific sobriety maintenance programs can influence findings, as such participants tend to be active in cultural and spiritual practices. Future researchers may consider recruiting a comparison group from sobriety maintenance groups that are not culturally specific, in order to distinguish the significance of the cultural and spiritual facet.

When screening potential research participants, it is important to be aware of the increased probability of cognitive impairments resulting from substance abuse and trauma exposure. In some cases it may be inappropriate to permit interested persons into the study due to vulnerability and questionable ability to consent. Impairments may be difficult to assess in a group setting or by telephone; therefore, in future studies, a first meeting to screen might be beneficial. Similarly, some of the participants in this study had unusual communication styles (e.g., strong reliance on non-verbal communication) or deficits (e.g., difficulty formulating thoughts or recalling words), which added to the complexity of data collection and analysis; however, important information was still conveyed. Careful and detailed note taking during the interviews assisted in this process. Additionally, researchers should be aware of the high likelihood of learning about childhood physical and sexual abuse during research in some AI/AN communities (as was found in this study), and should be knowledgeable about statutes of limitations for reporting and the need to make reports as mandated. This information is particularly important for research with vulnerable groups, for whom reporting timelines may be extended.

CONCLUSION

The participants in this study talked about historical trauma as an ongoing problem that is at the root of substance abuse issues in their families and communities. Further, the participants believed their experiences to be shared or common among other AI families and communities. Feelings about historical trauma among the participants, their families, and/or their communities included disbelief that these events could have happened, sadness, and fear that such events could recur; however, there also were messages about strength and survival. It is recommended that clinicians help to empower AI/AN families and communities to draw on these cultural strengths in order to reinforce this more affirming legacy. Substance abuse was not a part of AI/ANs' traditional way of life, and this maladaptive intergenerational pattern can stop with the current generation.

Although the participants in this study have endured trauma, they have overcome numerous barriers to wellness and are resilient and proud, which has allowed for healing to begin taking place in their lives and in their families. The participants have various lengths of sobriety and are at various stages of the life cycle; however, they share a unique story of rising above what they believed to be a predetermined fate involving substance abuse and related dysfunctional family patterns. The participants in this study all chose culturally specific programs, which utilized traditional cultural practices and spirituality for sobriety maintenance, as they felt that these factors were necessary for their healing and would be effective for them. Although it is counterproductive to assume that one intervention or treatment will work for all AI/ANs, clinical interventions and treatment programs should acknowledge the impact of historical trauma on AI/AN families and support the use of traditional healing practices for clients who might benefit from them.

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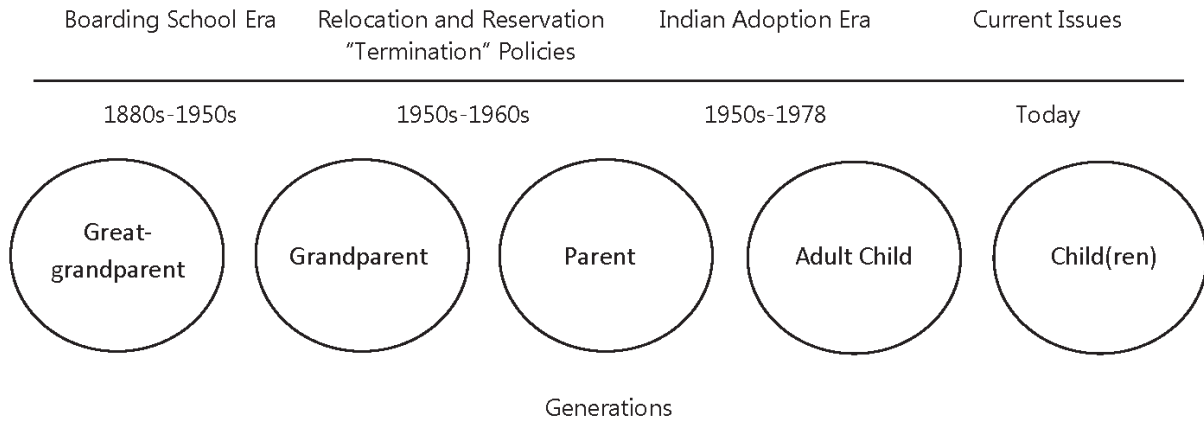
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Appendix A

Intergenerational Transmission of Historical Trauma and Loss Map



CHOKKA-CHAFFA' KILIMPI', CHIKASHSHIYAAKNI' KILIMPI': STRONG FAMILY, STRONG NATION

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Abstract: To encourage the health and well-being of American Indian (AI) communities, it is first necessary to understand the meaning of health for particular tribes. As such, this investigation reports on the meaning of health and well-being for Chickasaw families. Findings from this investigation additionally highlight ways in which characteristics of strong Chickasaw families are both similar to and different from those of other AI tribes. Implications for science and practice are discussed.

INTRODUCTION

Indigenous communities worldwide are asserting their rights to self-definition and self-determination (e.g., Bishop, 2005). Increasingly, these communities are identifying the root causes of the large-scale social problems they face and are seeking to implement their own culturally and contextually anchored solutions (e.g., Gone, 2009; 2010; in press; Kral et al., 2009; Kral & Idlout, 2009). For many, determining a culturally grounded definition of health and well-being (including identifying areas of convergence with and divergence from Western interpretations of health) is an essential aspect of this process (e.g., Gone, in press; Kral et al., 2009).

In this manuscript we provide an overview of the importance of exploring factors that impact the health of families from multiple cultural perspectives, including considering the ways in which American Indian (AI) tribes define healthy families. We do so by drawing upon research done as part of a collaboration between the Chickasaw Nation and the University of Oklahoma. Finally, we argue that such an understanding is essential for the design of culturally appropriate programming that may lay the foundation for healthy family systems from which healthy individuals can emerge. While this manuscript reports on findings relevant to one tribe, we argue that some of the findings may be generalizable to and relevant to other AI communities.

Data Collection Context

This investigation is situated within an ongoing collaboration between the Chickasaw Nation and the University of Oklahoma. This collaboration has resulted in the establishment of a Chickasaw Nation family resource center on the campus of the university—Chokka’ Kilimpi’. This center serves citizens of the Chickasaw Nation, provides internship and other opportunities for students, and serves as a site for university-community collaboration and research. Within this context, this investigation was intended to provide greater insight into the meaning of strong Chickasaw families in order to inform programming at this center and within the larger Nation.

The Context for American Indian and Alaska Native Communities Today

Rates of morbidity and mortality due to violence, accidents, and diseases like cancer, cardiovascular disease, and diabetes are extraordinarily high within AI communities (Centers for Disease Control and Prevention, 2009; Indian Health Service, 2006). However, multiple authors (e.g., Brave Heart, 2004; Duran & Duran, 1995; Gone, 2007) have argued that these alarming statistics need to be considered within an historical as well as a sociocultural context, and that many health concerns are the result of historical trauma and related contemporary marginalization and socioeconomic deprivation experienced by many communities, i.e., past actions taken against AIs have had an intergenerational impact, contributing to modern-day social concerns (Brave Heart, 2004; Duran & Duran, 1995; Gone, 2007). While individual tribes’ experiences have varied, as have the ways in which they have adapted to these challenges, this experience of historical trauma is common among AI tribes.

Historical trauma

The term “historical trauma” refers to the accumulated intergenerational transfer of trauma that has resulted from past government actions taken against AI peoples (specifically, genocide and forced acculturation; Brave Heart, 2004; Duran & Duran, 1995; Whitbeck, Adans, Hoyt, & Chen, 2004). These factors, as well as discrimination and marginalization, have had a significant impact upon contemporary tribes, contributing to high rates of substance abuse, mental illness, physical health problems, and other public health concerns. For example, enforced placement of children in boarding schools has interrupted the transmission of language and cultural practices for many tribes, leaving subsequent generations without access to a coherent sense of cultural identity and contributing to some of the epidemiological social problems faced by modern AI communities (Gone, 2007; Brave Heart, 2004; Whitbeck et al., 2004).

The impact of historical trauma is further complicated by a lack of appropriate, culturally grounded public policies and mental health and social services aimed at AI individuals and families. Members of AI communities are frequently the recipients of services that are not congruent with their worldviews and belief structures (Duran & Duran, 1995; Gone, 2007). In fact, in some cases the imposition of Western models of health is viewed as a continuation of prior policies of genocide and ethnic cleansing, whereby Native people are expected to conform to Western belief systems (Gone, 2007). This incongruence is particularly significant as cultural norms govern a wide range of belief systems, including those that relate to health, illness, and well-being.

Adversity and Well-being

Perceptions of both mental illness and health tend to be expressions of particular cultural norms and belief systems (Gergen, 1994). In addition, regardless of context, individuals and communities who experience adversity often actively strive towards well-being (Lorion, 2000). This process results from the synergy between individuals and the contexts within which they reside (Cowen, 2000; Lorion, 2000; Mays, Bullock, Rosenzweig, & Wessells, 1988; Moane, 2003; Perkins & Zimmerman, 1995). Thus, health cannot be encouraged in the absence of an understanding of context, and it is essential to place an understanding of AI health and wellness within an appropriate historical and sociocultural context (Duran & Duran, 1995) that includes an understanding of cultural norms and belief systems.

In this paper, we examine the meaning of health for Chickasaw families as a first step towards designing interventions intended to encourage such health. While Chickasaw families reside within a unique sociocultural and sociohistorical context, such an understanding may inform similar investigations and interventions aimed at other AI tribes. We start with an examination of the meaning and importance of “family” within AI communities.

Given the significance of families to individual and community health, particularly for AIs (Besaw et al., 2004; Bronfenbrenner, 1981), this investigation focuses upon families as the primary unit of analysis. Within a socio-ecological model, families serve to nurture and socialize their individual members, and the health of families also impacts the well-being of the larger community (Bronfenbrenner, 1981). For example, it is likely that children who are well cared for in loving and non-abusive families are less likely to face mental health concerns and are, therefore, less likely to become a future public health cost and concern. The Chickasaw Nation has thus officially dedicated itself to strengthening its families in order to ensure the overall health and well-being of the nation.

However, the vast majority of literature on familial health and well-being is focused upon non-Native populations (e.g., Beavers, 1981; Fisher, Giblin, & Hoopes, 1982; Lin & Chen, 1994; Olson, Gorall, & Tiesel, 2007; Textor, 1989). The literature that addresses healthy AI families

appears to be minimal by comparison, and none of it is specific to Chickasaw families. However, much of it calls for the implementation of culturally grounded interventions to improve health (e.g., Brave Heart, 1999; 2004). Multiple authors have argued that, when considered against the larger historical backdrop of the challenges faced by Native families, self-leadership, family strength, and tribal governance are critical (e.g., Besaw et al., 2004).

AI families thus need to be understood within a context that gives primacy to Native values and that allows communities to define their own perceptions of health and well-being. While these contexts and definitions vary across tribes, certain commonalities do exist. By comparison with Eurocentric values (e.g., individualism, a focus on the nuclear family), AI values tend to assert the significance of community (i.e., taking care of others), respect for elders, generosity and sharing, reliance on extended family, spirituality, and the role of balance and harmony (Limb & Hodge, 2008; Garrett & Pichette, 2000). It is thus essential to develop an Indigenous understanding of AI families.

Current Study

The current study sought to answer the question: *What is the definition of a strong and healthy Chickasaw family?* This investigation seeks to contribute to the literature on the health of AI families. As such, this investigation seeks to situate Chickasaw families within their unique sociocultural and sociohistorical context and to understand some factors impacting Chickasaw health and well-being, while identifying findings that may be of significance to other tribes as well.

METHOD

Study Context

The Chickasaw Nation is located in south central Oklahoma. It is one of the Five Civilized Tribes, has jurisdiction over 7,648 square miles of land, including 13 counties, and has a population of approximately 38,000. The Chickasaw settled in Oklahoma during the 1800s; they were moved during the Great Removal. They established their own government in 1856. Chickasaw cultural norms differ from those of the dominant society. For example, according to official literature, Chickasaws generally do not value material possessions, are present-oriented, are community-oriented, and view intelligence as intuitive, while those in the dominant U.S. culture generally value savings, have a linear time perspective, are individual oriented, and see intelligence as intellect (The Official Site of the Chickasaw Nation, 2011).

The mission of the Chickasaw tribe is to “enhance the overall quality of life of the Chickasaw people.” This goal is being achieved, in part, through the development of the Chickasaw Nation Family Resource Center—Choka’ Kilimpi’—in collaboration with the University of Oklahoma. This center is located on the university campus, providing services to Chickasaw citizens and research and training opportunities for University of Oklahoma students and faculty. It is within this context that the current investigation was undertaken. Finally, all research procedures as well as this manuscript were reviewed and approved by the relevant tribal and university IRBs.

Research Design

A mixed methods approach to data collection was utilized, allowing for the collection and analysis of both quantitative and qualitative data. The inclusion of both methods allows not only for the triangulation of data sources, but also for the phenomena under investigation to be explored from multiple perspectives (Creswell & Clark, 2007). A Triangulation Convergence design was used (Creswell & Clark, 2007). Accordingly, qualitative and quantitative data were collected concurrently, yet analyzed separately. However, the interpretations of the data were converged so that findings from one data source could inform those from other sources (Creswell & Clark, 2007). This convergence allowed for a more complete understanding of the meaning of healthy families for Chickasaw families.

Sample

Participants in this investigation include 330 adult attendees at two annual Chickasaw Nation Children’s Fairs, 7 employees at the Chickasaw Nation Division of History and Culture, and 20 attendees at a Search Conference intended to inform the development of a family resource center that would serve Chickasaw families (please see below for more information regarding Search Conferences).

Quantitative Data Collection Point One

In 2008, 105 attendees at the annual Chickasaw Nation Children’s Fair completed a brief survey regarding the definition of healthy Chickasaw families. Another 110 attendees participated in a card sort. Demographic data were not collected, as the majority of survey participants declined to provide this information, and the game-like characteristics of the card sort did not allow for demographic information to be collected. Only adults (individuals who were 18 or older) were asked to participate. (Research staff confirmed that attendees were over 18 before inviting them to participate.)

Quantitative Data Collection Point Two

At the 2009 Chickasaw nation Children's Fair, 105 attendees completed a brief survey regarding the definition of healthy Chickasaw families (of the participants at the second fair, 19 were men, 85 were women, and 1 did not report gender). In addition, only adults (individuals who were 18 or older) were asked to participate. Participants ranged in age from 18 to 77, with a mean age of 39.

Qualitative Data Collection

Seven key informant employees at the Division of History and Culture of the Chickasaw Nation were asked to provide narrative definitions of the meaning of strong families. The Division of History and Culture is actively involved in revitalization movements that serve Chickasaw families and, as such, was considered a good location from which to recruit key informants. All responses were completely deidentified prior to being shared with the research team; hence, demographic data are not available for these participants. It is possible that some respondents were not Chickasaw, as the Chickasaw Nation does employ citizens of other tribes as well as individuals from other racial categories. However, all respondents are highly familiar with the cultural context of the nation.

Finally, a Search Conference was held in anticipation of the development of the Chickasaw Nation Family Resource Center (a Search Conference is a participatory planning meeting that brings together key stakeholders to generate attainable long- and short-term goals for programming; e.g., Bryson & Anderson, 2000; Schusler & Decker, 2002; Stensaan, 1994; Warzynski, 2004). Participants included representatives of the Chickasaw Nation and faculty at the University of Oklahoma. All conference participants' aggregate reflections were recorded and deidentified prior to analysis. Thus, demographic information was not available for these participants. However, it is known that participants were Chickasaw citizens as well as members of other racial and ethnic groups.

Procedures

All data collection activities were planned and executed in collaboration with members of the Chickasaw Nation.

Measurement construction

The Executive Committee of Choka' Kilimpi' recommended the annual Children's Fair as a suitable location for the administration of quantitative surveys. Not only is this fair well attended, ensuring access to a large and representative sample, but the research team's presence at the fair would overcome the mistrust of researchers often felt by AI families. All instruments, therefore, had to be designed to be consistent with nature of the event. As a result, both surveys were designed to be relatively short and easy to complete, and the card sort was designed as a fair game that would

be fun and simple for participants to complete. While more in-depth and time-consuming measures (e.g., a progressive pile sort) would have yielded richer data, the nature of the fair did not allow for the use of such measures. The selection of these measures was additionally supported by the preliminary nature of the inquiry.

Survey and card sort for 2008 Children’s Fair

Faculty at the University of Oklahoma, in collaboration with representatives from the Chickasaw Nation Health System, constructed the quantitative measure administered at the 2008 Children’s Fair. Items were designed to reflect Chickasaw, Western, and shared cultural norms and family characteristics and required participants to rate the degree to which these statements represented strong and healthy Chickasaw families. The research team reviewed official documents listing Chickasaw and majority-culture characteristics and collectively generated the corresponding items. Tribal stakeholders additionally reviewed all of the items were for cultural congruency and appropriateness. In this way, the measure conformed to the suggestions for the improvement of cross-cultural methods made by Sue (1999). Accordingly, the measure had good external validity and may allow for a better understanding of a culturally specific phenomenon (Sue, 1999). Once the research group constructed the survey, it was submitted to the Chickasaw Nation IRB for approval.

Given the focus of the Chickasaw Nation on strong families, it was decided that all measures would refer to “strong families.” For the survey, participants were asked to rate the degree to which statements reflected characteristics of strong and healthy Chickasaw families on a Likert-type scale (ranging from 1 = strongly disagree to 5 = strongly agree). Similarly, characteristics listed on the cards for the card sort activity reflected Chickasaw, Western, and shared family characteristics. The items were derived from official Chickasaw Nation documents contrasting Indigenous and Western characteristics. The Chickasaw Nation publishes documents examining Chickasaw culture on its Web site and in other venues. These publications contrast Chickasaw and Western characteristics (The Official Site of the Chickasaw Nation, 2011). Participants were asked to place the cards in boxes labeled “yes” and “no,” indicating whether these represented the characteristics of strong Chickasaw families. Please see Table 1 for examples of survey and card sort items.

**Table 1
Example Survey and Card Sort Items**

Survey 1	Card Sort
A family where elders are a priority	Community oriented
A family where each individual focuses on their own path in life	Focus on present
A family where multiple members have completed college	Self-reliance

Survey for 2009 Children's Fair

The survey for the 2009 Children's Fair was constructed by University of Oklahoma faculty, students enrolled in the Chickasaw Nation Learning Community, and representatives of the Chickasaw Nation. The Learning Community students assisted in the construction of this survey as part of their service-learning project. Complete information on the 2009 survey construction will be published elsewhere.

After the first survey was administered at the 2008 Children's Fair, potential modifications were identified that could improve future measures of family strength. Chickasaw students reviewed the first survey and, in collaboration with the research team, constructed additional items that were included in the second survey. Therefore, the 2009 survey was similar to the one administered the previous year, but sought to further explore dimensions of familial strength. While the first survey was primarily focused upon the appearance of strong families, the second survey sought to explore the activities in which strong families participate. The second survey additionally explored potentially more complex characteristics of Chickasaw families, such as the significance of phenotype. This additional information provided a more nuanced perspective on strong Chickasaw families.

As with the first survey, research team members and students generated statements that were reflective of the kinds of activities that strong Chickasaw families may or may not wish to participate in. Tribal stakeholders additionally reviewed all items for cultural congruency and relevance, which contributed to external validity (Sue, 1999). The Chickasaw Nation IRB additionally approved this survey. Participants were asked to rate the degree to which the statements reflected characteristics of strong and healthy Chickasaw families on a Likert-type scale (ranging from 1 = *strongly agree* to 5 = *strongly disagree*). Please see Table 2 for examples of survey items.

Table 2
Example Survey Items

Survey 2
A family where members look AI
A family where members participate in traditional ceremonies
A family where members value education

Qualitative Research Question—Key Informants and Search Conference Attendees

No measures were used for the collection of qualitative data; rather, key informants were simply asked to respond the question: "What makes a Chickasaw family strong?" Similarly, during the Search Conference described below, participants were given the opportunity to freely brainstorm what they believed the characteristics of strong Chickasaw families were. The responses were recorded in writing by the event facilitator.

Data collection

In 2008, for the first survey, employees of the Chickasaw Nation walked around during the fair, approaching attendees and offering them the opportunity to complete the written survey. While demographic questions were included, the majority of participants did not respond to these. A total of 105 participants completed the survey. All respondents were given a small gift as compensation (e.g., a pen or a T-shirt). The survey administrators reported that a negligible number of participants declined to participate (they did not record the exact number). In addition, a fairground booth was set up where participants were asked to complete the card sort. A total of 110 participants completed the card sort. Demographic data were not collected from these participants; rather, the activity was set up as a fairground game. However, in order to ensure that all ethical standards were upheld, participants were provided with an information sheet informing them of the purpose of the activity before they decided whether to participate. Upon completion of the task, participants were given a small gift (e.g., a pen or a T-shirt).

A total of 115 fair attendees completed the second Children's Fair survey, conducted in 2009. A table with the Chickasaw Nation Learning Community banner was set up at the fair. Interested participants could then stop by the table to complete the survey. Research team members staffed the table and handed out information about the survey, answered participants' questions, and administered the written survey to interested fairgoers. Participants received a small gift in compensation for their time (e.g., a hat or a notebook).

Qualitative data were concurrently collected via narratives regarding the meaning of strong families provided by employees at the Division of History and Culture. The director of this division e-mailed all employees requesting that they provide their interpretations and definitions of what strong and healthy Chickasaw families look like. Employees were assured that this activity was entirely voluntary and there were no consequences for electing not to participate. Interested employees wrote out their responses, which ranged in length from one paragraph to two pages. All narratives were then deidentified and forwarded to the research team.

Finally, participants at a Search Conference were asked to brainstorm characteristics of strong and healthy Chickasaw families. This exercise was intended to inform programming aimed at improving the health of Chickasaw families. A facilitator collected participants' ideas and synthesized them into a document representing the overarching themes that emerged.

Data analysis

All quantitative data were entered into SPSS for analysis. All data were descriptively analyzed to identify trends present across participants' responses. Linear regression was additionally used to examine relationships between ordered variables. Due to the significance attached to age within many AI communities as well as the impact of historic events upon these communities, it was hypothesized that age may have an impact on participants' perspectives (i.e., older participants may have a different perspective based upon, for example, their differing experiences with discrimination; e.g., Gone, 2007). Hence, the relationship between participants' age and their perception of the significance of variables such as culture and phenotypical appearance to familial health and strength was examined. It was hypothesized that older participants may perceive these two variables differently than younger participants would, as their perspectives may have evolved over time and/or may have been impacted by their life experiences, which would differ from those of younger generations. In particular, it was believed that perceptions of culture and the significance of phenotype are variables that change over time and that these perceptions may thus be impacted by age.

In addition, a thematic content analysis was conducted of the qualitative narratives collected from Division of History and Culture employees to allow for the identification of commonalities across responses and overarching themes. First, a subset of narratives was inductively analyzed in order for a coding framework to be constructed. The principal investigators independently reviewed these documents to identify overarching themes present across all narratives that could be organized into a coding framework upon which they could agree. Thus, the coding framework consisted of a set of common themes that could then be used to deductively analyze the remainder of the narratives. The themes were named and the codes were assigned a definition. All narratives were then deductively analyzed utilizing this framework. When themes were identified in a narrative, they were marked and assigned the relevant code. Any new themes identified during the analysis were added to the coding framework if the coders believed that these themes were present across all or the majority of the narratives. All narratives were then reanalyzed utilizing the expanded coding framework. The coders met periodically to review their codes and to ensure intercoder agreement. After analysis was completed, the codes allowed for the identification of patterns across narratives (Patton, 2002). Finally, a similar thematic content analysis was conducted of the document synthesizing Search Conference attendees' responses (Patton, 2002), allowing for overarching themes and commonalities to be identified.

RESULTS

Overall, participants reported that strong Chickasaw families possess a range of important characteristics. These families exist on the cusp between the traditional and the contemporary and draw strength from their extended structure, from their location within a larger community, from their culture and traditions, and from their capacity to adapt to challenges. These findings will be discussed in more detail below.

Cultural Orientation

Participants reported that Chickasaw families draw strength from their cultural roots. One key informant discussed his family's pride in their heritage, in spite of the fact that this heritage has not been valued by mainstream U.S. society: "Although raised in a segregated society [they] instilled Chickasaw pride...the family still has cultural materials, some dating to the time prior to the Removal [1837]..."

Key informants also discussed the fact that families often enact cultural traditions without being aware that they are doing so.

Chickasaw people to some degree still practice these [traditions] today, but don't realize it. They do these things because their mothers taught them, and they don't realize that it has been handed down from many generations.

Another key informant spoke about how strong Chickasaw families need to revive lost cultural traditions: "A strong Chickasaw family would include: lost traditions, ceremonies, and activities being restored...the Chickasaw language [being] prevalent..."

The majority of survey respondents additionally endorsed items indicating that strong Chickasaw families are connected to their cultural roots and to the larger Chickasaw Nation. Please see Table 3 for a breakdown of participants' responses to survey items related to culture. These frequencies represent responses from participants who somewhat or strongly agreed with these items.

Table 3
Survey Responses Indicating Significance of Cultural Orientation

	Strong Chickasaw families participate in older ways of doing things	Members of strong Chickasaw families participate in traditional ceremonies	Members of strong Chickasaw families are familiar with the mission of the Chickasaw nation	Members of strong Chickasaw families have a strong connection to the Chickasaw nation	Members of strong Chickasaw families honor the dignity and history of the Chickasaw nation
Percentage of respondents who at least somewhat agreed with statements	70%	55%	54%	55%	78%

Interestingly, a significant relationship emerged between participants' age and their endorsement of culture as significant to the strength of Chickasaw families. Older participants were more likely to endorse a connection to culture as significant to Chickasaw familial strength ($\beta = .23$, $p = .02$). This relationship does not imply causality, but represents the fact that these two variables were significantly related. Finally, participants at the Search Conference agreed that learning one's native language, history, and culture leads to healthy identity and self-esteem for Chickasaw families.

Chokka-chaffa'—Family

Family is significant within the Chickasaw value system. Participants in this investigation reported that, in spite of their adaptation to contemporary customs, many Chickasaw families draw strength from their more traditional extended structure. In fact, multiple key informants emphasized the extended, rather than nuclear, nature of their family systems. For example, one key informant said:

When Chickasaws hear the word 'family', that could mean anything from immediate family to extended family, to blended family, to friends who live in their home for an extended period of time...so the concept of nuclear family is not particularly relevant to Chickasaw employees here.

Another key informant noted the historical context of the extended Chickasaw family: "Our families did not consist of the 'nuclear family', it was determined by the household where grandparents, aunts and uncles, mothers and fathers, and children lived."

Quantitative data from the survey and card sort support these assertions. Specifically, 93% of participants who completed the card sort indicated that strong Chickasaw families are extended families. The majority of survey respondents additionally at least somewhat agreed with items indicating that strong families are extended families characterized by intergenerational relationships. Please see Table 4 for a breakdown of survey participants’ responses.

**Table 4
Survey Responses Indicating Significance of Chickasaw Cultural Orientation**

	Strong Chickasaw families include grandparents, uncles, aunts, and cousins	In strong Chickasaw families both elders and children are valued	In strong Chickasaw families children have the opportunity to learn from their elders
Percentage of respondents who at least somewhat agreed with statements	91%	98%	91%

In addition, according to participants, joint decision making is another important hallmark of strong Chickasaw families. Specifically, 79% of participants at least somewhat agreed that members of strong families make decisions together, and 58% of participants at least somewhat agreed that young people participate in familial decision making.

However, respondents did tend to agree that strong Chickasaw families balance their collective orientation with an awareness of the value of the goals and achievements of individual members. Thus, while 89% of survey respondents indicated that healthy Chickasaw families value the well-being of the larger family unit over the needs of individual members, and 94% of respondents indicated that members of strong Chickasaw families could rely on one another, individual needs were still significant. Specifically, 54% of card sort participants indicated that strong Chickasaw families are oriented towards individual members, and 55% of survey respondents at least somewhat agreed that individual members of strong families focus on their own life goals. Finally, 53% of survey participants at least somewhat agreed that family members are successful if they are independent of one another. However, competition between family members is not valued, with 70% of card sort participants disagreeing that in strong Chickasaw families there is competition among members.

A thematic content analysis of notes taken at the Search Conference revealed a similar emphasis on the significance of extended family systems that value both children and elders. Thus, there is agreement across all data sources that strong Chickasaw families are characterized by an extended network of kin in which multiple generations coexist, are valued, and learn from one another.

Chikashsha alhiha'—Chickasaw Community

Respondents additionally emphasized the importance of placing strong and healthy Chickasaw families within the context of their larger community. In fact, multiple respondents emphasized the fact that families may include non-blood relatives, thus illustrating this melding of kin and community. In describing this connection, one key informant said:

I have discovered that Chickasaws tend to feel this way [connected] towards any other Chickasaw family, not just their own. It is that feeling of kinship that makes these families strong here. They are connected in a way that only they understand, because they still see themselves as one family, even though they are many.

Similarly, 94% of respondents who participated in the card sort indicated that strong and healthy Chickasaw families are community oriented, and 70% of survey respondents at least somewhat agreed that strong Chickasaw families are embedded within a larger community. Finally, according to analyses of the Search Conference notes, participants asserted that healthy Chickasaw families are connected to their larger community.

Ithanachi'—Education

Finally, participants strongly endorsed the value of education to strong Chickasaw families. One respondent to the narrative component of this investigation described the sacrifices that he had made to ensure that his siblings were able to complete their education:

I have two other siblings, with me being the oldest. I took it upon myself to make sure that I was always there when they needed someone, therefore, causing me to put my life and continued education second. My sister...is in college to become a teacher...my brother, the baby of the family, is also in college and wants to work on computers in some field. I have now started my college career 15 years after high school.

In addition, 62% of survey respondents at least somewhat agreed that strong families include multiple members that have completed college, and 97% at least somewhat agreed that strong Chickasaw families value education. It is likely that this focus on education results from the fact that Chickasaw people have a future orientation and value self-reliance, both of which are

strengthened by education. Specifically, 90% of survey respondents at least somewhat agreed that strong Chickasaw families focus on the future, and 88% of card sort respondents agreed that strong Chickasaw families are characterized by self-reliance.

What Strong Families Look Like

Finally, both survey and narrative respondents provided insight into the kinds of behaviors and activities in which strong and healthy Chickasaw families engage. There was emphasis on the importance of family cohesion, time spent together, and a focus on more traditional values. Table 5 summarizes some of the characteristics of strong families endorsed by survey respondents. In addition, 64% of card sort respondents agreed that strong families hold mystical beliefs. However, notably, while 79% of respondents at least somewhat agreed that children in strong Chickasaw families were involved in physical activities, only 44% of participants indicated a desire for programming focused upon physical wellness activities.

**Table 5
Survey Responses Regarding the Characteristics of Strong Chickasaw Families**

	Strong Chickasaw families eat at least one meal together each day	Strong Chickasaw families regularly do activities together	Strong Chickasaw families value both physical and spiritual health
Percentage of respondents who at least somewhat agreed with statements	84%	90%	89%

Participants also tended to agree that strong families did not focus on material possessions. Overall, 96% of card sort participants at least somewhat agreed that giving and sharing characterize strong Chickasaw families. Similarly, only 25% of survey respondents at least somewhat agreed that strong Chickasaw families have many material possessions.

The physical characteristics of members of strong Chickasaw families were additionally significant to respondents. Specifically, older respondents were more likely than younger respondents to indicate that members of strong Chickasaw families look AI ($\beta = .21, p = .03$). This difference is especially notable as overall, only 22% of respondents indicated that members of strong Chickasaw families look AI. Thus, while this relationship does not imply causality, it does illuminate an important relationship between these two variables.

Finally, participants' responses reflected the fact that strong Chickasaw families would like a return to a slower, more traditional pace of life. Overall, 74% of respondents to the card sort agreed that strong Chickasaw families focus on the present. Respondents who provided narrative definitions of strong Chickasaw families indicated that this focus had to do with a slower pace of life. One respondent described it as "...getting back to basics of being a Chickasaw; slower pace of life—not rushed like now."

Historical Trauma

It is notable that many of the narrative respondents discussed the historical trauma experienced by their parents and grandparents. While no participants relayed their own experiences with oppression, more than one participant discussed the fact that their parents and/or grandparents were placed in government boarding schools and were subject to government policies that did not allow them to speak their language or engage in cultural practices. It is likely that these policies caused the loss of some of the traditions spoken of by participants.

Notably, these experiences are still a reality for many participants and form part of their understanding of their and their families' identities. The following statement made by one of the key informants perhaps captures this best: "...sometimes I still feel angry about Removal and the harsh treatment..."

In addition, only 38% of survey respondents at least somewhat agreed that members of strong Chickasaw families pass on family history. However, in spite of this loss, respondents took pride in their history and heritage. As described by one key informant: "Almost completely, every Chickasaw I meet of all ages have said that they are proud to be Chickasaw."

DISCUSSION

Findings from this investigation cast light on the characteristics of healthy Chickasaw families. Overall, participants emphasized the fact that these families are extended, are connected to their cultural roots, are embedded and active within their larger community, value education, are cohesive, and are not concerned with material possessions. It has been argued that many of these and other characteristics of strong and healthy Chickasaw families are valued across AI tribes. These traits include the significance of community (i.e., taking care of others), respect for elders, generosity and sharing, reliance on extended family, spirituality, and the role of balance and harmony (Limb & Hodge, 2008; Garrett & Pichette, 2000). Thus, findings from this investigation not only provide insight into the characteristics of strong Chickasaw families, but may also allow for an improved understanding of factors that strengthen other AI families.

First, similar to findings by Dykeman, Nelson, and Appleton (1995), participants in this investigation endorsed the importance of extended family, an inclusive role for children, and the primacy of the group as essential to the strength and health of Chickasaw families. In addition, and, again, similar to findings by Dykeman et al. (1995) as well as by Duran, Duran, and Brave Heart (1998), participants indicated that culture is a significant factor in the strength of Chickasaw families. However, overall, overt statements regarding the significance of culture were not as strongly endorsed by participants as were statements regarding cultural practices (e.g., valuing the extended family and participating in older ways of doing things). This difference echoes a statement made by one of the key informants indicating that, for Chickasaws, culture may be intuitive and subconscious. Accordingly, individuals engage in cultural practices without necessarily realizing that they are doing so. In addition, while participants indicated that it is essential to honor the history and the dignity of the nation, only a minority of participants indicated that the passing along of family history is important to the strength and health of Chickasaw families. It is possible that the loss of history and culture due to the impacts of historical trauma has resulted in families devaluing the primacy of their history and culture (e.g., Duran & Duran, 1995; Gone, 2007).

In addition, and notably, older participants were more likely to indicate that culture is important to the strength of Chickasaw families than were younger participants. It is possible that, similar to findings by Whitbeck et al. (2004), older participants were more connected to their cultural heritage, but have not effectively passed it on to younger generations. This finding is potentially symptomatic of historical trauma, whereby government policies have resulted in a lack of intergenerational transfer of cultural knowledge (e.g., Gone, 2007; Whitbeck et al., 2004). However, this finding additionally points to the potentially valuable role that can be played by elders who are a font of cultural knowledge, within both individual families as well as the larger community. Participants who indicated that in strong Chickasaw families children are able to learn from their elders also recognized this value.

Older participants were also significantly more likely to endorse the importance of phenotype to the strength of Chickasaw families. Accordingly, older participants believed that members of strong Chickasaw families look AI, while the majority of participants did not share this belief. This finding likely reflects the diversity that is present across modern AI communities, as well as significant intergenerational differences that may exist within the Chickasaw community. It may have significant implications for the ways in which services are provided to elder members of Chickasaw families who may be mistrustful of individuals who cannot be readily identified as AI. It may also reflect historical mistrust that exists between AI and Western communities (e.g., Gone, 2007) and that should be considered during program design.

Interestingly, participants also endorsed values that are more characteristic of Western perceptions of healthy families. For example, consistent with Beavers' (1981) discussion of the characteristics of majority-culture families, participants indicated that in strong families members are differentiated. Thus, while participants gave primacy to the larger family, the importance of supporting individual members in their unique pursuits was also recognized. Strong and healthy Chickasaw families, therefore, provided space for individuals while valuing the whole.

It has recently been found that biculturalism (i.e., the ability to adapt to majority cultural norms while still remaining grounded in one's own culture) serves to buffer AI youth against negative outcomes such as substance abuse. It is believed that bicultural competence allows these youth to combine what is best from both cultures as a source of strength in the face of adversity (e.g., LaFromboise, Coleman, & Gerton, 1993; Kulis, Napoli, & Marsiglia, 2002). It appears that participants in this investigation intuitively endorsed bicultural competence as a source of family strength and well-being. In this way, families are grounded in Chickasaw culture and tradition while simultaneously being able to navigate the context of mainstream American culture. This biculturalism provides members of these families with the tools for psychological health and success.

Participants in this investigation additionally indicated that education is important to the strength of Chickasaw families. This finding reflects a cultural and historical value found within Chickasaw communities. This focus is also coupled with the fact that, according to participants, strong families possess a future orientation. Healthy Chickasaw families thus prepare for the future and equip themselves with the tools necessary for success. This is an important value, as it provides families with significant resources and has likely been the cornerstone of Chickasaw success in the face of historical trauma. Education allows the Chickasaw Nation to continue to build its own resources and to improve its capacity to care for its members.

Finally, participants indicated that strong Chickasaw families do things together. Strength for these families thus has its roots in the activities in which they engage. These activities may also provide a means of building the connection between families and the larger community (e.g., cultural activities, fairs, sporting events) may provide an avenue through which participants can form connections to their communities), and may be a resource for strengthening cultural ties (especially if elders can be constructively involved).

CONCLUSION

Following the suggestions of authors such as Duran and Duran (1995), findings from this investigation may provide an initial model of Indigenous family health and a starting point for a dialogue on the characteristics of healthy AI families relative to majority-culture American families. Ideally, such an understanding can lay the foundation for programming that counteracts the negative realities of historical trauma within AI communities while capitalizing upon the assets that already exist within these communities. Building upon this understanding can, therefore, inform programming aimed at strengthening families and at healing the “soul wound” experienced by AI communities (Duran, Duran, & Brave Heart, 1998).

Limitations

Findings from this investigation should be interpreted within the context of the following limitations. First, these findings are largely descriptive, and important relationships between variables may thus be obscured. Second, the qualitative data were collected in a way that precluded follow-up questions and probes, limiting some of the depth of these data. Third, findings from this investigation represent one community in a particular geographic location and at a particular point in time, limiting their generalizability. Fourth, demographic data were not collected from participants in all phases of data collection, limiting the analyses as well as the generalizability of the data. Finally, findings are preliminary and should be interpreted as such.

Areas for Future Inquiry

Findings from this investigation highlight several important areas for future inquiry. First, the importance of exploring both unique tribal characteristics as well as universal AI values is illustrated. This investigation allows programming to be tailored to the specific needs and experiences of individual tribes, while capitalizing upon shared experiences and values. Second, findings from this investigation demonstrate the need to further explore similarities and differences that exist between AI and majority-culture value systems. Such exploration allows for programming to be tailored appropriately to AI communities while capitalizing upon the strengths fostered by a bicultural orientation. Third, future inquiries should include a more in-depth investigation of factors that facilitate the health of AI families, as well as elucidating assets that already exist within their communities and can be capitalized upon. Fourth, future inquiries should focus on the differential impact of historical trauma upon AIs and the ways in which communities have adapted in the face of these experiences. Fifth, future inquiries should focus upon teasing apart the impact of demographic characteristics such as age and possibly gender upon AIs’ perceptions of factors that are important

to familial health and strength. This inquiry may highlight sources of diversity present within tribes and may have significant implications for programming aimed at these communities. Finally, future inquiries should focus upon evaluating the impact of culturally appropriate programming aimed at improving the health and strengths of AI families. This work may include a special emphasis on the significance of cultural practices to AI family health.

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