GIVING VOICE TO HISTORICAL TRAUMA THROUGH STORYTELLING: THE IMPACT OF BOARDING SCHOOL EXPERIENCE ON AMERICAN INDIANS

by

Barbara K. Charbonneau-Dahlen

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This dissertation was prepared under the direction of the candidate's dissertation advisor, Dr. John Lowe and has been approved by the members of her supervisory committee. It was submitted to the faculty of The Christine E. Lynn College of Nursing and was accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

SUPERVISORY COMMITTEE:

John Lowe, Ph.D., RN, FAAN
Dissertation Advisor

Patricia Liehr, Ph.D., RN

Marguerite Purnell, Ph.D., RN

Staci Leon Morris, Psy.D.

Anne Boykin, Ph.D., RN
Dean, The Christine E. Lynn College of Nursing

Barry T. Rosson
Dean, Graduate College

October 15, 2010
Date

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Mitakuye Oyasin. Miigwech. All My Relatives.

ABSTRACT

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Objectives: This study documented events contributing to historical trauma among American Indian mission boarding school survivors, described residual effects of that trauma, and verified the Dream Catcher-Medicine Wheel model as a culturally appropriate tool that enhanced storytelling.

Research Design and Methods: Nine women from two Upper Plains tribes were located through snowball sampling and participant referrals. A descriptive exploratory qualitative approach facilitated them in relating their survival stories. Seven were tape-recorded and two were hand-written on the Dream Catcher-Medicine Wheel, a model specifically designed for this study; this, combined with traditional spiritual grounding ceremonies, enhanced perspective for researcher and participants alike.

Data Analysis: Liehr and Smith's (2008) Story Theory guided the methodology in the data gathering and analysis process using the Dream Catcher-Medicine Wheel combined

with taped and written storytelling sessions. Major themes were categorized and supported with interview quotes through inductive analysis of the two research questions: What were the health challenges faced by survivors of American Indian mission boarding schools over time?, and, How have American Indian mission boarding school survivors resolved the health challenges they have faced over time? The first theme, subdivided into Breaking and Silencing of Spirit, examined physical, mental, and sexual abuse. The second theme, Survival of Spirit, examined relationships/parenting, coping/substance abuse, and spirituality.

Findings: The seven dimensions described in Lowe and Struthers' (2001) Nursing in Native American Culture Conceptual Framework provided the value structure used for interpretation of findings. Implications for practice and research were related to the seven dimensions as culturally appropriate parameters for nursing. Data analysis identified disturbing themes; unanticipated candor emerged, possibly owing to the fact that the researcher is a historical trauma survivor. Despite having survived historical trauma through the survival of the spirit, each participant struggles to resolve health challenges to this day. Unable to voice mission boarding school experiences for most of their adult lives, each affirmed the rediscovery of Native spirituality empowering; all expressed appreciation for traditional methods woven into storytelling sessions, particularly the Dream Catcher-Medicine Wheel, and all indicated they experienced release and healing through telling their stories.

Key words: American Indian; historical trauma; nursing; boarding school; Dream Catcher-Medicine Wheel

DEDICATION

This manuscript is dedicated to my husband, David, daughters, Jencie, and Sarah, and son, John Casey, to my cherished brothers and sisters, and my beloved deceased parents, Ovila and Marion Charbonneau. Without the foundation of their love, support, patience, and understanding, the completion of this project would not have been possible.

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CHAPTER 1: INTRODUCTION

A common dilemma among health care professionals has been how to best serve American Indians with their unique needs. Health care of American Indians has been complicated by an undercurrent of seemingly dysfunctional behaviors and relationships, combined with obstacles regarding the communication of needs and expectations on the part of both the patient and the health care provider.

Sociologist Maria Yellow Horse Brave Heart, also published as Maria Brave Heart-Jordan, is an authority on the residual effects of adversity upon American Indians. Her research suggested that the first step healers must take involves becoming sensitized to the perspective of American Indians, who, as a people, have endured more than four hundred years of oppression, violence, racism, and forced assimilation. This has culminated in what Brave Heart termed historical trauma, defined as "cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences" (2003, p.1). A vast watershed of psychosocial and behavioral dysfunction together with physical disorders commonly associated with stress and unhealthy lifestyles may be attributed to historical trauma. Understanding the impact of historical trauma is essential if healthcare professionals are to effectively address American Indian health issues.

Brave Heart-Jordan (1995) stressed the importance of helping historical trauma survivors give voice to the buried hurts they have borne. Struthers and Lowe (2003) described the value of talking circles in helping survivors of historical trauma. Understanding the valuable role storytelling plays has the potential to provide a means for gathering information in healthcare, while validating the patient's worldview, all the while gently guiding the individual along the path of reframing experiences, taking ownership and ultimately assuming control of health outcomes.

Purpose of the Study

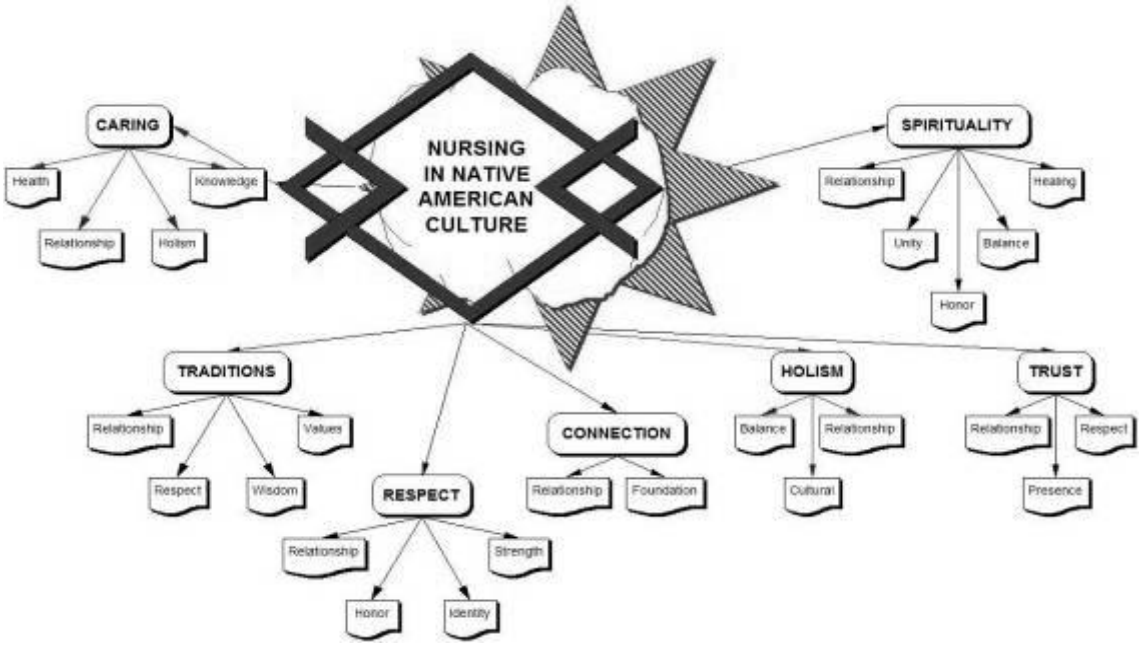
The purpose of this study has been to explore the challenges of American Indian mission boarding school survivors who have been victims and witnesses of abuse, with particular attention to the sustained impact of historical trauma.

Theoretical Framework

Lowe and Struthers (2001) developed the first Nursing in Native American Culture Conceptual Framework exploring the nature and essence of Native American nursing. The following seven dimensions emerged from the focus group data collected from 203 Native American nurses, nursing students, and others who provided health care to Native Americans people at the National Alaska Native American Indian Nurses Association: caring, traditions, respect, connection, holism, trust, and spirituality (Lowe & Struthers, 2001). These seven dimensions serve as a guide to confirm cultural appropriateness of the study methodology that had been developed from previous research (Dahlen, 1994). Additionally, implications for practice, research, and education will be guided by the framework.

A case study model was further developed that provided a systematic approach to Native American nursing practice, research, and administration. Additionally, it provided guidance for implementing culturally appropriate strategies for delivering care to American Indians impacted by historical trauma (Struthers & Lowe, 2003).

Figure 1. Nursing in Native American Culture Conceptual Framework



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While Lowe and Struthers's (2001) framework provided the overarching values guiding the research, Story Theory (Liehr and Smith, 2008) provided specific guidance for data gathering and analysis. The consistency between the values of the conceptual framework and the concepts of the story enabled expression of a values laden framework method of inquiry. Story Theory (2008) provided a basic framework for giving voice to people like survivors of enabling essential understanding of effective healing strategies and supportive endeavors. Liehr and Smith's (2008) story methodology provided insight into the use of story for practice and research. The authors described the emerging story

plot as a process of coming to awareness through sharing complicating health challenges that are verbalized during intentional dialogue with someone who cares to listen. This process culminates in moving towards resolving health challenges with the potential for creating ease. The three major concepts in Story Theory are elaborated upon below.

Self-in-relation. Self-in-relation is a concept that expresses the working phase of the relationship during which both the listener and the storyteller are in an active process. This phase encompasses recognition of personal history and reflective awareness. Personal history evolves through reflective awareness of the past, present and future occurring simultaneously the story-sharing moment (Liehr & Smith, 2008, p. 211).

Self-in-relation is accomplished as the listener and the storyteller engage in such a way as to be totally attuned and aware of self and others in the story. It is an affirmation of a unique life emerging in story and the privilege of being part of hearing and listening to complex contexts that may have lain dormant until this opportunity. There is an obligation for the listener to create opportunities for reflection, information gathering, bridging trauma and understanding, and fashioning renewed perspectives that may lead to healthy outcomes.

Intentional dialogue. Intentional dialogue is a process that encompasses "true presence and querying emergence" (Liehr & Smith, 2008, p. 210). It is a premeditated, thoughtful way of conversing with another while practicing total immersion in the moment. Intentional dialogue may occur when two or more enter into a journey of the now, telling of the past, and passing the story to the future for others to dwell upon. Querying emergence was explained as seeking clarification of aspects of the story as it

unfolds (2008, p. 210). Such respectful engagement invites the storyteller to share narrative in a manner that values, validates, and moves the story along a trajectory of meaning.

Creating ease. As the story is told, there is opportunity for re-remembering thoughts about miscellaneous events providing momentum for solidifying thoughts into a cohesive whole. The resulting flow leads to a sense of comprehensive meaning of events as pattern clarity becomes apparent. Flow is the ability to clearly articulate a health challenge that was previously unmanageable or lacking perspective, so the health challenge becomes a part of the individual's life story rather than being perceived as an intruder from the outside with an agenda that is inconceivable, unknowable, unapproachable, and uncontrollable. As the story evolves, a common flow of energy is experienced by the nurse and the storyteller, permitting the storyteller to assume ownership of both health challenges and resolutions. This flow is sometimes characterized as ease.

The following model depicts the relationship between the concepts: connecting with self-in-relation, intentional dialogue, and emerging ease. These concepts are tied to dimensions of story methodology: developing story plot, health challenges, and movement toward resolving. In this study, the research questions address health challenges and movement toward resolving health challenges.

Figure 2. Story Theory with Method

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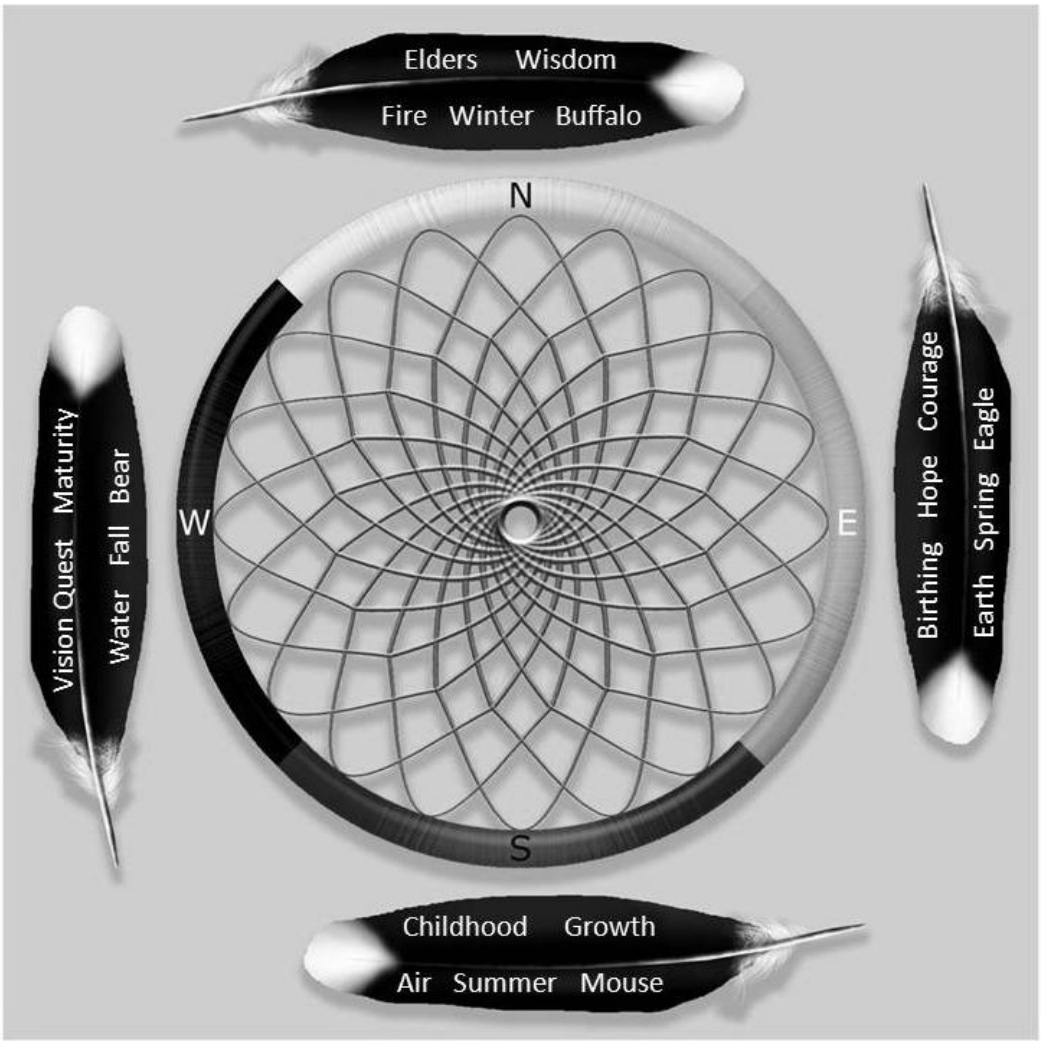
When using story theory for research, intentional dialogue generally begins with a line drawn on a blank sheet of paper to begin sequentially mapping out significant events of an individual's life. Because of the sacredness of circles in American Indian cultures, a circle in the form of a dream catcher superimposed upon a medicine wheel was used (Dahlen, 1994) in the current study. Modification of Liehr and Smith's approach to data gathering ensured enhanced engagement of American Indians who struggle to be heard within the confines of accepted Western healthcare paradigms.

A conceptual link exists between Lowe and Struthers's Nursing in Native American Culture Conceptual Framework (2001) and Liehr and Smith's Story Theory (2008), which gave impetus to the refinement of the Dream Catcher-Medicine Wheel. This model was developed in previous research (Dahlen, 1994), described in the following paragraphs, and depicted in the image that follows.

Figure 3. Dream Catcher-Medicine Wheel



According to Ojibwa tradition, the dream catcher may be used as a way to catch good dreams while filtering out those that are bad. For the purposes of this research, the webbing signified the many varied supports an individual may develop in order to deal with health challenges (Dahlen, 1994). In alignment with Dahlen (1994) and Brave Heart-Jordan (1995), Lowe and Struthers' 2001 research affirms the importance of establishing a caring, holistic approach that forges trusting connections with American Indian participants through the incorporation of traditional values through respect for

indigenous traditions and spirituality. This culturally meaningful method of organizing events falls easily into alignment with Liehr and Smith's Story Theory (2008), which involves the establishment of a sensitive trusting relationship in order to glean perspective and meaning. These enforced the appropriateness of using the Dream Catcher-Medicine Wheel designed from previous research (Dahlen, 1994). This provided a culturally sensitive and effective means of conducting research among American Indian survivors of mission boarding school.

The superimposition of a medicine wheel upon the dream catcher ties in with another strong theme of healing and wellness among American Indians, particularly those of the upper Midwest. The combination of these two powerful symbols was used as a tool to help mission boarding school survivors visualize and reframe their life story. The basis of this model has been derived from this researcher's germinal research in integrating traditional American Indian perspectives with Western health care methods (Dahlen, 1994):

> To understand the medicine wheel, one needs to understand the concept of life as a circular journey of the four directions conquering four symbolic hills. The first hill is infancy [childhood] in the South, where life begins. The second hill, in the West direction, is an introspective experience, which represents a youth's vision quest. The third hill is situated in the East, where it represents a meditative path. In the East, middle-age [adult] tribal members are [giving birth to their own children, and] learning to master skills that will be passed on to younger tribal members as they move to the direction of the North. The final hill is the North, which represents maturity and old age. It is where the elder wisdom keepers dwell. Each of the four directions represents a certain way of perceiving, with none being greater than another.
>
> In addition, the four directions represent the seasons. North represents winter; the color is white, and the element is fire. North is a place of wisdom, contemplation, and fulfillment. The animal token is the magnificent buffalo known for its

> strength and stamina. The South represents summer. A time of growth, this allows time for winter preparation. It is a place where discipline [respect] is learned from the elders. Without discipline and preparation for the winter, hope could be lost in surviving the winter. Its color is green/yellow, its element is air, and its animal token is the mouse. The East's seasonal influence is the spring, a place of [giving] birth, rebirth, and ritual ceremonies. Each time people journey to the East, they acquire new understandings through ritual ceremonies such as the sun dance. Its color is red, reflecting a place where courage is born; a place of warmth, spirit, trust, and hope. The East is the direction from which light comes. The element is Earth, and its token animal is the Eagle. The West represents the fall and is a place of introspection to look into one's spirit. Its color is black, its element is water, and its token animal is the bear. The medicine wheel teaches us that the colors from the four directions are symbolic of all races, and that we are all part of the same human family [interconnectedness]. The four elements represent the physical world and must be respected equally for their gift of life to us.
>
> …The circle of life represents everything an Indian does [interconnectedness]… In making a medicine wheel a flowering tree was placed in the center, stones were placed in a circle around the tree and nourishment came from the four directions. The North winds provide strength and endurance; the South warmth; the East gave peace and light; and the West rain for the tree to flourish (Bopp, Bopp, Brown, & Lane, 1989).

Thus, the circular story path guided the researcher and participant alike along a medicine wheel journey of introspection and self-discovery of the unique health challenges that have been endured since the mission boarding school experience. The creation of a tangible representation of one's life story by filtering the network of challenges and supports through the Dream Catcher-Medicine Wheel facilitated the process of coming to know.

These stories, in turn, were analyzed through a culturally appropriate lens for the health challenges faced by American Indian mission boarding school survivors. The elucidation of the health challenges endured by survivors of American Indian mission

boarding schools may potentially provide inroads into the development of improved healing practices that are culturally bound which could lead to the resolution of health challenges. This research also sheds light upon the interconnection of western health care and historical trauma as it has been impacted by the mission boarding school experience among American Indians.

Research Questions

The research questions for this study were:

1. What were the health challenges faced by survivors of American Indian mission boarding schools over time?
2. How have American Indian mission boarding school survivors resolved the health challenges they have faced over time?

Definitions of Terms

In this study, the following terms were used:

1. American Indian: A self-identified individual who is a member of a tribe in the contiguous United States.
2. Mission boarding school: A boarding school for American Indian children that was operated by a religious organization.
3. Native American: An individual of American Indian, Alaskan, or Hawaiian descent.
4. Health: Getting by day-by-day
5. Health challenge: Any condition, physical or emotional, which impairs day-to-day functioning.

6. Resolving health challenges: Activating resources, whether internal or external, that facilitate day-to-day functioning.

Assumptions

1. In light of the historical trauma experienced by the participants, it is important to gather stories using the most culturally appropriate means of discussing health challenges and their resolution among American Indian mission boarding school survivors.
2. It is extremely important to incorporate traditional spiritual grounding ceremonies in order to create ease among American Indian mission boarding school survivors.
3. The Dream Catcher-Medicine Wheel provides an innovative culturally responsible way of gathering stories among American Indian populations, thus making a valuable contribution to the extant base of nursing knowledge.
4. The Dream Catcher-Medicine Wheel would facilitate storytelling for American Indian participants as they described their health challenges and the resolution of those challenges.

Limitations

1. The sample for the study has been drawn from American Indians living in the Upper Midwest United States, to the exclusion of other tribes.
2. Only American Indian females stories were recorded/written for this study

3. All of the participants attended the same Indian boarding school, with one participant having attended two boarding schools.
4. The scant amount of nursing literature on the phenomenon of historical trauma provided a lack of prior knowledge.

Significance

The findings from this research have contributed to the growing knowledge of culturally appropriate health care practices for individuals whose lives have been impacted by historical trauma. In addition, story sharing methodology (Liehr & Smith, 2008) has been expanded to include American Indian cultural perspectives. It has provided inroads into the development of information gathering through storytelling methods, which are culturally relevant for individuals who have experienced historical trauma.

Summary

Lowe and Struthers' Conceptual Framework (2001) has provided a guiding framework of culturally appropriate values for the research approach, design, and data interpretation. Liehr and Smith's Story Theory (2008) provided the methodological guidance for the fine-tuning of the Dream Catcher-Medicine Wheel model (1994), which has been used to gather stories from mission boarding school survivors.

Historical trauma affects the lives of many American Indians, and is expressed as complicating health challenges that call for resolution. Few models exist that are culturally appropriate for use with American Indian individuals. Nurses have little knowledge about historical trauma and possible methods to achieve understanding that

can contribute to quality care. This research used an innovative methodology inspired by Story Theory integrated with ancient cultural knowledge. The Nursing in Native American Culture Conceptual Framework (Lowe & Struthers, 2001) contributed the overarching value guiding and shaping the synthesis of traditional cultural knowledge and story theory methods.

CHAPTER 2: REVIEW OF LITERATURE

Introduction

The review of the literature addressed the contribution of American Indian nursing research, as well as the health challenges experienced by American Indians resulting from historical trauma. A description of the storytelling methodology for documenting life stories has been included.

American Indian History Leading to Historical Trauma

From conquest to confinement. Historical trauma is inextricably bound to unresolved grief (Brave Heart, 1998, 1999, 2003; Brave Heart-Jordan, 1995); therefore, informed insight into the historical nature of unresolved grief among American Indians has laid an essential foundation needed to attain perspective into the mission boarding school experience, which is the focus of this research. In fact, the mission boarding school experience represents only one tragic chapter in the longstanding and ongoing saga of aggression, exploitation, and abuse inflicted upon the American Indian people. The historical perspective of American Indians is necessary in order to understand American Indians today.

The first contact and subsequent colonization of the ‘New’ World presented a whole chain reaction of unforeseeable incidents and consequences for both American Indians and European explorers (Brave Heart, 1998, 1999, 2003; Brave Heart-Jordan,

1995). From the indigenous perspective, nothing in their prior experience could have prepared the various individuals and tribes for what was to follow over the course of the coming months, years, decades, and centuries. The broken treaty promises of the United States government and conniving that accompanied the rapid expansion of colonization, together with the slaughter of innocents, allowed no time for the necessary mourning, regrouping and restructuring of societies. The calculated introduction of disease has been documented in letters such as this one from Colonel Bouquet to General Amherst, dated July 13, 1763:

> P.S. I will try to inoculate the Indians by means of Blankets that may fall in their hands, taking care however not to get the disease myself. As it is] pity to oppose good men against them, I wish we could make use of the Spaniard's Method, and hunt them with english dogs, supported by Rangers, and some Light Horse, who would I think effectively extirpate or remove that Vermine (d'Errico, 2010).

The introduction of alcohol, and countless other such atrocities, together with unimaginable aggression (Adams, 1997; Brave Heart 1998, 1999, 2003; Brave Heart-Jordan, 1995; Danieli, 1998; Denham, 2008) ultimately fueled the successful decimation of Indian nations, the ethnic cleansing of the American Indian people.

Governmental control has been exerted over American Indian commerce since the first treaty, signed in 1722, defined American Indian rights to territorial and economic self-determination (O'Callaghan, 1855). American Indians were not allowed to step foot off the reservation without United States government permission to travel or even to gather their harvests (Robertson, 2006). Preceding the Constitution of the United States, the Articles of Confederation established the Office of Indian Affairs, thus ensuring an advantageous relationship with Native Peoples (Bureau of Indian Affairs, n.d.). The

enforced restrictions regarding trade and transportation destroyed far more than the existing economy among the various tribes, as prior to this mandate, every aspect of societal health had been supported through the ebb and flow of tribal and intertribal relations (Brave Heart-Jordan, 1995; Brave Heart & DeBruyn 1998a).

The invasion of homelands, hunting grounds, and sacred locales by the United States government wore on for generations, and remains a socially and politically sensitive area of concern. The extermination of American Indian political and spiritual leaders, heads of families, sons and countless innocent women, children and elders by United States military forces culminated in the refugee experience, which continues to this day. Confinement to reservations forced American Indians into a position of total submission, stripped of dignity and autonomy (Brave Heart-Jordan, 1995; Brave Heart & DeBruyn, 1998a). Standing in stark contrast are those inalienable basic human rights so eloquently delineated by Thomas Jefferson in the Declaration of Independence: "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness (Jefferson, 1776)." It is of note that these rights were described, not as belonging specifically to United States citizens, but as being inherent to all men. That truth was conveniently circumvented by clinging to the belief that American Indians represented something less than human. Therefore, as part of this broad sweep of injustice, it is essential that the history of the mission school experience be examined, since many of the Plains Indians attended mission boarding schools.

Boarding schools. The Bureau of Indian Affairs, which started out in 1824 as a subdivision of the Department of War and later became part of the Department of the Interior, was given the task of controlling and managing Indian peoples. A primary role of the BIA was to provide education for American Indians with the ultimate goal of civilizing them according to the existing standards of Euro-American culture (Bureau of Indian Affairs, n.d.).

The first three hundred and seven Indian schools, which were run by the BIA, were reservation-based day schools; however, it soon became apparent that attempts at assimilation were tremendously impeded by parental influence. In 1876, the federal government decreed that all American Indian children must be removed from their families and put in boarding schools (Hoxie, 1989; McDonald, 1990; Walters & Chae, 2007; Brave Heart, 1998). Designed to completely erase the ways and identity of the Indian people, legislation mandated that children be forcibly, if not voluntarily, removed from the care of their own mothers and fathers and relatives to be brought up within the confines of boarding schools. These boarding schools closely resembled labor camps.

First among the many government-supported boarding schools designed solely to educate American Indian children was Carlisle Industrial Training School in Carlisle, Pennsylvania. Opened in 1879 under the leadership of Captain Richard Pratt, it was modeled after a prison he had operated for American Indian prisoners of war (Adams, 1997).

In order to assimilate American Indian children into Euro-American culture, Pratt employed what now would be recognized as brainwashing tactics, similar to methods that

cult leaders use to coerce recruits to embrace a completely new way of thinking (Keoke & Porterfield, 2003). Captain Pratt often proclaimed his agenda of “Kill the Indian; Save the man” (Pratt, 1892/1978, p.47) in order to gain the support of government funding for the mission schools. The idea of assimilation often permeated commencement speeches at Carlisle; Pratt prided himself in his ability to take what he termed uncivilized Indian children, and transform them into responsible contributors to society. This excerpt, from *Education for Extinction: American Indians and the Boarding School Experience, 1875-1928,* by David Wallace Adams, provides insight into the degree with which assimilation was mandated: "…the Indian is DEAD in you," the Reverend A. J. Lippincott proclaimed at one Carlisle commencement. "Let all that is Indian within you die! ...You cannot become truly American citizens, industrious, intelligent, cultured, civilized until the INDIAN within you is DEAD" (Adams, 1997, p.274).

Expressing his concerns, Thomas Jefferson Morgan, Commissioner of Indian Affairs, wrote in an 1892 letter to the Secretary of the Interior: “I do not believe that Indians ... people who [are]...a hindrance to civilization and a clog on our progress have any right to forcibly keep their children out of school to grow up like themselves, a race of barbarians and semi-savages” (Clarke Historical Library, 2008, para. 7). Originally designed to give children eight years of training, between the late 1800s and mid 1900s, it was mandated by the United States government that all American Indian children between the ages of five and eighteen attend boarding school (Brief History, 2010).

Morgan called for coercive enforcement of mandatory attendance through the restriction of rations, and even imprisonment of parents who were discovered to be in

contempt. In 1895, 19 Hopi men were imprisoned in Alcatraz for refusing to send their children to boarding schools (National Park Service, 2007).

By 1909 the United States had established 157 boarding institutions on American Indian reservations and twenty-five boarding schools off reservation (Cross, 2003); by the 1930's, more than two-thirds of Native children had been forced to attend these schools (King, 2008). The actual number of American Indian children who attended boarding school is estimated at approximately 100,000 (McKelvey, 2004). American Indian children grew up separated from their families, their tribes, and their culture. This destroyed that most fundamental infrastructure of society, the family, and, having severed children from the nurturing and protection of their parents, granted school authorities the implicit right to use and abuse children according to whatever exploitive, punitive and perverse treatment they deemed advantageous to strip the children of their natural beliefs and attachments. Children grew up filled with fear and shame and with no recourse but to endure the best they could.

Hundreds of former mission boarding school survivors from South Dakota have instigated lawsuits against Roman Catholic clergy, dioceses, and the United States federal government, seeking retribution for abuses they endured during the 1950's through the 1970's. Among other things, the plaintiffs described routine beatings, sexual abuse, and hard labor. One of the perpetrators accused in the lawsuit of physically and sexually abusing children defended her actions in an interview with the Washington Post stating "I don't think anyone was mistreated unless they asked for it" (Waxman, 2003, "A Range of

Responses," para. 11). The participants in this research attended mission boarding school in the Upper Midwest and shared similar accounts.

The next section of this chapter further describes the residual effects of historical trauma upon American Indians. In order to understand historical trauma, the germinal work of Maria Brave Heart and several other research studies have been examined.

Understanding Trauma

Trauma, the Greek word for a wound or damage, a well-understood concept in the health sciences, is most commonly associated with physical trauma. Trauma in the social sciences is more difficult to understand and has been associated with psychological conditions.

Relentless advocacy and lobbying efforts were demanded of healthcare professionals who worked with veterans of the Vietnam War in order to achieve a breakthrough in obtaining medical recognition of post war trauma as a verifiable condition warranting treatment and qualifying for benefits (Denham, 2008). Such efforts as these, together with an accumulation of literature on the post-effects of psychological trauma; culminated in its classification as a mental disorder in 1980 by the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders: Third Edition (DSM III) (Lasiuk & Hegadoren, 2006).

Historical trauma in American Indian experience. Although for many years physical trauma as a concept has been of interest to nurse researchers in a variety of settings, little has been done in nursing research to examine the concept of historical trauma. The expansion of the meaning of trauma to include historical trauma (Brave

Heart, 1998, 2003; Brave Heart-Jordan, 1995; Waldram 2004) is a particularly salient concept among those American Indians whose lives are still being impacted by the mission school experience, and ancestral persecution.

Brave Heart defined historical trauma as "cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences" (2003, p.1). She contended that historical trauma is held personally, yet may be transmitted repeatedly from one generation to the next; thus, even family members who had not directly experienced historical trauma may be significantly impacted by the traumatic event generations later. Descendants of historical trauma carry within themselves the trauma endured by their families, and respond to their world in ways that would be typical of one who had experienced the trauma personally, so in a very real sense, the victimization lives on (WhiteShield, 2000). Brave Heart (2003) offers the following description:

> [Historical trauma is] a collection of events in reaction to massive group trauma. The [historical trauma response] often includes depression, self-destructive behavior, suicidal thoughts and gestures, anxiety, low self-esteem, anger, and difficulty recognizing and expressing emotions. It may include substance abuse, often an attempt to avoid painful feelings through self-medication. (p. 7).

Following are just some of the dysfunctional behaviors trauma victims may adopt in an attempt to ameliorate felt pain, anxiety, or inner turmoil (Brave Heart, 2003).

Conspiracy of silence. The conspiracy of silence is one transmission mode of historical trauma (Danieli, 1998), an example of which is the universally upheld taboo by both perpetrators and victims surrounding allegations of unlawful and/or shameful acts committed against children by religious authorities at mission boarding schools. The

refusal of perpetrators to seek forgiveness, religious institutions to acknowledge complicity, and of society at large to hear traumatic stories with concerned compassion deprives victims of validation, placing the burden of blame and shame upon minor children whose only crime was vulnerability.

Fixated trauma. Brave Heart explained that fixation to trauma is another feature of unresolved grief in which affected individuals remain loyal to the suffering community from which they come. This emotional fixation becomes a way of life, which, despite frequently being dysfunctional, is comforting, and is unconsciously recreated by successive generations (Brave Heart, 2003). It is as though the void created by the eradication of cultural supports has been filled with devastating communal memories, which bind members of the community together while they are together, but which condemn those same individuals to abject isolation and misunderstanding when they venture outside their insular community. Comparable to a post-traumatic stress type of response, the victim may be overwhelmed with feelings of torturous insecurity and impending doom when faced with the prospect of enduring separation from the reassuring familiarity of home, regardless of how dysfunctional that home may be (Gone, 2009).

Impaired trauma. Impaired trauma may manifest itself as low self-esteem, anger, self-destructive behavior, and substance abuse. Furthermore, all too often, the victim adopts the ways of the oppressor as a coping mechanism (Brave Heart, 2003). This lateral oppression of victims has resulted in intimidation, manipulation, abuse, and over-all dysfunctional behavior within tribal families and communities.

Disenfranchised grief. Brave Heart explained that disenfranchised grief is that which is not validated by the dominant culture, thereby nullifying the grieving process since it is neither given credence nor acknowledged (Brave Heart, 2003). An example of this might be the frustration over lack of empathy or legal support for American Indians' basic right to provide food for the family year round, with hunting being strictly controlled by the dominant Caucasian culture. Thus, men who are expected to provide basic sustenance for their families risk legal ramifications if they do so in the way their ancestors have done for tens of thousands of years. Demonstrations of grief in the form of conscientious objection, protest, or attempts to modify laws are met with condescension and contempt by groups who disbelieve stories of inequities and atrocities committed against American Indians.

Residual Effects of Historical Trauma

Historically, experiencing trauma and the reaction to that trauma are part of the human experience (Denham, 2008). More than four hundred years of oppression has taken a horrific toll upon the American Indian people. In the second half of the 19th century continuing up until the 1950's coercion to attend boarding schools, to relocate off-reservation apart from community support, and the denial of religious freedom culminated in American Indian families that are plagued by the full spectrum of dysfunction (Brave Heart-Jordan, 1991; Brave Heart and DeBruyn, 1998a). It was not until the Native American Freedom of Religion Act of 1978 was signed into law by United States President Jimmy Carter, that American Indians were afforded the same religious freedom as all other Americans. This act allowed American Indians to use

sacred objects and to perform traditional rites and ceremonies that had been previously forbidden by the US federal government (Michaelsen, 1984).

Ineffective parenting. The legacy of historical trauma, one filled with shame, fear, and anger, continues to be tangible in the present time (Brave Heart-Jordan, 1991). Add to this the loss of cultural identity, with all its multilayered supports for individuals, communities and nations, and the formula for societal collapse might well be deemed complete. Evidence of this atrocity has been the inability of subsequent generations of mothers and fathers to know by natural means what it is to provide children with developmentally appropriate expectations and nurturing, having themselves experienced only a distortion of adult behavior by the religious orders in charge of the mission schools. These inadequacies have often resulted in very strict disciplinary practices in parenting and not knowing how to nurture their children (Cross, 2003). These issues have been exacerbated by the fact of high levels of poverty, with American Indians enduring poverty at nearly 3.5 times as whites, that is, 27 percent compared to 8 percent (HealthyPlace, 2008). Furthermore, the proportion of American Indians without high school diplomas contributes to ineffective parenting skills, with 44 percent lacking high school diplomas, compared to 25 percent for the national average (Indian Health Service, 2008).

Substance abuse and mental health. The literature review provided many definitions of alcoholism; however, the researcher found the definition provided by Morse and Flavin (1992) to be most applicable:

> Alcoholism is a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The

> disease is often progressive and fatal. It is characterized by continuous or periodic impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial (p. 1012).

Illicit substance and alcohol abuse among the American Indian population has progressive adverse effects upon physical and mental health; more so, it exerts a deadly influence upon family, education, employment, governance and other social issues (Beauvais, 1996). Robin, Chester, Rasmussen, Jaranson, and Goldman (1997) found that gender played a role in alcoholism and treatment among a sample of American Indians in the Southwestern United States, as 41.1% of the males and 18.8% of the females reported treatment for substance abuse. In an American Indian group from rural South Dakota, 71% of the males were found to be heavy alcohol users compared to 28% of the females (Lowe, Long, Wallace, & Welty, 1997).

Substance and alcohol abuse has a wide range effect upon American Indian youth across multiple U.S regions. Accidental deaths, which is the second leading cause of death among American Indian youth in Lovelock, Nevada (Smith, Breazeale, Hill, & Bolzle, 2000), have been linked to alcohol use. Two questionnaires were used for needs assessment in the Lovelock Paiute Tribe, one for the adult and elder tribe members, and another for local agencies including but not limited to social services and juvenile authorities. It is significant that both groups ranked family history as one of the primary risk factors for substance and alcohol use.

According to Smith, Breazeale, Hill, & Bolzle, (2000) existing prevention and treatment programs for American Indian adults are valuable resources that are instrumental in the recovery process. These methods of intervention and treatment must

undergo ongoing refinement to meet the needs of a progressive and changing society while holding true to American Indian values.

Large-scale studies of mental disorders among older American Indians are lacking, but statistics reveal that this population has higher risk factors due to health, economic and social disadvantages. The suicide rate among American Indians/Alaska Natives is 50% higher than the national rate (Wallace, Calhoun, Powell, O'Neil, & James, 1996). According to the 2010 National Health Statistics Reports, and American Indians and Alaskan Natives are disproportionately represented as having health risk factors in assessment of well-being (Barnes, Adams, & Powell-Griner, 2010); they are approximately twice as likely to have felt worthless in the past 30 days compared to whites, at a rate of 3.2% to 1.7%. In a study of a tribe in the Southwest, it was revealed that individuals who had been victims of child sexual abuse struggled as adults with multiple psychiatric disorders (Robin, Chester, Rasmussen, Jaranson, & Goldman, 1997).

Although research has substantially saturated these concerns for the general population, the limited literature for American Indian populations suggested that this population has predominately been overlooked (Smith, Breazeale, Hill, & Bolzle, 2000). More specifically, a large portion of the research has focused on inner city and rural areas seeking contrast and similarities in American youth drug and alcohol cultures (Smith, et al., 2000; Fickenscher, Novins, & Beals, 2006) with far less inquiry into the adult population. Research studies indicated the destructive impact of alcohol and drugs in American Indian communities. Research findings supported the need for more education, and culturally relevant intervention and treatment programs that included families (Kumpfer, Alvarado,

Smith & Bellamy, 2002). Perhaps through additional research, solvable alternatives for these social issues can be developed.

Studies on Historical Trauma

There are limited studies on historical trauma of American Indians in particular. In the following paragraphs, three of those studies have been summarized and evaluated in relation to successful approaches for the documentation and assessment of historical trauma in American Indian populations. Each of the studies demonstrated cultural sensitivity, which is extremely important in order to avoid bias and ethnocentrism when seeking information from diverse populations. Each has relevance to the American Indian population.

Study # 1. Whitbeck, Adams, Hoyt, and Chen (2004) conducted a quantitative study with 143 American Indian adult parents of Indian children aged ten through twelve. This research is part of a longitudinal study of the germinal work of Brave Heart started in 1995. The study reported on the development of two instruments related to historical trauma among American Indian people, the Historical Loss Scale (HLS), and the Historical Loss Associated Symptoms Scale (HLASS). The HLS is comprised of 12 areas identified by focus groups and American Indian informants that list various types of loss, such as loss of land, common language, and spiritual traditional ways. The scale measured how often the losses were thought about: 1 = several times a day; 5= yearly or at special events. The HLASS utilizes a Likert scale in evaluating 12 items and the particular symptom that is associated with the loss. It is scored from '1 = never' to '5 =

always' when thinking of the losses. Examples of the symptoms are sadness, anger, isolation, and distrust of white people (Whitbeck, et al., 2004).

The results of these studies revealed that historical loss is shared by the current generation of American Indian just as it is shared with the oldest members of the population in the study. The data indicated the current generation of American Indian adults is plagued by thoughts pertaining to historical losses and these thoughts are often associated with negative feelings. Two factors of the HLASS that indicated the impact on mental health emerged as anxiety/depression and anger/avoidance components (Brave Heart, 1999).

Study # 2. Brave Heart (1999) conducted a qualitative study of 10 Lakota parents with two Lakota adult parent facilitators. The participants of the study were engaged in a "model prevention curriculum that incorporated information about historical trauma and reattachment of Lakota values" (p. 111). In earlier studies conducted by Brave Heart among Lakota parents (Brave Heart and DeBruyn, 1998b; Brave Heart-Jordan, 1991), findings suggested that those who had attended mission boarding schools felt inadequate and unprepared for their role as parents. Participants revealed that a lack of being nurtured and an abusive institutional environment had affected their ability to have healthy parenting skills. Traditional and cultural norms of role modeling had been absent in the participant's life, generating feelings which had often resulted in very strict discipline practices in parenting and feeling at a loss as to how to nurture their children. Not only was historical trauma a factor in ineffective parenting, it also increased the risk

of developing alcohol and substance abuse among the participants and their children (Brave Heart, 1999).

In recognition that loss of spiritual foundations through oppression had weakened the Lakota traditional value system, and had resulted in scant knowledge of the traditional way of parenting, Brave Heart implemented an innovative program with a curriculum based on traditional Lakota concepts and values (Brave Heart, 1999). The specific aim of the program was to encourage the use of traditional practices to protect Lakota youth from engaging in high-risk activities such as substance abuse. This involved incorporating *Woope Sakowin*, the Seven Sacred Laws[1] (Kills Straight & Newcomb, 2004), into the curriculum in order to build a strong foundation for the intervention. It also involved introducing new initiatives such as the Wakanheja foster community healing network designed to teach traditional child rearing values (Brave Heart-Jordan, 1991, 1995). The Lakota word for children, wakanheja, means literally that children are sacred spirits returned to the earth as gifts to the parents (Brave Heart & DeBruyn, 1998b). According to Lakota beliefs, the children are not just the heart of the family; they are the heart of the nation.

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[1] Woope Sakowin (The Seven Sacred Laws)

1. Wacante Oganake: To help, to share, to give, to be generous.
2. Wowaunsila: Pity, compassion.
3. Wowauonihan: To respect, to honor.
4. Wowacintanka: Patience and tolerance.
5. Wowahwala: To be humble, to seek humility.
6. Woohitike: To be guided by your principles, discipline, bravery, courage.
7. Woksape: Understanding and wisdom (Kills Straight & Newcomb, 2004).

The curriculum consisted of four modules: Module 1 increased awareness of historical trauma; Module II focused on the adoption of the *Woope Sakowin* into their lives to strengthen the *tiospayne* (extended family); Module III, wakanheja, focused on Lakota child development, and Module IV centered on providing knowledge of Lakota parenting skills (Brave Heart & DeBruyn, 1998b).

Findings confirmed that all parent participants were not only positive about the curriculum, but they experienced empowerment through the strengthening of the *tiospayne*. Major findings included the insight gained into historical trauma and its impact on parenting, as well as the transformation on parenting felt by the participants because of this intervention that was designed around cultural awakening (Brave Heart & DeBruyn, 1998b).

Study # 3. Brave Heart and DeBruyn (1998a) studied the effects of internalizing historical trauma in a qualitative study with five former boarding school residents, all Lakota, including three men and two women. The participants were video- and audio-taped in a focus group with field notes taken by the researcher. The data was coded and categorized for themes. Participants shared personal boarding school experiences that resulted in trauma. One individual in this study related an incident that occurred to her while a child in boarding school: her hands had been beaten so badly that her fingers were broken. Another recalled being made to kneel in the hallway, and, having been forgotten, was found in the morning asleep on the floor outside of the dormitory. Other participants recounted the anger and rage they felt over their respective comparable boarding school experiences.

Brave Heart's study provided insight into storytelling as a useful method of working with an American Indian population who experienced historical trauma. Resilience emerged as a major theme in dealing with the historical trauma among the Lakota participants (Brave Heart, 1999). Findings suggested that cultural narratives or stories are valuable vehicles for facilitating research with American Indian populations.

The three articles revealed a variety of approaches that have been used to investigate historical trauma. Findings in study #1 demonstrated that respondents were comfortable with using a Likert scale as a vehicle for describing sensitive issues. Study #2 revealed that participants were willing to embrace interventions that reawakened traditional cultural values. Study #3 suggested that storytelling, a well-developed traditional form of cultural transmission, continues to be well accepted and practiced commonly in Lakota culture.

Brave Heart's Historical Trauma Intervention Model

Waldram (2004) asserted that psychic trauma accumulates over time and can be linked to multiple experiences, supporting Brave Heart's (1998, 1999, 2003) work in developing the concept of historical trauma. In her 1992 dissertation research, Brave Heart spearheaded a new project to devise a system of trauma intervention geared specifically to examine historic trauma in American Indians (Brave Heart-Jordan, 1995). She further developed the concept of historical trauma between 1995 and 1998 while conducting research with American Indians. During this period, she expanded upon development of her preliminary historical trauma intervention, which included four major community intervention components. She also reported her findings at national

presentations, and received an overwhelmingly positive response to the historical trauma concept from American Indian communities across the country.

First: Confronting the historical trauma. Brave Heart (1998) contended that, in order to understand historical trauma, an individual must understand the United Nations stand on genocide. Supporting this concept, Legters (1988) declared American Indians were victims of a holocaust, similar in many ways to that of the Jewish population. He asserted that the treatment of American Indians qualifies as genocide as described at the United Nations 1948 Geneva Convention:

> Genocide means any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial, or religious group, and includes five types of criminal actions: killing members of the group; causing serious bodily or mental harm to members of the group; deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; imposing measures intended to prevent births within the group; and forcibly transferring children of the group to another group (p. 769).

Insofar as this study focused on the boarding school aspect of historical trauma, it has been documented that physical, mental and sexual abuse were exercised with regularity; strict regimentation enforced the global extinction of cultural remnants of the former life, including, but not limited to, language, dress, personal appearance, religious expression, and traditions. Faculty and staff at boarding schools exerted total control on the children to such an extreme that siblings living at the same boarding school were routinely denied the small comfort of having contact with one another (Clarke Historical Library; 2008).

Despite volumes of documentation in the form of anecdotal accounts, case studies, research and federal lawsuits, this information has been suppressed or

minimalized, in that the general media, including history books, ignores the magnitude of the problem if they acknowledge it at all. Additionally, national holidays and local celebrations perpetrate a misrepresentation of facts, all of which bear testimony to the fact that a comfort zone of cultural bias has been constructed upon denial. Moonanum James, Co-Leader of United American Indians of New England, prepared a powerful speech dispelling the myth of the traditional Thanksgiving celebration, which local government officials refused to allow audience.

> Upon first arriving, the pilgrims opened my ancestors' graves and took our corn and bean supplies. Later, from the very harbor we can see from here, the English sold my ancestors as slaves for 220 shillings each.
>
> The first official "Day of Thanksgiving" was proclaimed in 1637 by Governor Winthrop. He did so to celebrate the safe return of men from Massachusetts who had gone to Mystic, Connecticut to participate in the massacre of over 700 Pequot women, children, and men.
>
> About the only true thing in the whole mythology is that these pitiful European strangers would not have survived their first several years in "New England" were it not for the aid of Wampanoag people. What Native people got in return for this help was genocide, theft of our lands, and never-ending repression (James, 1999, paras. 5,6, & 7).

The impact upon victims of this sort of global denial is unconscionable, but until it can be confronted honestly and openly, resolution cannot even hope to be palliative.

Second: Understanding the trauma. The second component of Brave Heart's intervention was a natural progression from confronting the trauma, and that involved gaining an understanding of the trauma (Brave Heart, 1998). Seeking verification of the uncensored history of Indian people is a central aspect in understanding historical trauma.

For example, the Bigfoot Memorial Ride in 1990 went beyond commemorating the Wounded Knee Massacre of 1890; it also initiated the healing process for historical trauma victims. Participants were encouraged to share feelings and ideas on mourning and grief resolution from a cultural context. Participants were invited to share their feelings about the government action that made it illegal to practice American Indian cultural ceremonies and how it affected their personal grieving process (Brave Heart, 1998). The dominant society's view of American Indian people as savages was discussed and participants were encouraged to share their stories. Affirmation of participant stories was needed in order for them to release grief.

Brave Heart explained that thinking of someone as not being fully human allows the dominant individual to minimize the effects of treachery upon the one perceived as inferior. This leads to the conviction that harmful events should not have the same emotional impact as would be experienced by those in the position of privilege had the tables been reversed. In turn, such an attitude serves to absolve the culpable party of any guilt, responsibility, or consequences that may be associated with the hurtful event (Brave Heart, 1998).

Third: Releasing the pain of historical trauma. During the third phase of Brave Heart's intervention, ritual ceremonies were discussed. Prayer and affirmation are important aspects in releasing the pain of historical trauma (Brave Heart, 1998). The expression of this may be different for different tribal members. Releasing the pain may occur through stories shared, tears, and strength found in the group. Spirituality, once integral to the functioning of every aspect of family and society, had the capacity to heal

wounds as American Indian people were encouraged to come together again in their sacred circles (Brave Heart-Jordan, 1991, 1995).

Fourth: Transcending the trauma. In the fourth phase of Brave Heart's intervention model individuals discussed and shared coping strategies they had used. Ideas about healing were shared and ritual ceremonies were encouraged so the past could be released and transformation could occur. Integrating the trauma into one's life circle created a pathway to transcendence.

In an ideal society, this process would be validated by the perpetrator through the acknowledgement of wrongdoing, accompanied by sincere apology and an outpouring of genuine acts of restitution. The Canadian government undertook the first steps toward such a course of action in 1998 when it issued an official acknowledgement to First Nations peoples of wrongdoing and mistreatment. The authorization in 2008 of restitution payments to former residents of Canadian boarding schools, and the provision for public forums that granted victims a podium from which to disclose their stories provided a promising beginning of meaningful healing between both cultures (Uttley, 2008).

The United States government has not officially addressed its historical injustices in similar manner. In 2000, while speaking at the commemoration of Bureau of Indian Affair's 175th anniversary, the Assistant Secretary the BIA issued the following statement acknowledging the treachery his organization has inflicted upon American Indian people since its inception:

> In these more enlightened times, it must be acknowledged that the deliberate spread of disease, the decimation of the mighty bison herds, the use of the poison alcohol to destroy mind and body, and the cowardly killing of women and children made for tragedy on a scale so ghastly that it cannot be dismissed as

merely the inevitable consequence of the clash of competing ways of life (Gover, 2000).

Until historical trauma is better understood, American Indians will not receive appropriate culturally relevant care. Massive wounding of the spirit continues to plague many American Indians as they live with intergenerational grief. Effects to decrease mental health disparities in the American Indian population have failed abysmally because historical trauma has not been clearly understood among health care providers (Brave Heart-Jordan, 1995; Struthers & Lowe, 2003).

Storytelling Research

Armed with the conviction that Brave Heart's methods can be modified to fit the needs of health care professionals, it became necessary for the researcher to delve into those methods that have already been tried and researched, with particular attention to effective ways of facilitating American Indian people to tell their stories. Reliable means needed to be evolved that would permit the framing of stories so health care solutions could be found.

Storytelling promoted a safe environment, as elucidated by Hodge, an American Indian PhD prepared scholar, together with Pasqua, Marquez, and Geishirt-Cantrell (2002). Hodge et al. promoted storytelling as a vehicle for wellness among indigenous people that has had relevance since antiquity, with humor and mutual acceptance building resilience among tribal members.

Stories constitute one of the oldest communication channels of world cultures, uniting humans together, promoting the development of group cultural identity; and serving to relay culture over time (Taylor, 1996). While providing a vehicle for voicing

remembered history in the light of present perspectives (Bergner, 2007), storytelling "incorporates narration of events-as-remembered and infuses unique personal perspectives which shape meaning and guide choices in-the-moment" (Liehr & Smith, 2008, p.208). The sensitive listener facilitates acceptance and a safe haven from which to piece together a quilt of coherence, promoting sincerity, openness, and increased levels of trust and comfort, allowing voice to be fully expressed and creating potential for revelatory insight into behavior patterns that impede health.

It was also evident in the research of Bailey and Tilley (2002) that fostering a casual yet caring atmosphere promoted feelings of safety and resiliency among participants. It was evident that the type of interchange that took place in the Bailey and Tilley (2002) interviews required finesse in informal give-and-take. Such skillfulness was an important consideration in the development of the storytelling approach that had been used in their study on clients who suffered from chronic obstructive pulmonary disease (COPD). The authors included the perspectives of family caregivers and nurses. Narrative analysis was used in the study.

It is helpful to remember that any individual's story, though often an inaccurate account from a purely scientific point of view, does provide a good look into that person's perspective of perceived importance, making it worthy of consideration by the caregiving professional (Bailey & Tilley, 2002). Holm, Lepp, and Ringsberg (2005) used storytelling with a population suffering from dementia. The authors found that when participants felt welcome to join in associative conversations, storytelling promoted ease in which the participants felt comfortable sharing previous experiences.

Wittenberg-Lyles, Greene and Sanchez-Reilly (2007), in their research, demonstrated that storytelling had merit for both parties in patient/caregiver interchange. Their sample consisted of the published narratives of 105 end-of-life clients. They cited numerous anecdotal accounts in which patients, their families, and professionals, including nurses and physicians alike, were validated and strengthened in their ability to face difficult end-of-life and life-changing events when there was compassionate empathy. Of prime benefit was that "storytellers attempt to make sense of a predicament or trauma, assert a measure of control that up until that time was beyond their power, and restore coherence through the retelling" (p. 4).

In their research on the patient and caregiver interchanges, Liehr and Smith (2008) suggested:

> A prime movement toward resolving emerges along a spectrum including subtle recognition as well as all-out embracing the now-moment. Resolution does not close when the story telling ends; it occurs in its own time. On some occasions, subtle recognition is a huge step along the path of human development, opening doors and pointing directions, enabling next steps (p. 216).

Storytelling serves as a way to transmit information to another generation, thereby affecting the future in that it weaves the past into the fabric of the present (Frid, Ohlen, and Bergbom, 2000). From a health care perspective, narratives are a way to call attention to the importance of communication in an environment dominated by ever-increasing technology (Bowles, 1995); they are a path leading to knowledge in communion with the client. Health care practitioners, nurses in particular, are schooled in the art of active listening, which is essential in conveying interest in the story. Equally important is the ability to accept the narrative in a non-judgmental manner, permitting

listener and teller to come together in the spirit of the moment. The nurse develops the ability to stay in the rhythm of the story while at the same time holding self apart in a spirit of objective true presence (Liehr & Smith, 2008). In this approach, the caregiver serves to support the client story, which is seen as a way for the nurse to share experiences of pain and suffering within a caring environment.

Guidelines, anecdotes, and situational examples of storytelling methods will be further explored to expand upon existing research. Research-based best practices and codes of ethics that may be used in healthcare classrooms for enhancing the usefulness of storytelling need to be developed. That is a long-term goal, which this researcher endeavors to embark upon, with the sincere anticipation that others will seek additional methods of verification in order to advance nursing encounters through Story Theory as developed by Liehr and Smith (2008).

Contemporary Storytelling Methodology

Liehr and Smith (2008) have developed methodology for story sharing, providing a guideline for researchers who wish to engage patients in meaningful dialogue. The first process of the method is intentional dialogue about a complicating health challenge; followed by connecting with self-in-relation as the story plot unfolds; and then creating ease as the story sharer moves toward resolving. This has previously been discussed in Conceptual Framework of Chapter One of this document. For this study, cultural adaptations were added to encourage compliance with the story sharing process, as well as to facilitate internalization of the insights gained because of that process. The

incorporation of traditional cultural perspectives was intended to facilitate story sharing which has been conceptualized as storytelling a tool for authentic healing.

Summary

In order to advance the study of American Indians regarding historical trauma, the research methods needed to reflect a thorough understanding of the nature of historical trauma and the cultural uniqueness of research participants who have experienced it. Another focal area of concern was to develop studies that have the potential to shed light on how historical trauma may have contributed to substance abuse and mental health problems in American Indians.

There are few instruments used to measure historical trauma. The Historical Trauma Scale and the Historical Associated Symptoms Scale used by Whitbeck, Adams, Hoyt, and Chen (2004), which have been reviewed in Study #1, are relatively new. Further studies are needed to determine whether they are culturally competent instruments possessing reliability and validity among American Indian tribes other than the Lakota, as well as among other cultural groups than American Indians. It has been suggested by Brave Heart (2003) that this important new area of research calls out for further exploration. A dearth of research based information results in health care providers, including nurses, who fail to understand how American Indians feel about their historical journey and its impact on their health. Because of this lack of understanding, opportunities for appropriate treatment may be missed.

Actively listening to the stories of American Indians promised new insights into a population that has been underrepresented and often unheard. If health behaviors were to

be understood and eventually influence healing and eliminate health disparities, it was essential to allow American Indians to tell their stories from culturally appropriate perspectives. Just as it would have been unreasonable to expect all Europeans to share common cultural perspectives, regardless of being Icelanders or Italians, Serbians or Swedes, so it was important to bear in mind that American Indians, as individuals, are members of specific tribal nations, each of which has sovereign rights, and each of which is recognized for its own cultural uniqueness.

Insight into the depth and breadth of historical trauma among American Indians has the potential to greatly help health care professionals approach the dysfunction that they encounter among that population. With informed awareness, health care professionals can lay a crucial foundation for more meaningful interventions. Of tremendous import is the recognition that the residual effects of historical trauma are due to wounds that result from an accumulation of centuries of ancestral persecution combined with deeply felt injustices that are experienced as recent or ongoing. This information illuminates the dark realities of many of the chronic physical, psychological, and social disorders that are prevalent among members of this population.

CHAPTER 3: METHODOLOGY

Research Design

A qualitative descriptive exploratory approach was used to conduct this research with a storytelling focus intended to provide information about historical trauma in American Indian participants who attended mission boarding schools in the Midwest. Using the concepts of intentional dialogue and creating ease from Story Theory (Liehr & Smith, 2008) this study detailed the stories of American Indian mission school survivors in order to discover how that experience affected their health challenges and the approaches they used to resolve health challenges. Inductive analysis was used to answer the two research questions identified in chapter one. The Nursing in the Native American Culture Conceptual Framework guided the appropriateness of the research approach and interpretation of findings.

Approach. Polit, Beck, and Hungler (2001) suggest that demographic data builds a profile of participant characteristics for the reader. Demographic data can also be utilized in providing a quick snapshot of population representation. General demographic data was collected for this study using a demographic questionnaire. The table that was used for the demographic information for this study may be found in Appendix D.

A cultural adaptation of Story Theory methodology (Liehr & Smith, 2008) was used to gain insight into health challenges and approaches to resolving health challenges experienced by American Indian mission boarding school survivors. The Dream Catcher-

Medicine Wheel was used as a guide for participants to tell their stories according to American Indian tradition of seeking perspective of the four directions.

Sample and recruiting of subjects. Guidelines were established for inclusion in this study, and the settings for storytelling interviews were designed to be culturally appropriate. This resulted in a sampling of individuals who were motivated to participate and who felt comfortable with the storytelling procedures.

Setting. Those who agreed to tell their story had a storytelling session scheduled at an agreeable time and place to both the participant and the researcher, such as in the participant's home or in a place that offered privacy for storytelling and was easily accessible to the participant. The researcher was prepared to be available if the storytelling session needed to be accomplished in more than one session. At the opening of the story session, the participant was required to read and complete the Consent to Participate in Research (see Appendix A).

Population. Convenience snowball sampling was used to recruit nine women from off-reservation communities in the upper Midwest United States who identified themselves as American Indians enrolled in two tribes in the United States. All of the participants referred were women. Participants were required to have attended mission boarding school themselves, as opposed to being individuals who were familiar with or had heard about someone who attended mission boarding school.

Sample. The following inclusion criteria were used:

1. The researcher contacted potential participants from referrals received from other participants via phone or in person.

2. Referrals from personal contacts were used in this study (see Appendix B for a copy of Letter of Explanation/Invitation & Phone/Email Information).
3. A positive response to the phone call, email, or personal contact was necessary before the researcher scheduled a time to talk with the tribal member.
4. Participants were required to be able to read and understand English.
5. Consent forms had to be read and signed
6. Demographic information was also collected after consent forms were signed (see Appendix D).

Ethical Consideration

Protection of human subjects. The University Institutional Review Board (IRB) at Florida Atlantic University, Baca Raton, FL approved this study. The researcher completed IRB training and the completion certificate is on file. As an enrolled member of the Turtle Mountain band of Chippewa Indians who has 34 years of experience as a nurse educator, the researcher was very comfortable and well suited to conduct this culturally sensitive research with this population.

Respect (Brave Heart-Jordan, 1995; Dahlen, 1994; Lowe & Struthers, 2001) was maintained by presenting each participant with a consent form outlining a brief description of the study before the commencement of the storytelling session (see Appendix A). Participants were asked to read and sign the consent that included permission to be tape-recorded. In those cases in which a tape recording was not in

accordance with the participant's preferences, the researcher explained the need to take field notes and participants could write on the Dream Catcher-Medicine Wheel. Next, demographic information was recorded. Participants were given a choice to participate in introductory spiritual grounding ceremonies, which was reflective of traditional American Indian rituals used to bring participants together into a respectful unity of purpose (Dahlen, 1994). Individual storytelling sessions were conducted, which lasted from 30 to 60 minutes, during which the participants were asked to focus on health challenges and how those health challenges were resolved. Notations were made on the Dream Catcher-Medicine Wheel model by the participant, orienting experiences within the netting of the Dream Catcher-Medicine Wheel. The dialogues were opened by the question: Can you tell me the first experience you remember about attending mission boarding school?

Trust was assured (Brave Heart-Jordan, 1995; Dahlen, 1994; Lowe & Struthers, 2001) through the provision of confidentiality. There were no personal identifiers noted on any story. Data access remains limited to project researchers. In order to preserve confidentiality; audiotapes have been heard only by the transcriber and the researcher. Additionally, transcripts and Dream Catcher-Medicine Wheels have been examined only by the transcriber and the researcher. Participants' names have been replaced by numerical identifiers, and the master list of names and identification numbers remain in a locked file accessible only by the researcher. Identification privacy has been assured in the reporting of study outcomes. Every attempt has been made to ensure that reporting does not present personal information in such a manner that identities may be inferred.

Participation was voluntary and study participants were initially informed and periodically assured they could terminate the storytelling session at any time without any sanctions. They were asked to share only what they wished to share. There was risk these stories would evoke emotionally charged memories for the participants.

Procedure

Respecting cultural traditions. Every aspect of daily living, private and public, is imbued with spiritual significance and connectedness among American Indian people (Brave Heart-Jordan, 1995; Dahlen, 1994; Lowe & Struthers, 2001). Therefore, the storytelling sessions were structured around culturally appropriate spiritual undercurrents. Prayer is a common way to begin interactive sessions where intimate and personal experiences are shared.

According to Brave Heart, (1995):

> Researchers working with Indigenous peoples are obligated to imbue the experience within a spiritual context; spiritual denial has substantially contributed to the demise of Indigenous peoples' cultures. Through legal oppression, the barring of Indigenous spiritual practices have delayed the mourning and prevented the necessary healing for full recovery (p.77).

Transgenerational trauma is essentially a 'soul wound' (Danieli, 1998; Duran, Duran, Brave Heart, & Yellow Horse-Davis, 1998). Its healing seeks revitalization of the spiritual self, which has been squelched resulting in atrophy of both individual and societal well-being. Keeping this in mind, the researcher offered a traditional cultural prayer ceremony at the beginning and upon the conclusion of each storytelling session, which focused on restoring balance. Sessions began with a ceremonial burnt offering, with the use of a natural herb, sage, and prayer for guidance to segue into storytelling and

ended with a ceremony for closure when storytelling was finished.

American Indian ceremony surrounding storytelling. Two spiritual groundings were used to set the stage for the storytelling session, and a third spiritual grounding concluded the storytelling session. During the first spiritual grounding, the researcher asked forgiveness from the elders for any mistake made in learning to pass on traditional cultural ways. The second spiritual grounding consisted of offering of prayers in the traditional way to the four directions (east, south, west and north) combined with using the four sacred elements of earth, wind, fire, and water in prayer. The prayer focused on asking our star relatives (ancestors) to join and guide the story session. This was accomplished by pouring water on a plant to represent earth and water; the burning of sage represented wind and fire.

In concluding the storytelling session the third spiritual grounding was dedicated to the survivors of the mission school experience by affirming "I have a voice; I will be heard; All my relatives". The first chant, "I have a voice", was accompanied by the lifting the hands skyward, signifying raising one's voice to the Creator. The second chant was a repetition of the first chant combined with the second chant: "I have a voice; I will be heard." The third chant, "All my relatives", was accompanied by the buffalo stomp, a traditional symbol of an American Indian life force which involved stomping of the feet on mother earth to recall one's spirit and power. 'All my relatives' is a universal American Indian expression acknowledging the connection that exists between the entirety of creation (Dahlen, 1994), which altogether makes up one's immediate and extended family, including neighbors near and distant, the environment, animate and

inanimate, as well as the entire universe, extending throughout all of time, past present and future.

The first two spiritual groundings were done by the researcher, respectfully setting the stage for the storyteller to embark upon a very personal journey. The storyteller was invited to join in the third spiritual grounding. It is culturally appropriate to view the individual's life story holistically, with spiritual perspectives permeating every aspect of a person's life (Dahlen, 1994).

Struthers (2001) explained the researcher must understand there is a spiritual and sacred aspect to storytelling among indigenous people. The storytelling sessions were conducted in the traditional fashion with no clock time used in deference to the cultural value of careful consideration of words spoken aloud, resulting in a slower response time; silence was also respected. Upon the conclusion of the first two spiritual groundings, a beverage such as tea was offered to create ease. At the conclusion of the storytelling session, after the third spiritual grounding, a small gift was offered as is customary in American Indian tradition (Struthers, 2001). Such a gift is a way of honoring the participants and a token of respectful gratitude.

Gathering the story. Storytelling sessions were recorded on a voice activated Panasonic® cassette recorder RQ-L51 using Maxell® normal bias UR 60 minute tapes. The tape recorder was placed on a placemat in the center of the table midway between the researcher and the participant. The tape recorder was tested prior to interviews as well as at the onset of each session. The researcher carried spare batteries and cassettes.

The researcher created a setting to create ease during the grounding ceremony, which consisted of a living plant, representing Mother Earth, a bottle of water to provide nourishment to the soil, a seashell for burning sage to represent fire, with the smoke from the fire representing air. Then the storytelling session began, facilitated by the Dream Catcher-Medicine Wheel. When the participant reached the end of her story, she was given the opportunity to listen to her own story through playback of the tape. She was then encouraged to make additional notations on the Dream Catcher-Medicine Wheel if she felt the need to clarify portions of her taped narrative. When that was completed, the session was brought to a close with the recitation of a ceremonial chant; the creation of this chant was based upon the researcher's traditional holding knowledge. Upon conclusion, a gift of handmade potholders and decorative kitchen towels was offered to participants.

Dwelling in the now is essential in promoting ease while querying as the story plot emerges. There are two dimensions to creating ease: remembering disjointed story moments and flow in the midst of anchoring. Liehr and Smith (2008) explained that "story is a narrative happening; story incorporates narration of events-as-remembered and infuses unique personal perspectives that shape meaning and guide choices in-the-moment" (p. 208). The participants were invited to tell their story after the first two spiritual groundings had been performed. The researcher sat in abeyance or shadowed back from the situation while participants were engaged to share their stories about the challenges of being a mission boarding school survivor. As stories were shared, ease emerged as story moments come together enabling a sense of understanding of the whole.

The researcher used sample questions to guide dialogue during the story session (see Appendix C). The questions served to authentically engage participants in storytelling.

Stories were collected until saturation was reached (Lincoln & Guba, 1985). The objective of saturation was to collect stories until no new information emerged. This was accomplished after nine interviews.

Data Analysis

Seven of the nine participants consented to having their stories tape-recorded. Two participants were uncomfortable with tape recording, but agreed to make annotations on the Dream Catcher-Medicine Wheel while the researcher took field notes during their storytelling sessions.

After the interviews, the tape recordings were transcribed. During transcription, an ID code number was assigned to the data collected from each participant, and all identifiers, such as proper names of persons and places, were replaced with generic descriptors. These identifiers were recorded in a separate document and stored in a secure location together with the paper documents, the taped recordings, and the master list of participant names with the code number that was made for cross-referencing. The researcher is keeping all notes and transcriptions in a locked file cabinet.

A transcriber listened to the tapes and typed the interviews verbatim, inserting in parentheses brief descriptors of interruptions, pauses, changes in tone of voice, and nonverbal expressions of emotion, which would assist in preservation of the original context within which statements were made. The efforts that were made to record verbalizations precisely as spoken, preserving speech patterns, pauses, and emotional

vocalizations, are consistent with the research of Bailey and Tilley (2002). In this manner, it was possible to ensure that story as told remained intact, despite the necessary risk of losing immediacy, and, therefore, meaning, during the use of technology in the course of moving from person-to-person storytelling, to recording, to transcription, to analysis, and finally, to synthesis in this document (Bowles, 1995).

For this study, health has been defined within a broad context of getting by day-by-day. During the inductive phase of analysis, all of the transcripts were read through repeatedly to discern how everyday living was challenged for these survivors; this process is described as conventional content analysis by Hsieh and Shannon (2005). The following steps were used to analyze the emerging themes and subthemes:

1. The transcripts were read and reread until meanings surfaced, after which they were color-coded in accordance with the themes and subthemes that had emerged, such as Breaking, Silencing and Survival of the Spirit.
2. The Dream Catcher-Medicine Wheels and the printed transcripts of the nine participants were then spread out on a table. Each of the transcripts was then snipped apart in order to create a matrix of individual quotes that supported emerging themes. The researcher updated the field notes with information recorded on the Dream Catcher-Medicine Wheels of the participants whose stories had not been tape-recorded, which were snipped apart for categorizing as well.

a. These were then subdivided into the categories of that which had happened during boarding school, and that which had been experienced over time into adulthood.

b. They were then organized under clustered groups according to subject matter such as rape, beatings, and return to Native Spirituality.

3. These were arranged according to where their orientation should have been on a Dream Catcher-Medicine Wheel.

a. Those quotes that described Breaking and Silencing of the Spirit during school were grouped within the webbing toward the south where children should be learning cultural norms within a network of family and community supports.

b. Those events that affected their lives when they should have been concerned with coming-of-age ceremonies and vision quests were placed on the hoop toward the west under the subtheme of Survival of the Spirit during school.

c. Breaking and Silencing of the Spirit over time, which were exemplified by subthemes concerning saying nothing, keeping secrets, promiscuity, relationship difficulties and substance abuse, depicted overarching, entangled themes; these were therefore placed toward the center of the webbing, encompassing the four directions, thus depicting the magnitude of the repercussions from the sustained abuse they had endured.

d. Survival of the Spirit over time subthemes were oriented toward the north on the hoop, which normally is the direction of the wisdom-keepers, when elders share their cultural knowledge.

4. Through inductive analysis, it became apparent that the grouping of themes and subthemes on the webbing of the dream catcher answered the first research question. A comparable inductive approach was used to identify movement toward resolving health challenges; therefore, the answer to the second research question emerged through the themes that were grouped on the hoop of the medicine wheel.
    a. Themes concerning the Breaking and Silencing of the Spirit were depicted within the webbing, inasmuch as a dream catcher is designed to catch bad dreams in the webbing, which, through prayer, are filtered through the center opening where they can no longer cause torment.
    b. Survival of the Spirit during and after boarding school was visually represented within the sacred hoop of the medicine wheel, which symbolizes restoration of balance and healing.

Bias control. The researcher is an American Indian with mission school experience. Therefore, the potential for bias was present and was addressed in several ways. The dissertation committee reviewed and confirmed the appropriateness of the Dream Catcher-Medicine Wheel model as a culturally appropriate tool in data gathering. In preparations for actual storytelling sessions with participants, a mentoring interview session was conducted with a dissertation committee member who is an expert in story

theory to facilitate proper protocol for an interview. After interviews were completed, an individual, who is neither of American Indian descent nor connected with mission boarding schools, transcribed the storytelling interviews, and collaborated with the researcher in the review of all of the transcripts to ensure accuracy and to discern emerging categories and themes.

Finally, the categories, themes, and subthemes described by the researcher were reviewed and confirmed by the dissertation committee members Recommendations from the dissertation committee were taken into consideration and revisions made where appropriate. Copies of the dissertation that were provided to committee members served as documentation for needed revisions.

Summary

The successes demonstrated by sociologist Marie Yellow Horse Brave Heart in treating historical trauma was combined with research within the health care profession to inspire the focus of this study. Storytelling was used as the basic tool to help American Indian mission boarding school survivors express their trauma and its impact upon their lives. This research was conducted with a special aim to restore honored traditions, in that traditional healing ceremonies were incorporated at the beginning and at the end of storytelling sessions. These storytelling interviews were guided by Story Theory methodology (Liehr & Smith, 2008) using the Dream Catcher-Medicine Wheel (Dahlen, 1994) to facilitate the mapping of traumatic events, further infusing culturally appropriate perspectives. The adaptation of the research method was consistent with the values expressed by the Nursing in Native American Culture Conceptual Framework (Lowe &

Struthers, 2001). Use of the Dream Catcher-Medicine Wheel visually enhanced perspective for the researcher and participant alike, assisting in the pinpointing of strengths and supports, and the reframing of future health goals from a position of healing that was both ancestral and personal.

CHAPTER 4: FINDINGS

The seven dimensions described in Lowe and Struthers' (2001) Nursing in Native American Culture Conceptual Framework guided interpretation of data. Liehr and Smith's Story Theory (2008) was used to focus the interpretation of the data collected using the Dream Catcher-Medicine Wheel and taped storytelling sessions. Additionally, Brave Heart (1991) provided impetus for structuring data analysis related to historical trauma among American Indians.

Demographic data for the participants was descriptively analyzed (See Appendix E). Six of the participants were Chippewa females, and three were Sioux females. The mean age of participants was approximately sixty-three years old, and the mean number of years attending mission boarding school was eight years, with the mean age of starting attendance being 7 years of age. The average grade of departure from mission boarding school was 10^{th} grade or 15.5 years of age, and only three of the nine respondents graduated from high school, although two more did achieve a GED later in life. A mean number of 5.6 siblings attended mission boarding school at the same time. The mean number of children of the participants was 3.6. Six of the respondents were married and one was widowed. Of that group, the mean number of years married was 39.6. One participant was divorced and one was single.

Breaking and Silencing of the Spirit

Inductive analysis was used to answer the first research question: What were the health challenges faced by survivors of American Indian mission schools over time? The overriding health challenge themes that emerged in the inductive analysis were Breaking the Spirit and Silencing the Spirit.

Breaking the Spirit involved activities where participants described being treated like animals, being unclean and unworthy of respect and never being good enough. They had a sense that nobody cared or was listening. For example, Breaking the Spirit was demonstrated during the interview of a woman in her early seventies who remembered what she had been told more than sixty years earlier when she entered boarding school:

> They kept telling us that we [Indians] were dirty people, and we needed to be debugged [treated with DDT] before we could be allowed to go to school.

Silencing the Spirit occurred when degrading or violent methods were used by nuns and priests, who held a conviction that such treatment was appropriate and should not be discussed. Silencing of the Spirit incorporated the feeling that portions of one's life story were to be kept secret, or were too shameful or hurtful to be voiced.

An example of Silencing the Spirit was shared by a woman who left boarding school as a sixteen-year-old more than a half century ago:

> I understand the depression that I suffered and the secretness of it, of the years at boarding school. You don't want to talk to anybody about it, you don't wanna [sic] share these secrets, because they're so deep and they're so…they do something to a person.

Spirits were broken and silenced during the boarding school experience through physical, mental, and sexual abuse as well as separation from family and naturally

supportive others. Although it may seem apparent that the breaking of spirit and silencing of spirit represent two separate themes, it is characteristic of American Indian people to embrace a holistic perspective, intertwining life themes together. It then becomes too complicated to distinguish where breaking and silencing begins and ends. Likewise, one recognizes that mental and physical abuses are intricately intertwined. For the purpose of description, the theme dimensions of physical/mental abuse, separation from family and naturally supportive others and sexual abuse will be addressed separately.

Over a lifetime, it often became apparent that abuse became cumulative; that which initially had been inflicted in the distant past assumed a life of its own, continuing up to the present, and, most likely, will continue into the far distant future, as is characteristic of historical trauma (Brave Heart, 2003). Over time, these broken and silenced spirits found expression through delayed education, sleep disturbances, depression/grief/loss, substance abuse, and relationship/parenting challenges. Descriptions from participants' stories will elucidate the theme dimensions of physical/mental abuse, separation from family and naturally supportive others and sexual abuse, noting a context of secrecy, disregard for privacy and persistent fear. In addition, the expression of Breaking and Silencing, delayed education, sleep disturbances, depression/grief/loss, substance abuse, and relationship/parenting challenges, will be addressed.

Breaking the Spirit and Silencing the Spirit during school. Participants' stories revealed that their lives were changed by their mission boarding school experience. This change began when they first realized they were leaving their families. The experience

continued to influence their lives after they left boarding school. Therefore, the effects upon their lives that occurred during boarding school will be analyzed separately from the effects that continued after they left that environment. The following broad categories of physical and mental abuse, and sexual abuse, with subsequent subheadings, were experienced while attending boarding school.

Physical and mental abuse. All of the participants told stories of physical and mental abuse. Physical and mental abuse stories were interwoven because of the subjugation participants endured during the physical abuse that affected their psyche. This reflects the holistic way of thinking that is characteristic of American Indians. Following a traumatic trip hundreds of miles from home, in most cases, the first memories are of a delousing procedure that involved being treated with DDT powder, of bed assignments in barracks-type dormitories, and of the issuance of one set of sheets and a green army blanket. In the first week, all children were given work assignments. The indoctrination they had received concerning their worthlessness and filthiness, combined with forced viewing of documentary films of Hitler's gas chambers, led many of the children to fear for their lives every time they were herded into the shower room, while nuns stood guard at the door. Below are some excerpts from the stories reported by the participants that have been organized into the following categories: traveling to boarding school, barracks dormitories, delousing/DDT, indoctrination, concentration camp experience, work assignments, bedwetting, beatings and other cruel treatment, and separation from family and natural supports.

Traveling to boarding school. Participants revealed stories of traveling to mission

boarding school and the trauma it evoked. A woman in her late sixties described the experience of leaving her parents and getting on the bus bound for boarding school:

> The first thing I remember is riding a great big bus and leaving my mom and dad. Because there were so many kids from this area, a big bus would come and pick us up and Mom and Dad would drive us to this intersection. We'd all get out of the car, we'd have to get on this big bus, and they would leave. We [sisters] all had our little suitcases 'cause we'd all get on the bus.

She related that, as a ten-year-old child, unaware of the destination of the bus, she was only aware of the great distance it was travelling:

> We were really far away. I would have no idea which way we went or how [far] it was miles and miles and miles… five hundred miles. I mean we rode this bus, it was horrifying, and it was so long and so scary for us little kids.

Another woman in her early sixties provided a glimpse of the financial, emotional, and physical hardships involved in going away to boarding school:

> Our parents couldn't afford to take us, so going on a bus sometimes was the only way [my siblings and I] could get there. There were times that Mother and Dad took us to boarding school but it was hard on my mother because it was such a long drive, and we had to sit on top of each other to get there. It was over three hundred miles. I know that it was hard for Mother to take us there and leave us.

Barracks dormitories. The children's sleeping quarters were described by participants as lacking the comforts of home. One woman, now in her late sixties, recalled the barracks-style dormitories that awaited the children at the end of the long bus ride:

> We were just dropped off like a bunch of cattle. And they'd bring us to this great big room where all these little beds were.

Another woman , now in her mid-sixties, who declined being tape-recorded, noted on her Dream Catcher-Medicine Wheel that the children were kept in barracks, where they were assigned one sheet set, and one green army blanket.

Delousing/DDT. DDT powder, was an inexpensive and widely used pesticide chemical originally approved for use on crops in 1939. Initially it was viewed as a great resource in preventing such diseases as malaria and typhus, but by 1957, its use was prohibited by the US Department of Agriculture in wetland areas, and the following year the use of it was being phased out (EPA Report, 1975).

Six of the nine participants specifically mentioned having DDT powder applied to the hair of the children upon arrival at the boarding school. The oldest participant who mentioned the use of DDT on children's hair entered mission boarding school in 1946, whereas the youngest participant who spoke of the used of DDT on the children entered in 1957.

A woman, who is now in her early sixties, recalled:

> When we first went to school, they put in that DDT stuff in our hair. [DDT was used] probably for farm animals, but they put in our hair, made our hair all white and they treated us like animals. Cause that stuff coulda [sic], you know, got in our system or something, but they probably [thought] that we had bugs and nits. And they did it to everybody, all the kids, not one kid was seen without the white hair.

A woman in her early sixties noted the duration of time the children were required to keep the DDT in their hair was four days, and that it was reapplied during the four days, as some of it would be rubbed off during sleep. She entered boarding school as a five-year-old, and described the fear she felt that the DDT powder was intended to kill the children:

> We had to keep it on; we had to keep it on for like about four days in our heads - until they said that everything [head lice] was dead. And if, and if some [DDT] come out or something, well then they just add more, and just keep on putting that stuff in our heads, you know, and maybe four days later they say that we can go wash it out now. I didn't know what they were doing to us. Oh, I thought they were tryin' to kill us, you know. I thought that stuff would kill us. It was in powder form, it could get in our lungs, and we [breathed it], we slept with it in our heads, we went to school with it, and we ate with it in our head, everything. Just disgusting.

A woman who was in her late fifties recalled how older students treated newcomers whose hair was coated with DDT:

> If we were late for supper, we would have to eat after the high school, and the older boys would go by and, you know, kind of smack us on the head, and that powder would fly all over.

Indoctrination. All of the children, from age six through high school, were assigned chores immediately after arrival at boarding school. A woman who started boarding school at the age of six recalled having to try very hard to do a very good job lest there be consequences:

> I remember as a little girl having to write lines if we didn't do what we were told and if we stepped outta[sic] line, you know, the answer was writing lines from the Bible, or [lines stating] that we would be good.

A woman, now in her early sixties, still bore scars from her struggles with chores as a small child:

> I had to write lines that I would be good as far as, like, if I did my chores, and they weren't done right. I've got a, I always said, told my children, that I have a writer's clump on my finger cause I always had to write lines.

Concentration camp experience. A woman who entered boarding school at the age of five stated that mission boarding school was like being in a concentration camp. Another woman, now in her seventies, painted a vivid picture of her first memories as a

six-year-old at boarding school, of what followed the dousing with DDT:

> Then they would take us into this room, and show us these old German movies about the concentration camps, and how they used to do that to those people… they would bring them into the shower and make them shower, but they would put 'em[sic] into a gas chamber, and kill them. So we all lived in fear. What if we were going to die?! Were we gonna be put into the shower, and actually get the shower, or if they were going to kill us! …So, even to this day, I'm afraid of getting in a shower too long. I hurry up and I get in there and I get out, because it's just a visual memory for me to have to get into the shower.

Work assignments. Four of the participants described the hard labor they were forced to perform, such as working in the Laundromat and dining hall using industrial equipment. A woman who did not start boarding school until she was twelve years old told how hard it was to learn to do the work expected:

> Nobody wanted to do the big pans, and nobody wanted to be bothered with peeling the potatoes. So this was given to the new girls that came in. Not knowing anything about it, I was reprimanded many times. I wasn't taught how to do things, or showed how to do 'em [sic], it was just that they expected you to know how.

She went on to describe her morning duties that were to be completed before school began:

> We peeled potatoes …for five hundred people; you were kept quite busy for your period of time there while you were getting them ready, especially in the morning for dinner. I worked on the morning shift in the kitchen. You did all this before you went to classes, and got everything ready. Then the younger girls in my grade that were doing this type of work left for class, and the high school girls came in and helped prepare the dinner and put it out.

Another woman, who attended boarding school from the age of five until she was thirteen, recalled an incident while using a large buffer. A similar report was given by

another participant. Both described the necessity of having a child sit on top of the machine to help stabilize it:

> We had to do a lot of chores, cleaning and scrubbing floors. I remember a commercial cleaner that we had to use and it was very heavy- as children we shouldn't have been allowed to even be by it. I remember one time I was helping with it and a child got [on it], it had tipped over and a child was thrown off of it. But we shouldn't have been using that [heavy machine] as children; we shouldn't have been shining floors and scrubbing floors

Even though she spent just four years at the boarding school, a woman, who was in her late sixties, had not forgotten how hard it was to do her chores when she had been severely beaten:

> I worked in the laundry room, and I worked in the kitchens. [The nuns] were very strict. The discipline was something that I had never experienced as far as the spanking on the butt, lifting up the dress, and whipping with a dust brush. Also [I endured] spanking [with a heavy dust brush] on the hands. In the…kitchen, I washed the dishes. When they come out of the dishwasher, everything was hot. From having my hands beat, I could not touch the dishes. They were too hot. But I couldn't have anybody help, so I pushed them to the end, where they take 'em out of the trays, [without being able to use my hands].

A woman, who declined to be tape-recorded, resided at the boarding school from the time she was eight years old until she was fourteen. She described a work-related accident she had inscribed on a Dream Catcher-Medicine Wheel, in which a young girl's hands became trapped in an large industrial machine used to press the laundry of all those at the boarding school. It was a commercial ironing press such as those that are found in dry cleaning establishments. The backs of the girl's hands were severely burned causing the skin to come off when her hands were freed. She also mentioned that the children who worked in the laundry had to use an industrial-sized mangle.

Bedwetting. Particular cruelties were inflicted upon individuals who wet the bed. Their peers were required to ridicule and beat them. Such treatment had been unheard of in their own homes, where, in accordance with American Indian culture, children are not reprimanded or shamed, rather, are guided by example and kindness.

A woman, who only attended boarding school for four years between the ages of ten and fourteen, recalled the trauma she experienced because she wet the bed:

> When [the nun] found out I wet the bed, they would take my clothes away, so I didn't have nothing to sleep in. In the morning, my bed was wet. I would have to carry my sheets on my head to the laundry. Sometimes I would have my face washed with my pee. There was lots of things, different things, that they did, sometimes I would have nothing on my bed but for the mattress to sleep on because she wouldn't give me no sheets to sleep on. Lots of times when I was caught, it was horrible. [The nun] would, she would see if I wet the bed during the night with her hand; then she would come and feel me.

A woman, who is now in her seventies, still recalled the treatment bedwetters received:

> We would have to stand in two lines and there was kids that were wetting the bed. They would have to go through these lines and we would have to beat them for wetting the bed and yell mean names to them. They would have to wear their wet sheets over their head, and walk across the campus, and we would all have to stare at them and yell…yell to them, saying that they were bedwetters, and say that they were dirty.

A woman in her early sixties recounted the way bedwetters were publicly shamed at boarding school:

> Every time someone would wet the beds, we'd see 'em in the hallway going in, right in where they go to school, the same door they go to school in. They'd stand there with their wet sheets over their head, and they'd smell like pee.

Beatings and other cruel treatment. In addition to shaming over bedwetting, other cruelties were inflicted upon the children. Several participants spoke about other unusual punishments. Punishments were designed to include elements of public humiliation,

made particularly agonizing by the fact that often the victims were one's relatives, yet one was powerless to offer comfort or assistance, instilling despair in the hearts of witnesses.

A woman who attended boarding school between the ages of six and fourteen told about an incident she witnessed when a child tried to run away, which exemplifies the lack of caring and respect for American Indian culture:

> I remember that we were brought into this room because this little boy had run away from the school and [the priests] caught him and when they brought him back [the nuns] lined us all up and they made us watch while [the priest] beat him with a leather strap. He had a long ponytail, and they cut it off. He cried and he cried.

A woman who came to the boarding school at the age of five remarked on the difficulties a small child faced in staying in compliance with expectations:

> I remember the beatings of the hands if we did anything wrong. We weren't to look anywhere.

Another woman who came to the boarding school at the age of five had difficulty retelling the customary treatment children received when they had a bad case of the sniffles:

> [Some children] used to always have runny noses, so they'd play and their noses would be running and, and um, I don't know, you know it …um …they'd they'd be …um …the nuns would put cans on their noses with rubber bands, and make 'em wear cans on their noses, so that they wouldn't have to look at their runny noses. And [the children], they'd wear 'em for weeks upon weeks. Well, I felt like, you know, what are [the nuns] really trying to do to us, you know? They're not doing anything for us. They could, you know, give 'em medicine to stop [the runny noses], but they won't and they just put these cans on our noses.

A woman who spent thirteen years at boarding schools recounted the typical sort of punishment that was administered to those who broke any of the rules during church services.

> I went to church and I had a really small piece of gum in my mouth and [the priest] come over and he said, 'Put that gum on your nose.' So I swallowed it, and he grabbed me by the hair, drug me out of the pew, put me in the middle of the aisle in front of everybody and made me kneel there. After Benediction was over , this was seven o'clock at night, and everybody left, he'd call me back there [where I was still kneeling in the middle of the aisle], and he said 'Where's that gum?' I said I swallowed it, and he hit me so hard.

Separation from family and natural supports. All nine of the participants described the loss of being forcibly separated from family members during their stay at mission boarding school. Siblings were usually kept in separate dorms, and even children who were extended relatives were forbidden to associate or offer one another support in even the most basic ways. Loss of connection from family members had a deep, wounding effect.

One woman was a resident at boarding school for only four years, yet she had many vivid memories of abuse, including this one about being immediately separated from her little sisters upon arrival at the boarding school. She described two older sisters huddling under cover of darkness at the locked doors that separated the two dormitories, seeking to comfort their two distraught younger sisters by groping for each other's fingertips beneath the doorjamb:

> We were separated. The little girls were on the other side of the door, and we were on this side and they were on the other side. There were two of us [on the big girls' side]. We would hear our little sisters cry in the night and we would go to these big double doors and we would touch fingers. And [our little sisters] were

> crying and we could we couldn't hold them. I never understood why we couldn't hold them! And we would touch fingers underneath this door.

With great difficulty, she described the consequences they endured for this transgression, still fresh in her mind even though the incident took place more than sixty-four years ago:

> And then we'd get punished if we were caught. Can you imagine getting punished for wanting to hold your own little sister? They would take this big brush, the sweeping brush [the one that comes with] with the dustpan, a big wooden thing and they would hit your hands til you couldn't hold them anymore. Sometimes after one of those [beatings], they'd take me and they'd give me a bucket and tell me to go scrub. They'd tell me to go scrub these steps, I mean three flights of steps, these big cement steps. Your hands were so sore you couldn't hardly hold the brush. I didn't understand, I still don't, oh why, why it was like that.

A woman who entered boarding school at the age of five remembers what happened when her sister tried to comfort her:

> I remember distinctly one day, that my sister [Name] was there, and she tried to get me to hold me, and the nuns pulled me away from her so she couldn't take care of me. [Boarding school] just had s-s-so many days of crying. It was just unbearable.

Participants recounted their discomfort in having to witness bad treatment intended to shame children, particularly when it applied to extended family members. The following woman related that the other children tried not to look at the faces of those who were being disgraced, lest they compound their shame:

> I'd look at the shoes [of the children being shamed] and you'd know who they were. And they'd be our relatives. And we'd just cry and feel hurt.

The woman who related this wept uncontrollably as the interviewer drove her back home from the motel where the interview was conducted, saying over and over that the hardest part about boarding school was watching the nuns and priests abuse her relatives, and

being powerless to do anything to stop it or to help them. Another woman shared the same sentiment:

> I have a[n] overwhelming sadness for [those] days I spent at [Name of boarding school], and what they mentally took from me…separation from my family, especially.

Sexual abuse. Two of nine respondents revealed that they had been raped by a priest at mission boarding school; three related incidents in which they were sexually violated by a nun. Another, although she did not relate any specifics, dissolved into inconsolable sobbing as she mentioned the burden of carrying 'the secretness of it'; after her sobbing, recording was stopped for a half hour until she could regain her composure and the strength to continue the storytelling interview. During the remainder of the interview, she gave wide berth to any talk of abuse.

One woman, who had come to boarding school as a five-year-old, related the first time the priest at her boarding school violated her trust:

> [The nuns and priests] told me that Father (Name) was, [the priests] were all god, that they performed what gods performed. And I was trying to trust him, and one time I went over and I hugged him, and he sat me on his lap, and here he put my hand down there and made me feel his penis. I was just a little girl. I didn't know what I was doin'. I ... I thought that I would trust him. I jumped off and I just took off.

That incident set in motion a whole string of events. The same woman said the priest seemed to be stalking her, but not for long –she had not yet reached puberty when he raped her:

> [The priest] tried to hurt me…I thought he would kill me. He turned me around violently put his hand, put his hand to my face. I thought he was gonna choke me and kill me, but he just reached under my dress, and he just yanked my panties

> down, and just started, you know, pulling his pants down. Then he just started raping me.

Sexual abuse was not limited to acts perpetrated by priests; the nuns also committed sexually deviant acts, often in the name of discipline, upon the children at mission boarding school. In some ways, this sexual deviancy was more threatening than that committed by the priests because one never knew if the abuse by nuns would take place publicly, or in the privacy of random calls to the infirmary, or under darkness of night while others were supposed to be asleep in the dormitory. Some of the examples given were performed in full view of the children's peers; those acts that were carried out in the classroom occurred in full view of the entire class -boys and girls, in which underclothes were pulled down to expose private parts to everyone present. Those acts that were carried out in the dormitories generally involved total nakedness of the victim, who was hidden either by darkness, or in full view of all the children in the dormitory, under bright lights.

A woman who spent twelve years at boarding school recalled how she had to lie naked in front of everybody while the nun/nurse administered an enema:

> I used to be sick a lot. I remember being called up front to the wash area [in the dormitory]. The light was really bright and there was like a gurney thing. [The] nurse, she was also a nun, she said she was gonna give me an enema, She would say [respondent switched to a high-pitched singsong voice imitating the nun], 'This has just got hot water in it, and it's gonna make you feel better. When I'm done, then you can use the bathroom.' I remember I would walk to the bathroom – I would be naked. She'd come in there [with me].

A woman who had attended boarding school from first grade through grade twelve described the sort of discipline that was meted out in the classroom in front of all the students, male and female:

> One teacher, her name was Sister (Name); I tried to stay away from her as much as I could because she just was a mean person. For discipline, she would spank us with a paddle that had a face and eyes and tears [painted on it]. We wore dresses, and she'd pull up the dress, and the panties would come down. That was in front of the whole classroom, it was right by her desk. It was right in front of everybody.

To some extent, this description of findings is like a weaving depicting Breaking and Silencing the Spirit. In this weaving the weft or weaving threads are physical/mental abuse, separation from family and naturally supportive others and sexual abuse. The warp or contextual threads in this weaving are secrecy, disregard for privacy and persistent fear. Interrupted education, depression/grief/loss, substance abuse, and distorted relationships/parenting were ways that participants expressed being broken and silenced. Each of these contextual factors and expressions of being broken/silenced will be addressed.

Contextual factor: Secrecy. The children had no one to whom they could report troubling incidents, leaving them very vulnerable. Furthermore, they were instilled with a global fear that compelled them to keep secrets.

A woman who had been sexually abused by a priest on several occasions disclosed the threat the priest had repeated each time he violated a child:

> Then he drug me from the back over where they baptize the children, and he just looked into my eyes, and he said 'Remember …anything that happens at (Name of boarding school) stays at (Name of boarding school)!'

Thinking back on her experiences, a woman in her late sixties remarked:

> You can't tell anybody about a boarding school such as this. You're always on the edge, for fear of… the secret!

Contextual factor: Disregard for privacy. Even the most personal and private areas of the children's lives were not immune from humiliation. In their stories, three respondents provided narrative accounts related to the issue of violation of privacy related to menstruation.

One woman, who had arrived at the boarding school at the age of five, left at the age of thirteen, not soon enough to avoid being there when she got her first period, about which she shares:

> I remember the first time I had gotten my [first] period; the nuns made me [serve their dinner and] carry these trays. Blood was running down my leg…how humiliating!

Later she explained why she was so unprepared for her period:

> I really didn't know what was going on, and I didn't have anyone to go to, because if you tried to talk to your older sisters, that was out of the question. You just had to figure out what to do, [I] didn't know where to go for pads.

Another respondent, a woman who was at the boarding school from the age of six until she was fifteen also spoke of the difficulty presented by her periods:

> I remember getting my [first] period; I was only in the fifth grade, not really knowing what it was or how to take care of myself. The nuns really didn't tell us anything about that either. We didn't have anybody to tell us, you know, that you have to take care of yourself, and to keep yourself clean, that [menstruation] was part of being a woman. It was like having –again- something that wasn't good happen to me. You know, you have to take care of yourself, your own personal self, and we didn't know how to do that. I can remember sometimes being in school, and feeling very dirty about myself. And only getting to have a few pads

> like six [each month]. So for me, once again, being that woman, being that young girl, it was something not good in my life once again.

A woman, who was in her seventies, related the struggle the girls had in dealing with menstruation when their needs were not provided for. She provided a glimpse into how the girls improvised and created their own system of mentoring through this particular facet of dysfunction:

> As we got older and we would go through our menstrual cycle, the nuns would only give us two maybe three pads, you know, whether we had our period for one day or seven days. So you had to make those three pads [last], or we used to use our own socks, and then we would have to rinse them out so we didn't get into any trouble.

Contextual factor: Persistent fear. Trust issues were reflected in participants' stories. One woman described the lifelong effect of being abused under cover of darkness, as well as in front of a room full of onlookers under bright lights:

> Now that I'm an adult, I'm afraid of the dark… ah also afraid of the light…. with um, with um, what [the nun] done to me.

A woman in her mid-sixties, who declined being tape-recorded, explained the annotations she made on her Dream Catcher-Medicine Wheel, describing the helplessness she felt watching others being abused and being abused herself:

> The first memory I have of boarding school is fear. A fear that stayed with me all of my life.

A woman who spent twelve years in boarding school attempted to explain why she has been unsuccessful in developing friendships for the ensuing half century since attending boarding school:

> You see, I don't have too many friends. It's weird when I think about it, so I don't think about it, you know. I was, um…I was, I was afraid. I had a fear. I had, I don't know what you wanna call it --trust issues.

A woman who lived in boarding schools for thirteen years, and was repeatedly sexually abused described the fear she has experienced all her life:

> I was so afraid of [the priest who raped me], I, -- even to my late years, I would just think about that and just, and you know, it would just make me just shudder, you know, just to think.

Breaking the Spirit and Silencing the Spirit over time. Breaking and Silencing were expressed as interrupted education, sleep disturbances, depression/grief/ loss, substance abuse, and dysfunctional relationships, including parenting. Each dimension of the health challenge will be addressed using quotes from the stories of participants.

Interrupted education. Participants related their resilience in returning to complete their education late in life; as young people they felt they had no recourse other than to escape the boarding school environment, where abuse overshadowed any benefits they might have derived from completing their education. Interestingly, none of the participants had any comments to make about the education received while at mission boarding school.

One respondent, who left school after the eighth grade, reported that she eventually completed high school:

> At fifty-eight years old, I decided that I would just get my GED, so at least I could say that I finished [high school].) I could go on and get a job, and let everybody know that I did continue even though it was -let's see- almost 30 years after [I dropped out of school].

Another woman who followed a similar educational path provided insight into the

influence boarding school had on her educational path:

> I went to my junior year [at boarding school] and came home after Christmas time. I didn't finish high school. I took my GED when I was fifty, fifty-five maybe. I wasn't really schooled in anything. We weren't taught at [boarding school] to maybe carry on with higher education, to maybe do something with your life.

Sleep disturbance. Six of nine respondents reported that they are unable to sleep without a light on due to lingering terror over abuses that had occurred at the mission boarding school in the night. One has continued to be afraid of both darkness and light, because of experiences she had endured of being abused both under cover of darkness, and while being forced to lie nude under bright lights in full view of spectators while a nun violated her.

A woman, in her late fifties, who resided at boarding school from the age of six to eighteen, described her persistent fear of the dark that has stayed with her since being abused in the darkness of the dormitory by a nun:

> I believe that the darkness that I'm afraid of [brings me back to] the time, the actual darkness of the actual area that I was in [when I was abused by the nun in boarding school], whether it would be in the dorm, or in the bathroom, the whole place it was dark. Now that I'm adult, I sleep with my TV on, or a lamp, or something all night long. I can't sleep without a light. I think this has to go back to what that nun had done to me.

Depression/Grief/Loss. All of the respondents related that they have been plagued their entire lives by struggles related to shame and low self-esteem. All mentioned their ongoing struggle with depression, grief, isolation, and lingering fears, which were the result of experiences that occurred more than a half century ago. Respondents summed up the impact of the physical and mental abuse they experienced at mission boarding school as a lifelong trauma.

A woman, who was in her seventies, explained that she spent almost her entire life being unable to share her experiences, with consequences to her mental health:

> I suffer a lot with depression. It's just really hard to trust anybody, because of what I have been through [at boarding school].

A woman in her late sixties described struggling with depression for close to four decades, since shortly after leaving the boarding school:

> As an adult, I suffered great depression. It started [more than 36 years ago] and increased all that time up to where I am today.

A woman, in her early sixties, who was required to do hard manual labor at boarding school, expressed grief over the toll a lifetime of hard labor has taken on her health:

> Now I'm on disability, because there's no more dealing with [the pain]. I've come to the conclusion that [because] of all of my years of hard work I [am in this pain]. So, I don't work anymore, and I take medication for the pain.

She went on to describe the emotional toll of having a disability:

> Ah, you know, you get very depressed and down because there are days I would like to do something, and knowing that I can't do the things I used to do, oh, now that I'm an older woman. I've never seen a doctor for depression, but I know that I have suffered depression. Because there are days, you don't want to get up and face the world or face anybody else.

Another woman, who was a boarding school resident for nine years, spent the bulk of her life in self-incrimination:

> For years and years, I thought there was nothing in my life that was good, that sin was a huge part of what my life was. Because, you know, [the] nuns and priests [said] everything was a sin. Naturally, you grow up thinking that everything you do in your life is a sin.

Substance abuse. Several of the participants reported struggling with substance abuse. A woman who spent four years at boarding school, then dropped out when she was fourteen, and spent four decades abusing alcohol, described her life as an alcoholic:

> I didn't trust nobody; I didn't even trust my own husband, and I knew he was faithful to me forever. But when I drank, you know you don't think, your mind isn't your own, it's in the gutter.

Now in her late sixties, a woman described her belief that low self-esteem, instilled in her during her four years at boarding school, contributed to a severe problem with alcohol dependency:

> Ah, I grew up thinking I was nothing. I started drinking very early, I was thirteen, I think, and I started drinking. And I never quit. And, over the years, with my husband, and my children, I still drank. I drank very, very heavy, for a time. A fifth or more a day, a fifth of whiskey. And lotta times I used to drink a gallon of wine in one night. It didn't matter, as long as I was drinking.

A woman in her late fifties, having spent twelve years at boarding school, described the after-effects of abuse and growing up believing she was a bad person:

> Yes I was um…I did drugs, I did alcohol, and I, I was promiscuous. I had no hope, and with no faith, there was the life that you don't want anybody to be in.

Relationships/Parenting. The deeply imbedded harsh disciplinary methods had a life-long impact on the survivors and their ability to function as normal parents. Below are a number of quotes taken from the storytelling sessions. The following participants admitted to continuing the legacy of harsh disciplinary practices that had been modeled for them at the mission boarding school:

A woman, in her seventies, looked back on her difficulties raising her children, after having been raised in the boarding school with dysfunctional parent-figure role models:

> I had a really difficult time when [my children] were younger. It was really hard for me to discipline them, because that I didn't know the right way to discipline them. You know, when I was in school the discipline that we received, we thought [that harsh discipline] was the right thing to do, and so, when I had my own children, it make things really hard, because I was never shown [the right way].

Having entered into marriage two years after having left boarding school, one woman felt that the four years she spent at boarding school, from the ages of twelve through sixteen, was sufficient to have influenced her parenting abilities:

> You know, when you're taught [strict style of child rearing], or you're in that [pattern] for so long, --and I know I was twelve years old when I went [to boarding school], but it set a pattern for how you raise your children. So I wanted my children, I wanted to be the authority. As they [the nuns] had authority over me, I thought I should have authority over my children. So I raised them with that in mind. That in order for me to have control over [my children], I had to have discipline. I got married at eighteen. Men weren't involved in the raising of the children like they are today, so the raising of the [children] was more or less up to me. I raised them in a fashion that I know now was a lot of times unreasonable. But [harsh discipline was] what I knew. And that's how I thought that they should be [raised].

Survival of the Spirit

The second research question queried approaches used to resolve health challenges, in this case, the challenge of Survival of the Spirit. Analysis revealed that approaches fell into two groups, those used during the boarding school experience, and those used over time. The overall theme describing approaches used for resolving the health challenge was survival of the spirit.

Survival of the Spirit manifested during boarding school. In the absence of nurturing role models, the children developed systems among themselves for nurturing one another. Of course, the repercussions could be severe if such collaboration was discovered, so there were many instances in which this system of support failed.

Watching out for each other. Children were forced to perform hard labor that far exceeded their capabilities, suffering severe beatings if tasks were not performed to meticulously exact standards. These tasks took up the bulk of the children's before and after school time. The third and fourth graders used industrial floor buffers to polish the marble floors, having been promoted from scrubbing those floors on their knees with toothbrushes throughout first and second grade. The fifth and sixth graders were assigned to oversee the work of the younger ones, and would scramble to help ensure that tasks were flawlessly executed in order to prevent their underlings from receiving severe beatings when the nun inspector arrived. Thus, the children developed a system of survival, securing sacred bonds of caring among themselves, which persist to the present day. Verbal and non-verbal strategies were developed to outsmart the nuns.

A woman, who had a bedwetting problem during her preteen and early teen years, described how the other girls in the dorm came to her aid when the nun forced her to sleep naked in a bed stripped of sheets:

> Some of the girls would bring their top sheets, and put it in my bed. And before Sister would get up in the morning [those kind girls would] see [the nun's] light and they'd come and grab their sheet. If I had wet, they'd bring them in the bathroom and rinse 'em out, and hang 'em up before she knew it.

A woman, who entered boarding school at the age of six, recounted the difficult times that were occasionally made somewhat easier by her siblings and even sometimes by helpful fellow students:

> I remember being that little girl sitting in the dining room not being able to eat my yellow mush, and there would be other kids that would come by, and take it in their hands, and throw it away for us. The sisters [my siblings] watched out for each other too. And then there were other little girls that kinda knew [me]. They could come by and sneak [the lumpy, cold mush] in their hands, then they'd throw it away for us.

She went on to mention a possible punishment for not eating the food that was served:

> I seen a little girl get her face put in a slop bin for not eating her beans so you either ate it and choked it down or you know sometimes we were punished.

Another respondent, who declined being tape-recorded, notated on her Dream Catcher-Medicine Wheel:

> Priest pushed girl's face in the slop bin -kid had to pound on him to get him to let go. We took care of her.

One woman, in her early sixties, recalled certain happy moments that the girls were able to share when the nuns were not around:

> With other little kids, we sometimes would dance when the nuns weren't around, and [the] other kids would say that I could dance good. So that was something in my life that I did well. [We would be at] home in the summer time, learning new dances and things, so that you could show the other kids when the nuns weren't around, how you could dance.

A woman, who stayed at the boarding school from the time she was six until she was fifteen, remarked that the older girls took her under their wing when she got her first period:

> Some of the girls finally told me that, you know, [menstruation is] a part of growing up, and it's a part of becoming a woman , and you need to wash really well, and take care of yourself, and change your pads.

Survival of the Spirit over time. Participants used several approaches to manage their health challenges over time, including saying nothing, coping through substance use (and then becoming clean and sober), intentionally preparing their own children for parenting, asserting self, intentionally sharing stories, rejecting Catholicism and returning to Native spirituality. This range of approaches goes from passive to active and highlights the complexity of survival historical trauma. Each of the survival approaches will be described.

Saying nothing. Six of the participants expressed the need to say nothing about their boarding school experiences to others. They talked about reluctance to share their school experience with their children or others who may have inquired about their education and time at school.

A woman who spent eight years in boarding school, until she was fourteen, kept her story quiet for fifty-some years:

> Nobody understands, except for my family, because there wasn't anybody else, you know, from the outside that could understand what we went through.

A woman who only spent four years at boarding school experienced disturbing events that she has found difficult to speak of with anybody:

> Trying to have people understand where I was coming from about my experiences at boarding school, it was better not to say anything at all, and just keep it to myself , rather than just have anybody know what went on there, and what a great [influence those experiences have had on me. It] destroys a person.

Coping through substance use. Several of the participants painted a vivid picture

of the consequences of years of abuse experienced while growing up in mission boarding school. Substance use was a consequence of mission boarding school experience, and an approach used to resolve the health challenges they faced over time. One participant talked about how, in her later years, she has finally come into control of alcohol abuse, which had started in her early teens. This woman, who had spent four decades in an alcoholic haze, responded to the question how she managed to find sobriety:

> I really don't know how to answer that question. It's just that I thought that I was better, and I just really didn't need a crutch anymore. I didn't need to drink. It was just my husband and I didn't need to drink. And from that night on, [we stopped drinking]; I suppose I was in my fifties.

She went on to describe the profound change sobriety has had on her ability to enjoy and her closest relationships. She specifically described how gratifying it has been to not start each day in a drunken stupor, and the joy of being able to recall family events the following day:

> It is so different when we all get together --no drinking. I remember everything. You know, when you're drunk, you don't remember the next day. So now, we get together and [the next day] I remember all my little grandchildren, and what they said, what we did, and it's very, very satisfying.

Twelve years of abuse at boarding school were followed by three decades of substance abuse, yet the power of storytelling had a transformative effect:

> I was able to over overcome these drugs with the opportunity to tell my story.

Intentionally preparing own children. One individual, as an adult, rediscovered the traditional value placed on children or *wakanheja*, the Lakota term for children, which literally expresses the conviction children are sacred gifts to the parents from the Creator (Brave Heart & DeBruyn, 1998b). She shared how she was determined to

provide her own children with information about sexuality that would have a positive influence:

> Well [dealing with menstruation at boarding school] was a bad experience throughout my life, so when I was married at age 18, and start having my children, I made sure that they knew what their ministration[sic] was all about , and how sacred they were, to ready them for having babies, which no one readied me for.

A woman who had experienced trauma over her menses while at boarding school took a proactive approach in preparing her own daughters:

> So you resolve those things, and you learn to deal with them. [When] my daughter came along, that was when I knew I had to tell her that [menstruation] was a part of being a woman, and it wasn't something dirty and a curse; it was part of becoming a woman.

Asserting self. Participants described ways in which their boarding school experiences influenced their life patterns over time. One participant described how she was forced to clean and cook using industrial equipment while being told repeatedly that she would never amount to much. As an adult, she used that experience to her benefit, as she pursued a career in management of house cleaners. She was proud that she did not end up being the dishwasher as the nuns and priests tried to make her believe. Through the support of a faithful friend, this woman had found a reservoir of strength to confront her emotional and physical struggles:

> I have friend who is very good. She helps me a lot of days I know, she's upbeat, so it helps me too. She says "Oh, you come over and we'll can, and I'll do, you know, I'll do all the jars, and all you have to do is help me cut the cucumbers,' or whatever, so she's been really a positive in my life, and so we work through it. Every day you have to get up and just work through [the physical and emotional pain].

This woman, now in her early sixties, left boarding school at the age of thirteen, and was very proud of the accomplishments she has achieved in her life, through hard work and persistent ingenuity:

> I taught myself how to do catering for people; and I'm very proud of myself accomplishing those things.

As a thread of experience linking her childhood boarding school experience with her adult life, one woman described hoarding menstrual pads. She had never gotten over not having adequate sanitary supplies when she had her menses. She shared how she provided for herself once she got out on her own:

> I got older and left [Name of boarding school]. I became very obsessed with having lots and lots and lots and lots of pads [of] every size. People would say, 'Oh my God, you have so many pads all the time! Why do you have so many?! And I'd say, 'Just in case I need 'em, I need to have enough, because I need to be clean.'

Intentionally sharing stories. Some participants expressed their intense lifelong sorrow over having been deprived of family contact during their time at mission boarding school that continued into their adult years. They also spoke of the immense consolation they have experienced in re-establishing bonds with siblings with whom they shared the mission boarding school experience. For some, more than 50 years had passed before they were even able to speak among themselves of their experiences. Many memories had been completely suppressed, but once they began sharing their stories among themselves, an avalanche of emotion overwhelmed them. The first account given below comes from an individual who said that she cried every single day while at mission

boarding school, and she has cried every day of her life since. In other words, she has cried for more than 60 year over the abuses she endured.

Although several participants expressed that they have found some modicum of resolution to health challenges, an underlying insecurity was betrayed by hesitation in their speech, and dissolution to a quavering, questioning intonation that sounded very childlike, accompanied by sobbing and sharp gasping breaths.

A woman, who spent twelve years in boarding school, was unable to trust people for more than fifty years. She also suppressed memories of abuse until very recently, and shared what it feels like to finally be able to talk about her issues:

> Being able to tell my story, I'm able to live with my issues. I can talk about it now, and it feels good. To be able to talk about 'em, and knowing right now that I'm a better person. Because of being able to tell what [abuse] happened to me [at boarding school].

Now that she is past sixty, this woman has found that sharing her story, though difficult, is empowering:

> As I get older, I remember; I want to tell my story. I wanna remember the abuse that we took. It's just so hard to even talk about it now, but talking about it makes me grow stronger. It makes me feel better about myself. But all the years with this heartache and abuse, it's definitely taken a toll.

A woman in her late sixties expressed the relief she has discovered in talking about her experiences:

> Talking with my siblings, about this experience at [boarding school], has helped a lot. And I am on medication. In talking with other people that have went to boarding school, I find that it's easier to talk to them because they understand.

Rejecting Catholicism. None of the respondents have maintained any association with the Catholic Church in their adult lives. Several eloquently voiced a direct link

between the treatment they had received at the hands of nuns and priests and their revulsion toward that particular religion. All nine participants indicated that their rejection of Catholicism was due to the nature of the exposure they had to Catholic nuns and priests at boarding school.

A betrayal of trust while at boarding school resulted in a permanent shadow on this woman's attitude toward the institution of Catholicism:

> The fact that we thought we were in a place we were gonna be safe, with the nuns and the priests as being somebody that we would look up to and go [to] for comfort or safe haven. [The violation of that trust] ruined what we had for the Catholic Church. What [the nuns and priests] showed there was not anything spiritual in any sense of the word. All I can say now is, anything to do with the Catholic Church, or any priest, brings back all the sorrow that we suffered under their hands. And for me that, that was worse than anything.

After describing attendance at a Native American ceremony, this woman, now in her late fifties, responded to the question whether she was still involved in the Catholic Church, revealing that it took her more than forty years to find her way back to Native spirituality:

> Oh no, since two thousand and three, I have not been involved in [the Catholic Church]. I don't do nothing with it.

Returning to Native Spirituality. Despite bitterness toward the Catholic Church, all respondents attested to being deeply spiritual. Although three are affiliated with Christian denominations, all have found great consolation in the rediscovery of their Native spiritual roots, and all have returned to the spirituality of their ancestors in one form or another.

Having undergone twelve years of indoctrination in boarding school, and more than forty years of substance abuse, this woman has found healing in Native Spirituality:

> I have used medicine in a ceremony. (Name of Medicine Man) had to help me with a sickness that I had. And it was a religious ceremony, and it's Native American.

Nearly a half century after leaving boarding school, this woman has rediscovered affirmation through her spiritual roots:

> This past year or so we started, [the siblings who attended boarding school] have started getting together, and then we burn the sweet grass and sage, and had prayer to the Grandfather and the Grandmother, the Four Directions. I have fluently spoken in tongues. I didn't know what I was speaking until [my sibling] told me that it was Indian [language]. We could feel [our deceased] Mother. I have spoken several times since then, and it's always been in my Native tongue.

Summary

Nine American Indian women from two tribes in the upper Midwest who attended mission boarding school consented to tell their stories about the health challenges they faced in their day-to-day lives as they were impacted by the mission school experience. The participants also were able to recount what approaches they used in attempting to resolve health challenges.

The analysis of the data answered the two research questions: What were the health challenges faced by survivors of American Indian mission boarding schools over time?, and, How did American Indian mission boarding school survivors resolve the health challenges they have faced over time? In the course of analysis, data was broken down into major themes followed by delineation into theme dimensions. Based on the disturbing themes identified in the data analysis, and the stories of the women describing the difficulties they struggled with throughout the next half century of their lives, it was clear that all of the participants suffered from historical trauma. The remarkable

resiliency of these women was also apparent. These storytellers have overcome tremendous difficulties in their lives and survived the mission school experience.

The degree of candidness exhibited by the participants in this study was not anticipated. In particular, the disclosures of sexual abuse were unexpected. The return to Native spirituality emerged for all of the respondents as a key element in their survival for going forward in their lives. They also expressed the heaviness they have felt in being unable, until just within the last few years, to speak openly about their experiences at mission boarding school. All of them eventually experienced feelings of release and healing when they finally found the courage to voice their stories.

At the close of interview sessions, a number of participants acknowledged that they felt a bond of trust with the researcher who, herself, is a mission boarding school survivor. Several expressed appreciation of the interview format, which began and concluded with American Indian spiritual grounding ceremonies. The Dream Catcher-Medicine Wheel model was valuable to the survivors in telling their stories; it enabled them to discuss their health challenges and what actions they took toward resolving those challenges. All of the participants made notations on the Dream Catcher-Medicine Wheel and several commented that it made more sense to them than customary research forms. A woman who is in her late sixties expressed on tape what several others had expressed after the tape-recorder had been put away:

> Well, if this helps, in any manner, for anyone that has suffered at any Catholic boarding school, then I'm glad I helped.

CHAPTER 5: DISCUSSION OF THE FINDINGS

Introduction

Chapter Five will provide a discussion of the findings of this study. Conclusions will be presented based upon the research questions and their relationship to the literature review. Finally, the chapter will present the implications of this study, together with suggestions for future work in the field of historical trauma in nursing.

The researcher is an American Indian who is also a survivor of the mission boarding school experience. Therefore, in order to deal with potential bias the researcher took specific measures to avoid any preconceived notions that could positively or negatively influence the research process. As an American Indian, the research was aware of the need to be sensitive to traditional and cultural approaches in data collection and analysis of findings. A culturally specific storytelling interview format, which incorporated traditional American Indian grounding ceremonies, sensitivity to Indian perspectives regarding hospitality, respect, trust, connectedness, and spirituality (Brave Heart-Jordan, 1995; Dahlen, 1994; Lowe & Struthers, 2001) were utilized for this study. In deference to American Indian's worldview of gathering information through storytelling forms, a tool reflecting the American Indian Plains culture was refined as a culturally-sensitive alternative: the Dream Catcher-Medicine Wheel which the researcher had developed for a previous study (Dahlen, 1994). This model was redesigned to help mission boarding school survivors retrieve and organize their thoughts as they brought

key elements of their stories into perspective within a circular spectrum of interrelatedness.

Much of the literature review focused on the work of the sociologist Marie Brave Heart (1998, 1999; Brave Heart-Jordan, 1991, 1995; Brave Heart & DeBruyn, 1998a, 1998b), who, after investigating the causes and effects of historical trauma among American Indians, pioneered culturally efficacious intervention methods. The successful outcomes of these studies provided the inspiration to find ways to apply similar healing methods to nursing. The essential elements of Brave Heart's work involved reviving traditional methods of support, and providing historical trauma sufferers with venues to express their grief and suffering, which in itself had tremendous therapeutic value. This confirmed the researcher's initial research (Dahlen, 1994) and ultimately led to investigation of Liehr and Smith's (2008) story methodology in nursing, as it placed the same emphasis upon the healing value of relating and receiving story as did Brave Heart. Finally, through evaluation of Lowe and Struthers' (2001) framework of Native American values, it was affirmed that optimal results might be obtained from storytelling sessions if focused attention were paid to culturally appropriate means of establishing relationship with participants. Other literature reviewed related to storytelling emphasized the importance of the rapport with between the interviewer and the interviewee.

Discussion

Stories were captured by means of a forum where the voices of American Indians who endured the mission boarding school experience were allowed expression and heard. The findings confirmed Brave Heart's definition of historical trauma as "cumulative

emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences" (2003, p.1).

Participants shared stories of suffering from depression, substance abuse, and dysfunctional coping mechanisms for themselves and their children, similar to what has been described in the literature on historical trauma (Brave Heart, 1999). Furthermore, the stories revealed that the breaking apart of families was a goal accomplished by mission schools, similar to what Legters (1988) described in his report concerning the genocide of the American Indian people.

Study findings revealed that all of the children had been subjected to hard labor, very similar to what had been described in the literature on child labor (Waxman, 2003). Participants reported injuries they had sustained or had witnessed, and related the enduring effects this labor had on physical and emotional health. In some case there actual physical disabilities, and in other cases there were life-long repercussions in self-esteem and emotional well-being.

The methods and tools used in this research differed from conventional story research in several significant ways. For example, the sessions started and ended with spiritual grounding ceremonies that were specific to Upper Plains Indians. They incorporated traditional aspects of prayer: asking deceased ancestors for forgiveness and guidance, followed by offerings to the four sacred elements, earth, wind, fire, and water, to bring balance and centering during the story exchange. All of the storytellers voiced their appreciation of the tradition-based grounding ceremonies at the beginning and conclusion of storytelling sessions. In addition, at the conclusion the customary token

monetary retribution for participation in research was modified to incorporate a traditional gift giving ceremony into the last spiritual grounding. The elders were offered hand-made potholders and embroidered kitchen towels.

Rather than using just the tape recorder, a culturally appropriate gathering tool was implemented. This was in recognition that a linear paradigm for recording is insulting to American Indians who had endured excessive pencil and paper punishments in boarding school, and who find the excessive use of forms within the dominant culture to be wearying. Therefore, a culturally appropriate model was designed for this study, the Dream Catcher-Medicine Wheel. Participants acknowledged the cultural appropriateness of the Dream Catcher-Medicine Wheel model in helping them to tell their stories. The intensity of the participant's responses was much stronger than anticipated using this combination of traditional grounding ceremonies and the Dream Catcher-Medicine Wheel model.

The dream catcher portion of the Dream Catcher-Medicine Wheel model was utilized to answer the first research question: What were the health challenges faced by survivors of American Indian mission boarding schools over time? This aspect of the tool was used because it depicts the complexity of the experiences that the participants endured during boarding school and over their lifetimes. The webbing represents the tangled web of dysfunction they carried from early childhood through adulthood.

The medicine wheel portion was used to answer the second research question: How have American Indian mission boarding school survivors resolved the health challenges they have faced over time? The medicine wheel symbolically represents

healing, or good medicine, which assisted the storyteller to reframe experiences in accordance with the healing of the four directions.

Those experiences that occurred as a child were nestled in the south direction where, traditionally, children learn cultural norms from their families. All of the participants had negative childhood experiences that are oriented to the south. In the case of the participants in this study, these memories are of physical, emotional, spiritual, and sexual abuse.

In the west direction of the Medicine Wheel, the normal rites of passage that young American Indian men and women engage in, including vision quests, and ceremonies commemorating the first menses, were replaced by shameful violations of privacy, sexual abuse, and disregard for developmental milestones.

The east represents establishing relationships, birthing, and parenting skills; these involve the nurturing of healthy, trusting, and hope-filled relationships, and the passing on of cultural knowledge.

Most of the participants told of having trust and relationship issues; ineffective parenting skills were related with regrets and remorse, strict disciplinary controls had become the norm for most of the participants. Those experiences were clustered in the webbing of the east direction as testimony to Breaking and Silencing of the Spirit.

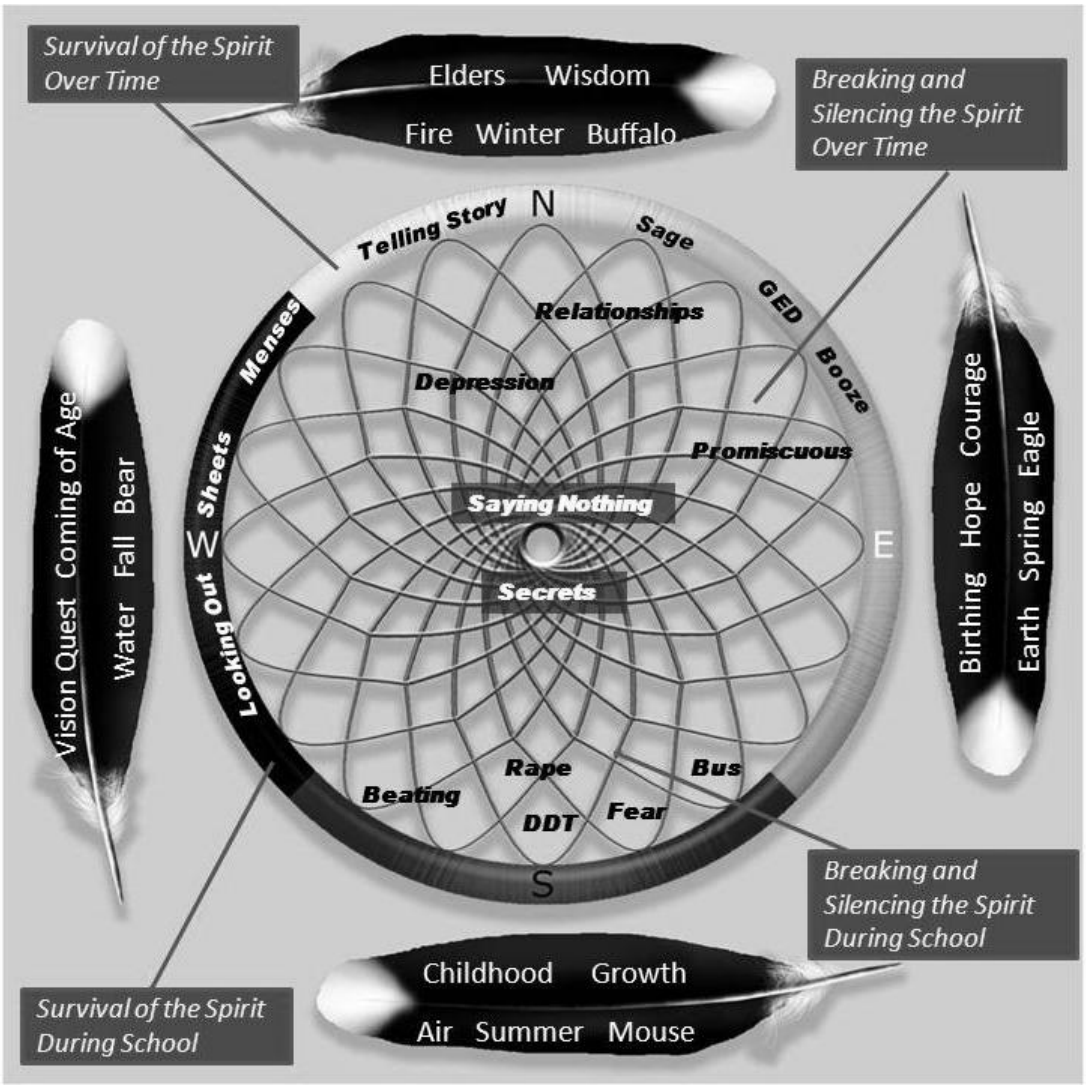
Alcohol and substance abuse became a way of self-medicating, and are thus noted in the sacred hoop. Even though they represent negative coping mechanisms, they played an important role in the day-to-day survival of several of the participants. Others used healing aspects of obtaining GEDs as adults and asserting self through success in their

careers, therefore they were positioned on the hoop in the east to indicate useful survival mechanisms.

The north direction symbolizes a place where the elders share their knowledge and insights, assuming their rightful place as the wisdom-keepers of the tribe. The participants in this study were deprived of that privilege because their wisdom centered around the crippling methods used to assimilate them. The participants expressed that their wisdom is to share their stories in an attempt to move toward resolving their personal health challenges, as well as to provide healing insight to their families and to their tribal members, who all have been affected adversely by their loss. Their experiences provide a testimony of the effects of cultural genocide.

The Dream Catcher-Medicine Wheel provides a visual framework for the accumulated loss, as seen below in Figure 4. In its entirety, the model depicts the attempts to survive and heal from those abuses, so the whole picture that evolves is one of sustained impact that those experiences had on the lives of nine mission boarding school survivors.

Figure 4. Synthesis of Dream Catcher-Medicine Wheel with Themes



The extended storytelling sessions, lasting up to, and sometimes exceeding, 4 hours, allowed for reflection, creating ease, and valued cultural silence. In addition, several of the participants engaged in sorrowful wailing (Urban, 1988), and time was needed for them to regain composure. The depth of expression that was evidenced in the tape-recorded nuances of speech, coupled with the sorrowful wailing, made the storytelling more profound than is typical in research interviews. Sorrowful wailing is a

type of ceremonial mourning typical of indigenous people; it is an expression of profound communal grief over the deepest of sorrows, such as the death of a family member. In the case of the storytellers, the mourning was for the loss of family relationships, the loss of innocence, and loss of hope for themselves and those they loved.

Implications/Recommendations

Research implications. The storytelling sessions illustrated the usefulness of Story Theory developed by Liehr and Smith (2008). Story sharing, guided by the theory, helps the storyteller to move toward resolving health challenges, thereby facilitating a way to move forward. The findings from this study also relates to findings of Frid, Ohlen, and Bergbom (2000) concerning how storytelling serves as a way to transmit information to another generation. Boarding school survivors passed on the only wisdom their lives had gathered from the abuse endured during their formative years, thereby influencing future generations in that past becomes woven into the fabric of the present.

Lowe and Struthers' (2001) conceptual model of the seven dimensions of nursing in American Indian culture affirmed the researcher's prior work (Dahlen, 1994) in the value-laden structure of this study. The seven dimensions, caring, traditions, respect, connection, holism, trust, and spirituality, have been illustrated in this research. Caring was conveyed through the entire design of the study, with its culturally unique and innovative approach, which had evolved from a lifetime of commitment to healing through giving voice by the researcher. The study was steeped in cultural traditions, distinguishing it from conventional story research. Respect was demonstrated by spiritual grounding ceremonies, respect of silence, and gift giving. Connection was forged through

the participants and the researcher sharing similar experiences of boarding school survival. Connection was further enhanced through the embracing of traditional practices. Holism was achieved by using the Dream Catcher-Medicine Wheel as a visual framework for bringing traumatic events into perspective. In this research, the careful adherence to cultural tradition enabled the researcher to establish a trusting relationship with storytellers. This trust was further enhanced by the fact of the researcher being an American Indian mission boarding school survivor. Finally, spirituality was exemplified through the spiritual grounding ceremonies.

Hodge et al. (2002) promoted storytelling as a vehicle for wellness in Indian populations. This research combined Story Theory with American Indian oral tradition as a vehicle for resolving health challenges in a safe environment. Examination of these concepts assisted in redefining the Dream Catcher-Medicine Wheel for use in nursing practice.

Stories from the participants indicated that the mission boarding school experience was a soul wound (Duran, Duran, Brave Heart, & Yellow Horse-Davis, 1998). Participants described the betrayal of childhood trust when the supposed safe haven of boarding school that was purported to be a secure and nurturing environment turned out to be what some participants described as “a concentration camp experience.” Inasmuch as the impact of actual stories is not found in existing literature, this research has opened a door that gives voice to a time in history that has not been well documented or researched. This study has implications for future research in the United States with other tribal members who may have attended similar schools. There are implications for

worldwide research wherever there have been similar patterns of oppression, genocide, and abuse resulting in historical trauma. Studies to test the Dream Catcher-Medicine Wheel as a culturally appropriate data-gathering instrument among other tribes are needed.

Practice implications. Waldrum (2004) described historical trauma as a salient concept, as evidenced by the survivors' testimonies of their lived experiences. Understanding the impact of historical trauma is essential if healthcare professionals are to effectively address American Indian health issues. A vast watershed of psychosocial and behavioral dysfunction, together with physical disorders commonly associated with stress and unhealthy lifestyles, can be attributed to historical trauma.

Storytelling is a valid vehicle for engaging the nurse and client in dialogue that promotes wellness. This research has provided groundwork for further data gathering through storytelling. Struthers (2001) contended that research among indigenous populations is sacred research. The researcher demonstrated the same fundamental belief through the creation, modification, and use of the Dream Catcher-Medicine Wheel model from previous research (1994).

The trustworthiness of the instrument ought to be confirmed through use in practice. Practice settings that would serve as appropriate use for storytelling may include psychiatric, counseling, and substance abuse treatment centers. For example, questions about trauma could be included on the intake admission data so that health care professionals would be alerted. This could be accomplished through using Story Theory (Liehr & Smith, 2008), focusing on health challenges and the nurse-patient discourse.

Education implications. The findings from this study revealed a need for culturally responsive methods of data gathering among other minority populations. Nurses who work with indigenous populations can use this information to better serve their American Indian clients who may suffer from historical trauma. More nurses need to be educated concerning the appropriateness of conducting storytelling sessions using Liehr and Smith's (2008) Story Theory for research. Information concerning the residual effects of historical trauma among the Indian population is needed to increase understanding and empathy among health care professionals, and to facilitate effective diagnoses and treatment of American Indians who suffer from the effects of historical trauma. In addition, schools of nursing could incorporate historical trauma into their psychiatric mental health courses. For example, a Native American speaker could be invited as a guest speaker. Nursing situations involving expressions of historical trauma could also be developed for class assignments.

Study limitations. Generalizability is not a factor in qualitative research. Transferability, however, is used to determine whether the research can be reproduced among other populations.

The participants in this study were identified through snowball sampling, resulting in all female referrals. Distance and geographic regions where the participants lived served as a limitation due to the number of hours to locate individuals. The research was limited to individuals representing two different tribes. There was a possibility of bias in that the researcher is an American Indian tribe female who has mission boarding

school experience. Bias control was enhanced through mentorship by a practice storytelling session with an expert in Story Theory.

Summary

This research expanded Story Theory to include a culturally responsive way of data gathering among American Indians through the utilization of the Dream Catcher-Medicine Wheel (Dahlen, 1994). Implications for practice, research, and education, guided by Lowe and Struthers' Nursing in Native American Culture Conceptual Framework (2001), were discussed. Storytelling was identified as a relevant method of conducting research among American Indians (Liehr & Smith, 2008). Limitations suggested that further research is needed to test non-linear methods comparable to the Dream Catcher-Medicine Wheel among other minority populations. The research achieved the humanistic goal of providing a voice for mission boarding school survivors who had never been heard. This research is only the beginning of what can be learned from giving voice to those who survived the mission boarding school experience. There is also great potential for promoting understanding and healing between survivors and members of the dominant culture who may be hindered by misinformation about the effects of historical trauma.

Mitakuye Oyasin. Miigwech. All My Relatives.

APPENDIX A: CONSENT TO PARTICIPATE IN RESEARCH

Consent to Participate in Research

1) Title of Research Study: Giving Voice To Historical Trauma Through Storytelling: How Lives of American Indians Were Impacted During the Mission Boarding School Era.

2) Investigators: Dr. John Lowe and Barbara Dahlen, FAU PhD student

3) Purpose: The purpose of this study is to better understand historical stress/trauma impacted and how this has impacted the lives of American Indians during the mission boarding school era; and to determine how storytelling may be a coping mechanism for dealing with historical stress/trauma.

4) Procedures. If you agree to take part in this study, you may decide where you would like the storytelling session to take place, in a private location. The session will open with prayer. The researcher will ask you to share information such as your age, and marital status. Then you will be asked to tell about your mission boarding school experience.

The session will be audio taped to make sure the information is correct. However, you may also ask not to be audiotaped, and the researcher will take notes instead. Snacks and beverages will be provided by the researcher.

The story session will begin with a Dream Catcher-Medicine Wheel model because of the sacredness of circles in American Indian cultures. You will be asked to imagine that the circle represents your story of health, beginning with your experience of mission boarding school. You will be asked to describe your present experience of health; and to talk about your mission boarding school experience and how it contributed to your present experience of health; you will be asked to share in a traditional healing prayer. This dialogue will continue until the story is completed, as is customary with American Indian storytelling.

5) Risks: You may feel some emotions such as sadness or anger when telling your story. You will be asked to share only what you wish to share and you can ask to stop the session at any time. If you become uncomfortable, the session can be paused and restarted later, if you wish to continue, or the session may be ended according to your wishes.

6) Benefits: This opportunity will give voice to an experience that has never been studied in nursing and has the potential to inform future health care traditional practices for former mission boarding school participants.

7) Data Collection & Storage: The field notes will be used for general observations made by the researcher during the storytelling session and audiotaping. Audiotapes will only be heard by the researcher and the transcriber and transcripts will be read by only the researchers. All notes and transcriptions will be kept in a locked file cabinet in the researcher's office and the tapes will be erased after transcriptions have been compared with the audiotapes for accuracy.

8) Contact Information: *For related problems or questions regarding your rights as a research subject, contact the Florida Atlantic University Division of Research at (561) 297-0777. For other questions about the study, you should call the principal investigators, Dr. John Lowe at 954-236-1275 or Barbara Dahlen at 218-779-8935.

9) Consent Statement:

I have read or had read to me the preceding information describing this study. All my questions have been answered to my satisfaction. I am 18 years of age or older and freely consent to participate. I understand that I

am free to withdraw from the study at any time without penalty. I have received a copy of this consent form.

I agree ____ I do not agree ____ to be audio-taped

Signature of Subject:

_____

Date: _____

Signature of Investigator:

_____

Date: _____

APPENDIX B: LETTER OF EXPLANATION/INVITATION & PHONE/EMAIL INFORMATION

Letter of Explanation/Invitation & Phone/Email Information

Dear_____,

We have received your name from_____, who suggested you might be interested in talking to us about your mission boarding school experience so that we can better understand how this experience influenced your health over time. We have included a copy of the consent form, which gives you specific information about the study. If you are interested in learning more about participating in this study, please contact me at 218-779-8935 or email me at drdahlen@hotmail.com. I will contact you to answer any questions.

If you should call, please leave your name, phone number, and a brief message that you are interested in the study and I will return your call.

Sincerely,

Barbara Dahlen

FAU, PhD Student

APPENDIX C: INTRODUCTION TO STORY PATH DIALOGUE AND EXAMPLE QUESTIONS

Introduction to Story Path Dialogue and Example Questions

We are interested in understanding stories of health for American Indians who have attended mission boarding schools. Imagine this medicine wheel represents your mission boarding school story over time. Please mark somewhere on the medicine wheel where you feel the mission boarding school experience began. We are going to go back to your experience during that time, but now:

- Identify on the medicine wheel where you are in your story of health today.
    - Please tell me about your first memory of the mission boarding school.
    - How has the mission boarding school experience influenced your health over the years?
    - Are there any life events during/after your mission boarding school experience that affected your way of living?

- Clarifying questions were posed to better understand stories and to facilitate flow.
    - Tell me more to help me understand?
    - Can we go back to the part…so that I better understand?
    - I realize this is difficult for you; do you need to take a moment?
    - How did you resolve that health challenge?

APPENDIX D: MISSION BOARDING SCHOOL SURVIVOR DEMOGRAPHIC INFORMATION FORM

Mission Boarding School Survivor Demographic Information

ID #		
Tribal Affiliation:		
Gender: Male:	Female:	
Number of Children:		
First Year in Boarding School:		
Last Year in Boarding School:		
Marital Status (check all that apply):	**O** Single **O** Married O Committed Relationship	**O** Widowed **O** Divorced

APPENDIX E: TABULATED MISSION BOARDING SCHOOL SURVIVOR DEMOGRAPHICS

Tabulated Mission Boarding School Survivor Demographics

	Current Age	Age When Entered Boarding School	Age When Left Boarding School	Sex (M/F)	Children	Tribe	Siblings in Boarding School	Marital Status
	65	8	14	F	4	Chippewa	5	Widow: Married 30 years
	60	6	15	F	3	Chippewa	5	Married 42 years
	68	12	16	F	4	Chippewa	5	Married 50 years
	62	5	13	F	4	Chippewa	9	Married 42 years
	61	6	18	F	2	Chippewa	5	Married 25 years
	60	5	18	F	5	Sioux	7	Divorced
	58	6	18	F	5	Sioux	8	Single
	70	6	14	F	2	Sioux	1	Married 38 years
	67	10	14	F	4	Chippewa	5	Married 50 years
Group Averages	63.44	7.1	15.5	F	3.6	3 Sioux 6 Chippewa	5.6	Married 39.6 years

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