PROMOTING WELLNESS AMONG NATIVE AMERICAN YOUTH: 
AN EXPLORATION OF HISTORICAL TRAUMA AND HEALING 
IN SPACE AND TIME

A Thesis

by

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Division of Social Work
Abstract

of

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Indigenous populations have experienced devastating collective and massive group trauma, compounding discrimination, racism, and oppression as a result of colonization. Scholars argue that the colonization experience of Native Americans creates a traumatic “soul wound” (Duran, 2006), which reaches the deepest core of their people. Further, studies prove that many Native American people continue to endure the effects of colonization as a spiritual injury, which impacts Native American communities and contributes to rising indigenous generations who are living out the trauma histories of their ancestors. While recent emerging research examines the general phenomenon of historical trauma and the potential for narrative as a healing framework, Native American youth’s experiences of intergenerational trauma are lacking from these studies. The purpose of this study was to explore Native American wellness and healing practices that specifically address the transmission and impacts of historical trauma on Native American youth in Northern California. This study gathered direct accounts from five Native American leaders in their respective communities. This study had a number of findings. First, the leaders discussed that historical trauma is being experienced among
Native American people and passed down through generations. Second, the manifestation of historical trauma is apparent in familial, social, and health disparities (e.g., domestic violence, substance abuse, teen suicide). Third, historical trauma (which was also referred to as intergenerational trauma) in the data is difficult to talk about and process for certain groups of Native Americans. Fourth, youth are responsible for more than their non-Native counterparts and are resilient (e.g., learning and participating in ceremonies, valuing collectivism). Fifth, wellness is defined and achieved by a harmonious balance between the physical, mental, emotional, and spiritual. And, sixth, there is still a lot of work to be done to address the manifestation of intergenerational trauma among youth populations, and to improve youth programming that fosters a sense of belonging. Very significantly, the study reinforced the need for confidentiality about specific healing practices, rituals, and ceremonies as means to preserve and reclaim their significance in light of colonial legacies.

________________________________, Committee Chair

Tyler Arguello, Ph.D., DCSW, LCSW

________________________________

Date
ACKNOWLEDGEMENTS

I would like to dedicate this thesis to: The storyteller. The story listener. The story keeper. May words rise above the flames of burning sage, intertwining with the graceful currents of smoke to join the canopy of stars above, mending broken spirits and creating space for healing among Native American peoples.
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Chapter 1

INTRODUCTION

Duran (2006) argues that the colonization experience of Native Americans creates a traumatic “soul wound,” which reaches the deepest core of their people. This soul wound is a direct response to the shattering historical events including but not limited to cultural dispossession, economic destruction, physical and physiological violence, segregation, and displacement (Duran, Duran, & Brave Heart, 1998). Scholars Duran and Duran (1995) write:

It is apparent that the psyche of the community recognized the wounding of the environment, and that this awareness, in turn, was perceived as a wounding of the psyche. Harmony had become discord, and the community’s unconsciousness perception was that the world was unfriendly and hostile. The problems that were manifested and verbalized were merely symptoms of a deeper wound—the soul wound. (p. 195)

Many Native American people continue to understand the effects of colonization as a spiritual injury, which continues to impact Native American communities and rising indigenous generations who are living out the trauma histories of their ancestors (Duran et al., 1998).

Background of the Problem

Indigenous peoples of the Americas are a diverse population, comprised of over five hundred federally recognized tribes and several tribes that are not federally but state recognized tribes in the United States (Brave Heart, Chase, Elkins, & Altschul, 2011).
For example, The Navajo tribe is federally recognized in the United States, and the Miwok Maidu tribe is solely recognized in the state of California. Indigenous populations have experienced devastating collective and massive group trauma, compounding discrimination, racism, and oppression as a result of colonization (Brave Heart et al., 2011). Beginning with the settlement of the early colonies, colonizing forces have perpetrated five present day acts of genocide that are recognized under international law in regards to Native American populations (Hilton, 2011). According to Rutecki (2011), the acts of genocide include:

- killing members of a specific group, causing serious bodily or mental harm to other members of the same group,
- deliberately inflicting conditions aimed at the destructions of those individuals,
- imposing measures to prevent births of the group’s progeny,
- and forcibly transferring children for rearing from the individuals in questions to ethnically-dissimilar families. (p. 33)

Genocide and other violent events are related to the pro-European colonist message that Native American people and culture could be erased through such strategies as boarding schools, forced relocation, and legal dehumanization (Hilton, 2011). President Andrew Jackson signed the Indian Removal Act of 1830, which allowed for the first legal loss of native land to European settlers. Shortly after the act passed, Native American’s were forced to relocate to assigned territory west of the Mississippi River. For those Native Americans who refused to relocate, the Treaty of Ehcota of 1836 applied, which meant that the United States military would force the removal of tribal communities to Indian territory (Hilton, 2011). Following forced relocation, the Indian Appropriations Act of
1851 was passed which commenced the transferring of Native Americans from their allotted lands to reservations. Next, the United States passed the Dawes Act in 1887, which attempted to destroy tribal cultures and dismantle family bonds by promising males small parcels of land away from the reservations that were federally owned. Native Americans were not considered human beings under the law in the United States until the *Standing Bear vs. Crook* hearing was held in 1879 (Hilton, 2011).

Colonialism continues to impact and have a formidable presence in Native American’s lived experiences, resulting in the transmission and prevalence of historical trauma (Treacher, 2005). For example, Native Americans’ experiences of genocide and violent events experienced by ancestors have resulted in serious spiritual and psychological suffering. Historical trauma is a paradigm that frames grief, bereavement, collective, complex trauma across generations as recent and ongoing loss (Brave Heart, Elkins, Tafoya, Bird, & Salvador, 2012). Leading Lakota scholar Maria Yellow Horse Brave Heart (1998) argues that her tribe and fellow Native American tribes must shift and heal from the atrocities inflicted upon ancestors. She emphasizes a need to develop a collective and healthy memory from past trauma for present and future generations that includes a return to traditional tribal values, language, and purpose (Brave Heart, 1998).

**Statement of the Research Problem**

This study addresses a gap in the existing literature on historical trauma experienced by Native American populations. While recent research examines the general phenomenon of “historical trauma” (Brave Heart, Chase, Elkins, and Altschul, 2011) and the potential for narrative as a healing framework (Lawson-Te Aho, 2014),
Native American youth’s experiences of intergenerational trauma are absent from these studies. Several international studies have noted the importance of the revitalization of ancestral protocols as a means of remedying the impacts of historical trauma (e.g. storytelling; Brave Heart, 1998). This study aims to explore Native American wellness and healing practices that specifically address the transmission and impacts of historical trauma on Native American youth in Northern California. This researcher gathered direct accounts from Native American leaders in their respective communities to address Native youth’s experiences of historical trauma.

**Purpose of the Study**

The purpose of the present study was to explore the restorative cultural, spiritual, and psychological wellness practices of Native American people that were disrupted or lost as a result of genocide and historical trauma. This study will explore the methods and perspectives that pertain to wellness and the healing of historical trauma of Native American people living in Northern California. For the purposes of this study, it is acknowledged that Native American people had healing protocols prior to colonization. The study briefly examines literature regarding traditional tribal practices, frameworks, and methods that address historical trauma. The review of the literature includes the researched benefits of a narrative approach to support healing and wellness among rising Native American populations. In-depth interviews were conducted with expert leaders from Native American tribes in Northern California in order to identify what elements and strategies of the narrative approach and of tribal traditions of healing assist Native American youth in recovering from the impacts of historical trauma.
Research Question

The study explored the following question: what are Native American leaders’ perspectives of wellness among youth populations in their communities and what cultural practices exist to resolve historical trauma experienced by Native American youth?

Theoretical Framework

Postmodernism problematizes the idea that there are fixed realities (e.g., science) for making sense of human experiences (Greene, 2008). Postmodern theory posits that beliefs, values, and morals are contextual and influenced by a dominant group’s views at any given time (Greene, 2008). Social constructivism is included in the postmodern paradigm that devalues the need for universal truths and instead localizes individual experiences, communal belief systems, and aims to acknowledge differences across groups (Greene, 2008). Therefore, critical narrative inquiry (Connelly & Clandinin, 2006), a social constructionist perspective informs this study’s exploration in order to understand how personal and communal views of reality are formed out of interactions and discourse in daily life experiences which are sometimes out of the control of marginalized groups of people (Greene, 2008).

Application of Social Constructivism

Social constructivism allows for an exploration of personally constructed narratives, counter to dominant societal narratives, and manifest historical trauma recovery for the Native American youth population. Social constructivism challenges the essentialist and post-positivist ways of making sense of the world and attempts to
unravel the dominant, assumed reality that does not resonate with oppressed populations. These narratives are used in a reclamation sense by individuals and groups to reclaim in order to forge their place in the world instead of living beside an environment with which they are forced to interact with or acted upon (Greene, 2008). Social constructivism welcomes the idea of change and learning. Social constructivists assert the perspective that individuals and communities are active participants in the creation of their life narrative or story of personal experience and history of cultural contexts, including the past and present. Social constructivists do not believe that reality is fixed; rather people are always making meaning through language and interactions with social and physical worlds (Greene, 2008).

**Definition of Terms**

In this section, the following terms used in this project will be defined.

**Native American** is a person that has ancestral ties to individuals that inhabited the geographical area of what is now known as America before European settlers arrived (Horse, 2005).

**American Indian** is a European assigned term that generalized the more than two thousand cultures of Natives present before European Colonization (Berkhofer, 2011).

**Alaska Native** are Alaska’s indigenous people, jointly referred to as Alaska Natives, that encompass unique cultures and languages within sub groups (Clifford, Dombrowski, Graburn, LeiteGoldberg, Phillips, & Watkins, 2004).

**Indigenous** is a term that has been used to refer to a cultural homogenous group of non-white people, that inhabited a specific area before European colonization (Purcell, 1998).
Colonization is a process that involves the invasion, dispossession, and subjugation of indigenous peoples for the purposes of land acquisition and resource appropriation (Smith, 2012).

Colonial Trauma Response is a set of complex and contemporary trauma responses to collective and interpersonal events connected to the process of colonization. A member of a subjected group may experience a contemporary discriminatory event or microaggression that connects them to a historical sense of injustice and trauma (Evans-Campbell, 2008).

Decolonization is a process of uprooting the impacts of colonization through knowledge about traumatic events, frameworks to address healing, revitalization of culturally relevant protocols, and theories (Evans-Campbell & Walters, 2006; Smith, 2012).

Historical trauma is a cumulative, collective, and complex emotional and psychological wounding that impacts individuals, families, and communities and is thought to be transmitted generationally as a result of intentionally inflicted ruinous events on entire groups of people (Brave Heart, 2003; Evans-Campbell, 2008; Sortero, 2006).

Historical Trauma Response is a constellation of features associated with a reaction to massive group trauma including unresolved grief, unsettled bereavement, and emotional distress (Brave Heart, Chase, Elkins, & Altschul, 2011).

Historical Trauma Events are communally based incidents that cause massive upheaval and increased levels of mental and physical distress among subjugated populations, such as genocide and displacement inflicted by a dominant group that are
outside an indigenous group’s control and expected experiences in a typical life.

Historical Trauma Events are transmitted across generations (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995).

**Historical Trauma Narratives** are stories that connect historical traumas to personal and communal narratives of resilience, action, and aspiration to uproot oppressive dominate cultural narratives (Mohatt, Thompson, Thai, & Tebes, 2014).

**Assumptions**

This researcher assumes that the colonization process of Native American people has had a harmful influence on their communities beyond the scope of quantifiable measurability. This study is focused specifically on the expert accounts from Native American leaders regarding historical trauma and healing practices for Native American youth. The study assumes that research participants have fluency in discussing the interview topics and managing their reactions *de facto*. The results of the study only reflect the research sample within the geographical parameters of the study. The results potentially have relevance for other Native American populations outside of the selected Indigenous communities for the present study, but have not been confirmed with tribes not represented in this study at this time. Additionally, the researcher assumes that the participants exercise personal boundaries of safety and have disclosed what they feel comfortable talking with her about the information about tribal life, since she is not Native and an outsider to their communities.

The researcher specifically examined her privilege (e.g., access to higher education) and the ways she has been trained to value scholarly works over non-peer
reviewed or published narratives from actual stakeholders out in the field. The researcher reflected on the shame she feels from her ancestors who personify in various ways, even today, the colonizing culture on her maternal grandfather’s side of the family. The researcher wanted to make amends with her participants for the horrific harm inflicted on their culture. The researcher had to remember that she is not the solution and did not need to propose ways to heal from the impacts of colonization. The researcher maintained a listening role and stayed open to learning more effective ways to be allied with Indigenous peoples.

Justification

The study enhances social work by exploring elder’s perceptions of healing and wellness among rising Native American generations and efforts to address colonial harms inflicted on Native American communities. The process of colonialism and understanding of historical trauma are relevant concepts for micro, mezzo, and macro social work fields in order to better interact and serve ongoing oppressed and subjugated comminutes. An ethical principle of the social work profession is to challenge social injustice. According to the National Association of Social Workers Code of Ethics (2008) “social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people” (p. 4), and “social workers’ social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice” (p. 4). The study promotes attuned knowledge about oppression and cultural and ethnic diversity within Native American culture.
Scholars suggest that ensuring narratives due to historical trauma may serve as a salient factor that upholds psychological and emotional wounds, thus having the ability to serve a narrative that invites growth and collective hope (Mohatt et al., 2014). By viewing historical trauma as a narrative representation, Native American individuals and communities are able to connect and transform the histories of traumatic events to present day experiences of health, healing, and resiliency (Mohatt et al., 2014). The study contributes to the expanding body of work on historical trauma as a public healing narrative with a focus on Native American populations in Northern California.

**Delimitations**

A potential limitation of the study is the researcher’s outsider role in the communities interviewed. The researcher is not Native American and gained permission from tribal councils to speak with Native American leaders. The researcher’s written request to speak with Native American leaders took three months to process depending on the different councils’ time and interest to review the researcher’s petition. In order to enhance the trustworthiness and rigor of the study, the researcher assessed for reactivity, researcher biases, and respondent bias (Padgett, 2008). The researcher assessed for reactivity by examining how the participants’ beliefs and behaviors (e.g., shifting in their seats, breaking eye contact) changed in response to being studied. The researcher assessed for researcher bias by not asking leading questions during the interview process or selecting research participants who were aligned with her worldview. The researcher assessed for respondent bias by not forcing participants to answer her questions or fixating on the truthfulness of the answers in order to avoid seeming like an interrogator.
during her interactions with participants (Padgett, 2008). Lastly, the researcher employed rigor by auditing as one of the six strategies to enhance rigor by activating a sense of openness and documenting steps in the data collection and analysis process with her thesis advisors (Padgett, 2008). Further limitations will be covered in Chapter Five.

**Summary**

This research study is exploratory in nature and seeks to answer the following question: What are Native American leaders’ perspectives of wellness among youth populations in their communities and what cultural practices exist to resolve historical trauma experienced by Native American youth? A primary goal of the study, in line with the goals of the profession of culturally relevant social work, is to explore Native American wellness and healing practices that specifically address the transmission and impacts of historical trauma on Native American youth in Northern California.
Chapter 2

LITERATURE REVIEW

The following chapter will discuss the connection between colonialism of Native American peoples and historical trauma, and how related narratives may function as a source of present-day distress as well as resiliency. The review of the literature is organized into five main sections: colonialism, conditions of reservations, historical trauma, youth trauma, and existing remediating practices with an emphasis on narrative. The themes found in the literature (e.g., impacts of colonization, health disparities related to historical trauma, healing modalities, research gaps) will inform the study’s methodology so that the researcher will enhance and not repeat the existing research. The chapter concludes with a summary of the relevant literature.

Colonialism

Colonialism was defined by Yellow Bird (2004) as “the invasion, subjugation, and occupation of one people by another” (p. 33). The extent of the impact of colonialism has a far broader reach than just its historical legacy. Treacher’s (2005) research on postcolonial theory suggests that historical colonial relationships continue to have an emotional, social, and political impact upon present-day interactions between colonized and colonizing groups, influencing one’s sense of material relations, historical responsibility, power, and anxiety. Colonialism exists not only as a period of history, but also as an ongoing felt sense of ‘otherness’ in contemporary lived experience (Treacher, 2005). Colonialism has, and continues to, play a key role in determining how knowledge is produced, who produces it, and how society is organized within a given population
(Akena, 2012). Although Western knowledge is often presented as the only correct or legitimate way of thinking, this framework has been designed and implemented within a specific context and by a specific demographic. Colonizers create knowledge and label it legitimate, while the colonized have this knowledge forced upon them to the detriment, degradation and loss of their own ways of knowing (Akena, 2012).

Theoretical research produced by Yellow Bird (2004) suggests that colonialism continues to be a potent social force in modern day, particularly through the white supremacy versus Indigenous inferiority canon. For example, the ongoing prevalence of the cowboys and Indians colonial myth demonstrates American infatuation with the historical and cultural genocide of Native American peoples (Yellow Bird, 2004). This ‘Cowboys versus Indians’ myth has been widely circulated via popular media such as TV shows and movies, clothing, mascots, and schools, and has led to Native American internalization of this message of inferiority (Yellow Bird, 2004).

Policy

American Indian legislation addressing policy issues such as trade, education, gaming, social services, law enforcement, and water rights in the United States is a key factor in determining the social, economic, and historical status of indigenous peoples as subjects of colonialism. Scholars Witmer, Johnson, and Boehmke (2014) gathered data on the prevalence of American Indian legislation in state agendas between the years 1998 and 2007. They discovered that states with increased political institutions that deal with American Indian issues, such as committees, offices, or other official groups, tend to have increased proposed and passed legislation dating back to the passage of Indian
Self-Determination and Educational Assistance Act of 1975 (Witmer & Boehmke, 2014). The law allowed for more tribal involvement in the determination of services on tribal land and increased tribal-state communication over educational and social welfare policy (Witmer & Boehmke, 2014). The study also revealed that states with a higher percentage of Native American residents were associated with increased proposed and passed legislation. Overall, this report emphasizes the importance of monitoring the relationships between states and Indian nations, particularly as legal power is increasingly in the hands of state governments, as opposed to federal policies (Witmer, Johnson, & Boehmke, 2014).

**Colonialism and Medical Care**

In a report published in 2014, Warne and Frizzell quantify the impact of a colonial mindset upon the provision of American Indian and Alaska Native healthcare in the United States. For the past two centuries the treaties, policies, and executive orders designed to provide healthcare for Native Americans have been significantly underfunded, and this has contributed to drastically disparate health and poverty levels between Native Americans and Whites (Warne & Frizzell, 2014). The study suggests that underfunding of American Indian and Alaska Native (AI/AN) health services has been problematic since the 1800s. For example, in 1890, an Annual Report of the Commissioner of Indian Affairs revealed that physicians working for the U.S. Army were paid an average annual salary of $2823.00 and Navy physicians were paid $2622.00, while physicians working with the AI/AN population were paid $1028.00 (Warne & Frizzell, 2014, p. 263). The Indian Health Service (IHS; 2016) reports that in
the years 2007-2009, AI/AN individuals experienced higher mortality rates of the following conditions when compared to all other U.S. races: unintentional injuries (including motor vehicle accidents) at a ratio of 2.4 to 1, diabetes mellitus at a ratio of 2.8 to 1, chronic liver disease and cirrhosis at a ratio of 4.7 to 1, influenza and pneumonia at a ratio of 1.4 to 1, nephritis or nephrotic syndrome at a ratio of 1.5 to 1, suicide at a ratio of 1.6 to 1, septicemia at a rate of 1.5 to 1, assault or homicide at a rate of 1.9 to 1. The mortality rates of AI/AN individuals compared to all other U.S. races were equally or less prevalent for the following conditions: Heart disease, malignant neoplasm, chronic lower respiratory diseases, cerebrovascular diseases, Alzheimer’s disease, hypertension, and Parkinson’s disease. The overall mortality rate for AI/AN individuals compared to all other U.S. races was 1.2 to 1 (IHS, 2016).

Postcolonialism/Solutions

Postcolonial theory is defined as “a response to, and a resistance against, the endurance of colonialism,” and advocates for the voices of the colonized to be finally heard and respected in order to reduce the internalization of colonial values (Treacher, 2005, p. 43-44). In 2004, Yellow Bird put forth several suggestions for facilitating decolonization and healing the damage of alcoholism, health problems, poverty, and internalized oppression caused by colonialism. He suggests that decolonization can effectively begin by telling the story from the perspective of the colonized, challenging the framework of the colonial ideology, and fostering courage, wise resistance, and ongoing discourse in Indigenous Peoples. Akena (2012) argues that attention, awareness, and conversation surrounding colonial domination and privilege must be prioritized in
order to keep indigenous worldviews alive and maintain perspective on the process of producing “legitimate knowledge” within a particular culture (p. 599). Finally, authors Tuck and Yang (2012), argue that the term and concept of decolonization is often wrongly used as a metaphor for other social justice projects. They further assert that turning decolonization into a metaphor takes power away from its true goal (returning land and lifestyles to Indigenous peoples) and in fact enables settlers or colonizers to come to terms with their guilt, falsely restore a sense of settler innocence, and excuse future efforts of restorative action. Instead, they advocate for a form of decolonization that is based exclusively on the literal and practical restoration of Indigenous autonomy and return of Native lands (Tuck & Yang, 2012).

**Conditions of Reservations**

In 2005, Beals et al. studied the rates of nine common *Diagnostic of Statistical Manual III-R* (American Psychiatric Association, 1987) diagnoses in two tribes of American Indians living on or near their home reservations, compared to the general population of the United States. The researchers also assessed both populations in terms of help-seeking behaviors in relation to these diagnoses. They found that alcohol dependence, posttraumatic stress disorder, and major depressive episode were the most frequent lifetime diagnoses among the American Indian populations. When compared to the general U.S. population, American Indians experienced significantly higher levels of lifetime posttraumatic stress disorder. Similarly, American Indians (with the exception of women in the Southwest tribe) were more likely to experience lifetime alcohol dependence than the general U.S. population. The study also revealed that people in the
American Indian populations often sought help from traditional healers such as medicine men or spiritual leaders, and this was especially prevalent in the Southwest tribes.

During an interview conducted with a tribal leader and cultural advocate from a Northern Plains Indian reservation to gather a valuable insider perspective on the causes and solutions to disparities in health and wellness between American Indians and the general population of the United States, the tribal leader stated that four historical eras of pre-colonialism, colonialism, and two distinct post-colonial periods have shaped the current state of Native Indian mental health. He also claimed that mental health services offered by ‘professionals’ outside the Native community are met with suspicion, and often represent a continued effort to eradicate traditional customs and values. Both the author and the tribal leader come to the conclusion that a form of community psychology based on respectful, culturally competent service is the only potential way forward for mental health care (Gone, 2007).

Walters and Simoni (2002) further addressed work on stress-coping with a model to promote health and coping for Native women. Their model takes into account factors such as colonial history, historical trauma, and cultural resilience, which make this population unique. Their indigenous stress-coping paradigm suggests that life stressors or trauma associated with Native women’s colonized history and societal position (including racial discrimination, historical trauma, experience of abuse/assault) can be mitigated by cultural buffers, such as refusing to internalize discriminatory attitudes, learning and identifying with minority culture, employing spiritual practices to cope, and engaging in traditional healing remedies. These culturally relevant coping mechanisms
may reduce the exceptionally high incidence of alcohol dependence, drug use, posttraumatic stress disorder, depression, anxiety, high blood pressure, HIV infection, and diabetes, and other stress-related diagnoses experienced by Native women.

**Historical Trauma**

The concept of historical trauma developed out of shared trauma experiences by individuals who were impacted by the Holocaust (Kellerman, 2001). Since then, the concept of historical trauma has been studied in reference to many colonized peoples worldwide, who share a history of subjugation, oppression, and cumulative exposure to trauma (Mohatt et al., 2014). Historical trauma refers to trauma that is shared by a group of people and passed on through multiple generations (Mohatt et al., 2014). Unlike post-traumatic stress, which affects an individual, historical trauma’s intergenerational effect passes along the trauma to subsequent generations (Gone, 2013). Historical trauma was first applied to Native Americans in research conducted by Maria Yellow Horse Brave Heart, who studied the Lakota tribe in Alaska from an insider perspective (Brave Heart & DeBruyn, 1998). Historical trauma is complex, cumulative, and collective (Gone, 2013). The complexity includes healing modalities that propose the embodiment of culture as treatment, returning to indigenous practices to promote mental health outcomes and overall wellness.

**Family Level Impacts**

Research among diverse populations has indicated that the generations following a historical event have an interest in ancestral trauma (Evans-Campbell, 2008). In a study completed with American Indian Alaskan Native elders, due to the overwhelming
trauma their ancestor’s experienced, contemporary American Indian Alaskan Native
people tend to minimize their own personal problems (Walters, Evans-Campbell,
Simoni, Ronquillo, & Bhuyan, 2006). Additionally, American Indian Alaskan Native
scholars have suggested that historical trauma has seeped into child rearing practices and
family violence (Cross, 1986; Horejsi, Craig, & Pablo, 1992). For example, a majority of
American Indian Alaskan Native parents grew up in boarding schools away from
traditional family customs and caregiver role models. The forced boarding school
attendance and out of home placement in the past sends a negative message to current
parent populations that they are not fit to rear their young and they begin to doubt their
skills, culture, and traditional ways of parenting (Cross, 1986; & Horejsi et al., 1992).

Community Level Impacts

For the past century, American Indians have been set apart as “aliens in their
own land” (LaFromboise, 1988, p. 388). Discrepancies between American Indians and
whites in the form of poverty, illiteracy rates, substandard housing, inadequate
healthcare, malnutrition, education, and life expectancy were being researched and
reported in the 1980s. Even then, the use of traditional healers and healing practices,
which strengthen extended family and traditional ways of life were found to be helpful
in restoring wellbeing to native communities (LaFromboise, 1988). One modality,
network therapy, seeks to strengthen support of Indian families, relatives, and friends,
thus counteracting urban life’s depersonalization. In the Lakota (Sioux) language, mental
health translates as ta-un or “being in a state of wellbeing” (LaFromboise, 1988, p. 392).
A skilled Native healer embodies qualities of a priest, doctor, counselor, and historian—
safeguarding ancient legends and imparting wisdom, in contrast to traditional Western therapy models which highly value individualism and autonomy, promoting isolation instead of strengthening community ties (LaFromboise, 1988).

Evans-Campbell, Lindhorst, Huang, and Walters (2006) conducted a comprehensive assessment of 197 adult American Indians and Alaska Natives (AI/AN) living in New York City, the urban area with the largest AI/AN population, and found that 64.5% of women had experienced a period of depression, with 50.9% reporting dysphoria. Additionally, 86.9% reported having engaged in unsafe sex. Women who reported any type of interpersonal violence had dramatically high rates of engaging in HIV risk behavior, ranging from 94% to 96% of respondents, compared to the 72.2% of women who did not report a history of interpersonal violence. The results underscore the importance of developing effective violence prevention programs for AI/AN women, and the authors call for culturally-sensitive practitioners and programs to provide both Western-centered and Native-centered mental health services (Evans-Campbell et al., 2006).

These studies revealing disproportionately high levels of mental and physical health problems in American Indian populations are especially concerning considering the well-researched link between mental health disorders and physical health conditions (Prince et al., 2007). Mental disorders clearly increase the risk of disease, injury, and self-harming behaviors such as alcohol and substance use. Conversely, physical health conditions are linked with increased levels of mental disorders such as depression, which
can impact health behaviors such as diagnosis, treatment, help-seeking behaviors, and overall prognosis (Prince et al., 2007).

**Current Forms of Trauma and Discrimination in Indigenous Communities**

Scholars Greenfeld and Smith (1999) conducted a study with Native Americans and inflicted crime, which revealed shocking statistics for American Indian Alaskan Native populations. The study concluded that AI/ANs are victims of violent crimes, which is two and one half times the national average, and strikingly 60% of the acts are completed by European Americans. In general, 56% of AI/AN peoples experience assault-related violence, 28% experience aggravated assault, and 6% experience sexual assault in their lifetimes. Further, the rate of violent crimes against women in this community is 50% higher than African American males in the general population (Greenfeld & Smith, 1999). Contemporary assaults inflicted on American Indian Alaskan Native people are often delivered in the form of microaggressions, which are contemporary covert and overt events involving discrimination, racism, oppression, and daily hassles targeted at minority groups (Evans-Campbell & Walters, 2006; Sue, 2010). In a community survey of urban American Indian Alaskan Native adults in New York, it was found that microaggressions are a common experience. For example, romanticized stereotypes of American Indian Alaskan Native people, required authenticity tests (to determine if an individual is a real “Indian”), acting like American Indian Alaskan Native people are extinct, and the appropriation of traditional ceremonies and objects (Walters, 2003).
**Historical Trauma Response**

Theoretical research on the effects of historical trauma suggests that populations historically exposed to trauma via colonialism, slavery, war, or genocide manifest physical and psychological health disparities lasting for multiple generations (Sotero, 2006). This finding is magnified by the experience of deliberate, international oppression, as opposed to the experience of natural disaster or forces of nature (Sotero, 2006).

**Healing from Historical Trauma**

The massive losses and subsequent devastation experienced by American Indians require extensive grief work, cultural competence, and self-awareness in order to heal (Brave Heart & DeBruyn 1998). In their key study, Brave Heart and DeBruyn (1998) interviewed 45 Native Lakota human service providers about their participation in a four-day psychoeducational intervention for grief resolution. The findings revealed significant positive benefits, as measured by self-report measures. The results of the study confirmed the researchers’ hypothesis that educating people about historical trauma and its associated grief leads to beneficial effects in 100% of respondents. Further, the study confirmed that sharing grief within a culturally relevant context incorporating Lakota ceremonies led to increased cathartic relief and decreased negative emotions in 97% of respondents. Research subjects radically reduced feelings of helplessness and hopelessness, and reported a tenfold decline in guilt and shame, and a fourfold decline in anger and sadness. Furthermore, all respondents reported more positive feelings about being Lakota (Brave Heart, 1998).
Native Youth Trauma

Hawkins, Cummins, and Marlatt (2004) responded to the high incidence of substance abuse among American Indians and Alaska Natives by publishing a literature review of the research on the efficacy of various intervention methods in preventing substance abuse in youth among these populations. The authors found that factors such as poverty and life stress, which are widespread in AI/AN communities, are linked to higher levels of drug and alcohol use among youth. The study cites rates of youth (age 12-17) tobacco use from the National Household Survey on Drug Abuse (Substance Abuse & Mental Health Administration, 2002), in which 27.5% of AI/AN youth reported being current smokers, in comparison to 16.0% of Whites, 10.2% of Latinos, 8.4% of Asian Americans, and 6.1% of African Americans. Similarly, 34% of AI/AN youths living on a reservation reported lifetime use of inhalants, in comparison to only 20% of non-reservation dwelling AI/AN youth, and only 13% of Whites. The study also summarizes a finding from the National Institute on Drug Abuse, which found that 93% of AI/AN high school seniors reported having tried alcohol during their lifetime, in comparison to 87% of non-AI seniors. Finally, in a sample of 8th graders, 47% of reservation AI students reported lifetime marijuana use, as opposed to only 26% of non-reservation AI students, and 13% of White students (Hawkins et al., 2004).

Cultural and environmental factors specific to AI/AN youth such as historical trauma, alienation and discrimination from the larger culture, and unstructured time on reservations have been linked with increased substance abuse. The authors Hawkins et al. (2004) found mixed results in terms of native cultural identification and involvement
as a protective or risk factor for substance abuse; some studies found that participation in
traditional tribal activities reduces rates of abuse for some substances, while others found
that some youth viewed drinking as a core part of American Indian practice. Youth who
were able to cultivate both AI traditional and mainstream American identities (e.g.,
“bicultural competence”) seemed to be less at risk for substance abuse overall. Finally,
this research revealed that in AI/AN youth populations, community-based approaches at
prevention and treatment seem to be more effective than individually based approaches
(Hawkins et al., 2004).

In a survey of 212 American Indian youth (aged 10-15) from three reservations
in the Midwest, researchers LaFromboise, Hoyt, Oliver & Whitbeck (2006) examined
rates of resilience, defined as children displaying prosocial outcomes despite living in
moderate or high adversity households. The most significant protective factors that
emerged were having a mother who was perceived as supportive and warm and having
higher levels of enculturation. The most significant risk factor that decreased the youth’s
capacity for resilience was perceived discrimination (LaFromboise et al., 2006).

Goodkind, LaNoue, and Milford (2010) point out that although American Indian
and Alaska Native youth experience high rates of psychological distress, suicide,
posttraumatic stress disorder, and physical health disparities, very few mental health
interventions developed specifically for AI/AN youth have been developed or tested. In
this pilot study, the researchers adapted the Cognitive Behavioral Intervention for
Trauma Jaycox, 2004) in Schools for a sample of 24 American Indian youth. A
committee of AI and non-AI members made adjustments to the therapeutic interventions
so that Eurocentric language would be removed, culturally specific practices (such as storytelling) would be incorporated, and traditional beliefs would be honored. The researchers found that the youth’s symptoms of anxiety, posttraumatic stress, avoidant coping strategies, and depression showed significant short-term decreases. However, only the decreases in anxiety and depression were maintained at the six-month follow up, while the other symptomatic improvements did not yield lasting benefits (Goodkind et al., 2010).

In an effort to develop an increasingly culturally relevant trauma intervention for AI/AN children, BigFoot and Schmidt (2010) developed Honoring Children, Mending the Circle (HC-MC), which is an intervention based on trauma-focused cognitive-behavioral therapy, but adapted specifically for AI/AN children. HC-MC is based on traditional views of health and wellness, and it was developed, in part, by tribal leaders, traditional healers, and other providers. The authors provide a case study in which a therapist helps a young AI girl who has experienced sexual abuse to seek support from her family, develop traditional healing goals, and use culturally specific methods to seek spiritual, relational, physical, mental, and emotional recovery (BigFoot & Schmidt, 2010). The authors acknowledge that this intervention tool is still in the development and training phase, and the next stage of their work will be “systematic evaluation of treatment outcomes” (BigFoot & Schmidt, 2010, p. 855).

**Remediating Practices**

The collective traumatic past of Native American people and the subsequent responses to the impact of colonization, warrant consideration in the design and delivery
of healing interventions and increased research with these populations. Furthermore, Native American therapeutic interventions must be more widely accepted in order to expand the culturally relevant services and to adapt and grow in a postmodern context.

Whitbeck, Adams, Hoyt, and Chen (2004a) developed the Historical Loss Scale (HLS) and the Historical Loss and Associated Symptoms Scale (HLAS) to demonstrate the connection between the trauma of a collective historical past and present emotional responses to past trauma experienced by indigenous populations. The scholars discovered that the higher the score for perceived historical loss, participants were more likely to report feelings of depression, unresolved grief and loss, and anger related to the pain inflicted on ancestors. In a subsequent study, Whitbeck, Adams, Hoyt, and Chen (2004b) applied their HLS and HLAS scales to examine the discrimination and collective feelings of loss at a reservation in the Midwest and concluded that perceived loss determined by the scales affected Native American adolescent mental health and depression rates.

Brave Heart, Elkins, Tafoya, Bird, and Salvador (2012) conducted a study on restoring the traditional strength Native American boys and men or Wicasa Was’aka in the Lakota language. The study used the Historical Trauma and Unresolved Grief Intervention, which is a short-term culturally appropriate intervention for grief resolution and trauma mastery in adult populations. An evaluation of the sample found that men have a greater degree of boarding school trauma, guilt over the Wounded Knee Massacre, shame around not being able to enact their Wicasa Was’aka roles, and exercise overall avoidance in regards to historical trauma and ongoing pain (Brave Heart
et al., 2012). Following the intervention and mourning resolution ceremony known as “Wiping of the Tears,” participants reported how powerful and positive the interventions were for them and how much they appreciated that survivors of historical trauma presented and facilitated the healing (Brave Heart et al., 2012).

Native theory and healing practices highlight connection, community, and sharing in a less structured way than European-Western therapeutic approaches (Speilmann, 2003). The Native approach respects time and dimension creating space for an exploration of historical trauma, and views the therapeutic process in relation to cultural customs and protocols. Aboriginal theorists hope that Euro-Western approaches to helping might learn to view healing as an integrated process of physical, mental, spiritual, and emotional well being, which is a pillar of Native healing.

**Narrative Practices for Healing**

Storytelling is an essential part of Native American culture. Stories are focused on honoring people, animals, plants, and the natural world. Stories also serve as a way to pass down traditional customs, practices, and history. Through stories, Native American’s learn where they are from, who they are, and ways to interact with reality (Vernon, 2012).

Indigenous scholarship encourages the power of narrative to disrupt and address the intergenerational transmission of historical trauma (Brave Heart, 1998; Evan-Campbell & Walters, 2006). Similar to stories of knowing, new narratives can be created to reclaim indigenous knowledge and acceptance in light of legacies of colonization and contemporary forms of oppression. Furthermore, the resurgence of storytelling and
narrative as a healing practice can correct histories and the process of colonization to the non-native public (Smith, 2012).

Scholar Lawson-Te Aho (2014) writes about how trauma takes away language and how by narrating painful experiences, the restoration of cultural identities, values, and views of the world can be accomplished. Lawson-Te Aho (2014) conducted a study with five Maori women from a tribal group in Aotearo (also known from a dominant perspective contemporarily as New Zealand). Three participants began by narrating accounts of sexual abuse, which lead to the weaving together of personal experiences and identifying patterns of sexual abuse histories across five generations. An additional discovery was rooted in the call for action to articulate the consequences of colonialism in a culturally meaningful way (Lawson-Te Aho, 2014). The narratives in the study brimmed with examples and similarities. By reflecting on their own narratives, the participant’s were able to make connection between colonization and existing distress present in their stories (Lawson-Te Aho, 2014).

Some scholars argue that historical trauma functions best as a public narrative for particular indigenous communities and connects contemporary experiences and circumstances to traumatic histories and events in the past. By understanding the connection, narratives may not only serve as related to present day distress, but future resilience (Mohatt et al., 2014). New digital technologies using audio, video, and visuals are increasing the methods to create and multiply narratives of healing. The movement is known as digital storytelling (DS; Beltran & Begun, 2014). Even though DS is still gaining momentum, it has been used in several settings and demonstrated exciting
findings (Beltran & Begun, 2014). DS was used in an empowerment workshop with Native youth to unpack racism and examine ways to increase cultural pride. In Alaska, DS was implemented in a suicide prevention setting to construct and narrate healthy identity among youth and young adults. DS has also been used in health settings to emphasize sexual and reproductive health education and prevention among culturally marginalized and underserved youth (Beltran & Begun, 2014).

The benefits of DS are that it mirrors the importance of oral traditions and stories are preserved with modern technologies. Furthermore, individuals and groups are responsible and intrinsic to the development of the digital stories created. DS is centered on the process of story formation instead of the finished product. The growth of DS is important practices for indigenous communities to further accurately represent historical events, traditions, and cultural understanding through the use of modern technologies (Beltran & Begun, 2014).

**Summary**

The current historical research has demonstrated the impacts of colonization, historical trauma, conditions Native youth populations face, and introduced remediating narrative and storytelling practices to address wellness and healing. The review of the literature targeted influential research and drew from notable Native and mainstream scholars, but was not exhaustive in coverage. Despite the depth of research on this topic, the researcher learned that very few studies exist that survey Native Youth populations and primarily no published research exists regarding Native populations all together in the northern California area. The next chapter describes the methods of this study that
further illuminate the researchers’ struggle to contact Native American leaders in the northern California area and generate scholarly research in area.
Chapter 3

METHODOLOGY

This chapter covers the methods that were employed to explore the void in the literature of Native American leaders’ perspectives of historical trauma experienced by Native American communities, particularly youth, in Northern California. The findings and implications from this research study add to social work and allied field’s understanding of culturally competent practices by and with Native American communities. The research provides a grounded understanding of stakeholders’ voices in regards to the direction of tribal healing modalities related to historical trauma as the basis for future theoretical frameworks used by non-native groups.

Based on a postmodern perspective, critical narrative inquiry (Connelly & Clandinin, 2006) guided this study’s exploration of Native American leaders’ perspectives in Northern California of wellness among youth who have experience intergenerational trauma, and what cultural practices exist to resolve intergenerational trauma experienced by Native American communities. The qualitative study was exploratory in nature seeking to gather expert accounts from Native American leaders who work to promote wellness among their young people. This study aimed to find what Native American leaders believe is needed to strengthen wellness among rising generations and to address intergenerational trauma in their respective tribal communities. Additionally, the study aimed to explore how outside helping professionals can better serve Native American youth in a culturally appropriate manner. This chapter includes a discussion of the methods the researchers utilized for the study
and is organized in the following sections: research question, research design, sampling procedures, instrumentation, data gathering procedures, data, analysis, and human subjects protections. A summary of the methods will conclude this chapter.

Research Design

The researcher employed a critical narrative inquiry design for this study. Authors Connelly & Clandinin (2006) state, “people shape their daily lives by stories of who they and others are and as they interpret their past in terms of these stories” (p.375). Narrative inquiry is the study of experience as story. Narrative inquiry boundaries expand and contract and are interactively permeable (Connelly & Clandinin, 2006) much like the stories from participants. The theory accepts the understanding that life is filled with narrative fragments, which are enacted in storied moments of space and time (Connelly & Clandinin, 2006). As result, storied experiences are explored in the present and also concerned how life is experienced on a continuum within the larger historical narrative. Narrative inquiry remains concerned with the production, interpretation, and sharing of particular group’s lived experience on a continuum (Connelly & Clandinin, 2006).

Narrative inquiry as methodology serves as a way to honor a particular view of experience (e.g., historical trauma narratives) as phenomenon under study (Connelly & Clandinin, 2006). The design was selected to capture the stories that shape Native American leaders’ perception on wellness and healing for youth generations. The narrative inquiry design serves as a threshold, which a person enters the world, capturing the way their experiences are interpreted and made meaningful through story (Connelly
& Clandinin, 2006). There are three sets of considerations within the narrative inquiry method that include, theoretical considerations, field-text oriented considerations, and interpretative-analytic considerations (Connelly & Clandinin, 2006). Theoretical considerations involve understanding that narrative inquiry differ formalistic inquiries that root inquiry in theory whereas narrative inquiries begin with experience as lived and shared through story. Thus, the narrative inquirer must start with an exploration of the phenomena of experience instead of a formal comparative analysis of various methodologies (Connelly & Clandinin, 2006). The transition from field texts (e.g., field text are a way of talking about what passes as data without the objective representation of research experience) to research texts (e.g., the construction of meaning of field texts) can be difficult. This process requires that the inquirer’s relationships with participants to shift from talking about storied experiences to transferring the stories to research texts (Connelly & Clandinin, 2006). This can be a challenge for inquirers who have come to enjoy being in the presence of their participants but also with the field texts. Interpretive-analytic considerations consist of the inquirer makes meaning of the field texts. This is the most challenging stage of the narrative inquiry design as the inquirer strives to negotiate a new way of relating to the participant through research field texts and resisting the desire to let the text fields to speak for themselves (Connelly & Clandinin, 2006).

**Sampling Procedures**

The researcher contacted three Northern California based Native organizations, which include Sacramento Native American Health Center (Sacramento), Sierra Native
Alliance (Auburn), and Chapade (Grass Valley). Additionally, the researcher contacted the Cultural Studies Department at California State University, Sacramento, and the Native American Resource Center at American River Community College. The researcher also contacted five tribal board committees in order to establish contacts and relationships. Lastly, the researcher was given contact information for several tribal leaders in the Sacramento region from one of her thesis advisors. The participants were recruited through email (see Appendix A), phone calls, and in-person contact from the researcher or from contacts at the three Native agencies. Native American leaders were selected from a purposive sample using a snowball method from federally recognized and non-federally recognized tribes within a 75-mile radius from Sacramento, California. Individual, in-depth interviewing was the primary method for data collection allowing participants to narrate their own lived experiences as a leader in their tribe.

**Instrumentation**

The research instruments used in this study include a semi-structured interview schedule to help facilitate the in-person interviews with the participants (see Appendix B). The semi-structured interview schedule consisted of twenty questions with sections that explored participants’ roles in their tribe, personal experience/knowledge on wellness and trauma experienced by youth, reflections on the tribal perceptions of wellness and trauma, and existing healing practices. For example, the researcher asked participants “What is your involvement in your tribe?” “What ways have you advocated for youth?”, and “What meaning do new generations have to your tribe?” The interview schedule questions were designed based on the literature review and on the researcher’s previous
knowledge of traditional healing practices among native groups internationally. The interviews were recorded on a Sony audio recording device. No video recording was conducted.

**Data Collection Procedures**

The researcher reached out to 30 potential participants to take part in this study, via e-mail, phone call, and in-person contact at agencies. Five out of 30 participants made contact with the researcher, met inclusion criteria, and agreed to participate in the study before the data collection ended on March 1, 2016. The subjects were provided the Informed Consent Form (see Appendix C), and were asked to review it. If willing to participate, the participants were asked to sign the Informed Consent Form and send it by e-mail to the researcher prior to the interview. The participants and the researcher agreed on the date, time, and location of the interview. The interviews took approximately 60 minutes to complete. The interviews were recorded on a Sony digital audio recording device, only available to the researcher and thesis advisors. During the interviews, the researcher asked the main research questions and asked follow up questions to the direction of a participants’ response when necessary.

In order to increase the trustworthiness and rigor of the study, the researcher used audit trails by openly documenting decision-making and analytic processes of the study, in concert with the thesis advisors (Padgett, 2008). All data files were stored on a laptop and backed up on an external hard drive, both password protected. The laptop and hard drive were either in the direct possession of the researcher or were stored in a locked room in the researcher’s home office. The raw data was destroyed promptly after the
researcher transcribed each interview.

**Data Analysis**

Following the interview, the researcher transcribed the interviews verbatim for raw data analysis purposes. Narrative inquiry highlights that the inquirer is continually moving back and forth from the raw data in the field and the development of field texts which are close and descriptive accounts of the research participant’s narrative during the interview process (Connelly & Clandinin, 2006). The researcher in this study examined the commonalities and differences between participants’ responses and existing literature after all of the interviews were transcribed using an open coding method (Padgett, 2008). A narrative inquirer spends hours reading and rereading the transcribed field texts in order to begin to construct a summarized account of what is contained within the different field texts (Connelly & Clandinin, 2006). Although the initial reading and analysis focuses on matters such as character, plot, tension, place, and tone, these matters become increasingly complex and distinguished with persistent reading (Connelly & Clandinin, 2006). The researcher engaged in this level of reading and rereading and eventually began to notice different field texts into relation to other field texts resulting in possible codes. Next the researcher coded the interviews and produced categories and themes from the coded interviews (Padgett, 2008). Then the researcher reviewed the categories for subthemes and drew connections based upon the continuities and discontinuities across the themes. The researcher assigned relevant quotes to all of the themes and subthemes in the separate and categorized word documents.
Protection of Human Subjects

The academic institution, California State University Sacramento, requires the submission and approval of a Protection of Human Subjects application before data can be collected. The researcher submitted the application for the Protection of Human Subjects in November 2015, under the advisement of project advisors Drs. Tyler Arguello and Krishna Guadalupe. The application was reviewed and approved by the advisors and was submitted to California State University, Sacramento, Division of Social Work Committee for the Protection of Human Subjects on November 6, 2015 for review and approval. On November 10, 2015, the researcher received an email stating that the Human Subjects application for this study was approved as Exempt. The human subjects protocol number for this project is 15-16-036 (see Appendix D).

The study posed no more than minimal risk to participants, and was considered exempt 45CFR46.101(b)(2) under the code of Federal Regulations. The risk for this study was minimal. Participants are leaders and have fluency in discussing the interview topics and managing their reactions de facto. In the event that subjects needed additional support, the researcher assisted subjects in receiving such support, and sought the expertise of the Thesis Chairs. Before concluding the interview, the researcher checked in with the participants regarding their experience as a participant and discuss any reactions that surfaced as a result of the interview.

There was minimal risk to the reputations of the subjects. When sampling expert classes of people, there is inherently increased difficulty in disguising participants; therefore the researcher minimized the use of direct quotations to better protect
participant’s identities (Padgett, 2008). The researcher assigned pseudonyms to the subjects to protect their identities. Access to identifiable information was limited to the researcher and the research advisors. The researcher maintained professionalism and exercised confidentiality on behalf of participants throughout the interview, transcription, and research analysis process.

Physical risk was not applicable to this study because the participants were only asked to complete a verbal face-to-face interview. No human subjects violations or incidents occurred during this study.

Summary

A critical Narrative Inquiry design was applied in the exploratory research study. The study design employed an open coding method in order to exemplify commonalties and underlying meanings in the collected participant responses. All the interviews were transcribed verbatim. A snowball sampling method was utilized to recruit participants identified as Native American leaders. The instrumentation involved face-to-face interviews with participants. Participants answered a collection of twenty-three opened ended questions. Recruitment, data collection, and sampling procedures were implanted while honoring the principles of human subjects protection. Further discussion of the collected data is presented in the proceeding chapter.
Chapter 4

FINDINGS AND DISCUSSION

Several themes emerged from interviews with Native American leaders in the northern California region. Tribal Councils, and Native Agencies whose work is centered on family wellness identified participants as leaders. Analysis of the five semi-structured and transcribed interviews revealed the following themes: trauma, wellness, healing, youth, and hopes for the future. For the purposes of confidentiality, participant pseudonyms are used as identifiers for those participants. The participants chose initial pseudonyms. The pseudonyms are M.D., A.N., L.N., T.L., and D.K.

Demographics of the Sample

Minimal participant demographic information was collected in the study in order to protect the privacy of participants and leader status in their respected tribes. The researcher asked participants their name, a chosen pseudonym, tribal affiliation, and tribal role and involvement. All participants (100%) shared their name with the researcher. One out of five participants (20%) selected a pseudonym during the interview and the remaining participants (80%) asked to be referred by the initials from their first and last names. Four out of five (80%) participants asked the researcher not to include their tribal affiliation in the final research manuscript. All of the participants (100%) described their role and enrollment in their tribes. Three out of five participants (60%) were in leadership positions serving Native Youth and Families. The other two participants (40%) worked in direct service potions with Native families and youth. Even though all of the participates worked with Native populations in the
northern California region, four out of five (80%) participants personally affiliated with tribes out of state. The researcher was asked not to list these tribes. One participant (20%) belonged to a tribe in California, but stated he did not grow up learning the ways of his Maidu people.

**Prominent Themes in the Data**

The participants were asked a series of open-ended questions focusing on three subjects: personal experience/knowledge on wellness and trauma experienced by youth, reflections on the tribal perceptions of wellness and trauma, and healing practices. The following discussion of the themes mentioned at the beginning of this chapter were selected from quotes from the interviews. The researcher strived to emphasize the meaning of the quotations by removing filler words and utterances such as “like”, “hmm”, “um”, and “huh.” By removing connective words, the researcher was able to preserve the meaning of the long answers and quotations by participants.

**Trauma**

Trauma in the Native American culture stems from colonization of the Native people and continues to impact Native Americans today. Throughout the five qualitative interviews all the participants spoke about how trauma has affected them and through their disclosures the subthemes of historical trauma and the silent processing of trauma emerged. The topics of trauma, historical trauma and silent processing will be explored in this section.

**Historical Trauma**

All of the participants expressed that historical trauma is prevalent in Native
American communities. Participant M.D. expressed that not everyone who is native knows how to explain their ongoing grief and stress that is passed down through generations which is why,

I go out into the communities and educate about the historical trauma view. One of my main missions is to teach youth about historical trauma because they will never receive the knowledge in school. The way I see it is we are still historical trauma as a culture and people don’t understand we are living in right now.

Education and increased knowledge about the ongoing prevalence of historical trauma serves as way to increase dialogue around the manifestations of historical trauma and takes away from the idea that psychological grief and feelings are normal for Native American peoples. Without conversations about historical trauma participant D.K identified that historical trauma is reflected in “isolation, substance abuse, violence in the home, physical violence, sexual violence, and mental health” challenges in her tribe and the tribes she has worked with as a parent educator. Participant D.K’s definition of trauma encourages the reduction of stigma that Native Americans experience and cope with on their own.

Furthermore, participant L.N. defined trauma as, “when you are not allowing a person to find natural resources and support to gain balance,” and “trauma is like when somebody is drowning, how is their voice?” This metaphor for trauma speaks to the critical narrative inquiry lens, which argues that language generates story. The idea of being voiceless contributes to the propagation of many harmful discourses about what is means to be Native American. Participant L.N. recounted a story of relocation during the
colonization era that his grandmother endured. He stated,

My grandmother was unable to grieve when her relatives were taken
which continued throughout her lifetime. If I have never seen my
grandmother, mother, aunts, and uncles grieve, how I am supposed to
learn how?

Participant L.N.’s memory emphasized the void in language caused by colonial
forces by resulting in a yearning from succeeding generations for knowledge
about ancestral grief practices.

Participant T.L. added to the definition of trauma when he stated that, “trauma is
an illness. It is not permanent and must be talked about.” Participant T.L.’s definition
hinted that trauma narratives seem re-constructible as a way to heal on a communal level
and reclaim memories of pain. The researcher witnessed what appeared to be story re-
construction in action when she witnessed two of the five participants become emotional
and cry during the interview when they recalled specific events in history that influenced
historical trauma. The researcher considered if externally allowing oneself to cry serves
as a way for community members to bear witness to healing from historical trauma and
if the survival of trauma stories may in fact be a resistance strategy employed by the
colonized culture.

Silent Processing

The inability to process the trauma the participants and past generations have
gone through was a recurring theme throughout the interviews. For example, participant
M.D. stated that during certain points in his life when he brought up the topic of
historical trauma, elders would get mad and not want to talk about it. He recalled feeling confused about how he was supposed to ignore historical trauma if it caused him to feel “yucky” inside. Participant M.D. stated, “no one taught me how to feel that way, it is something I feel deep from within.” Not knowing where the feelings related to historical trauma come and how to express them supports the literature review finding that trauma takes away language and how talking and narrating painful experiences, the recovery of cultural identities, values, and views of the world can be accomplished (Lawson-Te Aho, 2014).

Additionally, participant T. L. reported that his grandfather internalized the verbal messages that it “was bad to be Indian when he was really young because he was called Dumb Indian at his boarding school.” As a result of being “White washed”, participant T.L.’s grandfather did not talk about his Native background and suppressed his culture by using drugs and alcohol to disassociate from feelings of loss and grief. The suppression coping mechanism participant T.L described for his grandfather sheds light on why some Native Americans seek soothing outlets in the form of harmful substances, which challenges the justification of colonialism that Native American people are an inferior group of people and predisposed to health disparities and drug addiction.

According to participant L.N., Native American culture was not perfect but that the culture did not drink alcohol or abuse drugs until the substances were introduced by the colonizers.

Participant A.N. recalled feeling an “overwhelming sense of depression and stagnation that came from loss and grief in her family” growing up. Participant A.N.
stated during her up-bringing that there were, “suicides, violent deaths, murder” and that it was difficult to heal in an overwhelming and oppressive atmosphere caused by intergenerational grief and trauma. Participant A.N. explained how families still live with historical trauma and that it is accepted as the norm, instead of having experiences of “light, life, happiness, and connection” which she shared was the lifestyle practiced by her Native American ancestors.

Participant M.D. confirmed that in his work with tribes in the northern California region, historical trauma narratives are related to “genetic memory” which are memories that are passed down through generations previously known as intergenerational stress. However, participant M.D. added, “it is becoming more common now to talk about mental health,” through conversations. Additionally, the process of generativity, which is a theme taken up by Native Alaskan and Native American elders that describes their passion for community engagement such as mentoring youth, serving as tribal role models, and sharing their passion for their indigenous background serves as a method to engage Native American youth in conversations about mental health. This sharing of knowledge is central in the formation of indigenous identities among youth populations (Lewis, 2014). Generativity not only seems to promote mentorship but also serves as movement to stand up against historical trauma and create space for alternative narratives to the trauma narratives. Participant L.N. shared how youth are encouraged to sit with elders and ask the elders about their experience of colonization as a way to break the silence of the internalized trauma responses. For example, participant L.N. described how interactions between youth and elders were currently happening at his agency in the
form of a youth project that the youth decided to complete focused on genocide. The youth interviewed elders in their community and asked questions like “what was it like when you grew up?” Participant L.N. noted that the interactions with the elders were “astounding” and the youth realized that historical trauma was not the result of one isolated incident during colonization and witnessed elders opening up to the youth after carrying the loss and grief inside for decades. It appears that in this project youth engaged in cultural reconstruction by combining contemporary concerns with interpreting, describing, and making sense of the historical trauma by turning to language and story functioning as a revived public narrative that invites psychological healing and collective growth for the storyteller and story listener.

One of the contributing factors, voiced by participants that facilitates to Native Americans withdrawing from sharing about the healing process from historical trauma is the lack of trust among Native American people toward helping professionals. Participant L.N. informed the researcher about his tribe’s first introduction to the social work profession in the late nineties. He shared that a few social workers criticized Native American families for allowing their children to sleep on the floor and stated that their living accommodations were filthy. Participant L.N. stated that what the workers failed to understand or ask about Native American philosophy, which encourages people to have a close relationship with mother earth. The social workers recommended that the children needed to sleep on formal bed frames off the floor. This recommendation caused a lack of attunement to the energizing relationship with mother earth and resulted in an understandable distrust and hurt by outside professionals. Participant L.N
expressed the hope that the social work profession will continue to expand culturally relevant investigative and intervention skills in the swift future. For instance, knowing the story of how Native American children were removed from families and communities.

**Wellness**

An additional theme that occurred throughout the five qualitative interviews was the theme of wellness. Within this, there emerged several subthemes including making meaning of wellness, Native American healing practices, and the existing disparities among the Native American people. A discussion of these is as follows.

**Making Meaning of Wellness**

Several participants reported that wellness starts at the individual level but benefits the entire tribe. Participant T. L. reported, Native people ask themselves, “what do I need to be well? Who am I? What am I? Where am I going? [and] am I living in harmony with the earth and my people?” Five of five confirmed that there is “wholeness” to the concept of wellness. Participant A.N. described wellness as “beauty and balance.” and that beauty and balance are leading purposes of being here on earth. She shared that her tribe’s connection to their sacred origins, tribal stories and teachings, and ceremonial paths promote harmony in life. She stated wellness is fostered by, “our connection to the Creator and our connection to our relatives around us.” She shared that her tribe operates as an extensive clan system and believes that historical trauma disrupted and continues to disrupt the natural harmonious lifestyle of Native American people. This statement emphasizes the apparent disconnect between the individualistic
colonizing culture whom extract people and resources without consideration of the
Creator, and the collective Native culture that views themselves in relation to their
community and harmonious relationship with natural resources.

**Native American Healing Practices**

When the researcher asked about ceremonies, all of the participants stated they
were not comfortable sharing what the ceremonies are called or what they entail.
Participant D.K. stated “I am not willing to disclose about the details about the healing
ceremonies that take place in my tribe without consent from every tribal member first.”
Other participants’ demonstrated their desire not to share about ceremonies by shrugging
their shoulders, uncomfortably shifting in their chairs, and loosing eye contact with the
researcher in hopes that she would ask a different or new question. The researcher
responded to her participants’ verbal and nonverbal cues internally by exploring if her
questions activated memories of the endless examinations and interrogations from
colonial forces asking them to justify that their ceremonies and cultural ways are
meaningful and have purpose. Before moving forward with the interview the researcher
checked in with participants to make sure they felt comfortable progressing with the
interview and all the participants agreed with the understanding that the power to keep or
share information about ceremonies was held by them. Participants’ wish not to reveal
specifics about ceremonies was the most significant turning point in this study. Possible
limitations of the researcher’s interview schedule are further discussed in chapter five.

Participant M.D. shared that generally ceremonies involve dancing, sweats, and
song, which reinforce the four directions of wellness. Participant M.D. named Four
Direction and Circle Teachings as healing methods; however, when asked for additional
details related to Four Direction and Circle Teachings participant M.D. revealed the
details of these ceremonies are kept within the tribal community in order to preserve the
sanctity of the ceremony. Participant M.D. did reveal that Four Direction and Circle
Teachings as a form of healing balance in regards to wellness. Wellness is achieved
through the balancing of the physical, mental, emotional, and spiritual. When prompted
by the researcher what activities compromise circle teachings, participant M.D. stated,
I am not comfortable sharing about the details because I work with so many
different tribes and would need permission from each tribe to share details and
they would most likely say no because they want to preserve their cultural
teachings and ways.

Conceivably requesting not to share about the specifics of ceremony, the participants and
their tribes are challenging the social constructivist perspective that views of reality are
formed out of interactions and discourse in daily life with the dominant group. Therefore
by the researcher not asking her question about the specifics of ceremony, the colonized
culture is the group influencing the discourse and calling to attention that their
construction of reality matters.

The purpose of ceremony was mentioned by participant A.N. when she stated, “I
think having tribal ceremonies for grief are really important to be able to heal in a safe
space and move forward.” Ceremonies specific for grief confirmed the researcher’s
initial inquiry to explore if and any healing practices existed to address historical trauma.
Another detail about ceremony was shared by participant L.N. who explained that that
dancing at pow wow ceremonies always occurs clockwise. Participant L.N. believes “if tribes put culture back, the singing back, and the ceremony back, the rising generations will thrive just by being in proximity to the events.” The researcher attached to participant L.N.’s words “put back” ceremony and wondered if routine ancestral ceremonies now carry a political agenda of reclaiming and reestablishing Native culture post colonization.

During the interview process, the participants mentioned the importance of revisiting stories of killings and massacres while simultaneously learning about harmonious approaches to living that existed prior to colonization, which includes the importance of language. Participant M.D. stated Native dialects are “part of what is lost in our Native way of thinking and story sharing” and that language is a significant part of returning to the natural order of things. Participant M.D’s statement is represented in literature by Lawsen-Te-Aho (2014) that examines how trauma takes away language and by narrating painful experiences, cultural identities can be restored. Participant M.D. shared that Native youth are getting involved in reviving Native dialects. Participant L.N. described ceasing intergenerational trauma by, “stopping it through teachings, stories, and having elder’s wisdom come back through song, ceremony, and asking youth what they would like to know about their culture.”

The researcher wondered if the remaining three participants include the restoration of Native dialects through story in their traditional healing practices. Conceivably the desire to keep tribal practices within the tribe is a way of maintaining cultural continuance and a function of survival by choice informed by the ongoing
harmful discourses of colonization.

**Existing Disparities**

Many participants spoke about the disparities that exist between the Native American population and the dominant culture. For example, participant T.L. defined disparities as “bad medicine.” All of the participants agreed that substance abuse, domestic violence, suicide, poverty, bullying, gambling, social adjustment difficulties, incarceration, are the result of colonization. Specifically, participant L.N. stated these disparities were like having their “spirits preyed upon by Europeans.”

Participant L.N. stated that one of the leading hardships for youth is, “a lack of identity.” Participant L.N. added that the majority of youth do not have Native role models to look up to in mainstream school settings and they struggle to integrate their tribal identity into larger society. Participant M.D. shared that the reason he abused alcohol and drugs was to fit into mainstream non-native social groups at school and to maintain a sense of belonging and identity. Participant M.D. recalled that, “I drank because I was teased for being the only Native American at my school.” Scholars Hawkins et al. (2004) noted that Native people who are able to cultivate both traditional and mainstream identities, that is, cultivating a “bicultural competence,” seemed to be less at risk for substance abuse overall at the risk of loosing parts of their cultural identity. Participant A.N. shared that the dominant identity conflicts with Native identity that is linked to community. A.N. shared that her children struggled in public education learning environments where the curriculum encouraged acquisition of knowledge to benefit independent knowing and career success, instead of the group. Participant A.N.
added,

…sometimes it is difficult for Native youth in school because the dominant culture values of speaking out, being first, being loud, and knowing the answer first [conflict with the Native culture values of being] a thoughtful and observant person who builds wisdom by listening and using knowledge to benefit the collective whole.

Participant A.N. continued, “if Native youth do not have positive contacts, connections, and support, they can get angry, confused, and resentful about their cultural upbringing.” The researcher concluded there is a great need for healing among Native American youth and the disparities that exist in the Native community are generational stemming from the colonization of the Native people.

Healing

All the participants interviewed revealed healing is a necessity in the Native American culture due to the trauma the Native people have endured and the current disparities they face. Participant L.N. revealed the elders of his tribe say to “acknowledge it [trauma], ask what kind of healing has come from it [trauma], and what kind of teachings come from it [trauma]? Ask what was taken and sit with the pain but do not let it define you or your tribe.” The primary motive for healing expressed across all interview participants was, “how do we come back as a people?”

Participant L.N. shared his standpoint about how Native Americans view themselves in relation to the elements and how nature energizes them. He said,

…because of fear from the multi-generational stress, there’s an ongoing concern
instilled in Native people to think that there is not enough for everybody. And in reality, everything we have, all the sustenance we need, comes from the earth. We teach our youth, once you keep yourself in balance, once you start taking care of yourself; you’re kind of preordained to take care of nature. You should be understanding what the water’s like, you should be understanding what goes into that water, you should have an understanding and listening to the trees, you should know when they change, you should know what energy you’re getting from them, you should grow up putting positive energy out into the universe, not anything that would be harmful or destructive.

Through this statement by participant L.K. it seems clear that traditional Native American practices require stillness, patience, and a love for the earth. This challenges the dominant culture, which glorifies a lifestyle of action; this is particularly in the social work field. For example, practitioners are responsible for such high caseloads that cause them to miss the incremental changes in the lives of their clients and in their own personal lives. The profession has a lot to learn from Native American’s attention to stillness, patience, and connection with the natural world and refusal to output “harmful” or “destructive” energy out into the universe.

According to participants, Native American youth feel conflicted with their desire to conform to the dominant western culture and their need to embrace their Native culture. Participant A.N. explained that Native American youth in middle school “have all this Native pride, they want to dance at ceremonies, and then they get older and want to be like everyone else.” Participant L.N. validated that most youth seek to fit in during
adolescence but that Native American work extra hard to honor their Native American culture and simultaneously gain acceptance among their peers from the dominant culture. Participant A.N. emphasized that navigating both identity realms is very difficult during a phase of development when peer pressure is rampant and that is why some youth distance themselves from tribal events similar to the way youth from the dominant culture seek autonomy from their caregivers in order to develop who they want to be in the world. The difference is that Native American youth identity is interconnected to their tribe and their culture was destroyed by colonization and the youth are responsible for carrying their cultural practices and customs forward and that task does not allow for time to stand still. Participant A.N. concluded that is why Native American youth groups and empowerment projects are important in order to develop steadfast contacts and openly discuss conflicts cultural identity within the dominant society.

Youth

Throughout the interviews it was found the youth of the community play an important role in ending the cycle of trauma in the Native American culture. Participant A.N. expressed that, “in my tribe, wealth is our children, it is not money or where you live, but our children and family is what makes you a wealthy person, that means rich in spirit and connection.” Participant D.K. stated that the traditional belief in her tribe is that everything tribal members do now is for future generations. Participant D.K. expressed that,

...we want the world to be a better place, we want our environment to be healthy and well, so we have to be healthy and well as a people in order for future
generations to feel the effects of that.

The participants in the study agreed that youth empowerment and wellbeing are centered on continuous connection and a sense of belonging across generations. Participant M.D. shared that youth empowerment is pointless if families continue to operate in a cycle of dysfunction at home compromised of domestic violence, substance abuse, absent caregivers.

Youth play a significant role and provide much strength in the Native culture. For example, participant A.N. stated,

I think it’s really important to preserve our families, particularly in the view of historical trauma with colonization and relocation and termination of tribes. There’s been a lot of break in the continuity of culture and breaks in parenting. There are way too many families being disrupted and kids in foster care. So I think it’s really important, the healing work we do to help families get back on a healthy path, and to try to preserve families, but also to give youth that resiliency through having the positive things from their culture.

Participant A.N. explained that through youth gatherings and by participating in ceremonies, youth have the opportunity to be recognized in a positive way by coming together and relearning about their community and healing practices from elders and each other. Participant D.K. emphasized the importance of unity among youth in order to promote their natural resiliency when she stated,

There are those influences that are still in place from the historical trauma effects and families and youth have many challenges. On the other hand,
we have so many champions in our communities and natural leaders who are affecting change. A few years back we started giving the youth an opportunity to create their own youth committees and youth leaderships so that they can come together and address the issues that are important to them as youth in the community and work with tribal council and have an understanding of tribal politics.

Participant D.K. added that strength demonstrated by Native youth is their innate wisdom and generosity. So it appears that rising generations are sources of advocacy and resiliency as individuals and most important in a group when they join forces.

**Hopes for the Future**

The final theme the researcher found within the interviews is the hope Native people have for the future. This theme is comprised of two subthemes: what is needed for the future and vision from Native American leadership.

At the end of the hour-long interview the researcher asked the participants what is still needed to strengthen youth populations and participant’s personal vision for wellness. Two of the five participants shared an idea of what was needed in order to strengthen youth populations such as the de-stigmatization of historical trauma expressed across generations. Participant L.N. stated, “when we talk or teach about multi-generational stress, we ask youth how we can forgive but not forget about the trauma? We do not want to add trauma to the trauma…” Participant A.N shared even though Native families have survived horrific events, they get the sense that they did not survive alone because of their loyalty to family and tribe.
What is Needed for the Future

Two of the five participants stated they believe teaching about historical trauma in schools is vital in order to bring hope for the future of Native American populations. For example, participant A.N. expressed a need for increased and accurate Native American education in mainstream school curriculums. Inclusive curriculums in schools systems reinforce Narrative inquiry’s purpose to produce accurate public knowledge of trauma histories and give meaning to the narratives by sharing them with each other and the dominant culture. Participant A.N. also recommended early intervention programs for families so, “youth don’t experience the impact of grief and trauma by their caregivers such as substance abuse domestic violence, and economic hardship.”

According to scholars Cross (1986) and Horejse et al. (1992) healthy parenting practices existed prior to when Native American youth were forced into boarding schools sending caregivers a message that they were not fit to rear their children. Participants in this study shared that despite colonial influences, ceremonies and traditions have managed to be practiced which suggests that traditional ways of child rearing can also be revived and practiced.

Participant L.N. hopes for an increase in Native role models for youth. Participant L.N reminisced that, “when I grew up children played cowboys and Indians. Everyone wanted to be a cowboy because they knew what happened to the Indians.” Unfortunately these stereotypes of “Indians” are still perpetuated on the playground, the playing out of stereotypes on Halloween, and the stereotypes generated on social media and in appropriated consumer culture. The dominant culture’s narrative continues to
influence the understanding of what it means to be Native American instead Native Americans telling “cowboys” what it means to exist in their communities. It seems like Native American youth role models could be discovered through leadership programs established within the public school system or through the tribes themselves at the conferences and gatherings mentioned above.

Participant T. L. stated he hopes for, “more culturally appropriate services. Not just for Native people, but for the African American, Latino, etc. communities.” This was the first mention of services in the study and can be extended to scholars like Goodkind, LaNoue, and Milford (2010) that report very few mental health interventions have been developed specifically for Native youth. Additionally, participant T.L reflected on the idea that there is a “one size fits all” or “one type of service fits all” for drug recovery programs that conflict with Native American healing practices. For example participant T.L shared, “I never liked AA [Alcoholics Anonymous] or NA [Narcotics Anonymous] but the White Bison group [Native American and Alaska Native recovery group] really clicked for me because it was culturally relevant and I’m sure it’s like that for a lot of other cultures.” This quote depicts that adjustments are needed to therapeutic interventions that reflect the dominant culture’s language, culturally specific practices including new narrative construction, and the inclusion of cultural belief systems are necessary. This culturally inclusive service concept is shared by scholars BigFoot and Schmidt (2010) who worked with tribal leaders and healers to adapt the trauma-focused behavioral therapy model to fit for Native youth. Participant M.D. shared he hopes for a youth treatment center that integrates cultural practices like sweat
lodges, roundhouse structures for ceremonies, and dance. Participant M.D. added, “how to you prove that a sweat lodge works? How do you prove that a round house works? And how do you prove that [the treatment center] would be evidence based?” His answer was, “[because] Native Americans still exist as a people.” This quote demonstrates the significance of how ancestral practices sustained Native American peoples despite the extinguishing forces of colonialism. It seems like participant M.D.’s suggestion would be an ideal location to further develop and integrate BigFoot and Schmitt’s (2010) model and help make Native American services more accessible.

**Visions from Leaders**

Visions from Native American leadership were expressed to be important by all of the participants and shared in a successive fashion in this paragraph. For example, participant M.D. expressed, “we are at a pivotal point where we need allies who believe in our stories and ways.” Participant M.D. added that Native communities need people who want to gently advocate for Native American populations and for those helping who are not Native not to try and pretend to be an expert on Native life. Participant T. L. stated,

> My vision is I would like to be out of work! I love what I do, but I would I like to be able to wake up in the morning and not have to go to work and not have to help out youth that are not doing well or feel like that they are having suicidal thoughts or difficulties in their lives.

Participant A.N. shared that her vision is, “to encourage youth to know that they have a unique path and to feel supported for that path.” Additionally, participant D.K. shared
that her visions is, “to bring youth together from different areas to broaden their scope of the world and who they are as Native youth. For them not to feel alone.” Two other participants suggested that a sense of belonging is being achieved through youth conferences, gatherings at Native community agencies, and even at summer camps that take place once a year in the Sierra Nevada mountain range. Participant L.N. shared that the most important way to promote wellness among youth is, “for adults to listen, trust, and see young generations as capable.” Participant L.N. followed his statement by sharing that he knows these qualities to be true because Native Americans are still living today. By continuing to exist as a culture, has the potential to serve as a way to fragment identity deficits and feelings of isolation among Native youth. Specifically, Native American elders reminding Native youth that are meant to be into the world for a reason and do not have to navigate ongoing forms of oppression.

Summary

The preceding chapter reported the demographics and themes that emerged from qualitative interviews with five participants. Quotations were used to demonstrate the emergent themes. The emerging themes were trauma, wellness, healing, youth, and hopes for the future. Final analysis and discussion of the collected data in regards to the existing literature is presented in the next chapter.
Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

The following chapter discusses and summarizes the conclusions, limitations, and implications emergent from the qualitative study. First the researcher will discuss conclusions that emerged from the data analysis and reviewed literature. Following, the researcher will report on the limitations of the study. Lastly, the researcher will discuss implications for social work practice and future research.

Conclusions

This qualitative study was designed to explore what are Native American leaders’ perspectives of wellness among youth populations in their communities and what cultural practices exist to resolve historical trauma experienced by Native American youth. The study supported the understanding that there are numerous life experiences to capture using narrative inquiry and that developing themes within the stories is challenging when the researcher works to negotiate the intensity of the story telling process with participants and the formal analysis process. The sharing of the stories in Native inquiry are significant because it promotes the idea that stories of resilience, healing, and hope are possible and can be added to by youth generations and expand each time a story is shared.

Participants spoke to the reality that historical trauma is still being experienced among Native American people and passed down through generations. This occurs by Native American’s lack of education around the outcomes of historical trauma (e.g. domestic violence, substance abuse, teen suicide), not having the language to explain
psychologically unsettling feelings related to historical trauma, or because participants shared that their ancestors, parents, or individually were instructed not to talk about the grief and loss caused by colonization which caused all dialogue about historical trauma to be extinct or silenced. For some participants this meant that several generations in their families were never taught how to talk about or process grieve resulting in intergenerational trauma.

Next, participants emphasized that wellness is achieved by a harmonious balance between the physical, mental, emotional, and spiritual. The approach to balance is often understood through circle teachings and the four directions teachings, which are representative of the stages of life, elements in nature, seasons of the year, and sacred animal. The specifics of ceremonies were not explored in this study upon the participants’ request. The researcher viewed participants wish not to disclose with the researcher as a courageous effort to preserve cultural practices away from the dominant culture and stand up to ongoing forms of oppression and interrogation of their lifestyle.

Lastly, participants spoke to the need to continue to address historical trauma among Native youth populations. Participant A.N. explained how difficult it can be for Native American youth to balance their Native identity in non-native environments. Participants spoke to the ways lack of Native American role models impacted their sense of belonging. However, participants shared that when Native American youth come together in the form of a youth conference, gathering, or for a community project that their natural interconnectedness and the way they see themselves as a reflection of their community is powerful. A leading example was the genocide project completed by the
Native American youth at the agency where participant L.N. works The Native American youth interviewed elders in their community about what it was like for them when they were growing up and holding a space for the elders to tell their story and release years of keeping their grief from the loss of loved ones, separation from family, and extinguishment of cultural practices during the colonial era. The consensus from participants was that more programs for youth are needed to enhance identity confidence and growth as rising leaders in their tribes.

Looking forward, this study may serve as a call for more complex thinking around the lived experience of colonization in the past and in the present and hopefully accounts of how Native youth actively worked to disrupt the impacts of colonization and expression of historical trauma by talking about it in their communities will be shared with generations to come. According to Indigenous scholars, this does not mean that recollections of trauma will disappear; it suggests that hopefully new narratives can be created to reclaim indigenous knowledge, customs, and acceptance in relation to the legacy if colonization and ongoing forms of oppression (Brave Heart, 1998; Evan-Campbell & Walters, 2006). Further, hopefully the resurgence of storytelling and new narratives as a healing and empowerment will move forward the grieving harms of colonization and without oversimplifying the lasting trauma.

**Recommendations**

From the findings emergent from this thesis project on Native American leaders’ perspectives of wellness among youth populations in their communities and what cultural practices exist to resolve historical trauma experienced by Native American
youth, recommendations can be made for future research and for the social work profession. Looking foreword, this study may serve as a call for more complex thinking around the lived experience of colonization in the past and in the present and hopefully accounts of how Native youth actively worked to disrupt the impacts of colonization and expression of historical trauma by talking about it in their communities will be shared with generations to come. According to Indigenous scholars, this does not mean that recollections of trauma will disappear; it suggests that new narratives can be created to reclaim indigenous knowledge, customs, and acceptance in relation to the legacy of colonization and ongoing forms of oppression (Brave Heart, 1998; Evan-Campbell & Walters, 2006).

Most helpful is for the social work professional to assume a stance of cultural humility, which entails having a sense that one’s own knowledge is limited to another’s culture and identity (Johnson & Yanca, 2010). By assuming a stance of cultural humility and accepting one’s limitations, the researcher or social work professional leaves room for the client, family, or entire tribe to narrate the connections between contemporary challenges to traumatic histories and events in the past. For example, scholar Yellow Bird (2004), suggested telling the story of internalized oppression caused by colonized to challenge the colonial ideology and establish present and future resilience. Akena (2012) added that attention, awareness, and conversation surrounding colonial domination and privilege must be prioritized in order to keep indigenous worldviews and memories alive and maintain perspective on the process of producing “legitimate knowledge” around traumatic events within a particular culture.
Another consideration for future work with Native American communities would include the validating the importance of storytelling related to the promotion of a sense of belonging and identity. Research indicates that colonialism exists not only as a period of history, but also as an ongoing felt sense of ‘otherness’ in contemporary lived experience (Treacher, 2005). The researcher supports future studies pertaining to the identity formation and process for Native American youth. Throughout the study, participants praised Native American youth for their steadfast resilience in opposition the challenges in their home and school lives. The researcher hopes that future studies will explore ways Native American youth navigate their Native American identities in the mainstream culture. Do they employ hybrid identities to be accepted in the dominant culture? Additionally, what parts of the dominant culture do they enjoy and bring back to their Native communities?

A final recommendation would be for the social work professional to assume a “not knowing” (Johnson & Yanca, 2010) role and assures space for the client to be the expert (Johnson & Yanca, 2010) when working with Native American populations and other marginalized groups. During the first meeting between the helping professional and the client, the professional should listen and avoid ruminating on the completion and importance of westernized research protocols or intake paperwork. In this study, it meant that the researcher could not assume that participants would want to answer the questions on her interview schedule or see the value in the researcher asking the questions in the first place. The researcher had to remember that her agenda was not as important as what the participant selected to share. Therefore it can be recommended
that the researcher should ask the participant to educate them about their tribal identification, how native culture plays a role in their life, and their view of the presenting problem.

**Implications**

The exploratory study is one attempt to gain insights and understanding from Native American leaders on the effects of colonization, historical trauma, and remediating practices. Prior the commencement of the study, the researcher was aware of roots of the social work profession which can be traced back to a group of religious, privileged, and western women who were motivated to service the homeless and underserved in their community. Therefore, the study also calls forward the need to question the divide between the helper and those who are helped in social work in order to advance contemporary efforts to establish social justice when working with marginalized groups. The researcher identified a few ideas for cultural competence on the micro, mezzo, and macro levels.

On a micro social work level and evidenced by the literature, scholar Akena (2012) argues that attention, awareness, and conversation surrounding the lasting effects of colonial domination and privilege must be prioritized in healing movement and treatment models. For instance, knowing the story of how Native American children were removed from families and communities during relocation and during the beginning of the social work profession will help future workers understand why it is difficult for Native American families to develop trusting relationships with “helpers.” Akena (2012) believes that listening to storied experiences is key to keeping indigenous
worldviews alive and maintaining perspective on the process of producing “legitimate knowledge” within a particular culture. According to Smith (2012) producing accurate narratives related to colonial legacies are beginning steps in the healing process.

At the mezzo level, the social work practitioner and their agency should be aware of extended family and community supports. This is relevant when working with Native American families in the sense that the social work professionals should take into consideration the entire tribe, clan system, and various family members when addressing a conflict. Engaging family systems and community systems is beneficial to case planning. For example, the practitioner and agency should ask the family if they would like to use the Four Direction or Circle Teaching approach when developing a case plan instead of addressing concerns as not interrelated. Even asking the family if they would like to sit in a circle and ask questions in a clockwise manner. Inclusion of entire support systems is culturally relevant when working with cultures that operate collectively.

Finally, on a macro social work level as evidenced by the literature, it is important for helping professionals working with Native American clients to intentionally monitor and assess the relationships between states and Indian nations, particularly as legal power is increasingly in the hands of state governments, as opposed to federal policies (Witmer, Johnson, & Boehmke, 2014). For example, in the literature review, legislation addressing policy issues such as trade, education, gaming, social services, law enforcement, and water rights in the United States is a key factor in determining the social, economic, and historical status of indigenous peoples as subjects of colonialism. Policy and legislation dictate social work protocol and practice. For
example, the Indian Child Welfare Act (1978) is a policy that was enacted in order to protect and promote the best interest of Native children and families in the child welfare systems. As a result every child welfare worker is mandated to inquire if any child is of Indian heritage and if so, that social worker is mandated to inform the tribe. The tribe then has a right to be involved with the Court proceedings and recommendations for the child. For example, many times during child welfare proceedings parents will disclose they have Native American heritage but are not formal members of a tribe. Unfortunately some social workers will not pursue the child’s right to ICWA if the parents are not registered members or cannot identify where their Native American heritage stems from. This must be avoided in order to best serve marginalized and indigenous populations by reducing contemporary microagressions and acts of ongoing oppression. For example, working on a consensus level with tribes to determine native heritage or set up services for clients who are Native American often conflicts with the strict timelines in the child welfare system which results in workers feeling caught between developing relationships with tribe and maintaining their reputation as a timely and dependable worker in the courtroom.

**Limitations**

Qualitative research methods aim to produce understandings about the complex human experience through in depth interactions with participants (Padgett, 2008). Qualitative studies are concerned with subjective findings and do not produce objective results. As such, this study obtained direct accounts from Native American leaders.
Nevertheless, the researcher encountered barriers in this study explained in the following section.

**Barriers**

The researcher was aware how the reputation of research (e.g., quantifying or making assumptions about a group of people through a scholarly lens), the past and present objectification of Native peoples, and the researcher’s non-Native status would potentially prove to be a barrier in the study. The negative reputation of research is highlighted by Maori scholar Tuhiwai Smith (1999) who wrote, “the word research itself is probably one of the dirtiest words in Indigenous world’s vocabulary” (p.1). The word “research” is a reminder of when westerners measured Native American intelligence by filling their skulls with millet seeds and comparing the amount of seeds to non-native skulls and inferring levels of poor cognitive abilities. Research has been used as a tool of genocide, oppression, and a way to quantify Native American’s without their permission.

This study’s data collection process and findings emphasize that access to marginalized and disenfranchised communities are understandably difficult for insider and outsider inquirers who may or may not have extensive knowledge or experience about a particular culture, specifically working with Native American communities. As an outsider the researcher realized that she did not allow enough time to build rapport with tribal councils, Native agencies, and individual leaders. More specifically, the researcher’s ability to gain trust as an outsider with the tribes she contacted and her ability to exercise prolonged engagement which is one of the six strategies for rigor in
qualitative work (Padgett, 2008) was not achieved. Prolonged engagement proposes that the effects of the researcher’s presences decreases considerably when the researcher spends long periods of time in the field or with the population being studied (Padgett, 2008). The researcher believes this study would be better conducted as ethnographic study using prolonged engagement in order for the researcher to establish connections with Native American leaders, shadow tribal events, and integrated into the culture which would promote more open insight into Native lifestyle. However, it would be very difficult for the researcher to be granted permission to conduct an ethnographic study in the span of the researcher’s academic timeline which began in the late Fall of 2015 without preexisting and trusting relationships with a Native American community. Perhaps the researcher could have spent the months leading up to her data collection process regularly attending Native events open to the public and speaking with tribal members outside her scholarly role.

A final limitation to address is that the study was exploratory in nature and was not derived from a community needs assessment from tribes, therefore may have not have direct impact on the lives of the participants beyond being able to accurately narrate the questions and reclaim parts of their trauma histories through language.

**Concluding Thoughts**

There is a need for healing from historical trauma among Native American families. This historical trauma was created through the impacts of colonization and passed down through generations. Throughout five qualitative interviews this researcher found the participants align with Duran’s (2006) findings that the colonization
experience of Native Americans creates a traumatic “soul wound”, which reaches the
deepest core of their people. Additionally, the researchers data was similar to the
literature in finding that historical trauma is complex, cumulative, and collective, which
is also reflected in the literature, specifically through the findings of Gone (2013). The
affects of historical trauma have manifested itself through several disparities affecting
the Native American culture such as substance abuse and youth suicide rates. Native
Americans utilize traditional intervention methods such as their native ceremonies;
however, future researcher should be conducted on each individual disparity Native
American people experience. This study serves as a stepping stone to review,
understand, and address the ongoing challenges, grief, and loss caused by colonization
resulting in overt and covert historical trauma responses expressed across all age groups.

Furthermore, the researcher had difficulty accessing the Native American
populations due to not being a part of the Native American culture. One participant
discussed the Native American’s distrust of social workers as a possible barrier to the
researcher being able to gain access to the population. Many Native practices are kept
within the community in order to preserve their sacred meaning. Many participants
spoke about the need to educate the dominant culture in order to help the process of
healing from historical trauma. However, due to the need to preserve their culture, many
Native Americans are reluctant to share their traditions with the dominant culture. Due
to this, the researcher can conclude the dominant culture needs to learn to be more
understanding and accepting of the Native American peoples in order to build trust for
the Native people to share their customs and culture by asking questions and being
actively listening to the stories. This can be done through educating the dominant
culture about historical trauma, the need for healing, and the disparities that exist in the
Native American community. Education can take place in the public school system,
through community centers, and by the tribes reaching out to the dominant culture and
inviting them into their community. Additionally, social work professionals need to be
culturally humble when working with the Native American population in order to
rebuild trust with this community. If the helping profession can rebuild trust then they
can begin to help the Native American populations, specifically Native American youth
in schools, heal from historical trauma. Additionally, it is important for social workers to
educate the dominant culture on the historical trauma that the Native American
population has endured throughout history. Depicting an accurate portrayal of what the
Native American people have been through in schools and community centers, and
educating social workers on historical trauma could assist in breaking the cycle of
historical trauma.
Appendix A

Email Recruitment Letter

Dear [Name],

I hope this message finds you well. You have been recommended by (insert name) at or from (insert agency or name) as someone who may want to participate in a thesis study regarding Native American leader’s perspectives on promoting wellness among native youth who have experienced trauma and are living out the traumatic histories of their ancestors. I am writing to you to see if you would be interested in joining this study? Your commitment would involve an individual one hour interview and an opportunity to participate in a conference call with other participants to give feedback on the study.

About the thesis study: I am looking at ways Native American tribes within a seventy-five mile radius from California State University Sacramento view trauma and practice traditional healing modalities to promote wellness among youth.

A little bit about me: My name is Rachel Linares, and I am a master’s student at California State University, Sacramento (CSUS), in the Division of Social Work. I have worked with indigenous groups in California and Central America throughout my academic career. I am passionate about promoting cultural competence and preserving indigenous healing traditions.

Should you be interested or if you have any questions about the study, please contact me via rachellinares@csus.edu or (530) XXX-XXXX

Kindly,
Rachel Linares

MSW Candidate, Division of Social Work

California State University, Sacramento

rachellinares@csus.edu

(530) XXX-XXXX

*This thesis study was approved by the Institutional Review Board at California State University, Sacramento on (November 10th, 2015. Approval # (15-16-036).
Appendix B

Interview Schedule

As these interviews are exploratory in nature and qualitative in method, these following questions are starting points for the interview and will necessarily be followed up for clarification as needed.

Demographics

1. Interview Number:
2. Name:
3. Pseudonym:
4. Tribal affiliation:
5. Tribal role/involvement:

Personal Experience / Knowledge on wellness and trauma experienced by youth

6. What led you to become a leader in your tribe and community?
7. What is your current involvement in the tribe?
8. Within what context (s) have you advocated for youth in your tribe and community?

Reflections on the tribal perceptions of wellness and trauma

9. What does the tribe perceive to be healthy development?
10. What does the tribe and Native culture do to promote wellness for rising generations?
11. What does wellness mean to the tribe?
12. What meaning do new generations have to the tribe?
13. What are major strengths experienced by native youth?

14. How does the tribe view trauma?

15. What types of trauma are prevalent among youth populations?

16. What are major challenges experienced by youth?

Healing Practices

17. What ways does the tribe identify trauma experienced by youth?

18. What actions does the tribe take to resolve the trauma?

19. What culturally specific healing modalities/traditions exist to support recovery from trauma?

20. How is the tribe involved in the healing process?

Closing

21. What resources are needed to promote wellness, yet not yet available for youth who have experienced trauma?

22. What is your vision for strengthening the wellbeing of youth?

23. What else would you like to share with me?
Appendix C

Individual Consent

**Project Title:** Promoting Wellness Among Native American Youth: An Exploration of Historical Trauma and Healing in Space and Time

Researcher: Rachel Linares

Master of Social Work (MSW) Candidate
Division of Social Work, California State University, Sacramento
Tel.: +1.530.XXX.XXXX; Email: rachellinares@csus.edu

Thesis Chairs: Tyler Argüello, PhD, DCSW and Krishna Guadalupe, PhD

Promoting Wellness Among Native American Youth: An Exploration of Historical Trauma and Healing in Space and Time

You are invited to participate in a research study focused on Native American leader’s perspectives on promoting wellness among youth populations. My name is Rachel Linares, and I am a master’s student at California State University, Sacramento (CSUS), in the Division of Social Work. I have worked with indigenous groups in California and Central America throughout my academic career. I am passionate about promoting cultural competence and preserving indigenous healing traditions. You were identified as a possible participant in this study because of your involvement as a leader in your tribe and community.

The purpose of this research is to explore the processes, methods, and perspectives pertaining to Native American wellness and healing practices for youth who have experienced trauma and are living out the traumatic histories of their ancestors. If
you decide to participate, you will be asked to complete and one hour interview, conducted by myself. The interviews will be recorded with an audio recorder. There are minimal risks to participating in this study, as the interviews could elicit a variety of emotions. There are some benefits to this research. The study is intended to add to the social work field and allied social service fields’ knowledge in order to increase, honor, and create culturally competent approaches when working with American Indian youth who have experienced trauma. Therefore, participants may derive a sense of pride from speaking on behalf of their tribe and contributing to the advancement of future research.

If you have any questions about the research at any time, please call me at (530) XXX-XXXX, or contact my Thesis Chair, Tyler Arguello, PhD, DCSW, at (916) XXX-XXXX or tyler.arguello@csus.edu. Please feel free to contact my second Thesis Chair, Krishna Guadalupe, PhD, at (916) XXX-XXXX or krishnag@csus.edu. If you have any questions about your rights as a participant in this research project please call the Office of Research Affairs, CSUS, (916) 278-5674, or email irb@csus.edu.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. Your confidentiality will be maintained and identifying information will be accessed only by the myself and my Thesis Chair, as well the CSUS IRB in the unlikely event of a breech or audit. All data will be maintained in a secure, password-protected location and will be destroyed three years after the study is completed. In cases where
interviews are conducted in an agreed-upon public setting (e.g. coffee shop or library), your confidentiality may be compromised.

Your participation is entirely voluntary, and may be discontinued at any time.

Your decision whether or not to participate will involve no penalty or loss of benefits to which you are otherwise entitled.

Printed Name of Researcher Obtaining Consent   Signature   Date

**Participant’s Statement**

This study has been explained to me. I volunteer to take part in this research. I agree to be audio recorded for the purposes of the study. I have had a chance to ask questions. I may withdraw my consent at any time and discontinue participation at any time without penalty or loss of benefits to which I am otherwise entitled. If I have questions later about the research, I can ask researcher listed above. I agree that the researcher may contact me via phone for the duration of this project to discuss further any information I have provided. If I have questions about my rights as a research subject, I can call the Human Subjects Division at (916) 278-5674. I will receive a copy of this consent form. I can receive the results of this study by emailing the researcher at rachellinares@csus.edu.

Printed Name of Participant            Signature    Date

Copies to: Investigator

Participant
*This study was approved by the Institutional Review Board at California State University, Sacramento on (November 10th, 2015). Approval # (15-16-036).
To: Rachel Linares  
From: Research Review Committee

RE: HUMAN SUBJECTS APPLICATION

Your Human Subjects application for your proposed study, “Promoting Wellness Among Native American Youth: An Exploration of Trauma Practices in Space and Time”, is Approved as Exempt. Discuss your next steps with your thesis/project Advisor.

Your human subjects Protocol # is: 15-16-036. Please use this number in all official correspondence and written materials relative to your study. Your approval expires one year from this date. Approval carries with it that you will inform the Committee promptly should an adverse reaction occur, and that you will make no modification in the protocol without prior approval of the Committee.

The committee wishes you the best in your research.

Research Review Committee members Professors Teiahsha Bankhead, Maria Dinis, Kisun Nam, Francis Yuen
References


Walters, K. L. (2003). Microaggressions in urban American Indian populations. Presentation to the Centers for Disease Control, Atlanta, GA.


