American Indian and Alaskan Native Historical Trauma and an Adlerian Perspective

A Research Paper

Presented to

The Faculty of the Adler Graduate School

_______________________

In Partial Fulfillment of the Requirement for

The Degree of Master of Arts in

Adlerian Counseling and Psychotherapy

_______________________

By:

Leonard L. Hayes

September 2010
Dedication

This research is dedicated to the American Indian and Alaskan Native children, men, and women who have endured the effects of historical and intergenerational trauma. This research is especially dedicated to the individuals who did not survive. Your spirits shall forever live in our hearts.

I would personally like to dedicate this project to my father whom I was able to connect with in the upmost respectful way before his passing in June of 2010.
Acknowledgments

As I complete my four year journey to turn my life toward a career in healing, therapy, and personal transformation, I want to express my profound gratitude for all who supported, challenged, and guided me on this pathway to my future.

Foremost, I thank the Great Spirit for guiding me, offering me wisdom and knowledge, forgiveness, and the ability to share my story and experience of historical and intergenerational trauma. The Great Spirit has given me a humble heart to both receive and present this information. I especially thank the Great Spirit for sending individuals to help me heal. I dedicate myself to continually give back to the Great Spirit of the Universe.

My thanks go, too, to my two Adler Graduate School advisors who have guided me through this project: Dr. Herb Laube, my advisor, and Dr. William Premo, my mentor. Certainly I appreciate all the professors at Adler Graduate School for giving me the knowledge to be an encouraging, hopeful, and guiding therapist using the Adlerian Individual Psychology techniques. I would also like to thank my supervisors of my internship sites at the American Indian Family Center, St. Paul, MN, Angie, Jessica and Bill, and George at Genesis II for Families who have taught me so much about being a therapist. I extend an important thank you to Jane; I was honored to have been a part of your educational teachings of healing historical and intergenerational trauma.

Many friends who traveled with me on this journey, my special thank you goes to: Chris who has supported me in many ways to get where I needed to be with my educational experience; My Ojibwe elder friend Maria, for giving me her knowledge and support and for always reminding me to take care of myself emotionally, spiritually, and
through traditional practices. To Jessica and Jennifer, for being my friends, I have learned so much from the both of you. To Catherine, you have taught me so much in many different ways. Our next journey will begin…. And I offer my special thank you to the many other friends and family who I have not mentioned but who have always been with me. You all are special to me.
# Table of Contents

I. Abstract 7

II. Definition of American Indian and Alaskan Native 8
   a. United States Statistics 8
   b. Minnesota Statistics 9
   c. Sisseton-Wahpeton Oyate Statistics 10

III. Health Disparities Among American Indian and Alaskan Natives 12

IV. Health Disparities among Sisseton-Wahpeton Oyate 13
   b. Suicidal Behavior Data (Adults and Adolescents 2006-2009) 14
   c. Alcohol and Substance Abuse (Adult) Data 2006-2009 15
   d. Adolescent Chemical Dependency Data 2009 15

V. Definition of Historical Trauma 15
   a. Historical Trauma and Context 16
   b. Extermination 17
   c. American Indian Removal, Relocation, and Containment 17
   d. Forced Assimilation-First Wave 18
   e. Forced Assimilation-Second Wave 19
   f. Sterilization of American Indian Women 21
   g. Carlisle Indian School 24

VI. Intergenerational Trauma: The Soul Wound 29

VII. Violence Among American Indian and Alaskan Natives 30

VIII. Concept of Mental Illness 31
IX. Effects of Historical Trauma 32
X. American Indian Medicine Wheel 33
XI. American Indian Culture and Adlerian Psychology 36
XII. Common Themes 36
   a. Holism in American Indian Culture and Adlerian Psychology 36
   b. Lakota Sioux Perspective on Holism 37
   c. The East; Social Embeddedness 37
   d. The West; Life-style 39
   e. The North; Goal Orientation 39
   f. The South; Striving for Mastery; Life-tasks 40
XIII. Traditional American Indian and Alaskan Native Healing Practices 45
XIV. The American Indian Talking Circle 47
XV. Types of Western Treatment 49
XVI. Cultural Competency 50
XVII. Discussion 54
XVIII. Conclusion 58

References 60
Abstract

Even though American Indian and Alaskan Natives have endured horrific events throughout history, they have proven to be a resilient population. This research will examine statistical health disparities among Native Americans in the United States, Minnesota, and one single tribe, the Sisseton-Wahpeton Oyate of the northeast corner of South Dakota. This research will examine historical events that include forced assimilation, removal and extermination, the boarding school era, and the sterilization of American Indian women. This research will also identify common themes between the American Indian Medicine Wheel and Adlerian Individual Psychology. These themes include holism, social interest, life-style, goal orientation, and life-tasks. This research will also examine traditional Native American and Alaskan Native healing practices.
Definition of an American Indian and Alaskan Native

According to the federal government’s Bureau of Indian Affairs (BIA), an American Indian is legally defined as an individual who is an enrolled or registered member of a federally recognized tribe or whose blood quantum is one-fourth or more. This level varies from tribe to tribe, however, with some tribes setting their blood quantum levels higher or lower. The U.S. Bureau of the Census identifies an American Indian or Alaskan Native if he or she states that he or she is an American Indian and Alaskan Native (Bachman, Zaykowski, Kallmyer, Poteyeva, and Lanier, 2008, p. 1-168). Throughout this research, the terms “American Indian” and “Alaskan Native” will be used interchangeably to identify shared values or issues.

The term “American Indian” is used today to talk about common values and shared identity among Native American people. It is also used as a legal title of federally recognized tribes holding jurisdiction on reservation lands created in the United States (“Tribal and Shamanic Based Social Work Practice: A Lakota Persepctive-Research and Read Books, Journals Articles at Questia Online Library, 1999).

Currently, there are approximately 200 spoken indigenous languages and differences in customs, religion and social organization. Recognition of these differences is quite critical when doing clinical work with the American Indian and Alaskan Native population (Department of Psychology/James Allen, Ph.D., 2002).

United States statistics. In recording of the 2000 Census, 2,475,956 individuals identified themselves to be American Indian and Alaskan Native alone (0.9 % of the U.S. population) and an additional 1,643,345 considered themselves to be American Indian and Alaskan Native with a combination of one or more races (0.6% of the U.S. population). American Indian males and females represent equally within the population
with 49% (males) and 51% (females) (Bachman, Zaykowski, Kallmyer, Poteyeva, &

In every state of the U.S., an American Indian and Alaskan Native lives, with
some areas where the population of an American Indian or Alaskan Native is much
higher. In 2000, according to the U.S Census Bureau, 43% lived in the West, 31% in the
South, 17% in the Midwest, and 9% lived in the Northeast. The U.S. Census Bureau also
reported that half of the American Indian and Alaskan Native population resides in urban
areas. Of cities representing 100,000 or more of the population, New York and Los
Angeles had the highest number of American Indians and Alaskan Natives followed by
Phoenix, Tulsa, Oklahoma City, and Anchorage. States with the highest percentage of
American Indian and Alaskan Natives includes Alaska (19%), Oklahoma (11.4%), New
Mexico (10.5%), South Dakota (9%), Montana (7.4%), Arizona (5.7%), and North
Dakota (5.5%). It is assumed that American Indian and Alaskan Natives reside on tribal
lands but 60% of American Indian and Alaskan Native individuals reside in urban areas.
The other 40% live in rural areas and mostly on tribal lands (Bachman, Zaykowski,

Minnesota statistical data. Research has shown that the Caucasian culture is the
dominant culture in Minnesota. The U.S. Census Bureau (2009a) estimates that in 2008,
85.4% of the population was white, 4.4% was African American, 4.1% was Hispanic,
3.5% Asian, 1.1% was American Indian, and 1.4% was other. Data has also shown from
2005-2007 that in Minnesota, 33.5% of African Americans, 30.3% of American Indians,
22.1% of Hispanics, 16.6 % of Asians, and 7.6 % of whites lived below the poverty level
(McRae, Jr., 2009, p. 1-27).
In one study completed by the Minnesota Department of Human Services, the Minnesota statistics state that 48.8% of American Indian adults use alcohol; 30.5% drink heavily, 16.3% use marijuana, and 20.4% need treatment. The statistics are for both male and female American Indians. In the same study, 25.9% of American Indian students used alcohol, 31.3% drank heavily, 19.0% use marijuana, and 15.9% needed treatment. These statistics also include both the male and female population. These statistics were compared to Caucasians, African Americans, Hispanics, Asians, and others (McRae, Jr., 2009, p. 1-27).

_Sisseton-Wahpeton Oyate statistics._ Profile and Demographics:

The Sisseton-Wahpeton Oyate of the Lake Traverse Reservation is a federally recognized Indian tribe whose constitution was adopted by the members on August 1-2, 1966. This constitution was approved by the U. S. Secretary of the Interior on August 25, 1966, pursuant to the Indian Reorganization Act of 1934 (Sisseton-Wahpeton Oyate Health Plan 2011-2015).

Originally, the Lake Traverse Reservation was created by the Treaty of February 19, 1867 (U.S. 15 Stats, 505). The Lake Traverse Reservation is located in the northeast corner of South Dakota which also extends into North Dakota and Minnesota (Sisseton-Wahpeton Oyate Health Plan 2011-2015).

The Sisseton and Wahpeton bands are subdivisions of the eastern Dakotah or Santee Division, who speak the Dakotah language with the “D” dialect. These other divisions are also known as the Great Sioux or Dakota/Lakota/Nakota Nation which also consist of the western Teton division and the middle Yankton division which speak the “L” and “N” dialects. The word “Dakotah” can be translated into English as “friend” and
is the preferred identification of the Sisseton and Wahpeton bands. Oyate means nation, people, or tribe (Sisseton-Wahpeton Oyate Health Plan 2011-2015).

As of April 10, 2010, there are 12,753 enrolled members of the Sisseton-Wahpeton Oyate. Approximately one-half of these members live on the Lake Traverse Reservation. While the other half live off the reservation in urban areas as well as all over the world. In addition to enrolled members of the Oyate, Lake Traverse Reservation is home to members of other tribes who have established social and economic ties, as well as lineal descendents, spouses, and other relatives (Sisseton-Wahpeton Oyate Health Plan 2011-2015).

The Sisseton-Wahpeton Oyate is an open reservation due to the Appropriation Bill of 1891, which allowed Indians to sell land in excess of their individual allotments. At noon on April 15, 1892, the Lake Traverse reservation was opened to white settlers. Since that time, the Sisseton-Wahpeton Oyate strives to regain their land base, potential for economic development, jurisdiction, and other sovereign rights. According to the 2000 United States Census information, the American Indian population in South Dakota compromised 9% of the state. The Sisseton-Wahpeton Oyate resides primarily in Roberts, Day, Marshall, Codington, and Grant counties. The Roberts county population is made up of 31% of the Sisseton-Wahpeton Oyate with the tribal headquarters located in Old Agency, SD. This was an increase from 23% in the 1990 census (Sisseton-Wahpeton Oyate Health Plan 2011-2015).

It is stated that Sisseton-Wahpeton Oyate has a young and growing population. According to statistics by the Bureau of Census information, in 1990, 29% of the total all races population was 18 and over, and 18% were 65 and older. In 2000, 27% of the
population was 18 or younger, and 17% were 65 and older. The pattern in American population is quite different. In 1990, 48% were 18 and younger, and 5% were 65 and older. In 2000, 42% were 18 and younger and 5% were 65 and older. With these statistics, the Sisseton-Wahpeton Oyate is experiencing exponential growth (Sisseton-Wahpeton Oyate Health Plan 2011-2015).

**Health Disparities among American Indians and Alaskan Natives**

Health disparities occur in many racial, ethnic, socioeconomic, and other subgroups in the United States. American Indian and Alaskan Natives experience considerable health disparities compared with other U.S. racial and ethnic groups, including higher rates of alcoholism, tuberculosis, diabetes, mellitus, unintentional accidents, suicide, and homicide. These disparities also include higher unemployment rates, twice the poverty rate, and lower rates of high school completion. Many American Indians and Alaskan Natives have experienced a set of complex childhood experiences that include abuse, neglect, and growing up with a parent or parents who abuse alcohol and or drugs, domestic violence, little to no proper parental control, low parenting skills, and mental illness among family members and incarcerated family members (De Ravello, Abeita, & Brown, 2008, p. 300-315).
Health Disparities Among Sisseton-Wahpeton Oyate

Health Disparities (Diabetes and Tobacco) of the Sisseton-Wahpeton Oyate, Lake Traverse Reservation

<table>
<thead>
<tr>
<th>624 Patients were reviewed</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>352</td>
<td>56%</td>
</tr>
<tr>
<td>Male</td>
<td>372</td>
<td>44%</td>
</tr>
<tr>
<td>Age &lt;15 years</td>
<td>3</td>
<td>0%</td>
</tr>
<tr>
<td>15-44 years old</td>
<td>149</td>
<td>24%</td>
</tr>
<tr>
<td>45-64 years old</td>
<td>309</td>
<td>50%</td>
</tr>
<tr>
<td>65 years and older</td>
<td>163</td>
<td>26%</td>
</tr>
</tbody>
</table>

Types of Diabetes

<table>
<thead>
<tr>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 1</td>
<td>5</td>
</tr>
<tr>
<td>Type 2</td>
<td>619</td>
</tr>
</tbody>
</table>

Duration of Diabetes

<table>
<thead>
<tr>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>35</td>
</tr>
<tr>
<td>Less than 10 years</td>
<td>378</td>
</tr>
<tr>
<td>10 years or more</td>
<td>245</td>
</tr>
<tr>
<td>Diagnosis date not recorded</td>
<td>1</td>
</tr>
</tbody>
</table>

Tobacco Use

<table>
<thead>
<tr>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Tobacco User</td>
<td>274</td>
</tr>
<tr>
<td>Counseled-yes</td>
<td>141</td>
</tr>
<tr>
<td>Counseled-no</td>
<td>133</td>
</tr>
<tr>
<td>Counseled-refused</td>
<td>0</td>
</tr>
<tr>
<td>Not a Current User</td>
<td>346</td>
</tr>
<tr>
<td>Tobacco Use Not Documented</td>
<td>4</td>
</tr>
</tbody>
</table>

Leading Cause of Death 2004-2008 (Counties located within the Lake Traverse Reservation, Codington, Day, Marshall and Roberts County Residents)

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>43</td>
</tr>
<tr>
<td>Malignant Neoplasm</td>
<td>25</td>
</tr>
<tr>
<td>Accidents</td>
<td>24</td>
</tr>
<tr>
<td>Cerebrovascular Disease</td>
<td>10</td>
</tr>
<tr>
<td>Chronic Liver Disease and Cirrhosis</td>
<td>9</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>8</td>
</tr>
<tr>
<td>Intentional Self-harm/Suicide</td>
<td>7</td>
</tr>
<tr>
<td>Mental and Behavioral Disorders due to use of alcohol</td>
<td>3</td>
</tr>
<tr>
<td>Nephritis, Nephrotic Syndrome, and Nephrosis</td>
<td>3</td>
</tr>
<tr>
<td>Influenza and pneumonia</td>
<td>3</td>
</tr>
<tr>
<td>All Other Causes</td>
<td>34</td>
</tr>
<tr>
<td>Total Causes of Death</td>
<td>169</td>
</tr>
</tbody>
</table>

Source: (Sisseton-Wahpeton Oyate Health Plan 2011-2015, 2010).

Suicidal Behavior Data (Adults and Adolescents) (January 1, 2006-June 5, 2009)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male 43%, Female 57%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal Behaviors for all ages: Ideation with Plan and Intent</td>
<td>52% plan/intent, 29% attempted, 18% data not entered, 1% completed</td>
</tr>
<tr>
<td>Lethality of Suicidal Behavior</td>
<td>High 32%, Medium 25%, Low 18%, Unknown 25%</td>
</tr>
<tr>
<td>Suicidal Behaviors for youth ages 15-24</td>
<td>Attempt 47% (8), Ideation with Plan and Intent 53% (9)</td>
</tr>
<tr>
<td>Lethality of Suicidal Behavior for Youth Ages 15-24</td>
<td>High 34%, Low 33%, Attempt 33%</td>
</tr>
<tr>
<td>Method of Suicide</td>
<td>28% Unknown, 28% overdose, 17% Motor Vehicle, 15% other, 8% gunshot, 2% stabbing and laceration, 2% hanging</td>
</tr>
</tbody>
</table>

Source: (Sisseton-Wahpeton Oyate Health Plan 2011-2015, 2010).
American Indian and Alaskan Native Historical Trauma

Alcohol and Substance Abuse Treatment Data (Adults) January 1, 2006-June 5, 2009

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male 64%, Female 36%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Alcohol/Drug Problems for Adults evaluated at Dakotah Pride Treatment Center, Old Agency Village</td>
<td>61% Alcohol (317), 26% Alcohol and Drugs (130), 13% Other (61)</td>
</tr>
<tr>
<td>Reasons Adults Present for Evaluation at Dakotah Pride Center, Old Agency Village, SD</td>
<td>35% Court Ordered (166), 29% Self-interest (138), 18% DWI (83), 18% other (73)</td>
</tr>
<tr>
<td>Adults Waiting Charges, Trial, or Sentencing for Evaluation</td>
<td>No 59% (284) Yes 41% (197)</td>
</tr>
<tr>
<td>Adults Employed When Presenting for Evaluation</td>
<td>No 64% (326), Yes 36% (185)</td>
</tr>
<tr>
<td>Adults on Probation When Presenting for Evaluation</td>
<td>No 67% (340), Yes 33% (165)</td>
</tr>
</tbody>
</table>

Source: (Sisseton-Wahpeton Oyate Health Plan 2011-2015, 2010).

Data for Adolescents Presenting for Chemical Dependency Evaluations
(January 1-June 5, 2009)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Female 52% (70), Male 48% (64)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason Youth Presented for Evaluation</td>
<td>Court Ordered 66% (58), Other 40% (31)</td>
</tr>
<tr>
<td>Major Drug/Alcohol Problem for Adolescents</td>
<td>33% Alcohol &amp; Drug (42), 29% Alcohol (29), Other 29% (56)</td>
</tr>
<tr>
<td>Adolescents Awaiting Charges, Trial, or Sentencing when Presenting for Evaluation</td>
<td>33% Yes, 67% No</td>
</tr>
<tr>
<td>Adolescents Employed when Presenting for Evaluation</td>
<td>35% Yes (44), 65% No (83)</td>
</tr>
<tr>
<td>Adolescents on Probation When Presenting for Evaluation</td>
<td>59% Yes (73), 41% No, (50)</td>
</tr>
<tr>
<td>Adolescents on Parole When Presenting for Evaluation</td>
<td>1% Yes, (1), 99% No, (122)</td>
</tr>
<tr>
<td>Adolescents Presenting for Evaluation with Criminal Justice (Jail) History</td>
<td>15% Yes, (19), 85% No, (105)</td>
</tr>
</tbody>
</table>

Source: (Sisseton-Wahpeton Oyate Health Plan 2011-2015, 2010).

Definition of Historical Trauma

Historical Trauma is defined by Dr. Maria Yellow Horse Brave Heart as “A cumulative trauma, collective and compounding emotional psychic wounding, both over the life span and across generations” (Yellow Horse Brave Heart, 1998). Research has
shown that the literature on intergenerational transmission of posttraumatic stress disorder (PTSD) has emerged from research done with the victims of the Nazi Holocaust. It continues to detail that many of the dynamics of the Holocaust experience are similar to Historical Trauma. The difference is that the United States government and the world have not acknowledged the American Indian and Alaskan Native people in this hemisphere (Duran & Duran, 1995, p. 30).

Duran & Duran (2006) have identified historical trauma as the soul wound, “A profoundly spiritual trauma that has been visited upon them.” Duran & Duran continue to say that historical trauma, “The soul wound reflects a multitude of actions and policies of both the U.S. government and individuals that contributed in the number of Native Americans and the extreme contraction of native lands (Szlemko, Wood, & Thompson, 2006, p. 435-451).

*Historical trauma and context.* Research has stated that before Columbus arrived on the shores of the Western hemisphere, there were approximately 4.4 to 12.25 million indigenous people living in what is now called the United States. After about 400 years of colonization, the Native American population consisted of only 250,000 in 1900. The American Indian and Alaskan Native population recovered and there are currently about 4.1 million American Indian and Alaskan Natives living within the United States (Szlemko, Wood, & Thumper, 2006, p. 435-451).

Throughout history there have been a number of events that have impacted American Indian and Alaskan Native nations. These events included extermination, removal/relocation, containment, forced assimilation (first era-boarding schools), self-
government (first era-Indian Reorganization Act), forced assimilation again (termination and relocation), self-determination, and self-governance.

*Extermination.* During the extermination era, the belief was that “the only good Indian was a dead Indian” (Sanders, 2008, p. 205-213). During this extermination period the concept of manifest destiny was developed and implemented. Manifest destiny was the belief that “God willed Anglo-Saxons to develop North American continent as a laboratory to show the world that American could build a utopian society that fused capitalism, Protestantism, and democracy” (Sanders, 2008, p. 205-213). The types of policies that were developed by the United States during the extermination period were genocidal. Blankets were infested with small pox and were willfully given to the American Indian people as a gift of peace. American Indians did not have the immune system to fight such diseases as small pox, mumps, measles, and influenza. In addition, a bounty system was created in order to foster elimination of the “Indian problem.” A bounty was placed on dead American Indians which encouraged the killing of American Indians.” When the American Indian was killed the body was brought to a designated authority and the bounty was paid. If the body could not be brought in, then a part of the red skin or scalp was brought to be paid. The era of extermination was a very sad period of the American Indians and has had long lasting effects in the form of intergeneration posttraumatic stress disorder (Sanders, 2008, p. 205-213).

*American Indian removal, relocation, and containment.* The United States continued to practice extermination, but deciding that the American Indians needed to be physically removed and contained. The policy of the Indian Removal Act was implemented and hence the reservation system was established. The American Indian
tribes were forced to move onto these reservations, west of the Mississippi River in the Oklahoma territory. This removal was implemented through treaties that were coerced, to cede land, through wars, and through trickery. The Supreme Court in Worcester v. Georgia ruled that the Cherokee tribe was a sovereign nation and upheld the tribe’s homeland, but Andrew Jackson, President of the United States, claiming powerlessness, collaborated with state officials to take claim of the land. This was accomplished by using an illegal treaty which was not approved and ratified by all the people and military force was taken to remove the people of the Cherokee tribe. The result in which we call today as “The Trail of Tears” (Sanders, 2008, p. 205-213).

The Trail of Tears, in 1838 was the journey of the Cherokees, who were removed from their lands in the North Carolina region and were settled in Oklahoma. During this journey, approximately 8,000 of 17,000 Cherokees died during this journey due to disease, exposure, and inadequate medical care or food supplies (Sanders, 2008, p. 205-213).

*Forced assimilation-the first wave.* After the American Indians were removed from their homeland and forced on reservation’s, the federal government decided that the “Indian” should be removed so that the American Indian can become an individual of the American society. This was accomplished through several acts such as the Dawes Act and the Curtis Act, and through the American Indian Boarding School System. The Dawes and Curtis Act sought to make American Indians farmers through allocating land plots to American Indian males who were heads of the household. While under these Acts some American Indians were given the right to vote, restrictive laws controlling voting, such as literacy requirements and poll taxes, prohibited voting by American
Indians. While the Dawes Act involved voluntary participation by the American Indians, the Curtis Act mainly impacted American Indians in the southeast and was mandatory. The participants had to give up their status as “Indian.” This forced assimilation was detrimental to the American Indian children, families, and tribes. When implementing this forced assimilation children were taken by force, from the arms of their mothers, and shipped hundreds of miles away to boarding schools (Sanders, 2008, p. 205-213).

In order to force assimilation and acculturation upon American Indians to European American culture, the United States government established a policy of mandatory boarding schools for American Indian youth. The first off-reservation boarding school was established on November 1, 1878 when Captain Richard H. Pratt opened the Carlisle Indian School in an abandoned military post in Pennsylvania. The American Indian boarding schools ran from the late 1800’s to the mid 1900’s. As a part of historical trauma, American Indian children were taken from their families, forbidden to speak their native language, practice their religion, wear customary clothing, and forced to take on the Christian and European American cultural values (Szlemko, Wood, & Thumper, 2006, p. 435-451).

In 1887, Congress passed the Allotment Act, which states that in order for an American Indian to keep his land, he was forced to accept American citizenship. When an American Indian refused, he was left completely landless. The Allotment Act caused disruption to the traditional American Indian culture (Sanders, p. 205-13, 2008).

**Forced assimilation-the second wave.** Throughout, the 1950’s, the U.S. government made attempts to force the American Indian to assimilate into the European American culture. In 1953, one legislative act, the Concurrent Resolution 108,
commonly referred to as the Indian Termination Act was passed. Under the Act, many tribal nations had their trust relationship severed and were no longer considered to be Indian. The land was returned to the “states” tax base and divided by heads of the households (male) on a “fee to keep or sale” basis. Taxes were imposed on the land and because the American Indians had no education, jobs, or money, they lost their lands when they could not pay taxes (Sanders, 2008, p. 205-213). This forced American Indians to leave their homeland to go to metropolitan areas, with the United States understanding that they would not return to the reservation.

The states were suppose to provide housing, health care, education, job training, and much more but failed to meet their obligations. The American Indians found themselves to be in extreme limbo and were no longer recognized as Indians and not part of the dominant society. Assimilation, whether through termination or relocation, did not happen. American Indians were only harmed more by these policies. This is reflected in the life expectancy, infant mortality, teen suicide rates, substance abuse, health care problems, and poverty. This further deepened what the American Indian mental health professionals call the “soul wound” (Sanders, 2008, p. 205-213).

It was not until 1968 that the U.S. government affirmed that American Indians and Alaskan Natives were given the right to be identified as American citizens. This act became known as The American Indian Civil Rights Act (ICRA) of 1968. To further detail this act, ICRA states that tribal governments can exercise powers of self-governance. These include the free exercise of religion, speech, assembly, and the freedom to petition for redress of grievances. This also guaranteed tribal members “rights against abuse by their own tribal government.” This was the first time in U.S.
history that affirms “individual rights” specifically as American Indians or Alaskan Natives (Coyhis and Simonelli, 2008, p. 1927-1949).

Coyhis and Simonelli (2008) further detail that it was not until 1978 that the U.S. government allowed American Indian and Alaskan Natives to practice their right to exercise traditional religion. This act became known as The American Indian Religious Freedom Act of 1978. It states:

On and after August 11, 1978, it shall be the policy of the United States to protect and preserve for American Indians their inherent right of freedom to believe, express, and exercise traditional religions of the American Indian, Eskimo, Aleut, and Native Hawaiians, including but not limited to access to sites, use, and possession of sacred objects, and the freedom to worship through ceremonials and traditional rites (Coyhis and Simonelli, 2008, p. 1927-1949).

It was not until 1994 that The Peyote Amendment Act was passed. It stated that American Indians and Alaskan Natives can use the natural peyote cactus as one of the elements of traditional religions. Peyote is considered to be a sacred herb used for ceremonial purposes (Coyhis and Simonelli, 2008, p.1927-1949).

Sterilization of American Indian Women

I had been sterilized at the age of eleven at the IHS (Indian Health Service) hospital here in the early 1950’s. I got married in the 1960’s and I went to the doctor and he told me that I had a partial hysterectomy. When I was a child they were giving us vaccinations and mine got infected and a nurse came and gave me some kind of shot so I wouldn’t
hurt. When I woke up my stomach was hurting and I was bleeding
(Woman speaking on the radio show “Native Calling”) (Carpio, 2004, p.
40-53).

The story of this woman identifies many stories of American Indian women who
were sterilized by the Indian Health Service (IHS) going back as far as the 1950’s.
Neither this woman nor her parents consented to the sterilization procedure. Although
voluntary sterilization is a popular, safe, and reliable form of birth control for many
women, this procedure is considered abuse towards American Indian women (Carpio,

Poupart (2002) discusses the devastating impact of Western Europeans and the
need to have domination over the American Indian and Alaskan Native population. In
which created injustices towards this population. The stories of the American Indian and
Alaskan Native women, who were sterilized without their consent is another part of
genocidal behavior by the U.S. government. In this case, it was through the Indian
Health Service (IHS) (Carpio, 2004, p. 40-53).

Myla Vincenti Carpio (2004) states that the sterilization abuse that occurred to
American Indian and Alaskan Native women has silenced them with fear and shame.
Carpio continues to say that the American Indian and Alaskan women also did not speak
out because of the fear of losing services with the Indian Health Service (IHS). Further
research also stated that governmental bodies that were commissioned to investigate
these accusations of sterilization abuse have refused to interview these sterilized women
One of the main individuals who pushed an investigation was Dr. Connie Uri, a Choctaw Indian physician. Dr. Uri had noticed in the hospital records that a large amount of sterilization surgeries had been performed. Dr. Uri conducted her own investigation and her own interviews with American Indian women who had been sterilized. Dr. Uri continued to say these women who were sterilized were performed when these women were in child bearing age. Dr. Uri also stated that these sterilization procedures occurred one to two days after the women gave birth. Dr. Uri commented that “In normal medical practice, hysterectomies are rare in women of child bearing age unless there is cancer or other medical problems” (Akiwesasne Notes, 1974) (Carpio, 2004, p. 40-53).

In 1976, the General Accounting Office (GAO) investigated a request by Senator James Abourezk of South Dakota on the allegations of sterilization of abuse. The GAO investigated four of the 12 areas serviced by the Indian Health Service. These areas were located in Aberdeen, South Dakota, Albuquerque, New Mexico, Oklahoma City, and Phoenix, Arizona. These areas had a high population of American Indians. Through the three year investigation (1973-1976), the GAO examined 3,406 cases of American Indian women who were sterilized. They continued to say that in 1973, 857 sterilizations were performed, 886 done in 1974, 901 in 1975, and 762 in 1976. Of total sterilizations, 3001 were completed during childbearing ages (15-44) and 1,024 (30%) were sterilized at contract health facilities. These health care facilities provided additional health care services that Indian Health Services lacked (Carpio, 2004, p. 40-53).

Carpio continues to say that the report was released on November 23, 1976. The report found “no evidence” of the Indian Health Service (IHS) sterilizing American
Indian women without a patient consent form on file. In 1976, the General Accounting Office (GAO) report focused on “allegations concerning Indian Health Service” and investigated the charge of sterilization abuse. Nothing was confirmed through this investigation. Only that revised procedures and requirements of sterilization were recommended (Carpio, 2004, p. 40-53).

The United States government filters money through agencies such as U.S. Agency for International Development, the Rockefeller Foundation, and the Ford Foundation for population control programs. Research has shown that these agencies were responsible for the sterilization of men and women in regions such as Puerto Rico, Brazil, Guatemala, to name a few. Research also continues to say this abuse still continues today. Giago, (2000), says “More than 20 years since testimony against the practice at the United Nations, Indigenous women in Mexico and other Latin American nations are still routinely sterilized without their consent” (Carpio, 2004, p. 40-53).

*Carlisle Indian School.* The Carlisle Indian School was established in 1879 by Captain Richard H. Pratt. Pratt was an Army Captain and not an educator. With the opening of the Carlisle Indian School, it allowed Pratt to resign his military duties and to practice his ideas about educating American Indians. Pratt believed that boarding schools should be located off the reservation and far away from the reservation. He believed that when this was put into place, the American Indian children would not run away from the boarding school and it would be much more difficult for the children to return to their reservation in the summer time. He also believed that the efforts to assimilate the American Indian children would be reversed when they returned home in the summer (Smith, 2006, p. 5-21).
The explicit long-term goal of schooling was, by working through the children to exterminate the American Indian culture and replace it with disciplines, habits, language, religion and practices of the dominant culture. Pratt articulated a system of cultural extinction by stating that: “The Indian must die as an Indian and live as a man.” Another one of Pratt’s emblems states “To civilize the Indian; get him into civilization. To keep him civilized; let him stay” (Margolis, 2004, p. 72-96).

Research stated that Pratt was actually “one of the friends to Indians.” Some of the officials of the United States government advocated with the determination to exterminate the Native American people. Even though that Pratt was a friend to the Indians, he advocated cultural rather than physical genocide. At that time, Carl Schurz, former commissioner of Indian Affairs stated either “exterminate or civilize the Indians.” Henry Pancoast, a Philadelphia lawyer, stated “we must either butcher them or civilize them, and what we do we must do quickly” (Smith, 2006, p. 5-21). Research also states that the boarding schools were established to advance the policy of assimilation. Followed by another slogan “kill the Indian: Save the man” (Mooradian, Cross, and Stutzky, 2006, p. 81-101).

The Carlisle Indian School was a model of 26 boarding schools across the country by the federal government by 1902. It is reported that by 1909, there had been 25 off-reservation boarding schools and 157 on-reservation boarding schools, and they operated 307 days out of the year. Research has shown that there were 100,000 American Indian children forced to attend these schools (Smith, 2006, p. 5-21). American Indian boarding schools were “industrial schools” with the goal of teaching American Indian children to develop skills to make them economically self-efficient. Carlisle reported producing
8,929 tin products, including cups, coffee boilers, pans, pails and funnels. Schools also operated shops for wagon building, harness making, shoemaking, carpentry; tailoring, painting and many of the schools had farms (Margolis, 2004, p. 72-96).

Pratt developed a system of assimilation and acculturation by taking children far away from the reservation so that the children had no contact with family. Parents were discouraged from visiting and in some cases children were not allowed to go home in the summer. When the children were attending the boarding school the American Indian children were forced to wear military uniforms and march like they were in the military. The children had no choices and if they disobeyed this meant a harsh punishment by being beat.

When the American Indian and Alaskan Native children were brought to the boarding school, they were forced to cut their hair. In some American Indian and Alaskan Native populations, the cutting of the hair is a symbolism of the individual mourning for a family member. In another research conducted it stated that cutting of one’s hair is identified as a loss of oneself (Yellow Horse Brave Heart, 1998, p. 287-305). The American Indian and Alaskan Native children were forbidden to speak their native language. The children were also forced to spy on another and to turn on one another by the administrators and teachers (Margolis, 2004, p.72-96). American Indian and Alaskan Native children in these boarding schools were sometimes forced violence on one another. Gang warfare between tribes, the “belt lines” boys had to run, and the sadism of dormitory advisors or “disciplinarians” (Archuleta, Child, Lomawaima, 2000, p. 42).

The students were taught that the American Indian and Alaskan Native culture and their way of life were savage and inferior to the dominant culture. The students were
American Indian and Alaskan Native Historical Trauma  27
told that Indian people who retained their culture were stupid, dirty, and backwards. The
American Indian and Alaskan Native children that quickly became retained to the
dominant culture were called “good Indians.” Those children who didn’t were called
“bad Indians” (Margolis, 2004, p.72-96).

At the same time reformers believed that assimilation and off-reservation
boarding schools were the lesser of two evils. They were a better policy than
extermination, getting rid of American Indians and Alaskan Natives by shooting them or
starving them to death.

The American Indians and Alaskan Natives have endured tremendous pain
through the boarding school era. In 1978, the Indian Child Welfare Act (ICWA) was
passed by the federal government. This Indian Child Welfare Act (ICWA) gave tribal
nations authority over the removal or adoption of Indian children in an effort to preserve
Indian families and culture (Sanders, 2003, p. 205-213).

American Indian Schools were key components in the process of cultural
genocide against American Indian and Alaskan Native culture, and were designed to
physically, ideologically, and emotionally remove Indian children from their families,
homes and tribal affiliations. From the moment students arrived at the school, they could
not be “Indian” in any way-culturally, artistically, spiritually, or linguistically (Archuleta,

When you first started attending school, they looked at you, guessed how
old you were, set your birthday, and gave you an age. Then they’d assign
you a Christian name. Mine turned out be to Fred. Fred Kabotie, Hopi,

In the eyes of American Indian and Alaskan Native families, children away at boarding schools faced risks to their health. One of the dangers was disease, especially trachoma, influenza, and tuberculosis. The second risk was homesickness, which deeply affected the children’s mind and spirit. A third risk which affected the children at boarding schools was the violence that occurred. This violence entailed physical, emotional, neglect, and sexual abuse (Archuleta, Child, Lomawaima, 2000, p. 38).

Intimidation and fear were very much present in our daily lives. For instance, we would cower from the abusive disciplinary practices of some superiors, such as the one who yanked my cousin’s ear hard enough to tear it. After a nine year-old girl was raped in our dormitory bed during the night; we girls would be so scared that we would jump into each other’s bed as soon as the lights went out. The sustained terror in our hearts further tested our endurance, as it was better to suffer with a full bladder and be safe than to walk through the dark, seemingly endless hallway to the bathroom. When we were older, we girls anguished each time we entered the classroom of a certain male teacher who stalked and molested girls (Archuleta, Child, Lomawaima, 2000, p. 43).

In the eyes of another:

It always seemed like every time I wanted to talk about this sexual abuse, it seemed like nobody wanted to listen…It hurts, it really hurts! It’s a tough thing to have to live with. I want to put out in the open, to talk
about it, ‘cause I want to deal with it, I need to deal with it…I was really scared to come out into this world because of the way I felt, a lot of shame (Ehattesaht, Nuu-Chah-Nulth Tribal Conference, 1996) (Archuleta, Child, & Lomawaima, 2000, p. 43).

**Intergenerational Trauma: The Soul Wound**

In recent decades, historical psychological distress among American Indians has been discussed. Recently, there has been an increased focus on the “historical trauma,” and “historical grief” among researchers, clinicians, and traditional healers with American Indians. This was led by the work of Dr. Maria Yellow Horse Brave Heart and colleagues. In studies there is a grass root movement on reservations as well as urban areas that are populated with American Indians. This movement seeks to understand the long and lasting effects of historical and intergenerational trauma. This movement looks at the psychological effects of trauma that goes back as far as 400 years of genocide, “ethnic cleansing,” and forced acculturation (Whitbeck et al, 2004, p. 119-130).

Intergenerational trauma is identified as “responses to trauma manifested psychologically as unresolved grief across generations.” In the spiritual realm of the American Indian people, historical and intergenerational trauma is referred to as “wounding of the soul.” Contact with Europeans, postcolonial contact, has caused intergeneration stress and historical trauma among American Indians stemming across generation to generation. It continues to say that intergenerational trauma is associated with the reaction to massive generational group trauma such has been identified for Jewish Holocaust descendants (Struthers & Lowe, 2003, p. 257-272).
Duran (2006) states that the concept of intergenerational trauma and the effects is receiving great attention: from health providers, academics and community members. He continues to say that the concept of historical trauma has only been known as a theory in the Western systems. Further, the reality of historical trauma is an existence among the American Indian and Alaskan Native communities. Duran continues to say that “when trauma is not dealt with in previous generations, it has to be dealt with in subsequent generations” (Duran, 2006, p.16).

Violence among American Indian and Alaskan Natives

Research has shown that the cause of violence and domestic violence within the American Indian and Alaskan Natives is caused by the effects of historical and intergenerational trauma. These effects are also intertwined with the high poverty level, alcohol and drugs, and rural isolation. Jones (2008) states that trauma has been transmitted across generations as a result of historic mistreatment and oppression of American Indians by the dominant culture. Genocide, racism, forced removal from ancestral lands, and removal of children from home was all part of this legacy (Jones, 2008, p. 113-118).

Domestic violence among American Indian and Alaskan Natives has drawn concern nation-wide by policy makers, health care professionals, and the providers of social services. It is important to state that domestic violence, family violence, and violence within the American Indian and Alaskan Native community is a serious problem.

Most recently, a study done with 347 Navajo women, 52% of the sample reported at least one episode of domestic violence occurred in her life. Sixteen percent reported domestic violence within the last 12 months. In another study done with Southwestern
American Indians, 91% of women reported they were victims of domestic violence, with one third reporting the violence in a 12 month period. This data in both studies suggest that domestic violence is more likely to occur in the American Indian population than it is found in the general population (Jones, 2008, p. 113-118).

Concept of Mental Illness

The concept of mental illness among some American Indian populations is viewed as a form of super-natural possession, an imbalance and disharmony with the inner and natural forces of the world, and an expression of a special gift. Some American Indian and Alaskan Native populations believe that there was no concept of mental illness in the culture. Eduardo Duran states that culture is part of the soul. “As human beings, we are all part of a culture and not separate from it” (Duran, Firehammer, and Gonzales, 2008, p. 288-295).

American Indian and Alaskan Native communities have strong ties with tribal members and a strong group cohesion in particular times of crisis. American Indian and Alaskan Natives have many concerns when it comes to psychological concepts like “mental health,” “personality,” and “self” because of the absence of naturalistic or holistic approaches to therapeutic processes. In the Lakota Sioux language, “mental health” translates into “ta-un” (being in a state of well-being). In the Hopi culture, a person in a state of well-being is peaceful and exudes strength through self-control and adherence. To go even further, it is universal in the American Indian and Alaskan Native values of wisdom, intelligence, poise, tranquility, cooperation, unselfishness, responsibility, kindness, and protectiveness towards all life (LaFromboise, 1988, p. 388-397).
In 1898, Congress passed a bill creating the first and only institution for insane Indians in the United States. The concept of mental illness was forced on the Northern Plains Indians in which the only Indian insane asylum, “The Hiawatha Asylum for Insane Indians” opened their doors in 1903 located in Canton, SD. The insane asylum housed more than 350 American Indians from across North America. The gravesite of 121 American Indian patients of the Hiawatha Insane Asylum is located on a golf course which previously was the land of the asylum. There are documents stating that American Indians were confined at the asylum because they fought with the dominant culture and that there was no mental illness. In 1933, The Bureau of Indian affairs conducted an investigation and determined that a large number of patients had no signs of mental illness (LaFromboise, 1988, p. 388-397).

**Effects of Historical Trauma**

The symptoms resulting from historical trauma are numerous and affect the psychological, social, economical, intellectual, political, physical, and spiritual realms of the American Indian and Alaskan Native population. High rates of substance abuse, depression, suicide, and overeating are some of the effects of historical and intergenerational trauma. Social concerns resulting from historical and intergenerational trauma include poverty, crime, low rates of American Indian and Alaskan Native youth completing high school or any other form of education, high rates of homicide, accidental deaths, and child, domestic, emotional, and mental abuse. Effects of historical trauma on the physical side include hypertension, heart disease, diabetes, and cirrhosis. Currently, the American Indian and Alaskan Native population has the highest rates of diabetes.
Bullock also reports that diabetes can be viewed as a slow death for the American Indian and Alaskan Native population (Struthers & Lowe, 2003, p. 257-272).

American Indian and Alaskan Natives experience higher rates of trauma events than the general United States population. Research has established that American Indian and Alaskan Native children with a history of trauma are more prone to alcohol and drug usage as adults. This research continues to say that 81% of American Indian and Alaskan Native adults reported to having experienced at least one traumatic event in their life (Boyd-Ball, Spero, Noonan, Beals, 2006, p. 937-947).

LaFromboise (1988) stated that American Indians and Alaskan Natives experienced higher rates of mental health disorders associated with social stress. LaFromboise continues to say that mental health disorders vary tremendously from tribe to tribe and by age within American Indian and Alaskan Native communities. In 1988, LaFromboise also stated that American Indians and Alaskan Natives have been characterized as “aliens in their own land” for the past 100 years. Research continues to say because of forced acculturation to urban living, it increases individual chances of developing “psychological problems” (LaFromboise, 1988, p. 388-397).

The Native American Medicine Wheel

The Medicine wheel is a concept from the plains tribes of North America. The Medicine Wheel is one way of expressing the principles, laws, and values of other tribal peoples know in their own ways. The Medicine wheel teaches the cycle of life – baby, youth, adult, and elder-and the seasons- spring, summer, fall, and winter- and the four directions-north, south, east and west. It also teaches the four directions of human growth-emotional, mental, physical, and spiritual, as well as four aspects of human
The Medicine wheel is physically configured as a circle that is made up of four quadrants. However, it is also a process (healing), a ceremony (sweats, sharing circles), and teachings (a code of living). The Medicine Wheel is the way of understanding, centering and balance. The Medicine Wheel also has the directions of east, south, west, and north as guides embedded in it. The Medicine Wheel is a connection to the four directions which includes the spirit (east), body (south), emotions (west) and the mind (north). The Medicine Wheel is also connected to the conditions of life as determining (spirit), giving (emotions), holding (body) and receiving (mind). By keeping the conditions at the appropriate positioning on the Medicine Wheel an American Indian finds balance and harmony. Mixing the conditions causes discord and imbalance, while the inner dialogue helps to keep a person centered (McCabe, 2007, p. 148-160).

Within the American Indian culture, it is important to state that there is a wide variety of physical appearances of the Medicine Wheel. The wheels are all divided into four distinct areas; the quadrants may represent the four grandfathers, the four winds, the four cardinal directions, and many other relationships that can be expressed in sets of four. The number four is very important in the American Indian culture (Roberts et al., 1998, p. 135-145).

The Medicine Wheel philosophy is viewed that each human being is made up of an integration of the mind, body, emotions, and spirit. The Medicine Wheel philosophy of life is important to the inner dialogue because it identifies and describes the parts of the human make-up and shows how they are connected. It is also a framework of
understanding the interconnectedness of the mind, body, emotions and spirit. It also has great importance in terms of redressing the damaged self-concept that American Indian people have adopted due to colonization and oppression by providing, organizing, and guiding people and communities to live good lives (McCabe, 2007, p.148-160).

American Indian traditionalists teach that the Medicine Wheel is a system created by the Creator and involves interconnectedness. Situations of interconnectedness are always taking place in interdependent, interrelated, and are always joined. An example would be; an interconnectedness teaching that has guided many American Indian people in their search for recovery and healing says, “The honor of one is the honor of all, and pain is of one is the pain of all.” It also teaches that “good things usually come from teams of people working in collaboration with one another.” The honor belongs to the larger group rather individually (Coyhis & Simonelli, 2008, p.1927-1949).

The Medicine Wheel further teaches that the system the Creator put into place is a polarity-based system. This means that we always find plusses and minuses, ups and downs, man-woman, boy-girl, here-there, good-bad and other expressions. For human beings, the polarity-based system is brought into balance by living in harmony with the principles, laws, and values that are the root of all life. When an American Indian goes out of balance, the natural laws with let him or her know through feedback in some form of tension, anxiety, or stress. The important message is that the American Indian must come back into balance (Coyhis & Simonelli, 2008, p.1927-1949).

Coyhis and Simonelli (2008) state that both the Medicine Wheel and American Indian elders teach that there is a “seen” and an “unseen” world that govern American Indian lives. The “seen” world refers to the physical world that human beings live in.
The “unseen” world is referring to the spiritual world. American Indian elders teach that humans need to pay attention to both for our societies to remain in balance (Coyhis & Simonelli, 2008, p. 1927-1949).

*The American Indian Culture and Adlerian Psychology*

There continues to be a growing need for more American Indian counselors but also for counseling theories that are unique to the American Indian culture. American Indians are being encouraged to pursue graduate education in the mental health field. American Indian counselors are also confronted with having to choose what type of psychological theory that helps to understand their own development as well as the development of the American Indian community. In today’s modern society, counseling theories have mainly evolved from research that concentrated on predominantly on the dominant middle-class subjects. It is also declared that “the process of integrating American Indian culture with professional practice is an ethical duty” (Roberts et al., 1998, p. 135-145).

*Common Themes*

*Holism (Center) in American Indian culture and Adlerian psychology.* Roberts, Harper, Tuttle-Eagle Bull, & Heideman-Provost state that the American Indian concept of the Medicine Wheel provides a model for looking at the elements of the American Indian culture to Adlerian psychology. The Medicine Wheel is a crucial element of the American Indian culture. They continue to describe that the Medicine Wheel is the essence of the American Indian way of life, a key to understanding the universe; it serves as a way in which individuals achieve wholeness. The Medicine Wheel provides a framework of growth and direction in “one’s life” (Roberts et al., 135-145, 1998).
Adlerian psychology shares the same concept of holism with the American Indian Medicine Wheel. In an Adlerian perspective, holism is understood to be an attempt at understanding the complexity of life free of dualistic, either or thinking that there is “either” a right “or” wrong answer. Further, it is when the whole person is functioning cooperatively toward the betterment of the whole community that his or her interests are most likely to be served (Roberts et al., 1998, p. 135-145).

According to Adler, “individual psychology is indivisible.” Adler continues to say that “to understand the individual, one must explore the whole person, including thoughts, actions and feelings.” In regards, this means to study the whole person, holism (Roberts et al., 1998, p. 135-145).

*Lakota Sioux perspective on holism.* The key concept of American Indian philosophy is holism, and one of the most important symbols is the circle or hoop of life. The famous Sioux Medicine man Black Elk says:

> You have noticed that everything that an Indian does is in a circle, and that is because the Power of the world always works in circles, and everything tries to be round. In the old ways when were strong and happy people, all our power come to us from the sacred hoop of the nation, and so long as the hoop was unbroken, the people flourished (Heinrich, Corbine, Thomas, 1990, p. 128-133).

*The East; social embeddedness.* Social embeddedness, social feeling, and social interest are all key concepts of Adlerian theory. In the Adlerian concept of social interest, one sees their lifestyle as either “useful” or “useless.” In the Medicine Wheel concept, the east signifies the sense of belonging within the American Indian community.
It “represents connectiveness because wisdom and illumination lead us to come and know our relationships and our place within our people.” Roberts, Harper, Tuttle-Eagle Bull, & Provost suggest that the concept of social embeddedness is so strong that it should be the goal of therapy. LaFromboise (1990) stated that from a traditional Native healing perspective, “encourage the client to transcend the ego by experiencing self as embedded in and expressive community.” One of the similarities that is shared amongst American Indian tribes and Alaskan Natives is a soft spoken approach to interacting with others; a manner born out of a value that “all belong to one another and should be treated accordingly” (Roberts et al., 1998, p. 135-145).

Research continues to state that both American Indians and the Adlerians view the family context as important; however, it is also important to state that these views may be understood differently in each group. For the American Indian and Alaskan Native community, family is extended to near and distant relatives, neighbors, and friends. Further, an American Indian and Alaskan Native counselor would understand that birth order and family constellation exist within a broader community context.

In Adlerian psychology, a lifestyle is referred to as the “rules of rules” for an individual. Furthermore, the lifestyle is not merely a collection of instinctual of rules; it is the organization of all rules into pattern which dominates only the rules but all coping activity (Shulman & Mosak, 1995, p.3). An American Indian lifestyle analysis would utilize multiple means (verbal stories from elders) and sources (spiritually significant events or visions). As one might expect, this emphasis may lead to conclusions that may be seen different in an Adlerian perspective.
The West: lifestyle. In Adlerian theory, “understanding the individual requires understanding his or her cognitive organization and lifestyle.” In an Adlerian perspective, lifestyle refers to an “individual’s orientation to life and the themes that characterize the individual’s existence.” Adler stated, “We must be able to see with his eyes and listen with his ears.” In another Adlerian perspective, lifestyle is influenced by family and others, by the person’s view of self, and by the world, as well as the behaviors used to pursue goals. Further, a “lifestyle,” is neither right or wrong and normal or abnormal, but merely the spectacles through which people view themselves in relationship to the ways in which they perceive life (Roberts et al., 1998, p. 135-145).

With the Medicine Wheel perspective, American Indians share the same view as Adler that to understand someone you must first understand how that person sees the world. This part of the Medicine Wheel incorporates individual ways of organizing personal experience. It also includes the Adlerian concept of personal meaning. The east also associates feelings of uniqueness, being special, and respecting differences, which are similar concepts of Adler’s idea of lifestyle (Roberts et al., 1998, p. 135-145).

The North: goal orientation. Adlerian psychology states that people strive toward goals that will give him or her a sense of belonging, security, and self esteem. As Adler stated, “the life of the human soul is not a “being” but a “becoming.” In the study of Adlerian Individual Psychology, it states that people select a meaningful goal that serves to guide his or her behavior (Roberts et al., 1998, p. 135-145).

With the Medicine Wheel concept, the north can represent models that refer to values and goals that give direction in life. The north direction is associated with vision or potential. In the concept of fictional finalism, the American Indian idea of vision
becomes the psychological context for understanding the individual’s way of living. The Medicine Wheel concept reflects human potential and is derived from quests, teachings, and community elders. This concept has described this as a picture of what American Indians become, a vision that directs the individual toward useful goals (Roberts et al., 1998, p. 135-145).

The South: striving for mastery; life tasks. Adlerian psychology says that all humans strive to overcome obstacles and compensate feeling of inferiority. Life presents challenges to overcome in the face of certain tasks. Adlerian Individual Psychology defines these tasks as society (getting along), work (cooperative achievement), sex (relating to the opposite gender), spirituality (relating to the universe), and the self (relating to one’s own identity). Mosak has stated that these tasks require courage, are unavoidable, and involve risk-taking behavior in order to master them (Roberts et al., 1998, p. 135-145).

The American Indian culture says that the south direction can both represent the source and means by which to grow; it signifies “what I do well.” In the traditional American Indian community, the extended family is involved in child rearing. American Indian elders pass on the values and teachers through stories and other means. This part of the American Indian culture serves to develop a sense of competence in the tasks of cognitive, physical, social, and spiritual grown among young people in the tribe. In the traditional American Indian community, children are considered spiritually pure and are allowed to explore with little parental constraint. The purpose is that through this process, the children will learn self-management, the ability to make choices, and to solve problems (Roberts et al., 1998, p. 135-145).
The traditional American Indian spiritual orientation is sometimes referred to as “The Good Red Road.” This approach varies in the many different tribes located in the United States. The Medicine Wheel concept teaches that there are useful and useless paths one can choose to follow in becoming competent. “The Good Red Road” represents the useful path that creates and builds community, values traditional teachings, and avoids the pitfalls of modern life (alcohol abuse, etc.). The difference between American Indian culture and Adlerian Psychology is that spirituality was later adapted as a part of the tasks. American Indian spirituality has always been a central part of the culture. Further, “The Good Red Road” identifies what Adlerians would call useful behavior (Roberts et al., 1998, p. 135-145).

Adlerian Individual Psychology states that people develop mistaken ideas about finding mastery of the five life tasks. Mosak stated:

If my feeling of mastery derives from my observation and conviction that life and people are hostile and I am inferior, I may divorce myself from the direct solution of life’s problems and strive for personal superiority through over compensation, wearing a mask, withdrawal, attempting only safe tasks where the outcome promises to be successful, and other devices for protecting my self-esteem. This represents risk-less behavior, a hesitating attitude toward life (Roberts et al., 1998, p. 135-145).

American Indians believe that people’s beliefs about finding mastery can have a major influence on their lives. The eight lies of Iktumi (trickster) indicate that irrational beliefs can rob a person of happiness:
If only I was famous, then I’d be happy,” “If only I was rich, then I’d be happy,” “If only I could find the right person to marry, then I’d be happy,” “If only I was more attractive, then I’d be happy,” “If only I wasn’t physically handicapped in any way, then I’d be happy,” “If only someone close to me hadn’t died, then I’d be happy,” and “If only the world was a better place, then I’d be happy (Roberts et al., 1998, p. 135-145).

The Medicine Wheel, with its lessons and representations of the four seasons, speaks that change is inevitability and the ultimate need for balance. Having the courage to address the need for change in order to achieve happiness is the primary lesson of the Medicine Wheel. As Lafromboise stated:

Many American Indians attribute their psychological or physical problems to human weakness and the propensity to avoid the personal discipline necessary for the maintenance of cultural values and community respect (Roberts et al., 1998, p. 135-145).

As I looked and wept, I saw that here stood on the north side of the starving camp a Sacred man who was painted red all over his body and he held a spear as walked into the center of his people, and there he laid down and rolled. And when he got up it was a fat bison standing there, and where the bison stood a Sacred herb sprang up right where the tree had been in the center of the nation’s hoop. The herb grew and bore four blossoms on a single stem while I was looking-a blue, a white, a scarlet,
and a yellow-and the bright rays of these flashed to the heavens, Black Elk

(Duran & Duran, 1995, p.3).

To Black Elk and the American Indians, this vision symbolizes the restoration of the nations’ hoop and the coming together of all nations in a harmonious manner. Black Elk believed that the nations’ hoop would be restored within seven generations. American Indians believe that we are presently in the time of the restoration of the hoop (Duran & Duran, 1995, p.4).
Common Themes between Adlerian Psychology and The American Indian Medicine Wheel

Wellbeing
Balance
Harmony

Models/Visions
• Values
• Potential
• Vision Quest

Teleology/Goals
• Striving towards goals
• Creative power
• Fictional finalism

Social Embeddedness
• Social Fairness

Connectiveness
• Belonging

Life tasks
• Mistaken beliefs
• Compensation
• Striving for mastery

Power
• Mistaken Ideas
• Spirituality
• Self Management
• Competence

Life Style
• Orientation to Life
• Personal Meaning

Uniqueness
• Individual Differences

N
W
E
S
Traditional American Indian Healing Practices

The Native people have received deep, grievous wounds. Many lost their entire families. Whole villages are gone. The wound is inherited from the generations before and the poison has spread. We need a plant that will go deep into the wound, drawing out the poisons. Walter Austin, Tlingit Elder (Morgan & Freeman, 2009, p.84-98).

Mehl-Madrona (1997), an American Indian physician stated, “All illness is an illness of the spirit that manifests itself in the body, mind, and emotions, and we all within our souls the capacity to heal ourselves.” Not only research has stated but also within the American Indian community, “people traditionally hold a relational worldview. This view means that the physical, mental (cognitive), emotional, and spiritual dimensions of a person are always perceived as one, and largely considered inseparable; the mind-body split of Western thought is not present in American Indian and Alaskan Native thought. The American Indian and Alaskan Native culture is holistic in nature. Cross (1997) states that American Indian and Alaskan Native people “traditionally hold a relational worldview.” Wellness, in all four dimensions with the addition of social/contextual influences is actually a balance and harmony between intrapersonal, interpersonal, and extra-personal environments (Yurkovich & Lattergrass, 2008, p. 437-59).

American Indian and Alaskan Native traditional healing practices, encourage the people to return to balance and harmony. This includes healing mentally, physically, emotionally and spiritually. An American Indian and Alaskan Native who practices the traditional way are considered to be a traditional person. “The traditional person seeks to live through the culture, spirituality, and life-ways of his or her own tribal tradition much as the ancestors might, modified, of course, by modern life” (Coyhis & Simonelli, 2008, p. 1927-1949).
American Indian and Alaskan Native traditional practices include smudging with sage, cedar, and sweet grass, as well as speaking prayers in one’s traditional tribal language. American Indian and Alaskan Native traditional healing practices also includes ceremonies which consist of the sacred pipe, the sweat lodge, vision quest, tobacco offerings, the Hoop ceremony, the sun dance and other traditional practices that are sacred to an individual tribe. American Indian and Alaskan Native traditionalists believe that when these ceremonial practices occur it shifts a person into the heart center, which is an attribute to the unseen world (Coyhis & Simonelli, 2008, p. 1927-1949).

The vision quest within the American Indian and Alaskan Native culture happens when an individual is seeking a spiritual power. The sun dance is one of the most important, solemn, and inspiring rituals of the prairie tribes west of the Missouri. Sun dance is the Sioux name; the Cheyenne calls the new-life lodge, while for the Ponca it is the mystery dance. Closely related to the sun dance was the Okapi ceremony of the Mandan’s (Erdoes & Ortiz, 1984, p.33).

The sun dance takes place once a year at the height of the summer. It lasts four days-longer, if the elaborate preparations are taken into account. In the plains tribe (Sioux), the ritual consists of “piercing” of the dancers; the passing of sharpened skewers through the flesh of men’s chest and the performance of other kinds of torture. This type of practice is still used today at sun dance ceremonies. In other tribes the ritual involves fasting and “looking at the sun” throughout four long days. The most extreme form of self-torture occurred during the Okapi ceremony of the Mandan’s. Dancers suffered—“they gave their flesh so that the people might live.” They underwent piercing in obedience to a vow, or help a sick relative recover, or to bring a beloved son unhurt from the warpath (Erdoes & Ortiz, 1984, p.33).
The sun dance is a celebration of the renewal of all life, “to make the grass grow and the buffalo and the people increase and thrive.” It was the one occasion when all the small hunting bands of a tribe came together, a time for old friends to talk and for young men to find wives. In present day, the sun dance is still practiced among the plains Indians.

In most American Indian and Alaskan Native nations and communities, all believe that the power of healing comes from a spiritual source and is given to the people. It is easy to see that healing is viewed as a gift and that it must be shared, it becomes empowering and helps to move others to their powers. Traditional healing seeks to help make thing whole again-the people, the culture, and the community. Brave Heart & DeBruyn, 1998 state that “Community healing along with individual and family healing are necessary to thoroughly address historical unresolved grief and its present manifestations” (White & Sanders, 2008, p. 365-395).

*The American Indian Talking Circle*

The “talking circle” can be used in many different settings and for many purposes. The talking circle is intended to call in each individual’s “spirit helpers.” Morgan & Freeman state that the “spirit helpers” are specific to the individual’s beliefs that assist them in ventilating concerns, negative thoughts, thereby cleansing themselves. In the talking circle everyone is equal. Morgan & Freeman further state that the talking circle is a major tool in the developing of spiritual, mental and physical strength in American Indians and Alaskan Natives who are overcoming disparities within themselves (White & Sanders, 2008, p. 365-395).

One of the basic requirements to lead a circle is for the leader to have position of respect in the community and not to be in a power of control within the circle. The leader will assume the same position as others in the circle and will reveal in the same manner of comfort and trust. Morgan and Freeman (2008) encourages that the individual who is the leader in the circle should
not be a “wounded healer.” This means that leader should have resolved his or her own self issues that may affect the outcome of the circle (White & Sanders, 2008, p. 365-395).

Elders within the American Indian and Alaskan Native community teach that the traditional values of the talking circle; “allows the people to listen and experience the feelings of others without interruption.” The talking circle is almost always opened with the participants smudging themselves with sage or sweet grass. This exercise helps the individuals to cleanse themselves as the smoke makes contact. After the smudging exercise, the group leader or elder “talks to the people.” He or she, like other participants, do not talk to anyone specifically, but shares their innermost feelings in an honest way. No one is expected to reply to anyone else, or to talk to others. What is said in the group is respected. The leader of the group will begin either holding some form of object which may include a stick, eagle feather or any other significant object that is brought into the talking circle. The requirement is that there be no interruptions and when an American Indian and Alaskan Native individual are done talking the object is passed to the next person in the group. This is also the decision of the group to decide if it is going to be an open or closed circle. Meaning that confidentially must be exercised or if everyone is agreed to talk to each other after the circle is closed. Everyone is given the opportunity to express him or herself (White & Sanders, 2008, p. 365-395). This type of Native American traditional exercise within a clinical perspective can refer to as group therapy. Not only is this practice used within the American Indian and Alaskan Native community, it can also be practiced when doing family therapy.

American Indian and Alaskan Natives have relied on the oral tradition of story-telling for centuries. These stories told by American Indian and Alaskan Natives were used to teach, to provide guidance and direction to tribal members, to maintain tribal stories, legends, customs and
values, to keep an accurate accounting of the tribe’s life cycle and history, and to shape the future of the tribe. These story-telling practices are practiced differently in the various American Indian and Alaskan Native cultures.

*Types of Western Treatment*

Even though the rates of alcoholism, suicide, physical, emotional, mental abuse, posttraumatic stress disorder (PTSD), diabetes and other related diseases, American Indian and Alaskan Natives are taking the reins to heal themselves.

Bryant-Davis & Ocampo (2008) have identified some general therapeutic strategies for clinical work with survivors of trauma. Though they do not specifically state that these therapeutic strategies work for American Indian and Alaskan Natives is it possible that they can be beneficial. These strategies include cognitive-behavioral therapy, Eye Movement Desensitization and Reprocessing (EMDR), exposure therapy, feminist psychodynamic therapy, movement therapy, story-telling, spiritual development, identity work, drawing, reading, role-playing, family history talking, and journal writing (Bryant-Davis, Ocampo, 2006, p. 1-22). In another research, Jones identified that the most frequently used type of therapy with American Indian and Alaskan Natives is cognitive-behavioral therapy (CBT) (Jones, 2008, p.113-118).

McGabe (2008) states that the American Indian and Alaskan Native community is seeking to learn and practice the old ways, to adapt and integrate the ancient knowledge which came from American Indian ancestors. If fact, many of the American Indian and Alaskan Natives have turned away from or limit their use of conventional psychological, medical, and social services. Some of the American Indians and Alaskan Natives will go to traditional healers when seeking advice (McCabe, 2007, p. 148-160).
Cultural Competency

There is a growing need not only for American Indian and Alaskan Native mental health clinicians but also counseling theories that are unique to the American Indian culture. Mistreatment of American Indian and Alaskan Natives by the dominant culture has led to mistrust of non-Native therapists. In a clinical perspective, the goal of therapy from a traditional healing perspective would help the client to find positive solutions through community embeddedness, not through ego enhancement (Roberts et al., 1998, p. 135-145).

Eduardo Duran (2008) states the importance of becoming culturally competent when working within the American Indian and Alaskan Native community. He continues to say that it is important for mental health professionals to understand how historical trauma affects the present mental health well-being of an American Indian and Alaskan Native. The goal is to restore balance and harmony within the American Indian and Alaskan Native client (Duran, Firehammer, Gonzales, 2008, p. 288-295).

Duran (2006) continues to say that mental health professionals who practice healing/therapy with American Indians need to have a closer relationship with natural processes that are not defined in the field of psychology. He continues to say that he is in no way of throwing aside the Western therapeutic interventions (Duran, 2006, p. 5).

In a recent study, by House, Stiffman, and Brown (2006) found that recognizing oneself as a part of and valuing the community was viewed as a significant importance to American Indians and tribal ethnic identity among youth, parents, and elders. Ceremonies are viewed as a goal of offering thanks and maintaining a strong sense of connection through harmony and balance of the mind, body, and spirit with the natural environment Willmon-Haque, Big Foot, 2008, p. 51-66).
Clinicians who are working with American Indian and Alaskan Natives should be aware that most tribes have gone through a “horrendous holocaust.” Further, “systematic genocide” was inflicted on the “Original People” of this hemisphere. It is also important that interventions must address the specific trauma that the individual and or group that is being treated (Duran, 2006, p. 7).

Cultural competencies also states that there must be appropriate training approaches facilitated by an American Indian and Alaskan Natives to non-Native individuals. It continues to state that cultural diversity should be incorporated into the counseling relationship. By doing this, it will positively impact the counseling relationship in the areas of (a) enhancing the counselors’ cultural awareness about the diversity of American Indian and Alaskan Native cultures (b) facilitating trust and communication between the counselor and client (c) empowering the clients to use aspects of their culture as an integral part of setting goals (Wong, 1994, p. 33-37).

Counselors must not make assumptions about the cultural orientation of American Indian and Alaskan Native clients. The goal of the counseling with an American Indian and Alaskan Native depends greatly on the tribal heritage of the client and on the counselor’s assessment of the client’s degree of acculturation. The acculturation can be generally described as (a) traditional, (b) bicultural (c) assimilated. Research has shown that some researchers have developed their own questionnaires on the client’s degree of acculturation of American Indian and Alaskan Natives (Heinrich, Corbine, & Thomas, 1990, p. 128-133).

The American Indian and Alaskan Native population is extremely varied, and it is impossible to make general recommendations regarding counseling that apply to all American Indian and Alaskan Natives. Each American Indian and Alaskan Native tribe’s differ as a whole
as well as individuals of the same tribe. Given the diversity of the American Indian and Alaskan Natives population, a mental health practitioner must be careful to avoid stereotyping American Indians and Alaskan Natives based on general assumptions. Lloyd (1987) pointed out the differences within cultural groups can be greater than differences between such groups and cautioned that studying generalities about a particular culture can blind a counselor to the uniqueness of the client (Thomason, 1991, p. 321-327). Further, Lurie and Thompson (1993) emphasize the need exists for mental health professionals to be cautious in transferring assumptions and knowledge about one American Indian and Alaskan Native group to others (Yurkovich & Lattergrass, 2008, p. 437-459).

Research has repeatedly stated that it is important for all mental health practitioners to learn more about American Indian and Alaskan Native ways of health and healing. This will not only benefit the non-Native mental health practitioners but to everyone in the larger culture. A Lakota belief states “For the Lakota helper and healer is one who knows what it means to walk in the moccasins of another” (Tribal and Shamanic Based Social Work Practice: A Lakota Perspective-Research and Read Books, Journals, Articles at Questia Online Library”).

Bryant-Davis & Ocampo (2008) continue to encourage non-Native mental health professionals to study the history of varying racial and ethnic groups, understanding the level of power and privilege within a society. They continue to encourage non-Native mental health professionals to explore their own identity within a racist society, knowing the traumatic events of racist incidents, and learning the components of the recovery process for trust and effective treatment within any racial ethnic group (Bryant-Davis & Ocampo, 2006, p. 1-22).

The Joint Commission of Hospital Accreditation and the Health Care Financing Administration emphasize relevant, culturally competent care. This is extremely important in the
delivery of mental health services where cultural issues and communications between American Indians and Alaskan Natives are a critical part of services. The National Mental Health Information Center (2001) states:

Issues affecting Native American people are complex and linked to historical events and current experiences which are perpetrated by current events that, on the surface, do not seem related. However, because of the historical trauma experienced by many American Indian and Alaskan Natives, subtle messages that communicate the lack of belonging to contemporary American society and the continuing assault on Indian sovereignty serve the perpetuate mental health problems (Yurkovich & Lattergrass, 2008, p. 437-459).

Thomason (1991) states that all counselors should have a basic understanding of the history and present status of American Indian and Alaskan Natives and should be able to serve members of this group. Although the population of American Indian and Alaskan Natives is diverse and no one can be knowledgeable about all tribes, Thomason continues to say that there are similarities in the basic values and beliefs of many American Indian and Alaskan Natives (Thomason, 1991, p. 321-327). Ellis & Garske (2007) have stated that there are unique goals of healing for American Indian and Alaskan Natives, and that “that it is necessary for counselors to be responsive of these goals if they are to be effective”(Ellis & Garske, 2007, p. 229-236).

Sanders (1987) developed a comparison of cultural values and expectations between American Indian and Alaskan Natives vs. contemporary mainstream American. This comparison will allow the non-Native therapist to understand how American Indian and Alaskan
Natives see life:

<table>
<thead>
<tr>
<th>Traditional Native American</th>
<th>Contemporary Mainstream American</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harmony and Nature</td>
<td>Power over Nature</td>
</tr>
<tr>
<td>Cooperation</td>
<td>Competition</td>
</tr>
<tr>
<td>Group needs more important than individual needs</td>
<td>Personal goals considered important</td>
</tr>
<tr>
<td>Privacy and noninterference; try to control self and not others</td>
<td>Need to control and affect others</td>
</tr>
<tr>
<td>Self-discipline both in body and mind</td>
<td>Self-expression and self-disclosure</td>
</tr>
<tr>
<td>Participation after observation</td>
<td>Trial and error learning</td>
</tr>
<tr>
<td>Explanation according to nature</td>
<td>Scientific explanation for everything</td>
</tr>
<tr>
<td>Reliance on extended family</td>
<td>Reliance on experts</td>
</tr>
<tr>
<td>Emotional relationships values</td>
<td>Concerned mostly with facts</td>
</tr>
<tr>
<td>Patience encouraged (allow others to go first)</td>
<td>Aggressive and competitive</td>
</tr>
<tr>
<td>Humility</td>
<td>Fame and recognition (winning)</td>
</tr>
<tr>
<td>Win once, let others win also</td>
<td>Win and first prize all of the time</td>
</tr>
<tr>
<td>Follow the old ways</td>
<td>Climb the ladder of success; importance of progress and change</td>
</tr>
<tr>
<td>Discipline distributed among many, no one person takes the blame</td>
<td>Blame one person at cost to others</td>
</tr>
<tr>
<td>Physical punishment rare</td>
<td>Physical punishment accepted</td>
</tr>
<tr>
<td>Present time focus</td>
<td>Future time focus</td>
</tr>
<tr>
<td>Time is always with us</td>
<td>Clock watching</td>
</tr>
<tr>
<td>Present goals considered important; future accepted as it comes</td>
<td>Plan for future and how to get ahead</td>
</tr>
<tr>
<td>Encourage sharing freely and keeping only enough to satisfy present</td>
<td>Private property; encourage acquisition of material comfort and saving for the future</td>
</tr>
<tr>
<td>Speak softly; at a slower rate</td>
<td>Speak louder and faster</td>
</tr>
<tr>
<td>Avoid singling out the listener</td>
<td>Address listener directly by name</td>
</tr>
<tr>
<td>Interject less</td>
<td>Interrupt frequently</td>
</tr>
<tr>
<td>Use less “encouraging signs (uh-huh, head nodding)</td>
<td>Use verbal encouragement</td>
</tr>
<tr>
<td>Delayed response to auditory messages</td>
<td>Use immediate response</td>
</tr>
<tr>
<td>Nonverbal communication</td>
<td>Verbal skills highly prized</td>
</tr>
</tbody>
</table>

Source: (Tlanusta Garrett & Pichette, 2000, p. 3-13)

Discussion

The American Indian and Alaskan Native communities have proven to be a resilient population. Several issues need to be discussed more within the American Indian and Alaskan Native community. These issues would include better mental health services provided within the
American Indian and Alaskan Native communities as well as in urban areas. The extreme need for more American Indian and Alaskan Native mental health professionals, trainings provided to non-Native American professionals, more research on the impact of Posttraumatic Stress Disorder (PTSD) within these communities, additional research on trauma and grief response among the American Indian and Alaskan Native population who have experienced historical and intergenerational trauma, and appropriate culturally specific assessment tools used by mental health clinicians.

The largest single provider of mental health services to American Indian and Alaskan Natives is the Indian Health Service (HIS). Research stated that the U.S. government initiated mental health programs for American Indian and Alaskan Natives in 1969. By 1977, 40 reservation mental health programs were supported by the federal Indian Health Service. Research continues to say that in that same year, there were 60,000 visits among American Indian and Alaskan Native clients to outpatient facilities. Forty percent of all the clients who accessed these services through the Indian Health Service (IHS) were treated for depression, anxiety, and adjustment reactions (LaFromboise, p. 1988, 388-397).

There is a dire need for more American Indian and Alaskan Native mental health professionals. Not only have researchers stated but as well American Indian and Alaskan Native elders, American Indian and Alaskan Native mental health professionals must experience their own sense of healing from historical and intergenerational trauma. Research has shown that all American Indian and Alaskan Natives feel the effects of these traumas that were inflicted on this population. Research has shown that historical trauma has led to the disruption in family and community continuity, adjustment, and the loss of valued aspects of culture such as land and indigenous languages. The historical trauma of American Indian and Alaskan Native people is
passed from generation to generation through narrative accounts of genocidal practices used against them. LaFromboise, Medoff, Lee & Harris (2007) continue to say that trauma narratives are not only confined to the past. They include present day experiences with inadequate health care, social services, and racism (LaFromboise et al., 2007 p. 119-143).

Research has stated that there have been very few studies done that have examined the Minnesota Multiphasic Personality Inventory (MMPI) and the MMPI-2 scales in minority groups. American Indian and Alaskan Native mental health professionals have argued that the MMPI is not an appropriate assessment tool with this population. For example, depression is often over diagnosed in some of the American Indian and Alaskan Native societies (Greene et al. 2003, p. 360-369).

American Indians and Alaskan Natives are extremely family orientated. Often when there is a death in the secondary part of the family, one will often mourn for three months or longer. Research has also stated that schizophrenia is also over diagnosed within the American Indian and Alaskan Native population. In the religious ceremonies of American Indian and Alaskan Native, it is common that an individual will experience culturally-specific hallucinatory experiences.

These provisions are consistent with past studies of psychiatric disorders in American Indian and Alaskan Natives and with DSM-III criteria that psychiatric symptoms must be considered outside the individual’s ethnic and cultural norms to be considered pathologic (Greene et al., 2003, p. 360-369).

Although the modern standardized instruments provide some of the best means for comparisons across subgroups within a given population, they often possess
significant deficiencies when used cross-culturally. The use of these instruments remains potentially problematic for several reasons.

The question that needs to be asked more often is “How often do traumatic events occur in American Indian and Alaskan Native communities?” “How many individuals within the American Indian and Alaskan Native communities experience one or more traumatic events that meet diagnostic criteria?” “From whom do American Indians and Alaskan Natives seek help for Posttraumatic Stress Disorder (PTSD)? “What forms of therapy would prove to be beneficial for the American Indian and Alaskan Native community?” In an American Indian and Alaskan Native healing aspect, traditional healing practices have proven to be effective. Elders within the American Indian and Alaskan Native community have called these events “healing ceremonies.” Research has shown that for American Indian and Alaskan Natives, threats to personal integrity have been associated with posttraumatic stress disorder. Research continues to say that forced assimilation, racism, and discrimination threaten an American Indian and Alaskan Native personal integrity (Brucker & Perry, 1998). There is a strong need for more studies to be done within the American Indian and Alaskan Native communities to discuss posttraumatic stress disorder.

Duran (1995) states the “acculturation stress is a continuing factor in the perpetration of anxiety, depression, and other symptomatology that is associated with PTSD.” Williams and Berry states:

The concept of acculturative stress refers to one kind of stress, that in which the stressors are identified as having their source in the process of acculturation, often resulting in a particular set of stress behaviors that include anxiety, depression, feelings of marginality and alienation, heightened psychosomatic symptoms of
identity confusion. Acculturative stress is thus a phenomenon that may underlie reduction in the health status of individuals, including physical, psychological and social health (Duran, Firehammer, & Gonzales, 2008, p. 288-295).

Conclusion

The purpose of this research was to identify the trauma that was inflicted on the American Indian and Alaskan Native populations. Another purpose to this research is that the American Indian and Alaskan Natives heal from the pain that is and was inflicted upon them. Researchers are developing ways in which healing can be accomplished through the American Indian and Alaskan Native culture, traditions, values, and practices.

Research has also proven that many American Indians and Alaskan Natives are faced with many challenges and difficulties that have tremendous effects on the individual and family. The research presented also states that historical and intergenerational trauma impacts American Indians and Alaskan Natives tremendously in today’s society.

The author of this research strongly believes that the American Indians and Alaskan Natives must heal as an individual, family, community, and a nation. It is the hope of the American Indian and Alaskan Native communities that one day the United States government will take responsibility and be accountable for their actions that were inflicted on this population. Furthermore, the American Indian and Alaskan Natives are strongly encouraged to continue healing through ways which are appropriate individually, family, community, and as nations.

The author in this research also encourages that individuals within the American Indian and Alaskan Native communities come forward and discuss his or her way of healing to help others. It is important for these individuals to live by example to help others in their respected families, communities, and nations.
A quote taken from The Wolf at Twilight, the elder Dan says:

We need to change this; we need to teach them a helping way, to give them a vision of what is right, not only of what is wrong. We need to teach that the way to be strong is to help the weak; the way to have wealth is to give things away; the way to lead is to serve. We need to let them know that they are an important part of the circle of life, and if they do not play their part, no one else can. If we teach them these things they will have hope in their hearts. If we don’t, their hearts will become hard. They will gather things to them and watch life from a cold distance. They will see the world as something to use, not something to honor. Their ears will stay close to voices of creation, and the word’s of the sacred will die on their lips. (Nerburn, 2009, p. 308)

Dr. Maria Yellow Horse Brave Heart stated that it is extremely important to understand the experiences the American Indian and Alaskan Native population endured. These experiences include genocide, imprisonment, forced assimilation and misguided governance. These experiences resulted in the loss of culture and identity, alcoholism, poverty, and despair. Through Dr. Maria Yellow Horse Brave Heart’s research, healing begins: (1) by confronting the historical trauma, (2) understanding the trauma, (3) releasing the pain of historical trauma, and (4) transcending the trauma (Yellow Horse Brave Heart, Historical Trauma, 2010).
American Indian and Alaskan Native Historical Trauma  60

References


