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**“You heal the spirit”: Anishnabe Adaptations to Historical Loss and
Trauma**

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**“You heal the spirit”: Anishnabe Adaptations to Historical Loss and
Trauma**

by

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Thesis

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Dedication

The following project is dedicated to my uncles who passed the three consecutive year's preceding this research. Their memory has left an indelible footprint on the surrounding community and the family members that survive them. My hope is that this project will serve as a step in the right direction for our family and community to heal from ailments that are still present and affect our people. Efforts are already being made to ensure the success of younger generations carrying on traditions of our culture and this project was completed to add to those efforts.

Acknowledgements

I would like to acknowledge my advisor, Dr. Mary Steinhardt, for her endless support. When I didn't think it could be done, her gentle encouragement told me that it could. Without her assistance, this project would not have been possible.

I would also like to acknowledge my family, who keep me Native. Whenever I would break down from the emotional weight of the project all I would have to do is turn to any one of them and they would remind me why I do what I do and what good things are going to come of this. They reminded me that this project is bigger than myself.

I must also express my deepest gratitude to the professors and students in the Native American and Indigenous Studies program at the University of Texas at Austin, as well as Native studies programs across the world. With the constant proliferation and inaccurate representations of Native and Indigenous lifeways it becomes even more important to persevere in a Euro-American dominated academy.

Abstract

”You heal the spirit”: Anishnabe Adaptations to Historical Loss and Trauma

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Native American and Indigenous populations around the world face disproportionately higher rates of disease and mortality. There are many nuanced factors that contribute to this, but a common underlying theme is that they’ve all dealt with some form of oppression by colonialism. Native people today still feel the effects of historical trauma as it reverberates through generations that have directly experienced loss of land, language and culture. It’s important to examine the ways different tribal groups experience and perceive historical loss and trauma today in order to teach the next generation of tribal youth to carry on traditions and Indigenous knowledge.

In this study we conducted four focus groups in a Midwestern Anishnabe tribe to examine the research question: What characteristics enable Native American people to cope with historical loss and trauma? Using a survey to supplement the focus group data, we also examined relationships among five variables: historical loss, historical loss associated symptoms, resilience, coping and sense of control.

Results showed three over-arching themes that allowed our sample to make sense of historical loss and trauma, and trauma that is ongoing: *Adaptations to Loss and Trauma*, the *Legacy Burden*, and a *Marked Protective Identity*. Additionally, the survey results indicated that historical loss was significantly positively related to historical loss associated symptoms. Higher scores of resilience, percentage of adaptive coping, and perceived control were significantly related to lower scores on historical loss associated symptoms.

The findings from this study indicate that loss and trauma are present within this community and having a collective Native identity provides strength in the form of resilience for multiple generations. Using the themes and relationships from this study the community can expand resources to facilitate growth of cultural reclamation and traditional knowledge.

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Chapter 1 Introduction

Land means life. -Michael Yellow Bird

Communities are the ones who know the answers to their own problems. –Linda Tuhiwai Smith

The desire for this research project came from personal experiences of being raised in two parallel worlds: a traditional Native American community and modern American culture. In many ways I believe growing up in such an environment is unique but I also know that there are thousands of Native American youth who have to learn to navigate similar paths. Coming from a community that has been working for decades to restore cultural traditions and knowledge, I witnessed how difficult life can be trying to maintain balance between two separate ways of life. I also have an intimate relationship with the trauma that can be found within generations of Native American families; addiction, substance abuse, poverty, and boarding school experiences. This study emanated from personal reflection of the possibilities of underlying causes of the overwhelming disparities seen in Native groups within United States. To assume that alarming rates of morbidity and mortality can simply be reduced to minimal and manageable factors is naïve. However, a common theme that *is* clear among all indigenous groups is that they've endured some form of colonialism to various degrees and all suffer from disproportionate rates of death and disease (Brave Heart et al., 2011; Brown-Rice, 2014; Wolfe, 2006).

The Indigenous population of North America has seen devastating amounts of loss and oppression for hundreds of years; over the course of many generations. It is hard to accurately assess how many Indigenous peoples occupied this land, but some historians suggest that there were anywhere between one and 18 million people between Mesoamerica, the United States and

Canada when Europeans first made contact, belonging to hundreds of distinct tribal nations (Thornton, 2005). Now, American Indian and Alaskan Natives (AIANs) of the United States make up less than 2% of the total population, and are comprised of at least 566 federally recognized tribes (U.S. Census Bureau, 2012). Not only has the AIAN population experienced a dramatic loss of bodies and peoplehood, they also live with severe levels of poverty, lack of employment and education, disproportionate amounts of health disparities, and ever-present discrimination¹ (Barker, 2011). A myriad of factors contribute to these outcomes and public health and social service professionals continually search for effective ways to eliminate, or reduce, the gaps in disparities. It is an overwhelming task, but necessary for the reclamation of Native American culture and traditions.

The tribal populations often show disheartening levels of morbidity and mortality that lead researchers and public service professionals to search for effective interventions to be developed in communities (Brave Heart, Chase, Elkins & Althschul, 2011). Heart disease is the number one cause of death for AIAN males, and show substantial differences in rates of death in both male and females compared to non-Hispanic whites (Espey et al., 2014). AIANs are more than twice as likely to be diagnosed with diabetes² (Cobb, Espey & King, 2014). Natives under the age of 25 make up nearly half (42%) of the total Native population, compared to 34% for the rest of under 25 population in the U.S. (National Congress of the American Indian, 2010). This presents a unique opportunity to educate this generation of emerging adults towards cultural and community healing. However, younger generations take their life at a rate over three times higher than the national average and they are exposed to trauma up to 2.3% more than other

¹ Not all tribal nations experience severe amounts of poverty and unemployment.

² Except in Alaska.

children of their age (Horwitz, 2014). Native Americans lose their elderly earlier, with 36% dying before the age of 65 (Casper et al., 2005; Oh et al., 2004), which contributes to a continued loss of cultural traditions. With Native American communities across the country striving for cultural and language revitalization, while simultaneously losing cultural traditional knowledge, it is critical to identify what tribal groups are in need of healing, and *how* they want to proceed with healing from the voice of the Native speaker. With the Native American populations more likely to live in poverty, have a lack of completed education, high rates of unemployment, elevated rates of suicide and premature death, the exposure to chronic trauma and accompanying stress is ever-present and cannot be ignored (Brave Heart, 2003).

For over a decade Historical Trauma (HT) Theory has been circulating social science academia as a means to explain, at least partially, why Native American groups suffer from higher rates of substance abuse, suicide, heart disease and diabetes (Casper et al., 2005; Espey et al., 2014; Horwitz, 2014). Indigenous author, Margaret Kovach, acknowledges that stories are central to knowing (and knowledge production) in Native cultures, thus stories are both method and meaning in Indigenous research (Kovach, 2010). This study is an attempt to use HT Theory and the story of one tribal group to find ways to heal from the historical loss and trauma that is still being experienced by our people today. Others have eagerly followed Brave Heart's work, and have contributed additional testimony concluding that HT is, indeed, a legitimate point of intervention (Brown-Rice, 2014; Kirmayer, 2014; Prussing, 2014). To date, some authors have found significant amounts of historical loss felt among tribal communities across the United States (Whitbeck, Chen, Hoyt, & Adams, 2004; Goodkind, LaNoue, Lee and Freeland, & Freund, 2012; Wiechelt, Gryczynski, Johnson, & Caldwell, 2012; Grant, 2010), however more

research is needed to assess differences in experiences across groups. In their review of concepts and considerations, Brave Heart and colleagues (2011) call for more research to be done examining the psychological characteristics displayed by different tribal groups who have experienced historical loss and trauma. Other authors have agreed that it is important to not generalize findings from research with one Native population to all other Native and Indigenous groups, therefore it's necessary to consider the context in which the research is being done.

This study seeks to examine the historical loss and trauma experienced in one Midwestern Anishnabe community, then finds and defines the ways in which it is experienced. Additionally, we looked at the ways in which people cope with stress and trauma, levels of resilience and perceived sense of control. We chose a tribal group that has maintained federal recognition for over four decades, has not experienced severe loss of land and is in the midst of recovering and reclaiming traditional ceremonial practices (Klopotek, 2011). Still, many members of this community feel the effects of internal colonialism; political power struggles from traditional versus contemporary leadership systems, exponential increases in membership leading to scant resource distribution, a decline in tribal member participation in cultural activities and high levels of substance abuse and youth suicide (anonymous, personal communication, August 22, 2014). Using focus groups with tribal members in the community, participants had conversations around adaptations to HT and discussed ways of healing from loss. Considering Brave Heart's confidence that most Indigenous communities experience some degree of HT, relating loss and trauma to the way people cope (positively or negatively) and their perceived sense of resilience and control will provide valuable insight into the individual and community's sense of self.

Using both focus group and survey data we seek to tell a story from the Native person's perspective that examines the following research questions:

- 1) What characteristics enable American Indians to cope with historical loss and trauma?

Additionally, using the aforementioned concepts in relation to HT, we developed and tested the following hypothesis with previously developed scales:

- 1) There is a significant positive relationship between Historical Loss and Historical Loss Associated Symptoms.
- 2) Resilience, Percentage of Adaptive Coping, and Perceived Control are significantly inversely related to Historical Loss and Historical Loss Associated Symptoms.

The results are presented first by the themes that describe the story of historical loss experience of our study population. The themes that manifested are not in any particular order, yet they should be considered fluid in that they can coincide and be present with other themes at one time. The themes are Adaptations to Loss and Trauma, the Legacy Burden and a Marked Protective Identity. Following the themes, the Pearson correlations of our survey variables are presented. All results are then discussed in the context of applicability to the community in which we did our research. The hope is that this study will contribute to preexisting structures in place that facilitate conversations of healing and positive growth from historical loss and trauma.

Chapter 2 Literature Review

There has been a dramatic increase in the number of American Indian students who have pursued higher education, specifically since the 1960s. This is positive because it means that Indigenous scholars were (are) able to contribute their own research to the field of Native American and Indigenous studies rather than maintaining the status quo of “outsiders” coming into communities to do research on the ‘natives’ (Kanuha, 2000; Wilson & Bird, 2005). During this same period the Red Power movement was very active alongside the Civil Rights movement, where Native people spoke out against oppression and discrimination. People of color felt more empowered to seek out and create opportunities that would promise a better future for themselves than what their ancestors have experienced up to this point. At this time a prominent voice for Native American activism published a book that created ripples in the Euro-American dominated academy. In Vine Deloria Jr’s book, *Custer died for your sins: An Indian Manifesto*, he brings attention to all of the taboo topics people were afraid to discuss at the time: anthropology research in Native communities, differences in the Red and Black experience, the “authentic” Indian and the impossible standards that Native people have to live up to (Deloria, 1969). This seminal piece opened doors for Native and Indigenous students to enter in the academy and propagate their own research in Native and non-Native populations.

A couple of decades later Native scholar Maria Yellow Horse Brave Heart would pursue research into a theory that would account for trauma that was experienced in the past but is still felt (and seen) both physically and psychologically within American Indian populations. After years of work in a clinical social work setting, and working alongside many others, Brave Heart published multiple pieces developing a theory that would shift the field of academic work within

Indigenous and colonized peoples. For the last two decades the amount of research attempting to expand knowledge in this field has grown exponentially.

HISTORICAL TRAUMA THEORY

This study uses the Historical Trauma Theory as a framework to explore perceptions and adaptations in one Midwestern Anishnabe community. In the discipline of trauma research there are weaknesses when it comes to accurately assessing the way chronic and acute trauma have affected the American Indian and Alaskan Native (AIAN) population (Evans-Campbell, 2008; Prussing, 2014; Brown-Rice, 2014). The Native North American population is a diverse minority group consisting of over 566 federally recognized tribes, each with unique traditions and cultural practices. Further, each tribal group has experienced different levels of exposure to colonization practices, and therefore has different experiences with HT. Because of this it is important to consider Native groups, and their experiences, distinctly in exposure to acute or chronic trauma. Identity and recognition of oneself as belonging to a particular Indigenous group is considered part of the strong nature and resilience of Native American people, and thus the need to be considered independently of one another (Yellow Bird, 2001).

Historical trauma (HT) is defined by Brave Heart et al. (2011) as '*cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma*' (p. 283). Historical Trauma Theory encompasses HT, the historical trauma response and unresolved grief. The historical trauma response (HTR) is described as a myriad of factors in response to chronic trauma exposure including depression, self-destructive behaviors, low self-esteem, addiction, etc. (Brave Heart, 2003). Unresolved grief is considered "the affect that accompanies" the historical trauma response which can be impaired, delayed or

disenfranchised, (pg. 1, Brave Heart, 2003). These concepts helped prepare questions to lead conversation for the focus groups. The literature also directed us to the variables included in the quantitative survey.

In her research leading up to the development of Historical Trauma Theory, Brave Heart works with the Lakota (Teton-Sioux), whom she identifies with. Her personal lived experience greatly contributed to her work and passion for establishing connections between the traumatic experiences of our ancestors' generations ago, to the responses that are still seen in the communities now. The Lakota people were part of the Wounded Knee Massacre of 1890, where hundreds of unarmed Lakota men, women and children were shot and loaded into mass graves. Also, the assassination of Sitting Bull in 1890, who was a great leader and embodiment of Native resistance across the country, directly affected the Lakota people (Brave Heart, 1998). In her work, Brave Heart shows that the Teton Sioux still experience loss and trauma in various ways.

Other authors in the field have reported similar findings in other Native populations. Menzies (2006) showed that the high proportion of First Nations people representing the urban homeless population could be partially explained by intergeneration trauma. In this case, the semantic difference is purely geographical as intergenerational trauma in Canada refers to historical trauma within the United States. He showcases narratives of people who either had a direct experience with trauma or were one generation removed from an experience, but the experience was due to the fact that they were Native American. For instance, participants spoke of cycles of physical abuse starting in residential school systems which then continued at home; similar testimonies exist of boarding school experiences within the U.S. (Child, 1998; Menzies, 2006).

In 2004, Whitbeck and colleagues developed two measures (historical loss, historical loss associated symptoms) as an effort to empirically measure the frequency in which thoughts of loss (attributed to HT) were present in the AIAN population. They conducted a study of two tribal groups of elders in the Midwest using focus groups to determine what aspects of historical trauma experiences would be most important to include on the scales. It became the first widely utilized measure to connect the past with the present, and since has been used in conjunction with measures of DSM-IV disorders such as depression and anxiety, as well as measures of acculturation (Goodkind et al., 2012; Grant, 2010).

ADDITIONAL CONCEPTS AND CONSIDERATIONS

Ongoing discrimination and systemic racism are experienced on a daily basis by minority groups and as such present an unusual amount of exposure to chronic stress. Authors within Native studies acknowledge that structures exist that perpetuate colonialist ideals that began over 500 years ago when settlers first arrived in the New World (Deloria, 1969; Wolfe, 2006). The Native American population, for example, is the only subpopulation that is still used as a mascot for high school and professional sports teams. The language that is still used today in reference to the relationship between the federal government and tribal nations diminishes legitimacy of tribal nations as sovereign nations, thereby contributing to a diminished ego identity of Native Americans as a whole (Barker, 2011; Duran & Duran, 1995; Les Whitbeck, Chen, Hoyt & Adams, 2004). Due to the possibility of exposure to stressors and microaggressions on a daily basis, it is important to consider the health and well-being effects on an individual, as well as a community. Because of this, we wanted a way to assess how people would report coping with stressors and chronic or acute trauma. The Cope Inventory, developed by Carver (1997),

measures both adaptive (problem-based) and maladaptive (emotion-based) coping strategies. It asks participants to consider a stressor and respond to examples of coping strategies using a scale of how likely they are to execute that behavior. According to Carver, Scheier and Weintraub (1989) people tend to work through three reactions to a stressor: primary appraisal, secondary appraisal and the coping behavior. However, these acts may not be linear. For the Native American people who live in a society that does not want them (and has not for centuries), it is necessary to examine how tribal people cope with these types of stressors (Barker, 2011; Brave Heart et al., 2011; Duran & Duran, 1995). As the literature also suggests, because this minority group may also be predisposed to adversity, individuals may report high levels of coping in general (Danieli, 1998). Because of this we measured the percentage of adaptive coping, which considers adaptive coping from the total coping score (both adaptive and maladaptive).

Often in Native and Indigenous studies literature, authors speak easily of the “resilience” of Native people (Denham, 2008; Evans-Campbell, 2008; Fleming & Ledogar, 2008). Resilience has had many conceptual definitions over the last two decades, but generally speaking it refers to the ability of an individual to recover, bounce back or adapt to stress and adversity. To our knowledge this concept has never been empirically measured in American Indian populations and associated with levels of historical loss and loss associated symptoms. Often quantitative measures are usually discouraged within Indigenous populations as they’re thought to not completely capture the essence of the experience (Kovach, 2009); however, Goins, Gregg and Fiske (2012) found that resilience within older American Indian adults could be assessed with adequate internal consistency and validity. Indigenous authors have spoken of the innate sense of resilience that people have and that it contributes to the ability to seek out and obtain well-being

(Fleming & Ledogar, 2008). However, if our Native youth have fragmented development, then their abilities to adapt to life's stressors can be inhibited (Evans-Campbell, 2008). In this study we included a brief measure of resilience developed by Smith et al. (2008) to assess ones perceptions of their ability to bounce back and recover from stressors.

Further, having a higher perceived sense of control over one's life has been shown to be adaptive and have positive health effects, especially for marginalized groups (Lachman & Weaver, 1998). Perceptions of control can increase motivation to change one's circumstances and increase opportunities for success later in life. Because minority populations tend to be more subject to poverty, high rates of unemployment and low levels of education, assessing ones sense of personal control can give insight into how it may contribute to one's sense of well-being. Because of this we included a measure to examine if increased sense of control would be related to levels of resilience and symptoms associated with loss. One study found that Native American women with a high sense of communal-mastery report less of a negative effect from increasing stress levels (Hobfoll et al., 2002). In this study communal-mastery was compared to self-mastery, which includes perceived sense of control, due to Native populations being regarded as a collectivist culture. From this we can assume that Native individuals with a higher sense of mastery, or control, will adapting to stress more easily.

Chapter 3 “You heal the spirit”: Anishnabe Adaptations to Historical Loss and Trauma

This study was set in motion by a personal reflection of what may be the underlying cause of overwhelming disparities seen in Native American populations of the United States. Of course, to assume that alarming rates of morbidity and mortality can simply be reduced to minimal and manageable factors is naive. A common theme that *is* clear among all indigenous groups across the world is that they’ve endured some form of colonialism to various degrees, and all suffer from disproportionate rates of death and disease (Brave Heart et al., 2011; Brown-Rice, 2014). For over a decade Historical Trauma (HT) Theory has been circulating social science academia as a means to explain, at least partially, why Native American groups (in the United States) suffer from higher rates of substance abuse, suicide, heart disease and diabetes (Casper et al., 2005; Espey et al., 2014; Horwitz, 2014).

Authors in the field of HT research acknowledged that a weakness in the literature is the complexity and applicability of the theory. It attempts a broad reach, with Indigenous and non-Indigenous authors contributing from areas such as social work, anthropology, public health and clinical settings. With this concept growing in saturation of collected “data”, it is critical to consider the context in which it is being applied. Much work has been done to support the fact that HT *is* experienced within individuals and communities, but the question now is what do we do with that information? It is important to work across disciplines to develop a more holistic approach to healing from historical trauma. This study is attempting an examination of the variables from a health and wellness promotion standpoint. If we can identify strategic places where interventions and education can happen then perhaps we can promote positive influences and empower members of the community to take action.

Another weakness of this body of literature is that it is difficult to empirically connect the negative social health determinants seen in today's communities to events that have happened generations ago, particularly to some Native American groups more than others. Arguably it is impossible to do this, but as scholars we strive to make scientific sense of phenomena experienced by subaltern populations. This study is contributing to this area of research by providing insights into the perceptions of historical loss and trauma as experienced by multiple generations within the same setting (i.e. focus group), as well as providing examples of what was deemed important as a result of intergenerational trauma. Using a preventative health promotion perspective this study uses Historical Trauma Theory to look at the perceptions and adaptations from historical loss and trauma of one group of Anishnabe people in the Midwest as a means to establish the awareness and applications surrounding Historical Trauma. The results from this research will help determine what is most needed in communities to facilitate healing, recovery and growth in a positive direction. The question being explored in this study is "What characteristics enable American Indians to cope with historical loss and trauma?" Additionally, the following hypotheses were examined:

- 1) There is a significant positive relationship between Historical Loss and Historical Loss Associated Symptoms.
- 2) Resilience, Percentage of Adaptive Coping, and Perceived Control are significantly inversely related to Historical Loss and Historical Loss Associated Symptoms.

METHODS

Subjects and Procedures

For this study we respectfully requested the participation of a Midwestern Anishnabe group, who will remain anonymous at their request. We recruited participants for the qualitative focus groups by posting flyers in the surrounding areas up to two weeks ahead of the scheduled focus group. Focus groups were scheduled to take place in community centers located in strategic locations of the land base of this tribal group. Four focus groups were completed, each having three to five participants for a total of fifteen ($n = 15$) people. Participants ranged in age from 20 to 75 years old. Having such a broad reach in age allowed us to see *how* historical loss and trauma was perceived from differing generations. Focus groups lasted an hour long on average. All participants signed a consent form to be audio recorded and verbally agreed that they understood before beginning the first of ten leading questions about the topic at hand. The following questions were used to generate conversation around the topic:

1. When I say the term historical loss, what do you think of? What about historical trauma? Is it similar or different in any way?
2. Do you feel that historical loss or trauma is present in your families? Communities? If so, how is it experienced?
3. If someone were new to your community, how would you describe the feelings and emotions that are attached to historical loss and trauma?
4. Do you feel that there have been any positive behaviors and/or outcomes from historical loss experienced by our ancestors? Any negative behaviors and/or outcomes? If so, what kind?
5. How much control do you believe that you have over your life and your environment? How do perceptions of control affect your ability to handle stressful situations?
6. If there is evidence of historical loss present in tribal communities, how do you think members can heal from it?
7. Do you feel that there is anything being done in your community, or in Indian Country, to address historical loss? If so, please describe.

8. What would you like to see done in your community to help individuals, the community and future generations heal from historical loss and create a better environment for our people?
9. Is there anything else that you would like to add before we end?

Survey Data Collection

Using a list generated by the tribal group, a survey was randomly distributed by mail to 500 members of the tribe. We received a response rate of 9%, and so it was necessary to do a second round of sampling. During the second round, we used snowball sampling where we had a select group of community leaders distribute surveys to tribal members willing to participate. With the second round of sampling we were able to bring our total sample to 81 completed surveys ($n = 81$). A copy of the survey can be found in Appendix A.

Quantitative Measures

Historical Loss Scale & Historical Loss Associated Symptoms Scale

The Historical Loss Scale (HLS) and Historical Loss Associated Symptoms Scale (HLASS) were developed by Whitbeck and colleagues (2004) as a way to empirically connect past traumas to present affect and symptoms due to the Native American experience. The HLS asks the frequency in which people think of loss, using items such as “the loss of our language” or “the loss of our traditional spiritual ways” and respondents answer using a Likert Scale with 1 representing “never” and 6 representing “several times a day”. Concurrently, HLASS asks respondents the frequency in which they feel symptoms relating to the aforementioned loss items; sadness, depression and shame are examples of affect relating to thoughts of loss from the HLS. Similarly, the HLASS uses a Likert scale where participants respond 1 for “never” or 5 for “always”. Using the numerical value for each item on the HLS we calculated the mean score to compare with the other constructs in the survey. The same method was used for the HLASS.

Both the HLS scale ($\alpha = .94$) and the HLASS scale ($\alpha = .95$) had strong internal consistency reliability scores for the present study.

Brief Coping Scale

People cope in various ways and the scale developed by Carver, Scheier & Weintraub (1989) assesses both adaptive and maladaptive coping behaviors. Presumably, behaviors such as substance abuse that are prevalent in Native American communities could be thought of as a way to deal with chronic and/or acute stress and trauma (maladaptive coping), yet alternatively using spirituality is also a way people cope positively (adaptive coping). Using the Brief Cope (Carver, 1997), we measured if maladaptive coping strategies, such as denial and substance use were used more frequently than adaptive coping strategies, such as social support and spirituality in our study population.

The Brief Cope has 28 items and includes six adaptive coping subscales (active coping, planning, positive reframing, acceptance, emotional support and instrumental support) and six maladaptive coping subscales (self-distraction, denial, venting, substance use, behavioral disengagement and self blame). Each subscale was measured by two items, and participants were asked to report how often they had used certain coping strategies during stressful situations, on a four-point response scale ranging from 1 (not at all) to 4 (a lot). The scores for both the adaptive and maladaptive coping strategies were calculated as the sum of the 12 items (ranging from 12 to 48); higher scores represent greater use of the particular set of coping strategies. The present study recorded alpha coefficients of 0.89 and 0.87 for the adaptive and maladaptive subscales, respectively.

As the literature tell us, if a subgroup is more likely to be exposed to recurrent trauma then they're likely going to report coping in general to a greater degree than others (Danieli, 1998). Because of this we assessed the percentage of adaptive coping, calculated by dividing adaptive coping by the sum of adaptive and maladaptive coping.

Brief Resilience Scale

We included a brief measure of resilience developed by Smith et al. (2008) to assess the ability of our population to bounce back and recover from stressors. The Brief Resilience Scale (BRS) has six items, such as “I tend to bounce back quickly after hard times” and “I usually come through difficult times with little trouble”. Using a Likert scale, participants indicated the extent to which they agreed with statements of a five-point scale ranging from 1 (strongly agree) to 5 (strongly disagree). The resilience score was calculated as the mean of the six items with higher scores indicating higher levels of resilience. Reliability of the BRS for the current study was strong ($\alpha = .84$).

Sense of Control

Studies show that when people have a higher overall sense of control they are more likely to rate themselves as healthier and have higher life satisfaction (Lachman & Weaver, 1998). We used a measure to assess an individual's perceived sense of control. The measure has 12 items asking respondents to rate how much control they feel they have over particular things such as “What happens to me in the future mostly depends on me.” Answers were based on a Likert scale of 1 (Strongly Disagree/No Control) to 7 (Strongly Agree/High Control). To compare to this variable to the other constructs on the survey we calculated the mean score. Reliability of the control measure for the current study was good ($\alpha = .80$).

Data Analysis

In this phenomenological study we are examining the essence of the experiences that participants describe regarding historical loss and trauma using focus groups (Patton, 2002; Rangahau, 2015). Using Saldana's (2013) methods we used descriptive and In Vivo coding for the first round of codes. This first round of codes were reviewed and compared with analytical notes, which are described by Miles, Huberman and Saldana (2014) as a way to develop meaningful analysis, until no other categories emerged. The categories were then condensed into three over-arching themes. The themes presented here are then compared and related to other concepts found in the literature among Native and Indigenous studies with similar characteristics.

This study had characteristics of a heuristic analysis in that 1) the researcher was immersed in the study population and 2) extensive time was spent with participants (Patton, 2002). Triangulation of the qualitative results was achieved by use of supporting analytic memos, content saturation among the four focus groups and the use of the quantitative survey (Miles, Huberman & Saldana, 2014).

For survey analysis, data were entered into SPSS as surveys were mailed back to us. Using Pearson correlations we examined the relationships between each construct to test our hypotheses for significant relationships.

FINDINGS

As described in her book, *Indigenous Methodologies*, Margaret Kovach explains that stories hold knowledge and so because of this the focus group results are presented first to tell the story of our study population (2010). The following results are not linear or progressive. In fact, oftentimes one theme can be experienced simultaneously *because of* another theme. For

instance, the cyclic effect of adapting to loss and trauma can lead to the felt legacy burden in youth. Participants from the focus groups are only identified by using initials generated by the researcher (i.e. CB). Initials were used during the transcribing process as a way to ensure confidentiality for focus group participants. There were four focus groups with a total of sixteen ($n=16$) participants in the focus groups.

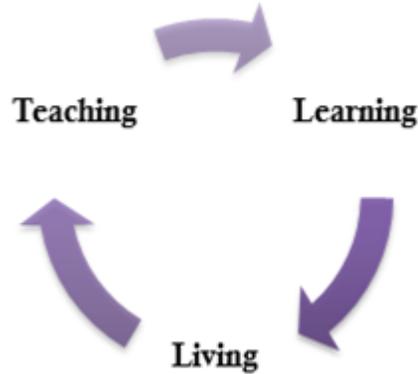
Following the themes from the four focus groups, correlations between survey variables are presented. The survey represents responses from eighty-one ($n=81$) completed surveys.

Focus Group Results

Theme 1: Adaptations to Loss and Trauma

This theme presents itself in cyclical ways, which is fitting for Native American teachings and lifeways. The circle is a strong symbol in many Indigenous cultures and is often used in stories to pass on teachings. In this study participants described a cycle of learning, living and teaching that can be represented by the figure below (Figure 1). It can be both a positive and negative phenomenon, and it is up to the individual to perpetuate cultural life teachings or break the negative cycles that are often seen in the community.

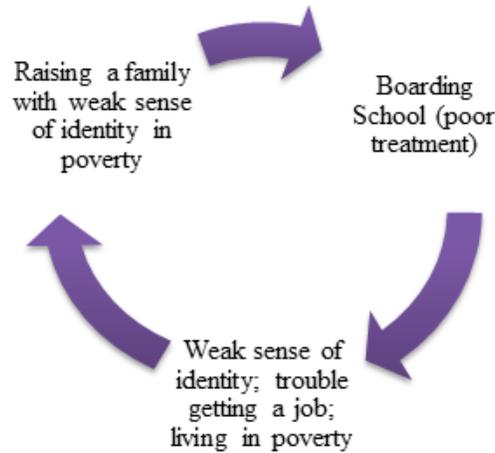
Figure 1. Conceptual Model of Adaptations to Loss and Trauma



Our study population speaks to this cycle as a way of life. Undesirable habits and teachings can be passed on, but this is also where the opportunity for healing becomes very important because we can become aware of these cycles and intervene with positive teachings to change the path. Below is a quote from a college aged female participant, named HV, who is clearly very familiar with the negative form that this cycle can take, followed by a representation using this adaptation cycle diagram (Figure 2).

Imagine if you were taken from your home at a young age...so you didn't get to have that mother/father [relationship]. You're in the boarding school, you're treated badly and then you're out and you don't really belong anywhere. And then you have kids...so you're trying to be a mother/father but you don't belong anywhere, you have a hard time getting a job because of who you are. Cause you're halfway here, halfway there. You're poor, you have little identity, you have no parenting skills. And you're trying to raise this family...A lot of times the kids are growing up in poverty, they have very little role models, and they have very little identity. And it just goes on and on. (HV)

Figure 2. Negative Portrayal of Adaptation Cycle



One elder, JC, spoke of trying to grow up in a world that essentially does not welcome Indians. “We became who we are, what we were, or what we’re trying to be in a society that didn’t really want us,” (JC). It can be argued that because of this many Native people felt disempowered and disenfranchised thus experiencing fragmented development, and that can be perpetuated through cycles of living and teaching.

With such evidence of historical loss and trauma present in communities, many members talked about healing as if it were intrinsic; inherent in identifying as Native American. However, it is necessary to be critical when discussing healing. *Why* do our people need to heal? *How* can our people heal and how have they been healing? What are we healing to? Participants wanted to speak of healing from every aspect. As Linda Tuhiwai Smith (2012) phrases in her book on *Decolonizing Methodologies*, “communities are the ones who know the answers to their own problems...” (p.160). In the next quote, a respected elder woman speaks confidently of what needs to be done in her community order to facilitate growth of a healthy traditional community. She is referred to as DB.

You heal the spirit. And then this person can give it to their own children. Or their grandchildren, you know? I think that's what's going to bring strength to our people again. And it's going to be a little bit at a time, but always, always growing. (DB)

This quote speaks directly of the adaptation process at work for healing; a process by learning and living by those teachings, then passing those teachings on to younger generations. Many spoke of breaking cycles; substance abuse, lack of parenting skills, lack of Indian education.

Early on in this study it became evident that historical loss and trauma are distinct concepts, yet not mutually exclusive. Loss is encompassed within the trauma. One participant even said: "It was *how* it [culture, land, language] was lost." The historical trauma that is often thought of regarding the rich history of Native American people and the spread of colonialism can be without loss, though not often. Many Native American communities within the U.S. lost their recognition status, which contributes greatly to identity formation (Klopotek, 2001). Additionally, many Native languages have been lost. Loss is an ever-present theme in Indigenous populations and much is being done in Indian Country to reclaim and revitalize what has been lost. Trauma that comes from loss is still evident today. We can see below in a conversation between two elder community members, that they feel that they have been directly affected by loss. They are referred to as JC and CC.

JC: ...not even knowing our historical background...we were neglected our history.

CC: We were lied to about our history. [We were] not able to practice our ways. It wasn't ok to be Indian...I feel like my older kids were, my older children, they were deprived of so many things that I should have been teaching them. So yeah, that's traumatic.

Within this theme multiple tangible and abstract items that are considered to be adaptations to historical loss and trauma were brought up during the focus group conversations.

They can be subdivided into positive and negative items. Each focus group listed multiple things when prompted about positive and negative outcomes from historical trauma. Using list style coding, some example elements to this theme can be found below in Table 1.

Table 1. Examples of Adaptations to Historical Loss and Trauma

Positive	Negative
Federal help - a necessary evil (government housing, food assistance programs, education programs, etc.)	Substance abuse (prescription drugs, alcohol)
Forced to go back to traditional ways (i.e. ceremonies) to heal from trauma	Indigenous people have developed a protective layer, standoffish
“We’re still here” (TM)	Uneven, inadequate, or nonexistent Native American history lessons
	Confusion, within young people

In a positive, and necessary, way the U.S. federal government must assist tribal nations due to treaty agreements made years ago. This is considered positive because many Native people would not be able to afford typical costs associated with living; housing, food, etc. in some geographic locations. A participant also mentioned that a positive outcome from historical loss is that our people have been forced to “go back” to traditional ways (i.e. ceremonies) to facilitate healing. One member gave a story of how a woman took her son, who suffered from severe prescription drug use, and swore to the court that she would look after him day and night. She spent time with him outside and teaching traditional ways. Her son made a full recovery.

Of course, focus group participants had much to say when it came to speaking of negative adaptations to trauma. Subjects that came up repetitively were substance abuse, alcoholism, diabetes, poverty and suicide. There was no doubt from each group that historical loss and trauma were present in their families and communities.

Theme 2: Legacy Burden

The legacy burden is the felt sensation of the younger generations that may not have directly experienced traumatic events from the past yet still experience a sense of loss unidentified. Native youth may not recognize what this sensation is, therefore they may not be able to identify it, but it still exists within them. For example Native youth now (including those in their late 20s and early 30s) may be one or two generations removed from the boarding school experience; however if their parents or grandparents attended boarding school and missed learning child-rearing practices from their own parents, that generation then passes on broken traditions of Native lifeways, as well as a disjointed sense of identity. Again, from our college aged participant, HV, we can see how this is understood from the younger generation by the quote below.

I've heard a lot of students say that there was this empty part of them that they never really understood. And once they got to the powwow they were like 'Oh my god. This is what I've been missing all this time' ...It blows my mind sometimes because you can actually *see* it in their eyes...Even feeling that drum. It just ...almost like it reawakens your spirit. You never realized you were subdued for so long. (HV)

The next participant GG, a second generation fluent Native language speaker, names the type of trauma that may be experienced by Native youth on a regular basis.

The next generations have to... kind of pretend that they're part of this tradition that was attacked hundreds of years ago by colonialism. So for instance, little kids that are

growing up now, their friends are like ‘what’s it like living on the reservation?’... and they have to kind of defend something they know nothing about...So I think there is a burden on the next generation that they have to live up to something they don’t know.
(GG)

In the quote from HV we can see she has witnessed other Indigenous, and perhaps non-Indigenous students recognize that there was a feeling of something missing within them, as in loss. They didn’t realize it was within them until they had an experience that awoke their spirit. What is unique about this quote is that the students, and more than likely other Native youth, experience this sense of loss but don’t understand what it is or that it even may exist, therefore they are not able to identify it, let alone heal by filling that loss. Younger generations are raised to inherently know and understand that being Native American comes with a legacy of a traumatic past, even though their ancestors may have not had a direct part in some of the experiences. The feeling of subjugation and discrimination reverberates through generations and some authors would argue that it persists in society today, but youth are not taught or instructed on how to identify those feelings, where they may come from or why they’re there.

The Native population of North America has a tumultuous past that is oftentimes forgotten, or deliberately ignored, within history lessons in the elementary classroom. Because of this the minority of Native American students who successfully complete elementary and continue on to middle and high school are left without an accurate account of what history their ancestors have experienced. This gap in education becomes clear as participants speak of the young generation feeling confused and having no sense of direction. SS, a Native woman who participates in Native youth education, speaks below of being unbalanced and trying to navigate life in an unbalanced way.

It's hard to guide your young people and your families when you're unbalanced... You're lost too because what you're trying to be changed into is directly against what your beliefs are... So the trauma comes with that loss of identity and the things that come with it. Where at one time you were completely in balance with it and felt part of it and connected to that circle. Now you're... just lost. (SS)

TT also speaks of our youth feeling "lost", as he is a tribal elder who once dealt with the same sorts of feelings and issues.

I know we got a big issue with the drugs, you know, because trying to fill that void in their lives, cause you have no sense of direction. (TT)

There is a felt sensation of loss and trauma, though younger generations now may not be able to identify what exactly that feeling is or where it is coming from. The further removed from historical traumatic events the wider the gap gets. The problem herein remains: what do we do to break this cycle of loss in our youth?

Theme 3: A Marked Protective Identity

Arguably one of the most fundamental values to Indigenous person is their Native identity. A strong attachment to identity is seen as a source of strength, and specifically among Native American people it can be considered to give meaning, purpose and structure to one's life (Yellow Bird, 2001). A collective Native identity can be thought of as an essential characteristic that has allowed Indigenous people to continue to survive and persevere through the worst of times; however it is considered 'marked' because there are scars on a Native identity that will never go away. A collective identity is not singular to Indigenous or Native people; it can also be seen with other subaltern groups. For example, African Americans use the concept of

communalism meaning “sensitivity to the interdependence of people and the notion that group concerns transcend individual strivings,” (Fong & Furuto, 2001).

An interesting quote from a participant clearly shows that sometimes one who identifies as Native American, or Indian, has a very strongly developed sense of identity: who *is* an Indian versus who *is not* an Indian. “Our Indian people are so used to not asking, the real Indian people, are so used to not asking for something that the trauma *is* they will go without before they find out more,” (LC). LC is a community leader who works with members of the tribal community on a frequent basis. We can also see hints of a collective identity here in that a member will ensure that all others are being taken care of before they ask for anything.

It was clear that there was also an element of defensiveness embedded in a Native identity. One leading question for the focus groups asked about describing loss and trauma to someone coming into the community. The focus of the question was to describe the affect surrounding loss and trauma. Not only were their hesitations about an unknown individual entering the community but I also heard answers such as this from a family, labeled as TM and MR:

TM: I think it would depend on who the person is. Is it someone who is actually interested? Or because there is something going on here?...Is it someone who is native themselves...or even someone Indigenous from a different part of the world? I mean...there are different factors I would ask before I give anything to this person.

MR: I think it really does depend on who it is...even in our own families we have both native and non-native people in our families. The non-native people, even though we love them, they don't relate...They just didn't grow up like us...In our families we know for a fact that when it's somebody that is Indian they relate, they have experience.

With the quote below we can see the internal struggle between identifying as Native American, but at the same time coming to accept mixed ancestry as a result of cultural assimilation and termination policies. The next quote is by the same family member from before, MR, yet what he speaks of is more common as intermarriage becomes more frequent with Native people.

We didn't come through colonization alone. We came through with our oppressors... We lived. We're resilient people. We survived. They had to go through it too. And they may not have many scars from it, but they still have a scar... I still struggle with the Seven Grandfather teachings about love. Because I don't want to love them, I want to hate them... this rage fills me. But at the same time, if I truly love my people, my people are them. I'm mixed ancestry. (MR)

MR also speaks of the resilience of Native people, which came up during each focus group. Others discussed how federal policies of the larger nation state had tried to wipe out Native people of America a number of times but failed. Native American, and Indigenous people, are still here.

Survey Results

The following results are based on a survey that was distributed in our study population; a Midwestern Anishnabe community. Through two rounds of sampling we were able to receive eighty-one (81) completed surveys. For four of the constructs (control, resilience, loss and loss associated symptoms) we calculated the mean score for that scale to use in our Pearson correlation calculations. For coping we calculated a percentage of adaptive coping.

The variables included on the survey showed that those who reported thinking more frequently of historical loss also reported more loss associated symptoms ($r=.62$; $p<.01$), which

is an expected response as the scales were developed simultaneously for purposes such as this study. Also because those who think of loss more would be expected to have more loss associated affect. For the total group those who reported higher levels of resilience ($r = -.28$; $p < .05$) and higher percent adaptive coping ($r = -.25$; $p < .05$) had less historical loss associated symptoms. It could be said that those who are more resilient are less likely to report experiencing loss related symptoms because they cope in more adaptive to stressors. In addition, those with a higher sense of control reported less associated symptoms ($r = -.42$; $p < .01$), again possibly indicating that perceiving a higher sense of control over one's life results in feeling less loss symptoms.

Table 2. Correlations of Survey Variables

Scale	1	2	3	4	5	6
1 Age	—					
2 Resilience	.01	—				
3 Percent Adaptive Coping	.01	.36**	—			
4 Perceived Control	-.01	.55**	.55**	—		
5 Historical Loss	-.28*	.07	-.03	-.13	—	
6 Loss Symptoms	-.24*	-.28*	-.25*	-.42**	.62**	—

Note: $N(81)$.

* $p < .05$; ** $p < .01$, two-tailed tests.

DISCUSSION

The results from the focus groups give us insight into how people adapt to historical trauma and how it is perceived across generations in this Midwestern Anishnabe community. The results from our surveys confirmed our hypotheses that 1) HT and loss is experienced across generations, 2) that historical loss and historical loss associated symptoms would be significantly positively related and lastly 3) that historical loss and historical loss associated symptoms are

significantly inversely related to resilience and percent of adaptive coping and positively related to sense of control.

This study also tells us how tribal members think changes can be made to positively influence the future in terms of healing from loss and reviving culture and traditions. This study was designed to expand the HT literature where some empirical evidence existed suggesting that traumatic events from the past had significance to the outcomes we see in Native communities today. The results have shown that even though our ancestors were the ones who may have directly experienced loss of land, language and identity as a Native American, trauma reverberates down through generations having a cyclical effect that can only be broken by awareness, perseverance and resilience.

Literature in Native and Indigenous studies speaks of intergenerational trauma transmission and we see that concept here within the Legacy Burden. Participants spoke of our younger generations having no sense of direction and finding themselves “lost”. I believe this concept could be compared to that of the “soul wound” that Brave Heart speaks of in her early pieces (Danieli, 1998; Duran, Duran, Heart & Horse-Davis, 1998). More recently, studies have shown that trauma can have effects on the molecular structure of DNA, and can then be transferred to next generations. A study published by *Nature Neuroscience* found that mice who developed a stress response to cherry blossoms passed the trauma response to their off-spring, even though the next generation had never experienced cherry blossoms themselves (Dias & Ressler, 2014). Additionally, literature shows that individuals and minority groups that experience traumatic events once in their lifetime are more likely to experience consecutive trauma events, developed a heightened sense of alertness and become predisposed to pathology

(Bombay, Matheson & Anisman, 2009). Both vulnerability and resilience play a role in the adaptations of “survivors” of trauma, making individuals more susceptible to adverse reactions to repeated trauma yet persevering and passing that legacy onto further generations (Danieli, 2008).

This resilience we see within the Legacy Burden and Adaptations to Loss and Trauma was supported by the findings from our survey. Individuals who reported less loss related symptoms also reported a higher score of resilience. Participants in our focus groups stated that Native Americans are “resilient” and “adaptive”. The literature in Native studies supports this as well. Denham (2008) looked at four generations within one Coeur D’Alene family who used experiences from the past, and the trauma that was associated, as a vector to fuel resilience and hard work to create a successful and fulfilling life for the family.

The themes that presented themselves in this study can be considered when working with heterogeneous Indigenous communities globally, but especially for this community where there are things being done already to facilitate healing and reclamation of traditions. The results from this study will be of particular importance when working with Native youth to teach the adaptive cycle of living, learning and teaching in order to propel positive cultural and spiritual growth. It will contribute to the larger community identity, and support a strong sense of collective well-being.

Strengths and Limitations

This study possesses a number of strengths and limitations that provide insights for future directions with research within this field. One strength of this study is that it is the first to assess Historical Loss and Historical Loss Associated Symptoms in conjunction with levels of coping,

resilience and sense of control. Because of this we gained insight into perceptions of self and the community surrounding values of control and resilience.

A limiting factor of this research is that throughout the study we are assuming a level of acute or chronic trauma and/or stress experienced on a regular basis. Much literature supports the notion that minority populations do experience heightened exposure to stress and trauma, however the context in which it is experienced could vary. The survey we developed may predispose participants to thinking of loss and trauma more, when it may not have been of concern previously. Further, our study maintained a very small sample size, especially for the survey responses. One consideration for this factor could be that Native and Indigenous populations are used to being studied as the “other” and many communities experience study exhaustion. One focus group participant said in exasperation when I spoke of my research “another survey?” Perhaps focusing solely on the qualitative portion of this study may have allowed a deeper analysis of the responses surrounding the research question.

Appendix A. Survey

Historical Loss Study Survey

Aanii. Thank you for agreeing to participate in this study. You will be helping research endeavors in the Native population, with hopes to make life better for the American Indian people. Please read all instructions carefully and answer as honestly as possible. You may stop this survey at any time or refuse to answer any of the questions.

Demographic data

Age: _____

Gender (please circle): Male Female

Tribal Affiliation: _____

Working Status (please circle): Working Not Working

The following statements all relate to Historical Loss related to the Native population. Please respond with how often you think about each of these losses. Answer as honestly as possible.

	Circle the number that represents how often you think about each of the following losses.	Never	Yearly or only at special times	Monthly	Weekly	Daily	Several Times a Day
1	The loss of our land.	1	2	3	4	5	6
2	The loss of our language.	1	2	3	4	5	6
3	Losing our traditional spiritual ways.	1	2	3	4	5	6
4	The loss of our family ties because of boarding schools.	1	2	3	4	5	6
5	The loss of families from the reservation to government relocation.	1	2	3	4	5	6
6	The loss of self-respect from poor treatment by government officials.	1	2	3	4	5	6
7	The loss of trust in whites from broken treaties.	1	2	3	4	5	6
8	Losing our culture.	1	2	3	4	5	6

	Circle the number that represents how often you think about each of the following losses.	Never	Yearly or only at special times	Monthly	Weekly	Daily	Several Times a Day
9	The losses from the effects of alcoholism on our people.	1	2	3	4	5	6
10	Loss of respect by our children and grandchildren for our elders.	1	2	3	4	5	6
11	Loss of our people through early deaths.	1	2	3	4	5	6
12	Loss of respect by our children for traditional ways.	1	2	3	4	5	6

For the following statements, please think about how often you may have these feelings related to historical loss and answer as honestly as possible.

	Circle the number that represents how often you have each feeling.	Never	Seldom	Sometimes	Often	Always
1	Sadness or depression.	1	2	3	4	5
2	Anger.	1	2	3	4	5
3	Anxiety or nervousness.	1	2	3	4	5
4	Uncomfortable around white people when you think of the losses mentioned above.	1	2	3	4	5
5	Shame when you think of these losses.	1	2	3	4	5
6	A loss of concentration.	1	2	3	4	5
7	Feel isolated or distant from other people when you think of these losses.	1	2	3	4	5
8	A loss of sleep.	1	2	3	4	5
9	Rage.	1	2	3	4	5
10	Fearful or distrust the intention of white people.	1	2	3	4	5

	Circle the number that represents how often you have each feeling.	Never	Seldom	Sometimes	Often	Always
11	Feel like it is happening again.	1	2	3	4	5
12	Feel like avoiding places or people that remind you of these losses.	1	2	3	4	5

For the following questions, please think about what you usually do and feel when experiencing stressful situations. Answer as honestly as possible.

	Circle the number that reflects what you <u>usually do and feel</u> when experiencing stressful situations.	I <u>Haven't</u> been doing this at all	I've been doing this a <u>little bit</u>	I've been doing this a <u>medium amount</u>	I've been doing this a <u>lot</u>
1	I turn to work or other activities to take my mind off things.	1	2	3	4
2	I concentrate my efforts on doing something about the situation I'm in.	1	2	3	4
3	I say to myself "this isn't real."	1	2	3	4
4	I use alcohol or other drugs to make myself feel better.	1	2	3	4
5	I get emotional support from others.	1	2	3	4
6	I give up trying to deal with it.	1	2	3	4
7	I take action to try to make the situation better.	1	2	3	4
8	I refuse to believe that it has happened.	1	2	3	4
9	I say things to let my unpleasant feelings escape.	1	2	3	4
10	I get help and advice from other people.	1	2	3	4
11	I use alcohol or other drugs to help me get through it.	1	2	3	4
12	I try to see it in a different light, to make it seem more positive.	1	2	3	4
13	I criticize myself.	1	2	3	4

Circle the number that reflects what you usually do and feel when experiencing stressful situations.		I <u>Haven't</u> been doing this at all	I've been doing this a <u>little bit</u>	I've been doing this a <u>medium amount</u>	I've been doing this a <u>lot</u>
14	I try to come up with a strategy about what to do.	1	2	3	4
15	I get comfort and understanding from someone.	1	2	3	4
16	I give up the attempt to cope.	1	2	3	4
17	I look for something good in what is happening.	1	2	3	4
18	I make jokes about it.	1	2	3	4
19	I do something to think about it less, such as going to the movies, watching TV, reading, daydreaming, sleeping, or shopping.	1	2	3	4
20	I accept the reality of the fact that it has happened.	1	2	3	4
21	I express my negative feelings.	1	2	3	4
22	I try to find comfort in my spiritual beliefs.	1	2	3	4
23	I try to get advice or help from other people about what to do.	1	2	3	4
24	I learn to live with it.	1	2	3	4
25	I think hard about what steps to take.	1	2	3	4
26	I blame myself for things that happened.	1	2	3	4
27	I pray or meditate.	1	2	3	4
28	I make fun of the situation.	1	2	3	4

For the following questions, circle the number that represents how you feel. Please be as honest as possible.

Circle the number that represents how you feel		Disagree			Don't Know	Agree		
		Strongly	Some What	A Little		A Little	Some What	Strongly
1	There is little I can do to change the important things in my life.	1	2	3	4	5	6	7
2	I often feel helpless in dealing with the problems of life.	1	2	3	4	5	6	7
3	I can do just about anything I set my mind to.	1	2	3	4	5	6	7
4	Other people determine most of what I can and cannot do.	1	2	3	4	5	6	7
5	What happens in my life is often beyond my control.	1	2	3	4	5	6	7
6	When I really want to do something, I usually find a way to succeed at it.	1	2	3	4	5	6	7
7	There are many things that interfere with what I want to do.	1	2	3	4	5	6	7
8	Whether or not I am able to get what I want is in my own hands.	1	2	3	4	5	6	7
9	I have little control over the things that happen to me.	1	2	3	4	5	6	7

		Disagree				Agree		
	Circle the number that represents how you feel	Strongly	Some What	A Little	Don't Know	A Little	Some What	Strongly
10	There is really no way I can solve the problems I have.	1	2	3	4	5	6	7
11	I sometimes feel I am being pushed around in my life.	1	2	3	4	5	6	7
12	What happens to me in the future mostly depends on me.	1	2	3	4	5	6	7

For the following, please circle the number that represents how you handle stressful situations.

Circle the number that best represents how you handle stressful situations.		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	I tend to bounce back quickly after hard times.	1	2	3	4	5
2	I have a hard time making it through stressful events.	1	2	3	4	5
3	It does not take me long to recover from a stressful event.	1	2	3	4	5
4	It is hard for me to snap back when something bad happens.	1	2	3	4	5
5	I usually come through difficult times with little trouble.	1	2	3	4	5
6	I tend to take a long time to get over set-backs in my life.	1	2	3	4	5

Bibliography

- Barker, J. (2011). *Native acts: law, recognition, and cultural authenticity*. Duke University Press.
- Bombay, A., Matheson, K. & Anisman, H. (2009). Intergenerational Trauma: Convergence of Multiple Processes among First Nations peoples in Canada. *Journal of Aboriginal Health*. 5(3), 6-47.
- Brave Heart, M. (1998). The return to the sacred path: Healing the historical trauma and historical unresolved grief response among the Lakota through a psychoeducational group intervention. *Smith College Studies in Social Work* 68, 287-305.
- Brave Heart, M. Y. H. (2000). Wakiksuyapi: Carrying the Historical Trauma of the Lakota. *Tulane Studies in Social Welfare* 21-22: 245-66.
- Brave Heart, M. Y. H. (2003). The Historical Trauma Response Among Natives and Its Relationship with Substance Abuse: A Lakota Illustration. *Journal of Psychoactive Drugs*. 35(1), 7-13. DOI: 10.1080/02791072.2003.10399988.
- Brave Heart, M. Y. H., Chase, J., Elkins, J. & Altschul, D. B. (2011). Historical Trauma among Indigenous Peoples of the Americas: Concepts, Research, and Clinical Considerations. *Journal of Psychoactive Drugs*. 43:4, 282-290.
- Brown-Rice, K. (2014) Examining the Theory of Historical Trauma Among Native Americans. *The Professional Counselor*. Retrieved from <http://tpcjournal.nbcc.org/examining-the-theory-of-historical-trauma-among-native-americans/>.
- Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine*, 4, 92-100.

- Carver, C. S., Scheier, M. F. & Weintraub, J. K. (1989). Assessing Coping Strategies: A Theoretically Based Approach. *Journal of Personality and Social Psychology*. 56:2, 267-283.
- Casper M. L., Denny C. H., Coolidge J. N., Williams G. I. Jr., Crowell A., Galloway J. M. & Cobb N. (2005). *Atlas of Heart Disease and Stroke Among American Indians and Alaska Natives*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and Indian Health Service. Retrieved from:
http://www.cdc.gov/cvh/library/aian_atlas/index.htm
- Child, B. J. (1998). *Boarding school seasons: American Indian families, 1900-1940*. U of Nebraska Press.
- Cobb, N., Espey, D. & King, J. (2014). Health Behaviors and Risk Factors Among American Indians and Alaska Natives, 2000-2010. *American Journal of Public Health*. 104: 3, 481-489.
- Danieli, Y. (1998). *International handbook of multigenerational legacies of trauma*. Springer Science & Business Media.
- Deloria, V. (1969). *Custer died for your sins: An Indian manifesto*. University of Oklahoma Press.
- Denham, A. R. (2008). Rethinking historical trauma: Narratives of resilience. *Transcultural Psychiatry*, 45(3), 391-414.
- Dias, B. G., & Ressler, K. J. (2014). Parental olfactory experience influences behavior and neural structure in subsequent generations. *Nature neuroscience*, 17(1), 89-96.
- Duran, E., & Duran, B. (1995). *Native American postcolonial psychology*. SUNY Press.

- Duran, E., Duran, B., Heart, M. Y. H. B., & Horse-Davis, S. Y. (1998). Healing the American Indian soul wound. In *International handbook of multigenerational legacies of trauma* (pp. 341-354). Springer US.
- Ehlers, C. L., Gizer, I. R., Gilder, D. A., Ellingson, J. M., & Yehuda, R. (2013). Measuring historical trauma in an American Indian community sample: Contributions of substance dependence, affective disorder, conduct disorder and PTSD. *Drug and alcohol dependence, 133*(1), 180-187.
- Espey, D., Jim, M., Cobb, N., Bartholomew, M., Becker, T., Haverkamp, D. & Plescia, M. (2014). Leading Causes of Death and All-Cause Mortality in American Indians and Alaska Natives. *American Journal of Public Health. 104*: S303-S311.
- Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities a multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence, 23*(3), 316-338.
- Fleming, J., & Ledogar, R. J. (2008). Resilience, an Evolving Concept: A Review of Literature Relevant to Aboriginal Research. *Pimatisiwin, 6*(2), 7-23.
- Fong, R., & Furuto, S. M. (Eds.). (2001). *Culturally competent practice: Skills, interventions, and evaluations*. Pearson College Division.
- Goins, R. T., Gregg, J. J., & Fiske, A. (2012). Psychometric properties of the Connor-Davidson Resilience Scale with older American Indians: The Native Elder Care Study. *Research on Aging, 0164027511431989*.
- Goodkind, J., LaNoue, M., Lee and Lance Freeland, C., & Freund, R. (2012). Feasibility, acceptability, and initial findings from a community-based cultural mental health

- intervention for American Indian youth and their families. *Journal of community psychology*, 40(4), 381-405.
- Hobfoll, S. E., Jackson, A., Hobfoll, I., Pierce, C. A., & Young, S. (2002). The impact of communal-mastery versus self-mastery on emotional outcomes during stressful conditions: A prospective study of Native American women. *American journal of community psychology*, 30(6), 853-871.
- Horwitz, S. (2014, March 9) The hard lives – and high suicide rate – of Native American children on reservations. *The Washington Post*. Retrieved from http://www.washingtonpost.com/world/national-security/the-hard-lives--and-high-suicide-rate--of-native-american-children/2014/03/09/6e0ad9b2-9f03-11e3-b8d8-94577ff66b28_story.html
- Kanuha, V. K. (2000). “Being” Native versus “Going Native”: Conducting Social Work Research as an Insider. *Social Work*. 45(5), 439-447.
- Kirmayer, L., Gone, J. & Moses, J. (2014). Rethinking Historical Trauma. *Transcultural Psychiatry* 51(3). 299-319. DOI: 10.1177/1363461514536358
- Klopotek, B. (2011). *Recognition Odysseys: Indigeneity, Race, and Federal Tribal Recognition Policy in Three Louisiana Indian Communities*. Duke University Press.
- Kovach, M. E. (2010). *Indigenous methodologies: Characteristics, conversations, and contexts*. University of Toronto Press.
- Lachman, M. E., & Weaver, S. L. (1998). The sense of control as a moderator of social class differences in health and well-being. *Journal of personality and social psychology*, 74(3), 763.

- Lester, S (1999). "An introduction to phenomenological research" Taunton UK, Stan Lester
Developments Retrieved from: www.sld.demon.co.uk/resmethy.pdf Accessed 24
September 2014.
- Les Whitbeck, B., Chen, X., Hoyt, D. R., & Adams, G. W. (2004). Discrimination, historical loss
and enculturation: culturally specific risk and resiliency factors for alcohol abuse among
American Indians. *Journal of studies on alcohol*, 65(4), 409-418.
- Mann, C. C. (2005). *1491: New revelations of the Americas before Columbus*. Alfred a Knopf
Incorporated.
- Menzies, P. (2006). Intergenerational trauma and homeless aboriginal men. *Canadian Review of
Social Policy*, (58), 1.
- Menzies, P. (2008). Developing an Aboriginal Healing Model for Intergenerational Trauma.
International Journal of Health Promotion & Education. 46(2), 41-48
- Miles, M. B., Huberman, A. M. & Saldana, J. (2014). *Qualitative Data Analysis: A Methods
Sourcebook* (3rd ed.). Thousand Oaks, CA: Sage.
- National Congress of the American Indian (2010). *Demographics*. Retrieved from:
<http://www.ncai.org/about-tribes/demographics>
- Oh, S.S., Croft J.B., Greenlund K.J., Ayala C., Zheng Z. J., Mensah G. A. & Giles W. H. (2004).
*Disparities in Premature Deaths from Heart Disease—50 States and the District of
Columbia*. Retrieved from:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5306a2.htm>
- Patton, M. Q. (2002). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks, CA:
Sage.

- Prussing, E. (2014). Historical trauma: Politics of a conceptual framework. *Transcultural Psychiatry*. 51(3), 436-458.
- Rangahau (2015). *Methodology*. Retrieved from <http://www.rangahau.co.nz/methodology/>
- Saldana, J. (2013). *The Coding Manual for Qualitative Researchers*. Thousand Oaks, CA: Sage.
- Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P. & Bernard, J. (2008). The Brief Resilience Scale: Assessing the Ability to Bounce Back. *International Journal of Behavioral Medicine*. 15. 194-200. DOI: 10.1080/10705500802222972
- Smith, L. T. (2012). *Decolonizing methodologies: Research and indigenous peoples* (2nd ed.). Zed books.
- Thornton, R. (2005). Native American demographic and tribal survival into the twenty-first century. *American Studies*, 23-38.
- U. S. Census Bureau. (2012). *The American Indian and Alaskan Native Population: 2010*. U.S. Department of Commerce.
- Watt, D. (2007). On Becoming a Qualitative Researcher: The Value of Reflexivity. *The Qualitative Report*. 12(1), 82-101.
- Whitbeck, L. B., Adams, G. W., Hoyt, D. R. & Chen, X. (2004). Conceptualizing and Measuring Historical Trauma Among American Indian People. *American Journal of Community Psychology* 33, 119-130.
- Whitbeck, L. B., McMorris, B. J., Hoyt, D. R., Stubben, J. D., & LaFromboise, T. (2002). Perceived discrimination, traditional practices, and depressive symptoms among American Indians in the upper Midwest. *Journal of Health and Social Behavior*, 400-418.

- Wiechelt, S. A., Gryczynski, J., Johnson, J. L., & Caldwell, D. (2012). Historical trauma among urban American Indians: Impact on substance abuse and family cohesion. *Journal of Loss and Trauma, 17*(4), 319-336.
- Wilson, A. C., & Bird, M. Y. (Eds.). (2005). *For indigenous eyes only: A decolonization handbook*. Santa Fe: School of American Research.
- Wolfe, P. (2006). Settler Colonialism and the Elimination of the Native. *Journal of Genocide Research, 8*(4), 387-409.
- Yellow Bird, M. (2001). *Critical Values and First Nations Peoples*. R. Fong & S. Furuto (Eds.) Needham Heights, MA: Allyn & Bacon.
- Yu, M., & Stiffman, A. R. (2007). Culture and environment as predictors of alcohol abuse/dependence symptoms in American Indian youths. *Addictive Behaviors, 32*(10), 2253-2259.