Police were not always seen as protectors and sometimes evoked irritation or anxiety among participants, thus serving as another anticipatory stressor. One man stated, “Cops are stressors. You can’t even drive around anywhere from ten o’clock to six in the morning without having to worry about them cops.” A woman shared her perception of *inequitable police power*: “Just knowing too that [the police] got the power, [and] they can pin anything on you.” Some might argue that policing-related stressors correspond with daily battles or ambient stressors (Aneshensel & Sucoff, 1996) because of regularity and a community-wide looming sense of a future police-related event. We did not disregard these alternatives, but placed police-related stressors within the anticipation category because participants more often spoke of what might happen because of police presence.

Tribal members shared fears of ***crime***. Similar to policing, respondents sometimes mentioned anticipation of criminal activity in the context of telling a traumatic story (e.g., *victimization*), foreseeing *community-level substance abuse*, or *endemic economic problems*. The following correspondence took place between two focus group members.

> Male: You almost know that the economy is gonna cause these kids to break and enter for money, for drugs.
> Female: The breaking and entering.
> Male: At all hours of the night, even when you’re in the house.
> [two others agree with a mmmmm]
> Male: . . . You could hear bullets going through the air all hours of the night, around the house. Even hittin’ the house sometimes.

Daily Hassles and Battles

Daily hassles and battles are another domain of stressors that like non-events, have discrete and chronic stressor features. The sociology literature discusses daily hassles (e.g., daily or near daily activities such as those occurring during the workweek) as regular microevents or routine brief encounters with distinct starting and ending points (Wheaton, 1994). Daily hassles reflect social realities (Wheaton, 1994) and require minor behavioral adjustments (Thoits, 1995)**.** We classified stressors into an adjusted domain, *daily hassles and battles*, rather than *daily hassles*. This contrast with the general health sociology literature represents our findings that some stressors are regular in frequency and duration, similar to daily hassles, yet they are substantial in their

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enduring effects beyond being simply a "hassle." Within the daily hassles and battles domain we identified three categories of stressors. The first is related to structural irritants emerging from the ***built environment*****.** Ruts, potholes, and unplowed roads impeded safe driving and serve as a daily nuisance. One man spoke of his driving experiences:

> I drive a [school] bus and the bus will hit those ruts in the road . . . that bus does not fit those ruts. . . Maybe if they widened the [roads] – cut some trees and get more sunlight [to hit the pavement]? 'Cause whenever I leave the reservation, fifty or more percent of the time, the roads are better.

In addition, participants talked about regular microevents related to chronic disease or ***health management*****.** *Diet*, *exercise*, and *health care utilization* were common sub-themes within this category. One participant lamented, "So yeah, it's the whole food part is a stressor because you gotta count the calories and the sugars and all that. I don't have time for it, but now I gotta make time for it. In another example, participants discussed family members accusing them of "eating like a bird." Paradoxically, at other times, "the family tells you, 'Well eat right!'".

Participants also shared experiences and perceptions of regular, expected ***discrimination*** from non-Natives and other AI people. We highlight two types of discrimination in the form of daily battles. This quote by a woman about her physician is a distinct instance of lateral oppression that occurred in the health clinic setting. (See also the Chronic Stressors section for discussion about lateral oppression.)

> I hear a lot about [my doctor]. She's Native American. We all know that. . . . I swear she treats us different than she treats the non-Natives. Like, health-wise. . . I think the non-Natives get more help than we do, and it's a stressor because I see it every day.

Microagressions are a sub-category of discrimination and include non-verbal representations of inferiority on the basis of race or other social statuses, subtle, covert forms of discrimination, and unintentional insults, that can be rooted in unconscious bias (Pierce, 1974; Solórzano, Ceja, & Yosso, 2000; Sittner et al., 2018; Sue, 2010; Walls et al., 2015). Microaggressions are not micro in a sense that they cause little harm; in fact, microaggressions accumulate and may have greater health impact compared to more seemingly harmful acts of

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discrimination (Lee & Turney, 2012; Pierce, 1995). We categorize microaggressions as daily battles because they represent "everyday" *brief* interactions (Sue, 2010). Presented are two microaggression stories.

> They had a job opening for a teacher so [I went there] and I told that guy, I said, "Oh, what are you looking for, I want to fill out an application." He said, "You can't, the janitor's jobs been taken," he told me. My late husband just got mad and he says, "Tell him that you have five degrees and 'why should I be mopping floors when I have five degrees in education?'". . . Just because I'm brown doesn't mean that's all I know is how to clean. [group laughs]

> I got stressed out the other night watchin' the [base] ball game [on tv]. Atlanta Braves. I hate that . . . (mimics "Indian" chants). . . [I said,] "Oh my god. Turn that off." It was the Milwaukee Braves [when] I was a kid. They used to [ask] me, they said, "Your dad is Chief Noc-a-homa?" That was [the mascot's] name, Chief Noc-a-homa, he's the one with the drum.

Life Events

Perhaps the most widely used approach to stress process research focuses on stressful life events (Paradies, 2006; Wheaton, 1994). Life events may be sudden and unanticipated, or involve anticipation, but the duration is short compared to the other domains of stressors (Crowley, Hayslip, & Hobdy, 2003). Participants' discussions surrounding these life events were frequently coupled with sense of loss. Typical life event themes included discriminatory life events, medical events, job events, and deaths of loved ones. Instances of life event ***discrimination*** were discussed as unexpected, and mostly traumatic. In this case, we heard about an event in the late 1970s when AIs were asserting their treaty rights and often encountered resistance.

> I was law-enforcement back when treaties first started. You know, we upheld our gathering, hunting, and fishing rights. I was out on the lakes when they were shooting at us and throwing rocks at us and threatening my family. That was stressful. Especially when it comes to "I know where you live." Even my wife got a couple threatening calls. I had to change our phone number. They said they were

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> coming after my kids. And then you go around the [lake area], you see the signs "Shoot an Indian, Save a deer." "Spear an Indian, Save a walleye."

Next, ***medical*** events (e.g., *disease diagnosis*, *medical emergencies*) were commonly discussed. One woman described finding out she was diabetic when she went to the intensive care unit (ICU).

> I found out I was diabetic . . . I had to go to the ICU for three weeks . . . [The doctors and nurses] were like, "Man, you're knocking on heaven's doorstep." And everything was collapsing, all my organs and my veins and my nerves because I was so dehydrated. . . . And I was really depressed when I found out [I had diabetes]. I was crying 'cause I know the outcomes that. [pause] Your kidneys and losing limbs and stuff.

A woman explained how her *T2D diagnosis* paired with *memories of family suffering* had triggered a depressive-like state. "The first two weeks were very hard it was almost like a depression for me . . . Two weeks it took me to finally get out of it and tell people, 'I'm diabetic' . . . I have an uncle that lost both of his legs. I don't want that to be me."

Multiple participants shared experiences related to ***work*** events including job loss or change. Participants found themselves needing to retire at an earlier age than expected due to chronic illness. "They wanted me to [manage] my own [factory] plant. . . I didn't take the job. I was too stressed out then. My sugar was high. I know that was the cause of why I was getting sick all the time there. So I retired early." Another man spoke of losing the ability to climb at his construction job: "I wanted to work longer, but I just couldn't climb anymore like I used to."

The theme of dying or ***death*** of loved ones is our final example of life events. Family member deaths are primarily spoken in conjunction with varied levels of distress. One woman shared simply that her nephew "got shot by the cop." Another woman told the story of her children's reaction to the death of their great grandfather and how she is reminded of her son's death.

> I went up to my grandpa, and I could just feel his skin. And when he died, he had [multiple sclerosis], and he was so thin, and his skin was wrinkled. . . . But my kids, they're the ones, when I woke up, I could hear [my son] crying, "I don't want my

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grandpa to die!" He was just panicked you know, and they had to take him out of the room. . . The only stress I have is the kids. [Them] having to go through that. I know how I felt when my son died, and I still feel it.

DISCUSSION

This study uniquely unpacks stress processes for Indigenous people, provides insight into targets for health promotion, and advances AI health research. We heeded the perspectives of AI adults who are managing a chronic illness and conclude that contemporary AI stressors generally function as chronic regardless of duration. We also categorized contemporary stressors to construct the Continuum of American Indian Stressors Model (Table 1) with four broad domains and nineteen stressor categories. This preliminary model reflects stressors that are generally scant in the literature, yet they are key to understanding the function of stressors on AI health and foundational to identifying the AI stress universe. In addition to addressing gaps in the AI stress-health literature specifically, this work moves the field of health equity research forward more generally by speaking to stressors that people of color face on a regular basis.

Adaptations of Stress Continuum Model

We started our analysis with an *a priori* coding template that was informed by Wheaton's stress continuum model (1994). Wheaton relied on duration of a stressor and descriptions of internal phenomenologies (i.e., an individual's emotional processes and cognitions as informed by cultural and contextual underpinnings) of stress to determine appropriate domains of stressors. We encountered significant challenges with classification of Gathering for Health data using Wheaton's unadjusted model. For example, "daily hassles" is a type of stressor known for resulting in irritation or annoyance, is short from start to finish, and regular in its occurrence. When we tried to classify microaggression exposures, we found that they most closely matched with the daily hassles domain in terms of duration and frequency but not the remainder of the definition. Because of malalignment between Wheaton's model and Gathering for Health data, we modified our classification approach to focus on "duration of stressor" as a driving factor for categorization, along with distillation of stressors to the "focal stressor" as our interest for this study. We also adjusted Wheaton's daily hassle domain to daily hassles and battles (see Methods for additional description).

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Experience of Chronic Stress

In contrast to most stress process literature, we found that participants perceived most stressors as ongoing chronic strains regardless of duration of primary stressor exposure. Stress proliferation, anticipation and rumination, frequent disruptive unresolved situations that cross-cut settings (e.g., workplace, home, community), and stressor domains contribute to this phenomenon. Stress proliferation is the tendency of stressors to multiply and cascade upon one another rather than emerge in isolation (Pearlin, Schieman, Fazio, & Meersman, 2005). Below is an excerpt demonstrating stress proliferation as well as rumination and anticipation.

> I worked at the high school for 18 and a half years as a coach [for girls basketball programs]. Man, sometimes I would see some of the girls [and they would tell me], “I don’t want to go home,” or “I need to get out of there.” . . . [I wondered] am I going to have them, come Monday? Or then a few years back, . . . they had a suicide pact going on around here. I lost one of my players. . . . Some days you get that feeling, is this person going to show up Monday? [pause] They hear about a big party and all that . . . I say, “Oh geez. . . . Are my players going to be smart enough to say no?”

Although stressors might be conceptualized as discrete events on the surface, in the reality they are enveloped in contexts of prior and ongoing unresolved loss and grief as demonstrated in the above quote. Similarly, another participant stated, “Co-workers [don’t understand] what you’re going through and how it affects you. . . . And then when you try to explain yourself, they look at you like . . . they don’t believe you.” The following excerpt references unresolved conflict regarding Tribal Council actions and concerns about resource allocations.

> With all the money they’re throwing around they should throw us in school and let us be the ones that run our own show here. But it’s not. It’s like that youth center stuff you know? Like, most of them jobs are gonna be for white people you know? Why don’t they send us to school? Or give us the chance to run it and do for our own people… Like, what can’t we do, but they can do … Why can’t our own tribe help us to run our own stuff?

Exposure to discrimination including microaggressions and lateral oppression, or “daily

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battles," often went unresolved contributing to the chronic stress experience. Inability or lack of opportunity to come to a resolution following a discriminatory event can result in a person's diminished sense of self-worth and trigger thoughts of current and past oppression and subjugation, along with other residual effects. Another reason that participants generally interpret stressors as chronic is because there are unique forms of stressors that AIs experience, over and above those typically identified in the sociological literature. One example identified in the data is lack of Indigenous cultural engagement, another stressor that is difficult to resolve.

Fundamental Causes: Poverty, Genocide, Colonization

As evidenced in these data, ***colonization**, **genocide***, and ***poverty*** act as fundamental causes (Link & Phelan, 1995) of contemporary stress and illness for Indigenous people. Poverty is a byproduct of colonization and genocide and began with land encroachment, loss of traditional foods, and the federal government's encouragement toward dependence (e.g., Washington, 1779; Jackson, 1830; *Cherokee Nation v. State of Georgia*, 1831). In our data, lack of financial resources, basic needs (e.g., food, heating), employment opportunities, services, and community economic development are cross-cutting issues affecting individuals, families, and communities. The next excerpt is resonant of rapid social change which resulted from cultural genocide and attempts to change Indigenous worldviews and cultural ways of living (Graham, 2008). This is one example of the multigenerational layers of traumas and distal stressors that led to community-wide destruction and sense of loss.

> Times changed. A lot of our people took to drinking. A lot of families broke up. A lot of kids went to far-off foster homes. In fact, my family broke up. People that I know. We had a thriving community at one time. I think there's two families left down there now. I bet we used to have over 100 strong down there. That's when everybody was close.[1]

Fundamental causes were sometimes latent in the data; that is, the origins of stressors often were linked to poverty and its roots in colonization and genocide, even if not explicitly stated as such.

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[1] This quote references federally sponsored assimilation efforts when children were being removed from families and adults were being provided incentives to move away from their homelands and into urban areas (e.g., Indian Relocation Act of 1956).

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Historical Trauma

Conceptualization of colonization, genocide, and poverty as fundamental causes (Link & Phelan, 1995) is consistent in historical trauma scholarship. Historical trauma has been discussed as an etiological agent of behavioral and physical health challenges for current generations (Brave Heart, 1998; Elias et al., 2012; Evans-Campbell, 2008; Gone, 2009; Walls & Whitbeck, 2012; Walters et al., 2011; Whitesell, Beals, Crow, Mitchell, & Novins, 2012). Furthermore, the focus group participants' descriptions of stressors as generally chronic align with conceptualizations of historical trauma responses in the literature. For example**,** non-resolution, rapidly occurring traumas, and rumination have been described by Indigenous scholars (Brave Heart, 1999; Duran & Duran, 1995)**.** In this work, we provide additional evidence that AI health research should consider historical and political occurrences as context and recognize that today's stressors are historically-anchored determinants of AI health (King, Smith, & Gracey, 2009).

Limitations and Future Work

We acknowledge limitations to this study. Participants were all living with T2D; as such, we identified several stressors that may be unique to those with a chronic disease. Diabetes provided the context for many stressors, including managing a chronic disease, changing behaviors, lack of social support, fear of disease complications, and the stress of having a poor health-related quality of life. These findings are particularly important given overwhelming evidence that stress is associated with T2D onset, complications, morbidity, and mortality (Fisher et al., 2008; Hamer, Stamatakis, Kivimäki, Kengne, & Batty, 2010; Roberts et al., 2015). Themes of stressors among this group are particular to those with chronic disease, which may or may not be different than the general AI population at large. However, the unfortunate reality is that pervasive chronic health challenges touch far too many AI lives and stressor themes likely approach generalizability. Another limitation is that focus group members discussed stressors that were disproportionately recent and non-traumatic, and thus, there may be certain types of stressors not represented in our analysis. This may have been due to their collective experience in the focus group and the vulnerability involved in expressing traumatic events with others or recall bias. Our findings could be triangulated with research about other forms of AIs stressors (e.g. childhood adversities) to create a more robust universe of AI stress.

We identified a broad landscape of stressors among a sample of AIs with T2D while

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focusing on stressor duration and the focal stressor as reported by participants. Investigation of additional dimensions of the stress process such as magnitude are important in future research. Although we did not set out to assess the magnitude or emotional effect resulting from stressor exposures, some references to impact were mentioned in the findings section. For example, despair, loss, hopelessness, fear, irritation, frustration, anger, and distress were demonstrated within the excerpts. Future research should also take into consideration stressor context, the life course, multiple units of analysis (e.g., family, community), and interactions and constellations of stressors – paying close attention to those associated with race/ethnicity and class/poverty (Kawachi, Daniels, & Robinson, 2005; Mohatt, Thompson, Thai, & Tebes, 2014; Pearlin & Skaff, 1996; Walls & Whitbeck, 2011; Wheaton, 1994). Native people's experiences with battling stressors such as microaggressions and lateral oppression are especially deserving of further inquiry, given the dearth of literature on these topics and the likelihood that these sub-categories of discrimination are widespread and high in magnitude. In fact, one woman from this study identified lateral oppression as the most significant stressor across her reservation. Given that most stressors in this study were experienced as chronic, future research should examine how Indigenous people resolve their problematic situations and reduce stress burden. One suggestion is to inquire about how Indigenous people come to terms with or identify "*their* endings" to problematic situations. This type of investigation would likely uncover that pathways toward health and well-being involve building resilience and strengthening access to resources; both of which are abundant in tribal communities.

CONCLUSION

Health disparities for AIs will be better understood and addressed when stress processes are thoroughly investigated. This qualitative study of AI adults with T2D bolsters prior historical trauma research by demonstrating how poverty, genocide, and colonization are fundamental causes of contemporary stressors and health outcomes. Our systematic categorization of stressors and launching of the preliminary AI stress universe concept contributes to understandings of stress process experiences for Indigenous people. We are hopeful that future scholarship builds upon these findings to further advance research on the role of stressors in Indigenous people's health. Continued examination of AI-specific stressors as social determinants of health has the potential to substantively reduce health challenges within tribal communities and bring more attention to health disparities as health inequities.

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ACKNOWLEDGEMENTS

We gratefully acknowledge the dedicated Community Research Council and Clinical Project Members of the Gathering for Health team, which includes Sidnee Kellar, Rose Barber, Robert Miller, Tweed Shuman, Lorraine Smith, Sandy Zeznanski, Patty Subera, Tracy Martin, Geraldine Whiteman, Lisa Perry, Trisha Prentice, Alexis Mason, Charity Prentice-Pemberton, Kathy Dudley, Romona Nelson, Eileen Miller, Geraldine Brun, Murphy Thomas, Mary Sikora-Petersen, Tina Handeland, GayeAnn Allen, Frances Whitfield, Phillip Chapman, Sr., Hope Williams, Betty Jo Graveen, Daniel Chapman, Jr., Doris Isham, Stan Day, Jane Villebrun, Beverly Steel, Muriel Deegan, Peggy Connor, Michael Connor, Ray E. Villebrun, Sr., Pam Hughes, Cindy McDougall, Melanie McMichael, Robert Thompson, and Sandra Kier.

The authors would like to thank Dr. Karina Walters and Leo Egashira from the Indigenous Wellness Research Institute for their help and support, as well as Dr. Miigis Gonzales and Stephanie Willie.

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FUNDING INFORMATION

Research reported in this manuscript is supported by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health (DK091250; M. Walls, PI). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health. B. Aronson gratefully acknowledges support from the Agency for Healthcare Research and Quality (1R36HS024180-01). J. Elm gratefully acknowledges support from the National Institute of Drug Abuse (HSN271201500717P, HHSN-271201200663P, 3R01DA039912-03S1) and the Minority Fellowship Program from the Substance Abuse Mental Health Services Administration.

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