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RESILIENCE THROUGH ADVERSITY AND AGING:
HISTORICAL LOSS AND RESILIENCE IN ADULTS
FROM A NORTHERN PLAINS TRIBE

by

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B.A., University of Montana, Missoula, MT, 2008

Thesis

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Abstract

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Clinical Psychology

Resilience Through Adversity and Aging: Historical Loss and Resilience in Adults From a Northern Plains Tribe

Chairperson: Gyda Swaney, Ph.D.

Historical loss is a primary contributor to the well-being of American Indian people and their communities. Research has shown that these losses have contributed to modern-day physical and mental health disparities. Research has also shown that adverse experiences, such as historical loss, are associated with the development of resilience. Additionally, increased age has been found to be related to increased levels of resilience. An informal survey of members of a Northern Plains tribal community identified grief as a major area of concern. The present study is a secondary analysis of data that was collected from two culturally-anchored grief retreats. Participants used for this study included 37 American Indian adults ranging in age from 18-60 years ($M = 38.51$ years). This study examined the relationships between the frequency of thoughts related to historical loss, resilience, and age. A multiple regression analyses revealed no statistically significant relationships between the Historical Loss Scale (HLS), Brief Resilience Scale (BRS), and age. This suggests that for this sample, age is not significantly related to resilience scores as measured by the BRS or the frequency of thoughts about historical losses as measured by the HLS that these American Indian participants experience. Future studies should examine resilience, individual versus group resilience, and how it manifests in American Indians.

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Chapter I

Resilience Through Adversity and Aging: Historical Loss and Resilience in Adults

From a Northwestern Plains Tribe

American Indians (AIs) have endured a long history of genocide, persecution, loss, dehumanization, racism, and oppression (Brave Heart, Chase, Elkins & Altschul, 2011; Walters, Beltran, Huh & Evans-Campbell, 2011). The direct and indirect effects of these tragic events are perceptible today in similar forms of racism, oppression, discrimination, mockery (Sue & Sue, 2013), wealth accumulation (Shoemaker, 2003), and health disparities (Whitbeck, Walls, Johnson, Morrisseau & McDougall, 2009). Despite the complex and enduring adversity experienced by American Indians, individuals and communities continue to survive and even thrive in today's society (Brave Heart & Weaver, 1997). A full review of the pervasive and tribally-specific historical losses is beyond the scope of this paper, however a summary of the major losses that were experienced by most tribes are briefly described below.

Historical Loss

American Indian people have suffered tremendous losses of land, language, culture, and loved ones. These losses are a direct result of colonialism and policies developed and enforced by the United States government. Brave Heart & Weaver (1997) and Walters et al. (2011) maintained that the essential elements for the survival of indigenous people were deliberately made inaccessible to them. These past experiences of AI people and the subsequent results are known as historical trauma. Defined by Brave Heart (1998), historical trauma is the “cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma (pg. 288).” Within historical trauma, there exists a number of facets that contribute to the complex responses AI individuals have to losses associated with

or attributed to this types of trauma (Brave Heart, Chase, Elkins & Altschul, 2011). Historical loss, a component and measure of historical trauma, refers to the traditional ways, lands, languages and knowledge that have been lost or taken. Historical loss also includes the ongoing reminders of these losses, thus do not only exist in the past, as the term “historical” may imply, but also in the present (Whitbeck, Adams, Hoyt & Chen, 2004). Whitbeck et al. (2004) examined multiple facets of historical loss and developed two measures, the Historical Loss Scale and Historical Loss Associated Symptoms Scale, to gain a deeper understanding of the component of historical loss and the effects these losses have had on American Indian people. These facets include, land and relocation, family, boarding school, language, and traditional/spiritual ways.

Land and Relocation. The U.S. engaged in territory wars against peoples indigenous to American lands as early as the 1790s (Waghelstein, 2001). The U.S. government’s role in the historical loss of indigenous lands began in an official capacity with the Indian Removal Act of 1830. American Indians living east of the Mississippi River were forcibly moved west, commonly to barren, unfamiliar places, far from their indigenous territories. Later, other AIs from all over North America were removed from their indigenous homelands and placed on reservations with other tribes. Utter (2001) describes Indian Reservations as areas of land that are “reserved” for the use of AI people after AI tribes ceded their traditional homelands to the U.S. Government via treaties. Some tribes entered into these treaties in the interest of protection from encroaching settlers to avoid conflict, but other treaties were entered under more forceful or deceitful circumstances. These mass movements of entire tribal bands also represented severe implications for the tribes’ cultural beliefs and practices. Akers (1999) reports that to the Choctaw people, the lands to the west of their indigenous homelands were considered the “Land of the Dead,” where the Choctaw people were not allowed to go. This was due to that belief that

the spirits unable to reach the afterworld roamed the West and to abandon the East where their ancestors remains lay and enter the Western territory meant the tribe had neglected their sacred duty to guard their ancestors remains, and ensured the death of their people. The Choctaw's migration west, similar to many other tribes' journeys to western reservations, was riddled with poor weather, insufficient means for travel, shelter, and sustenance, as well as illnesses and death (Akers, 1999). Upon arrival to the reserved lands, many tribes found the lands to be unsuitable for traditional habitation, lacking resources for fishing, hunting, gathering, and even agricultural development. Many more of the survivors of the long treks across the country died after their arrival due to illness, starvation, and exposure (Akers, 1999, Walter et al., 2011).

Walters et al. (2011) reported that in 1887, The General Allotment Act, or Dawes Act, "allowed" AI people to receive allotments of land on their appointed reservations. They go on to report the "remaining" approximately 100 million acres of unallotted reservation lands was then opened up to European Americans for purchase and use. Bruyneel (2004) indicated that by 1924, all AI individuals were required to accept U.S. citizenship with the passage of the Indian Citizenship Act. However, this citizenship did not automatically afford American Indians voting rights (Wolfley, 1991). Lomay & Hinkebein (2006) and the Report to the Surgeon General (U.S. Department of Health and Human Services, 2001) identified that The Relocation Acts of 1952 and 1956 aspired to assimilate AI people into the mainstream Western culture by sending them off reservations to urban cities for job training. Many of these AIs were forced to agree that in exchange for professional training, they would not return to their reservations.

Walters et al. (2011) have indicated that these and other government-enforced policies displaced AIs from their indigenous territories and their established sources of sustenance where they could normally sustain and thrive with unrestricted access to game to hunt, and roots,

berries, and medicinal herbs to gather. In addition, traditional hunting practices were outlawed and wild game such as bison, were killed off in attempts to intentionally deprive the indigenous peoples of their basic means of survival. This forced many AI people to rely solely on the government to provide them with provisions for their survival.

Families, Boarding School, and Language. Evans-Campbell (2008) has maintained that American Indian families were systematically and ruthlessly deconstructed in order to disrupt the transmission of traditional ways and cultural knowledge to children from their parents and caretakers. Policies were enacted to encourage assimilation of the younger generation and effectively decrease AI children's accessibility to their family, support system, language, and spiritual leaders of their tribes. Interventions were designed to assimilate AI children into the "civilized" culture, despite the long-lasting traumatic effects these interventions caused. One form of assimilation implemented was the establishment of religiously-affiliated boarding schools, most of which were Catholic. American Indian children were subsequently enforced to attend the schools, and in some cases forcibly removed from their families. Scholars (Gray, 2012; Walls & Whitbeck, 2011; Weaver & Brave Heart, 2008) have shown that although some families willingly allowed their children to go to boarding schools, many others were devastated that their children were not allowed to stay within the AI community. In the boarding schools the children were stripped of their culture. Their hair was cut, they were dressed in European American clothing, they were not allowed to speak their indigenous language or practice any of their spiritual rituals (in fact they were forced to adopt Christian beliefs and practices), and interactions with other members of their families were rare. These actions resulted in children raised without a sense of belonging or identity. The American Indian children in boarding schools were frequently abused, sexually, physically, and/or emotionally and were not provided

sufficient models for healthy caretaking, resulting in their own unpreparedness when they became parents themselves (Brave Heart & DeBruyn, 1997; Horejsi, Craig & Pablo, 1992).

George (2008) and Harness (2008) reported that adoptions of AI children into European American families were also very common. Researchers (Barsh, 1980; George, 2008; Gerraro, 1980; Jones, Tilden & Gaines-Stoner, 2008) report that in 1958-1968 the Bureau of Indian Affairs and Child Welfare League of America, partnered together to enforce the Indian Adoption Project. Under this project, 395 AI children were adopted out to European American families. Additionally, 25-35% of all AI children were adopted by European American families directly through the individual states. Evans-Campbell (2008) indicated that the forcible removal of the children represented a great loss to the AI communities because they no longer had the opportunity to raise their future leaders in their traditional indigenous ways. Scholars (Barsh, 1980; Gerraro, 1980; Jones, Tilden & Gaines-Stoner, 2008; MacEachron, Gustaysson, Cross, & Lewis, 1996) have indicated that the Indian Child Welfare Act of 1978 was implemented in order to stop the hemorrhage of Indian children being sent away from their families and tribes, and to protect the rights and best interests of AI children and AI tribes. However, by the time this act was passed, most of the damage had already been done.

Gray (2012) and Weaver and Brave Heart (2008) reported that boarding school personnel punished AI children for speaking their tribal languages, allowing only English to be spoken. George (1997) indicated that over the course of a decade, European American families had adopted and raised an entire cohort of AI children with the intention of assimilating them into the mainstream culture. According to George (1997), these adoptive families had no knowledge or desire to teach these children their tribal traditional ways. These events essentially eradicated cultural knowledge and transmission of language for many American Indian people. According

to Krauss (1998), it is difficult to estimate how many different North American Indian languages (including Canada) were spoken pre-European contact, but one estimate is around 300 distinct tribal languages. Of these 300, just over half still exist, with only about 13% (20) being spoken by all generations of a given tribe. In 1998, approximately 70% (105) of these languages were only spoken by the grandparental generation or older. A 2006 Native American language preservation reference guide generated by the Administrations for Native Americans (ANA) reported that approximately 175 languages are spoken in some capacity in North America. Out of these 175, only about 20 have child speakers. Additionally, 55 of these languages are spoken by only 1 to 6 people, most of whom are elders. The ANA reference guide also indicates that if this trend of language loss continues, over 90% of the remaining American Indian indigenous languages may disappear over the next twenty years. The disappearance of traditional languages not only serves as an indicator of great historical losses such as loss of culture, traditional philosophy, and knowledge systems (Hinton & Hale, 2001), but may also serve as a loss of one protective factor for American Indian people. For example, in 2008, Hallett, Chandler, & Lalonde found that in a Canadian community sample, youth with conversational knowledge of their traditional language appeared to serve as a protective factor against youth suicide.

Walters and colleagues (2011) have argued that tribes were severely impacted by massacres, deaths from starvation, and illnesses introduced via the diseases carried by the colonists. For example West (1959) reported that between 1883 and 1884 the Blackfeet (*Amskapi Pikuni*) people, confined to a reservation in northwestern Montana, lost 600 (one-fourth) of their tribal population to starvation due to the depletion of bison and provisions promised by the U.S. government that failed to materialize.

Traditional/Spiritual Ways. Again, Evans-Campbell (2008) asserted that the removal of children represented a great loss to the AI communities because the tribes no longer had the opportunity to pass on spiritual knowledge and traditional ways. In addition, removal from traditional homelands that possessed sacred sites for ceremonies, as well as access to traditional healing medicines also contributed to the loss of many cultural traditions.

Irwin (1997) reported that the 1883 Indian Religious Crimes Code developed by the Bureau of Indian Affairs, forbade AI people from practicing their traditional ceremonies and beliefs. Irwin (1997) also cited Thomas J. Morgan's 1892 Rules for Indian Courts. These rules advised Indian agents of the penalties for AIs practicing their own traditions and beliefs. These penalties included withholding of rations or imprisonment for up to 10 days for a first offense of participating in any traditional dance or ceremony, and 10-30 days withholding of rations or imprisonment for subsequent offenses. Irwin stated that medicine men, broadly defined as "any Indian that prevents others from adopting civilized habits or pursuits or that uses any arts of conjurer to prevent Indians from abandoning their barbarous rites and customs" (p. 36) were punished by imprisonment of 10 days for a first offense and up to six months for subsequent offenses (Irwin, 1997). Many tribes would hold gatherings for celebrations around "acceptable" Christian or government-sanctioned holidays. For example, in 1898 the Bitterroot Salish began holding a celebration with traditional dancing and practices under the guise of celebrating Independence Day. According to Arlee (1998) that although the traditional aspects of these gatherings were still strongly opposed, the governmental powers allowed the celebrations to continue. Irwin (1997) has noted that despite the first amendment of the Constitution allowing U.S. citizens (which all AI were technically citizens by the 1920s) the right to freely practice religion, the restriction on AI people practicing their own religious beliefs continued until the

American Indian Religious Freedom Act of 1978. This act legally granted AIs the ability to openly practice traditional religious and spiritual ceremonies.

Historical loss literature clarifies there is a distinction between historical losses of the past, and present losses resulting from those past losses, but also emphasizes that all of these losses are intimately interconnected to one another. The manifestation and continuation of historical losses are still widely apparent today. These losses are referred to as historical because the foundation for the losses that are still experienced and grieved today was laid a time long ago. Present day AIs continue to mourn the past losses suffered by their people and communities (Brave Heart et al., 2011). Whitbeck, Adams, Hoyt & Chen (2004) found that one-third to one-fifth of their sample ($N = 143$) had daily recurrent thoughts of these types of historical losses, such as loss of language and land. They also found that these thoughts commonly triggered negative emotions such as anger, avoidance, depression, and anxiety.

Present Day Experiences of American Indians. Racism is present in everyday life for many AI individuals. Sue, Capodilupo, Nadal, & Torino's (2008) research has found that microaggressions are a common form of racism (and other -isms, e.g. sexism, ableism, etc.) experienced by minority groups, including American Indians. They defined microaggressions as the intentional or unintentional communication of denigrating messages to a person of a minority group about the group with which he/she/ze identifies.

There are varying levels of microaggressions. Sue and Sue (2013) identify three major types of microaggressions: microassault, microinsult, and microinvalidation. Microassaults are intentional, unhidden behaviors aimed towards a minority group or a specific individual in that minority group. Attacks such as using racial slurs, delaying or preventing service to a person of a particular group, or purposefully avoiding sitting/standing next to a minority person because of

their group status would all be examples of microattacks. Microinsults are defined by Sue, Capodilupo & Holder (2008) and Rivera, Forquer, & Rangel (2010) as unintentional verbal or nonverbal behaviors that carry thinly veiled offensive messages. One example of a racial microinsult would be a person of power's surprise at the credentials (awards, academic or professional success) possessed by a person of a particular race, implying that people in that minority group are not capable of obtaining such status (Sue & Sue, 2013). Sue & Sue (2013) also explored microinvalidations, which are also largely unintentional behaviors, but these deny or challenge the minority person's thoughts, feelings or experiences. Telling a person who feels he/she/ze was discriminated against that he/she/ze is probably just being sensitive would be a microinvalidation.

Ignorance in relation to AI beliefs, customs and worldviews drives the perpetuation of stereotypes and even animosity towards AI people. Steinfeldt and colleagues (2010) report that online forums serve an ideal medium for propagating negative views of AI within the safety of an anonymous platform from which to speak. Sue & Sue (2013) discuss the conditions under which individuals feel comfortable explicitly perpetrating negative stereotypes of another group. These conditions include situations in which the perpetrator has anonymity (such as in an online forum), in the presence of others with similar views, biases, or beliefs, and when the perpetrator has lost control and is no longer filtering his/her/zer own actions and behaviors.

In addition, "socially acceptable" representations of AI stereotypes are still found in advertising and even in the names and logos at all levels of athletics from elementary school teams to professional sports teams. Fryberg, Markus, Oysterman, and Stone (2008) conducted four studies that included American Indian high school and undergraduate student participants and assessed the internalizing effects of media characterizations of American Indians. They

found that AI participants had positive word associations after viewing images and a brief phrase about AI mascots (e.g., Chief Wahoo, Chief Illiniwek, Haskell Indian) or character depictions of AIs (e.g., Pocahontas). However, a more troubling finding is that Fryberg and colleagues also reported that AI students endorsed lower self-esteem, reported less community worth and indicated negative approximations of personal achievement for their immediate futures.

Whitbeck, Walls, Johnson, Morrissette & McDougall (2009) reported that for the most part, older AI individuals have experienced more first-hand, culturally-bound losses, such as removal from their homeland and attendance of boarding school. On the other hand, younger AI populations tend to experience these losses indirectly, passed down from older generations in forms such as fractionated lands legally owned in commonality, which limits the functional use of the land, or being raised by parents who attended boarding schools, thus have impaired parenting skills due to lack of parental models themselves.

Shoemaker (2003) provided a comprehensive review of the legal ramifications of fractionated land. Fractionation occurs when a piece of land has multiple owners with undivided interest. This is common on AI reservations as a result of land allotments on reservations to AI individuals under the General Allotment Act (or Dawes Act) of 1887 as mentioned earlier in *Land and Relocation*. Shoemaker asserted that the allotted lands (commonly 40 to 160 acres per person) were held in trust by the US government and the allottees were restricted from determining how their allotments were to be distributed or handled upon their deaths, resulting in deferring to the state's inheritance laws. This rapidly resulted in multiple co-ownerships of allotted lands, which then continued to become more and more divided between heirs through generations. This has resulted in many individuals owning small percentages of a piece of land. Additionally, all of the co-owners must approve any use of the land (i.e. leasing), which can be

difficult when the number of owners on one original allotment can easily reach into the hundreds. Consequently, many landowners have received minimal or no economic value. They either end up with very small dividends or idle and unused land that would have otherwise carried value.

Health Disparities. AI people are also more likely have experienced distressing life events than those in the mainstream culture. Whitbeck et al. (2009) reported that some of the modern-day effects that have resulted from historical maltreatment include drastic health disparities, discrimination/stereotyping, traumatic death (suicide, homicide, accidental death) and poverty. According to the Indian Health Services' health disparities data (2013), AIs death rates have exceeded death rates of other races in the United States in a number of domains. For example, the ratio for AI alcohol-related deaths were 6.5:1 (per 100,000), or over 550% when compared to other races in the United States. Mortality rates for other causes of death, such as diabetes (182%), accidental injury (138%; including motor vehicle accidents), homicide (83%), and suicide (74%) in AI populations also have exceeded rates in other races. The Indian Health Services (2013) also reported the life expectancy for American Indians is 73.6 years as compared to 77.7 years in the rest of the United States' population.

Numerous writers and reports (Beauvais, 1992, 1998; French, 2000, 2004; Hawkins, Cummins, & Marlatt, 2004; U.S. Department of Health and Human Services, 2001) have identified alcohol use as the most critical AI health disparity. Szlemko, Wood, and Thurman (2006) reported that rates of alcoholism are not consistent across geographic location and actually range from region to region and even from reservation to reservation. May (1996) summarized a variety of reasons that may help explain this variability in alcohol use/abuse/dependence between different tribes. He suggested factors that included the level of

individual integration into the tribe, individuals' identification with the tribal values and traditional beliefs of a tribe, and pressure (both within and outside the tribal community) to become more integrated into mainstream culture. May (1996) conducted a meta-analysis of eight studies on AI alcohol usage rates. He found that depending on the reservation or region, as well as the study cited, AI alcohol use prevalence reports ranged from 30%-84% as compared to 57% for all U.S. citizens. Additionally, May reported that American Indian binge-drinking rates (defined as 5 or more drinks in an episode) were two to three times higher than the national average.

Hisnanick (1992) conducted research on differences in reservation alcohol use by examining Indian Health Services records, defining alcohol abuse as anyone age 14 or older who was released from IHS care with an alcohol related diagnosis (ARD), ranging from alcohol dependence, to physical effects of alcohol such as cirrhosis of the liver or alcohol-induced gastrointestinal hemorrhage. Hisnack found that northern reservations saw higher rates of ARDs as compared to southern reservation rates. Hisnanick also found age and gender differences in on- and off-reservation ARDs. His numbers revealed that the 35-49 year old age group exhibited the highest rate of ARDs followed by the 50-64 year old age group. Additionally, males showed a much higher rate of ARDs than females, on average over twice the rate (Hisnanick, 1992).

Mitchell, Beals, Novins, Spicer & the AI-SUPERPPF Team (2003) found similar differences between northern and southern tribal communities, with northern tribes reporting more alcohol abuse than southern tribes. Conversely, O'Connell, Novins, Beals, Spicer & the AI-SUPERPPF Team (2005) looked at the differences in rates of lifetime abstinence rather than alcohol abuse rates between differentially located reservations. These researchers found that a higher number of individuals from southwestern tribes identified as currently abstinent from alcohol (almost

32% of men and 61% of women) when compared to individuals from northern plains tribes (25% of men and 33% of women reported abstinence). When reservation-dwelling American Indians were compared to urban American Indians (those living off-reservation) only about 15% of urban AI men reported lifetime abstinence from alcohol while over 40% of urban AI women identified lifetime abstinence.

Although the culmination of devastating actions historically taken against AI people has created a strong ripple of negative effects across many generations that largely contribute to most, if not all, of the disparities seen today. The fact that AIs have endured through this adversity to the present day suggests a factor of inherent strengths and resilience. Conducting further research on the resiliency of AI people carries the potential to provide valuable information on the factors that AI people may possess that contribute to their resilience when confronted with adversity.

Resilience

Resilience can be defined in a number of ways. The Oxford English dictionary defines this concept using the English word roots of resilience as to bounce or spring back (Simpson, 2005). Smith et al. (2008) expanded this definition to include “the ability to bounce back or recover from stress” (p. 194), while Fleming and Ledogar (2008) and Luthar (2006) define resilience as “positive adaptation despite adversity” (p. 2; p. 944). Masten’s (2001) most recent definition of resilience focuses on “good outcomes in spite of serious threats to adaptation or development” (p. 228). Seery, Holman, & Silver (2010) have identified that the common factors of many of the definitions for resilience include the experience of an adverse event(s) and the subsequent recovery from the event(s).

Individual Resilience. Seery, Holman, & Silver (2010) found indications that individuals who have experienced some adversity (defined as two to four lifetime adverse events, self-reported from a list of events containing categories such as bereavement, illness/injury, violence, various stressors or disasters) actually showed better health and well-being outcomes than individuals who did not report a high number of adverse events (five or more) as well as individuals who had not experienced any adverse events. Additionally, they also report that these individuals who had experienced some adversity appeared to have been less negatively affected by more recent adverse events than the other groups. This suggests that some lifetime adversity may build resilience, while too much or none at all may decrease the ability to develop resilience.

Group Resilience. Hobfoll (2002) has pointed out that the field of psychology has historically placed a focus on the individual's contributions to one's own self-worth, self-efficacy, and resilience through individualized effort and control. Ungar (2006) indicated that the westernized model of psychology has influenced the way that the concept of resilience and related constructs have been studied. Hobfoll (2002) proposed that resilience may be seen as an individual's perceived self-reliance, but this reliance can be an illusion, most visible once the reality of one's own actual ability for self-reliance is revealed. For example, if a wealthy person loses their financial and/or social status, that person may come to realize how much he/she had been relying on others (to keep their business running day-to-day, to take care of their children/lawn/home, etc.). In contrast, somebody who has always had to rely on the self and/or take care of or be taken care of by others, he/she/ze may have a more realistic view of their own abilities for self-reliance. Hobfoll (2002) emphasized the contributions others have on individual resilience, pointing to the fact that even if one does not recognize the contributions of others to

one's own efficacy, those collective contributions outside of the self still exist and contribute. Embracing the contributions of others, utilizing the support provided by others and developing alliances is seen as *communal-mastery*. Hobfoll, Schroder, Wells & Malek (2002) have postulated that the focus of individual goal achievement is firmly attached to the influence of other people. Rather than operating as a sole individual detached from the impact the role that others play, those with communal mastery recognize the importance and benefit of the bidirectional contributions of giving and receiving within the social context of a group.

Kaplan (1996) upheld that while individual responses and reactions to stress are individualized, they are greatly influenced by the individual's context, such as family and community. Even the goals, values, and roles that individuals hold are usually socially laden and influenced by our environment. Despite this, many individual and societal perspectives (including those in resilience and coping researcher) focus solely on the individual. Many researchers (Boyden & Mann, 2005; Hobfoll, 1998; Unger, 2008) have attested that the emphasis on individualistic coping is a westernized European-American concept. They claimed that this "cowboy culture" was developed out of the individualistic way of life of many early Americans and to some degree, families, which emphasized the importance self-reliance and efficacy, likely born out of necessity from only having oneself or one's own family on which to rely. Collectivist cultures, such as American Indian tribes, who tended to live in large groups and rely upon one another, recognized that all individuals play a role in the overall system, thus support and reliance on one another was integral to the success of the group as a whole. Hobfoll (1998) argued that while the two styles of approach (individual and collective) are intricately tied and actually influence one another, the focus on the individualist factors of coping and resilience ignores the role that one plays in society as a whole.

Resilience in Racial/Ethnic Minorities. Hobfoll, S. E., Jackson, Hobfoll, I., Pierce & Young (2002) indicated that American Indian tribes traditionally embraced communal mastery as a central attitude and way of being. Heavy Runner and Morris (1997) suggested that factors such as communal mastery, along with connections to other traditional practices and beliefs, contribute to American Indian resilience.

Other minority groups that have also experienced historical and/or current oppression can reasonably serve as a comparison group when we examine resiliency in American Indian populations due to similar historic and current experiences. Although other minority groups may not have experienced the same specific types of historical adversity, they are likely to have encountered some form of racially-based adversity. For example African-Americans have faced a long history of inequality. Baldwin, Jackson, Okoh & Cannon (2010) looked at the differences between resiliency and optimism in relation to racial stressors in elderly African Americans residing in the Northern versus the Southern United States. The basis of the study was to find if elderly African Americans who had reasonable access to psychological resources and resided in the northern United States, experienced less race-related stress and distress. Baldwin and colleagues' (2010) results revealed that geographically, only levels of distress seemed to factor into location with those residing in the North. They reported fewer physical ailments and less psychological distress than the participants residing in the South. Professional occupational status showed a positive effect on resiliency as well as an increased exposure to racial stressors. Participants who scored higher on resiliency tended to report lower psychological distress, high optimism, and less overall distress. Baldwin et al. (2010) showed that exposure to individual racism was negatively related to resiliency scores, while cultural racism was positively associated with resiliency scores. These results suggest that physical experiences and geographic

location are related to experiences of racism, and that personal psychological features also play a role in levels of resiliency.

Yehuda & Beirer (2008) found that survivors of direct prolonged trauma, such as Jewish Holocaust survivors, have relatively high rates of later life success (resilience) despite their prolonged traumatic experiences. Holocaust survivors are also a valuable group for comparisons with American Indian populations because they are also subject to the genetic transmission of trauma, which has potential lasting effects on resilience factors resulting from historical and complex traumatic losses and experiences across generations. Greene & Graham (2009) interviewed a sample of Holocaust survivors about their environmental experiences before the war began, survival behaviors they employed during the war, and personal milestones that they achieved after the war. All study participants were age 68 or older and over half had the experience of living in a ghetto/concentration camp. They found that a positive family environment in the years prior to the war was a significant factor in the Holocaust survivor's resiliency. In addition, during the war, Holocaust survivors employed many resiliency tactics for survival. The tactics they used included "resolving to live, making friends, banding together with others, managing to obtain extra food, and participating in the care of others" (p. 581). Many survivors also reported being "aided by other individuals, having to fight for their own lives and tricking/sabotaging the guards" (p. 581). Greene and Graham found that despite these traumatic events, many of these survivors reported that they were still able to persevere and after the war maintain normal achievement of adult milestones such as pursuing an education, gaining employment and having children. Lamet, Szuchman, Perkel and Walsh (2008) also found evidence that although Holocaust survivors exhibited exacerbated symptomatology of post-traumatic stress disorder, they also showed higher levels of resilience after a new traumatic event

(such as the September 11, 2001, tragedy in New York City) as compared to individuals who had not directly experienced the Holocaust.

Resilience after Combat. Elder and Clipp (1989) and Aldwin (1994) examined the affects that high exposure to combat in war had on veterans. Both studies' participants were older adult veterans, aged 55 and older and 43-91 years, respectively. These studies found that some participants exhibited adverse symptoms (i.e., post-traumatic stress disorder symptomatology). Despite these adverse symptoms and their extensive experiences in combat, the high-combat veterans scored higher on constructs related to resilience (i.e., assertiveness, self-esteem, coping, and character development) than those with less direct combat experience.

Resilience in Aging. Studies in White populations have found that individuals who have experienced adverse events in life tend to score higher on resiliency scales as they age. For example, Constanzo, Ryff & Singer (2009) found indications that cancer survivors (an assumedly traumatic event) exhibited lower levels of psychological functioning, but showed high levels of resiliency for social well-being, spirituality and personal growth. Furthermore, their results indicated that when compared to younger cancer survivors, older cancer survivors reported overall measures of functioning at levels similar to their same-aged non-cancer comparisons, suggesting age functions as a resiliency factor. Wells (2009) also found that older individuals living in a rural area tended to have high resiliency levels if the participant showed higher levels of self-reliance or perceived healthy mental health status. A weaker correlation was found between higher resiliency and perceived good physical health. Interestingly, the levels of resiliency were not significantly correlated with the participant's actual physical health status.

A study by Chovan & Chovan (1984) compared levels of resiliency in elderly individuals (60 years of age or older) in neighboring communities. One community consisted of Cherokee

Indians and the other community was consisted of Appalachians. The researchers measured the individual participants' abilities to cope with stress and life events that may influence stress. They found that the most commonly reported stressor between the groups was health-related. Other frequently reported stressors related to family, work or death stressors. Four categories of coping types were found, "intra-psychic, inaction, direct action, and information seeking" (p. 257). The largest determinant of coping type was the style of appraisal. Chovan and Chovan found that for the Appalachian group, information seeking was the most commonly used form of coping when dealing with stressors, particularly health-related stressors. For the Cherokee group, life-stressors tended to draw out an intra-psychic (accept/get used to it) style of coping. These results indicate that although these individuals were matched on age, lived in close proximity to one another, and had reported the same life stressors, the method of coping differed between cultural backgrounds.

A Model of Cultural Conflict

In 2004, Hudnall-Stamm, Stamm, Hudnall, & Higson-Smith proposed a model that encompassed the impact of a powerful invading culture on an existing culture and the subsequent effects, as well as potential adaptation and revitalization of the existing culture (See Figure 1). This model asserts that the existing culture already had established stability in economy, beliefs, and general ways of life. When the arriving culture is introduced, the established stability of the existing culture is disrupted. This disruption, referred to as "cultural clash" or "cultural challenge" is the interaction between the existing and invading cultures that can include both positive and negative effects on the existing culture. Examples of these interactions include the introduction of new diseases, competition for resources, and trade opportunities. The invading contact can lead to cultural losses suffered by the established culture as a direct result of the

invasion of the powerful arriving culture. These losses, considered the onset of cultural trauma, include the loss of cultural memory including traditions, language, and the previously established ways of life, economic stability, as well as physical losses such as the loss of land or loved ones. Hudnall-Stamm and colleagues (2004) also incorporated a period of adaptation and/or resurgence of traditions into the cultural challenge model, which is the period of time following traumatization. This period of decolonization can be characterized by a violent revolution, but can also be achieved through reorganization of the originally established culture. This period can also include adaptation to some of the invading culture's ways, but also the potential to revitalize the traditions and ways of the invaded culture (Hudnall-Stamm et al., 2004).

The cultural challenge model was developed with consideration of the challenges and losses suffered by American Indian people post contact with European American people, as well as the challenges of other invaded cultures. This model fits well within this project in that the historical losses suffered by American Indian peoples are now being followed by a period of reorganization during which many tribes are attempting to revitalize language and traditions, buy back appropriated lands, and recover from these losses, which can be seen as a time of resilience.

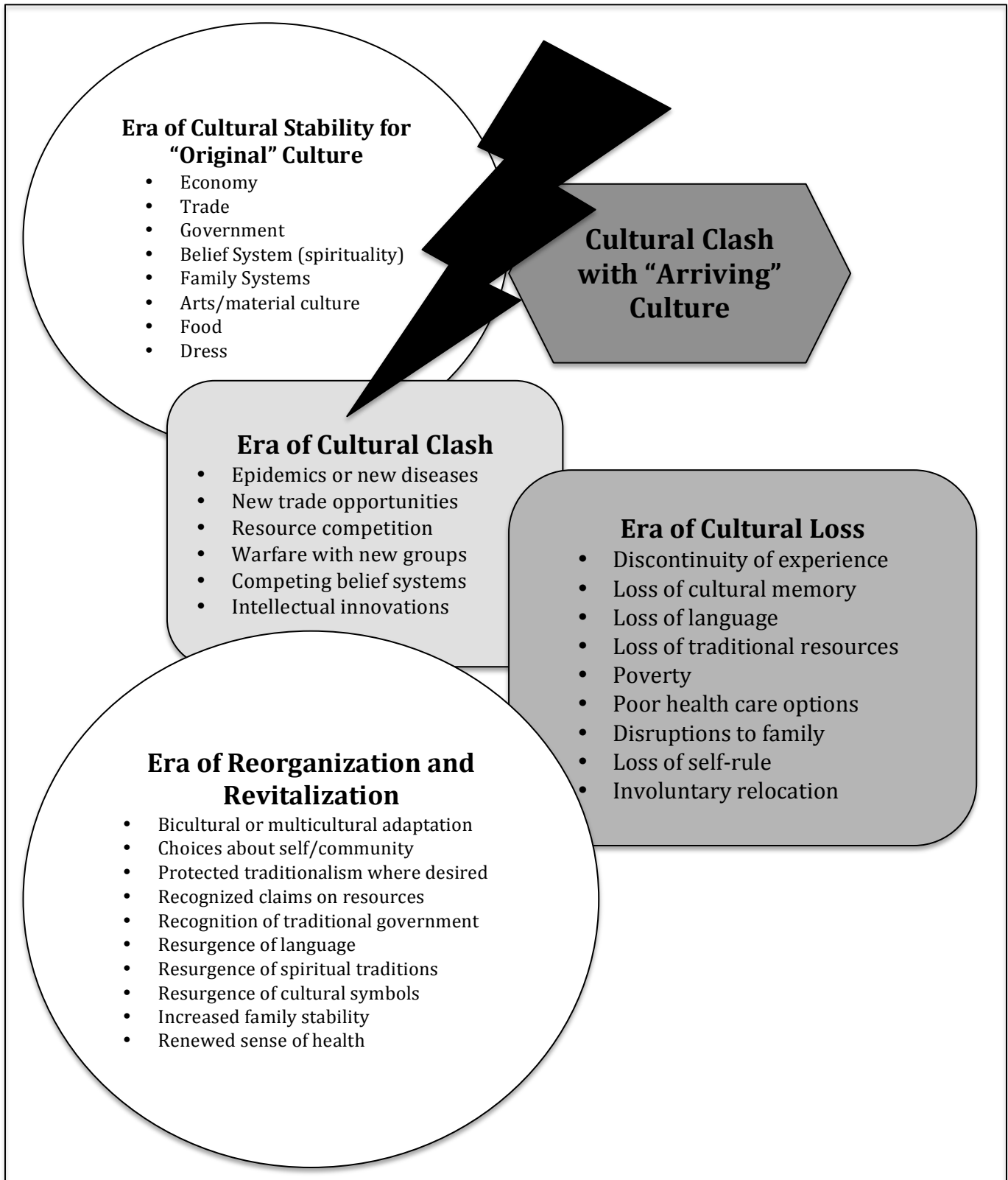


Figure 1. Cultural Challenge Model (Hudnall-Stamm, Stamm, Hudnall, & Higson-Smith, 2004)

Purpose

In summary, resilience is a powerful construct that appears to contribute in a large part to American Indians' ability to have endured an extensive history of traumatic events, despite devastating experiences and losses suffered at the hands of an invading culture. It appears that as individuals age, they may gain the skills necessary to be resilient as a consequence of their positive or negative life experiences.

An archival dataset was used for this study. In the original project, American Indians from a Northern Plains Tribe were recruited for community-wide Grief Retreats. A total of six Grief Retreats were held, with each retreat lasting 3.5 days. The focus of the retreats served to educate participants and help process feelings they had regarding historical losses and grief.

Hypotheses

1. Participants who think about historical loss more frequently, as indicated by lower scores on the Historical Loss Scale (HLS), will exhibit higher levels of resiliency, as indicated by higher scores on the Brief Resilience Scale (BRS).
2. It is also predicted that age will act as a moderator between frequency of thoughts about historical loss and level resilience.

In other words, participants who report more frequent thoughts of historical loss will also report higher levels of resiliency; however, this relationship will change across age. While this relationship may hold true for older individuals, it may not hold true for the younger participants.

Chapter II

Method

Participants

This study will utilize an archival dataset. My sample originally included 41 American Indian adults, but 4 participants were removed due to those participants' attendance and participation in Grief Retreats conducted by the same research team, utilizing the same or similar measures and had received the implemented intervention prior to their participation in this Grief Retreat. The final sample included 37 American Indian adults (19 male and 18 female) ranging in age from 18-60 years ($M = 38.51$ years) with a median age of 39 years.

Measures

Each participant completed a questionnaire packet prior to the Grief Retreat (Groups 5 and 6). The questionnaire packets each contained a total of 10 measures.¹ For the purposes of this study, three measures will be used: the demographic questionnaire (Tell Us About You), The Brief Resilience Scale (BRS) and the Historical Loss Scale (HLS).

Demographic Questionnaire. The demographic questionnaire, Tell Us About You, was designed to gather individual characteristics from each participant and describe the sample. Data gathered from each participant included their age, sex, whether they lived alone or with others, employment status, education level spirituality and religiosity (see Appendix A). Age will be used as a continuous variable as one of the factors in the analysis.

¹ The questionnaire packet included a grief history questionnaire (identify deaths the participant experienced in the last 5 years, cause of the death and age of the deceased and participant at the time of death), Historical Trauma Associated Symptoms Scale (measuring symptoms of anger/avoidance, depression/anxiety as it related to thoughts of historical trauma), Inventory of Traumatic Grief (thoughts/feeling of loss associated with the participants most recently experienced death), the Brief Cope Inventory (methods of coping/avoiding/dealing with grief), Interpersonal Support Evaluation List (identifying interpersonal supports and the level of support they provide), Kessler-6 Scale (a measure of psychological distress) and the Positive and Negative Affect Schedule (ratings of various positive and negative feeling and emotions).

Brief Resilience Scale. Participants' levels of resiliency are measured using the BRS (Smith, Dalen, Wiggins, Tooley, Christopher & Bernard, 2008). The scale was developed to measure one's ability to bounce back from stressful life events rather than measuring factors that contribute to resilience as previous measure have done. Participants were asked to report their ability to recover from life stressors using the BRS.

The BRS (see Appendix B) is a 6-item scale with each item containing five Likert scale options ranging from 1 = *Strongly Disagree* to 5 = *Strongly Agree*. Scores on the BRS range from 6 to 30, higher scores indicate higher levels of resilience. Three of the six items (items 2, 4, and 6) are reverse-scored. The even-numbered items are negatively worded with questions such as, "It is hard for me to snap back when something bad happens." The odd-numbered items are positively worded. An example of a positively worded statement is, "It does not take me long to recover from a stressful event."

Smith and colleagues (2008) calculated the internal consistency and reliability of the BRS using samples drawn from the southwestern United States. In that study, four samples (two samples from undergraduate student populations, one sample of cardiac rehabilitation patients, and one sample from women with fibromyalgia and women in good health) were used to calculate the Cronbach's alpha and intra-class correlation. Smith et al. (2008) calculated Cronbach's alpha and found it ranged from .80 - .91. They also examined test-retest reliability for the BRS; it was examined over two of the samples (one sample of undergraduate students and the sample of cardiac rehabilitation patients) and was calculated to be .62 - .69 using intra-class correlation.

The keywords "Brief Resilience Scale," "Native American" and "American Indian" were used for searches in PsychINFO and PsychARTICLES and resulted in zero publications using

the BRS on Native American populations. A subsequent Google Scholar search using the keywords “Brief Resilience Scale and American Indian” and “Brief Resilience Scale and Native American” resulted in two publications (Altaha & Kraus, 2012; Smith, Kay, Hoyt & Bernard, 2009) in which the BRS was used with Native Americans in the samples. Smith et al. (2009) used the BRS to measure hypothetical reactions to an avian flu outbreak in a wide population sample of which 3% of the participants identified themselves as American Indian or Alaska Native. Altaha and Kraus (2012) examined Native American college students’ reactions to historical trauma and loss.

Historical Loss Scale. Whitbeck et al. (2004) developed the Historical Loss Scale (HLS) to measure the frequency individuals report thinking about historical losses; for example, loss of tribal language, loss of land, and loss of other cultural connections. The participants are instructed to identify how often they think about historical losses by rating each of the 12 items on a 1 to 6 frequency scale where 1 = *Several times a day* and 6 = *Never*. Scores on the HLS range from 12 to 72. Lower numerical ratings indicate more frequent thoughts of historical losses while higher ratings indicate less frequent thoughts of historical losses (see Appendix C).

Whitbeck and colleagues (2004) developed the HLS with information gathered during focus groups with tribal elders on two reservations in the upper Midwestern United States. After the questions were written, the tribal elders and the two reservations’ tribal councils vetted the items and final adjustments were made based on their feedback. Whitbeck et al. (2004) then utilized the HLS in a study with the same sample. They found a Cronbach’s alpha coefficient of .92 for the HLS.

The HLS has been used in other studies (Dorton, 2007; Grant, 2010; Walls & Whitbeck, 2011) with Native American participants including one study in which the HLS had been adapted for use with Native American adolescents (Whitbeck et al., 2009).

Chapter III

Results

A standard multiple regression analysis was performed to assess whether thoughts of historical loss interact with age to predict level of resilience. Preliminary data screening did not suggest violations of the assumptions of normality, however multi-collinearity statistics showed high correlation between independent variables. Therefore to address this violation, independent variables and the interaction term (HLSxAGE) in the model were mean-centered. Mean-centering is a commonly used technique to address multi-collinearity and essentially provides a meaningful zero-point with continuous data (Cohen, Cohen, West & Aiken, 2003). Descriptive statistics and intercorrelations for the measured variables are presented in Table 1.

The total mean score for the BRS was 18.49. When averaged across all items, the mean is 3.08, which is just above the rating of “Neutral” on the BRS scale. This suggests neither abundance of nor lack of resilience in this population. The total mean score on the HLS was 46.86. Averaged across all items, the mean score is 3.91, indicating that the average thoughts about historical losses in this sample occurred “Monthly.”

The regression analyses revealed that contrary to my predictions, frequency of thoughts related to historical loss were not significantly related to levels of resilience. There was also no statistically significant relationship between age and thoughts of historical loss or age and levels of resilience (see Table 2). However, it should be noted that low sample size likely decreased the power of the analysis.

Table 1

Intercorrelations and Descriptive Statistics for Measured Variables

Variable	1	2	3	<i>M</i>	<i>SD</i>
1. Resilience	--			18.49	3.892
2. Thoughts of Historical Loss	.06	--		46.86	14.336
3. Age	.104	-.209	--	38.51	12.631

**p* < .05

Table 2

Regression Analysis Summary for Factors Predicting Resilience Scores (BRS).

Model	<i>B</i>	<i>SEB</i>	β	<i>p</i>	<i>R</i> ²
Historical Loss Scale	.006	.048	.021	.905	.020
Age	.043	.054	.140	.431	.136
Historical Loss x Age	.004	.004	.179	.313	.174

**p* < .05, *R*² = .044

Reliability analyses suggested acceptable internal consistency for the BRS (Cronbach's $\alpha = .75$) and good internal consistency for the HLS (Cronbach's $\alpha = .94$).

Post-Hoc Analyses

Other research using this archival dataset found a significant correlation between levels of resilience and another variable (symptoms of traumatic grief) for males, but non-significant correlation for females (Douglas, Hansen, Swaney, Vaile, Reese, Fox, & Holkup, 2013). Smith et al. (2009) also found gender to be a significant covariate in the BRS. Thus, gender was added

as a factor in the multiple regression model. Results revealed no significant correlations between gender and thoughts of historical loss, or gender and levels of resilience (See Table 3).

Table 3

Regression Analysis Summary for Factors Predicting Resilience Scores (BRS).

Model	<i>B</i>	<i>SEB</i>	<i>β</i>	<i>p</i>	<i>R</i> ²
Gender	1.463	1.319	.191	.276	.0188
Historical Loss Scale	.004	.048	.015	.934	.014
Age	.045	.054	.145	.414	.140
Historical Loss x Age	.004	.004	.210	.243	.202

**p* < .05

These results were further examined by “binning” age into four equal portions (see Figure 2). This procedure splits a continuous variable, in this case age, into categorical units (low, medium-low, medium-high, high). Once the predictor variable, age, is binned, a bivariate analysis is conducted and the four levels of age, are then plotted with resilience scores at each level of historical loss scores. This analysis can determine if at any level of age, resilience acts as a buffer for thoughts of historical loss. The results of the binned analysis revealed that there were no significant relationships between resilience and thoughts of historical loss at any level of age.

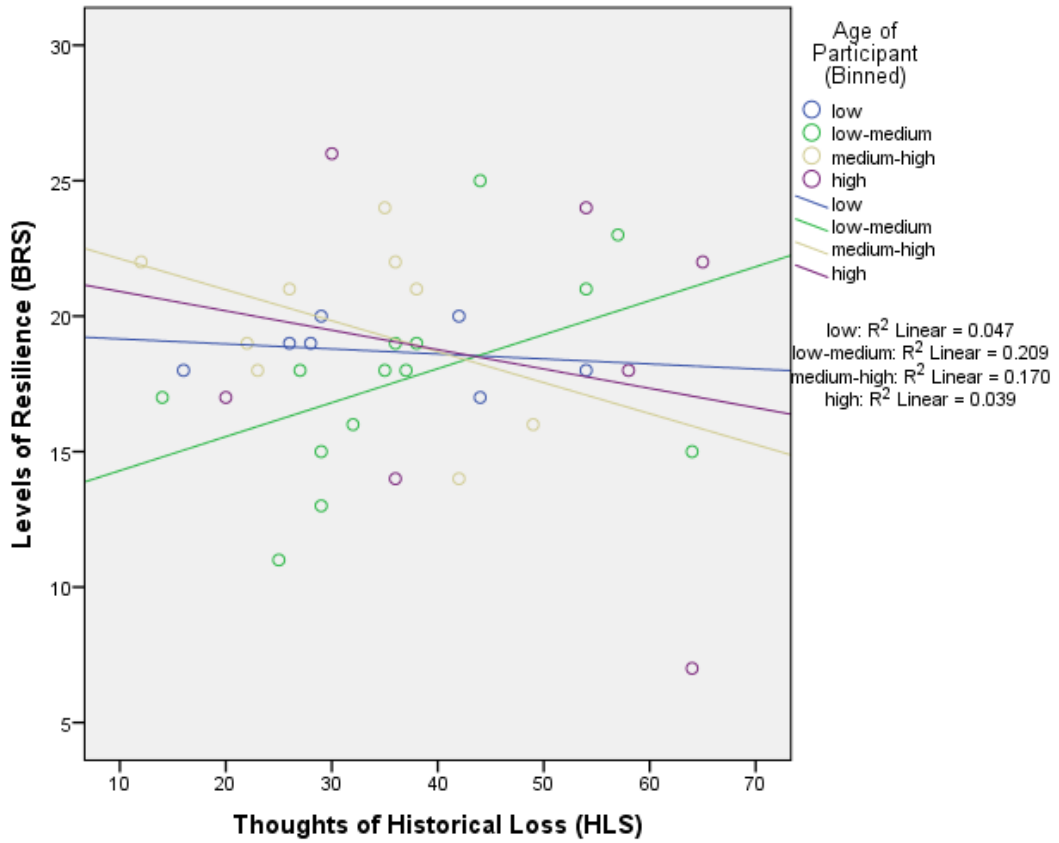


Figure 2. Visual Binning of BRS Scores for low, medium, high Age across HLS Scores

Discussion

Conclusions. Contrary to predictions, results did not show an effect for levels of resilience on thoughts of historical loss. This lack of effect suggests that overall, there is not a linear relationship between resilience and thoughts about historical losses in this sample. This lack of effect remains even after examining differences in effects for levels of age and gender.

Several factors may explain why this study failed to find the predicted effect of age and thoughts of historical loss on measured levels resilience. One possibility and limitation of the present study is the potential that the measure of resilience used in this study, the Brief Resilience Scale (Smith et al., 2008), is not accurately capturing resilience as it may exist within this American Indian population. As discussed earlier, American Indian people have historically engaged in communal mastery, the embracing and utilization of the contributions of others (Hobfoll, 2002), rather than focus on an individual's own contribution to the self and the individual's own resilience (Heavy Runner & Morris, 1997; Hobfoll, S. E., Jackson, Hobfoll, I., Pierce & Young, 2002). Smith and colleagues (2008) designed The BRS to measure an individual's ability to "bounce back" after stressful life event and does not account for the contribution of others, nor does it specifically examine one's ability to recover from historical stressors in addition to stressors occurring during one's own lifetime.

Furthermore, O'Neil (1996) conducted field research with American Indians on the Flathead Indian Reservation and described the Salish and Pend d'Oreille concept of "disciplined hearts." Disciplined hearts refer to the experience of American Indians in which they "have transformed their sadness over present and past losses into compassionate responsibility for others" (p. 13) and "ideally for Flathead people, losses are not to be avoided and forgotten but should remain in their hearts as reminders to have pity on others. Thus Flathead people discipline

their hearts to remember their pain and transcend it” (p. 177). This explores the concept that in some American Indian populations, stressors may not be seen as obstacles from which to “bounce back” but rather experiences that are to be internalized and used for growth.

In addition to the concern of content validity of the BRS within an American Indian sample, another limitation of the measure is the lack of variability within the scale. The scale consists of only 6 items, each of which contain a Likert scale of 1-5, resulting in a maximum total score of 30. Reduction of variability in the dependent variable likely diminished our ability to explain that limited variability with the chosen variables, especially given the small sample size.

While other measures given to this sample were culturally-vetted by the original research team using a Focus Group of individuals from the sample tribe, the BRS was not culturally-vetted for cultural relevance and appropriateness for measuring resilience in this specific sample.

Limitations and future directions. One potential threat to the validity of the current study is the possibility for selection bias. The participants were not randomly selected from the community, rather they were all members of the tribal community who either volunteered or asked to participate in the 3.5 days-long Grief Retreats.

Another limitation of this study is the small sample size ($N = 37$). This may contribute to the difficulty experienced reaching statistical significance within the multiple regression model. Although these preliminary results did not reach statistical significance, some tentative conclusions can be made for further exploration. Frequency of thoughts about historical loss was not found to be a factor in the level of individual resilience the participants in this study reported. Additionally, age of participant did not have an effect on either the frequency of thoughts about historical losses or the level of individual resilience reported. Previous research has shown a

relationship between age and experiences of adversity has been theorized to foster the development of resilience. What is different about this sample of American Indians? The sample ranged in age from 18 to 60, but significance for any age was not revealed. Perhaps an individual effect may be in play where the direct and indirect experiences with historical losses of the individuals in this community influence his/her propensity for thoughts of historical loss. For example, some participants may have attended boarding schools or been raised by caretakers who had attended boarding schools and those experiences may influence them to think more or less about historical losses than a participant that has had no direct or indirect experiences with boarding school. Participants may also have differing levels of involvement in traditional tribal activities, which may influence how often they have thoughts of historical losses.

Future research could examine the constructs of age and frequency of historical loss thoughts in relation to level of resilience as defined by the AI population from which the sample is drawn, potentially drawing out aspects of communal mastery or perspectives of the “disciplined heart.” Such research could utilize a qualitative approach to gather a culturally appropriate definition of resilience.

Other factors that could be examined in future exploration of resilience and historical loss could include individual factors such as direct and indirect contact with boarding schools or adoption, whether the participant speaks his/her traditional language and other degrees of participation in cultural traditions or activities, and whether the participants are on reservation full-time versus part-time (residence, work, school, etc.) or if they have left the reservation for any extended period of time.

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Appendix A

Tell Us About You: Demographic Information

Age:

Age in years

Date of birth (month, day, year)

Gender:

Male

Female

Do you live alone:

Yes

No

Are you employed:

Yes

No

What is the highest grade in school you completed:

Completed 6th grade or less

Junior High School (7th – 9th grade)

Partial High School (10th – 12th grade)

High School graduate or GED

Partial college training

Completed college

Graduate professional training

Other

Are you spiritually active in an organized religion:

Yes

No

Are you spiritually active in traditional practices:

Yes

No

Appendix B

Brief Resilience Scale (BRS; Smith, Dalen, Wiggins, Tooley, Christopher, & Bernard, 2008)

For each of the sentences listed below please circle the response that best describes you.

Strongly Disagree = 1

Disagree = 2

Neutral = 3

Agree = 4

Strongly Agree = 5

1. I tend to bounce back quickly after hard times
2. I have a hard time making it through stressful events.
3. It does not take me long to recover from a stressful event.
4. It is hard for me to snap back when something bad happens.
5. I usually come through difficult times with little trouble.
6. I tend to take a long time to get over set-backs in my life.

Appendix C

Historical Loss Scale (HLS; Whitbeck, Adams, Hoyt & Chen, 2004)

The purpose of the following questionnaire is to better understand how much historical trauma has affected you. Please read each question below carefully. For your answer, select ONE number that best describes you, and draw a CIRCLE around it.

Several times a day = 1

Daily = 2

Weekly = 3

Monthly = 4

Yearly or only at special times = 5

Never = 6

How often do you think about...

1. the loss of our land
2. the loss of our language
3. losing our traditional spiritual ways
4. the loss of our family ties because of boarding schools
5. the loss of families from the reservation to government relocation
6. the loss of self respect from poor treatment by government officials
7. the loss of trust in whites from broken treaties
8. losing our culture
9. the losses from the effects of alcoholism on our people
10. loss of respect by our children and grandchildren for elders
11. loss of our people through early death
12. loss of respect by our children for traditional ways