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Qualitative Examination of Historical Trauma and Grief Responses in the Oceti Sakowin

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Walden University

College of Social and Behavioral Sciences

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Anna E. Quinn

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2019

Abstract

Qualitative Examination of Historical Trauma and Grief Responses in the Oceti Sakowin

by

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MS, Walden University, 2011

BA, Dakota Wesleyan University, 2008

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

February 2019

Abstract

Past research regarding historical trauma in the Lakota, one of the three major groups of the Oceti Sakowin or Sioux, has contributed to the historical trauma theory, but gaps continue to exist. The purpose of the study was to examine the historical trauma experiences and grief responses of individuals who identify as Oceti Sakowin, specifically the Nakota and Dakota, including present experiences. Interpretive phenomenological analysis was the study's methodology and the conceptual framework of this research was historical trauma theory, which refers to the persistence of trauma and transmission of trauma from generation to generation. Participant interviews were conducted using a researcher-designed interview schedule. Participants were Oceti Sakowin who identify as Nakota or Dakota and who were over the age of 18, and a total of 8 participants were interviewed. This research yielded themes about how the phenomena affected the participants, which can provide insight into how others who have had their own experiences relate to the phenomena. These themes were concerns and pain about ancestors' experience, concern for personal experiences but hope for the future, and the loss of the past is the sorrow of today. Increasing the knowledge of historical trauma and historical trauma grief responses can lead to better understanding that leads to positive social change through greater empathy and sensitivity toward those who have had these experiences, which can increase respect toward the traditions and cultures of others as well as culturally informed interventions to address historical trauma and grief.

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Dedication

I wish to dedicate this work to my mother, Jeanne Armbrust. Her love for learning and her desire to broaden the minds and expand the view of the world of her children, both biological and in the classroom, provided an excellent example, foundation, and subsequent love of learning in me. I will be ever grateful for her love, support, words of encouragement, and sometimes hard conversations, which helped me throughout my research.

I also dedicate this research to my loving and supportive husband, James Krause, who loved me even when I wasn't very lovable and encouraged me to follow my dreams. I am blessed by you.

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Chapter 1: Introduction to the Study

Introduction

Historically traumatic events experienced by Native Americans, which were caused by colonialism and forced assimilation, have been associated with current social, economic, psychological, and physical health disparities and maladaptive behaviors (Brave Heart, 2003; Brave Heart, Chase, Elkins, & Altschul, 2011; Brave Heart & DeBruyn, 1998; Goodkind, Hess, Gorman, & Parker, 2012). The result of these experiences combined with unresolved grief and the transmission of traumatic memories and grief responses from generation to generation has led to what is called “historical trauma” (Brave Heart, 2003; Brave Heart et al., 2011; Brave Heart & DeBruyn, 1998; Goodkind et al., 2012). Historical trauma has been hypothesized to cause social and economic disparities, psychological and physical health disparities, higher suicide rates, and various inequalities in certain populations (Brave Heart, 2003; Brave Heart et al., 2011; Brave Heart & DeBruyn, 1998; Goodkind et al., 2012; Whitbeck, Adams, Hoyt, & Chen, 2004a). Additionally, forced assimilation practices and associated traumas have led to increased personal trauma familiarity, a lack of parenting role models, increased addiction, and increased poverty (Brave Heart, 2003; Brave Heart et al., 2011; Brave Heart & DeBruyn, 1998; Bussey & Lucero, 2013; Goodkind et al., 2012).

This qualitative, phenomenological study with interpretive phenomenological analysis (IPA) was conducted to gain insight into historical trauma in the Oceti Sakowin, more commonly known as the Sioux. Findings can lead to culturally informed practices for Native Americans, especially the Oceti Sakowin, contributing to a decrease in

disparities, relieving psychological suffering, and improving long-term outcomes in this demographic. The following chapter provides background on the topic, a description of the gap in literature being addressed, and the importance of the research. The research problem, the purpose of the study, and the research questions will also be presented. Additional sections on the theoretical framework, nature of the study, and definition of terms, will provide added information regarding key concepts, rationale, and associated definitions. Lastly, the chapter will provide sections on assumptions and scope, delimitations, limitations, and the significance of the study to provide further clarification on various aspects of the research including postulations, the boundaries of the study, weaknesses, biases, and potential contributions to society.

Background

Historically, the Great Sioux Nation in North America was a political configuration of individuals speaking a Siouan language. The members were a part of Oceti Sakowin, also referred to as Seven Council Fires. The members of these seven original tribes, comprising 13 bands, are grouped into three distinct language clusters which are the Lakota, Dakota, and Nakota. The Oceti Sakowin operate their own separate tribal governments on reservations throughout North Dakota, Nebraska, Minnesota, Montana, South Dakota, and Canada (Indian Health Service, 2014).

The Oceti Sakowin have experienced various cumulative traumas including broken treaties that led to the near starvation of Oceti Sakowin people resulting in the uprising called the Dakota War of 1862; the 1890 assassination of the Oceti Sakowin leader, Sitting Bull; and the massacre at Wounded Knee in 1890 in which hundreds of

men, women, and children were killed by the seventh U.S. Cavalry and buried in a mass grave. These conflicts led to the loss of the buffalo and land to which the Oceti Sakowin had a strong spiritual and ancestral connection; the forced removal of children from their homes for placement into boarding schools in order to assimilate to a new culture; and additional abuses, traumas, and even deaths that occurred in boarding schools (Brave Heart, 1998, 2000; Brave Heart, Elkins, Tafoya, Bird, & Salvador, 2012; Brown-Rice, 2013; Kelsey, 2013). In addition, congressional acts led to the Oceti Sakowin's increased dependence on government support; many deaths from measles, mumps, and influenza outbreaks; and the fight against the new American government and their cavalry that brought battles, death, and loss of land (Brave Heart, 1998; Brave Heart, 2000; Brave Heart et al., 2012; Brown-Rice, 2013; Kelsey, 2013).

Many of the cumulative traumas that were experienced are connected to the loss of Oceti Sakowin culture through colonialism and forced assimilation (Brave Heart, 1998, 2000; Brave Heart et al., 2012; Brown-Rice, 2013; Kelsey, 2013). For example, traditional ceremonies and religious ceremonies were prohibited from 1883-1978 until the American Indian Religious Freedom Act was passed (Brave Heart et al., 2012). Native American lands were also encroached by the government, churches, and other agencies to disrupt the culture and force assimilation (Brown-Rice, 2013), which included government policies to acculturate and assimilate Native Americans and expand the U.S. territories westward like the Act to Regulate Trade and Intercourse in 1790 that prohibited trade with Native Americans without a license. Additionally, Native Americans were relocated to reservations and children were forced to go to boarding

schools to learn European-American ways or risk extermination in the Indian Removal Act of 1830 and the Indians Appropriations Act of 1851, which involved the Trail of Tears in the 1830s that forced tens of thousands of Native Americans to relocate across the country to separate them from European-American society. Furthermore, the Dawes Act of 1887 promised citizenship to Native Americans who assimilated and participated in a land allotment program, which provided surplus land that was then available for seizure by settlers (Brave Heart, 1998; Brave Heart, 2000; Brave Heart et al., 2012; Bombay, Matheson, & Anisman, 2014; Brown-Rice, 2013; Kelsey, 2013). The Bureau of Indian Affairs was created under the Department of War to handle all dealings with Native Americans beginning in 1824 (Brave Heart, 2000; The Library of Congress, 21st Congress, 2nd Session).

As an example of a cumulative trauma that led to historical trauma, the boarding school era is frequently studied because it impacted such a large group of Native Americans in the United States and Canada (Brave Heart, 1998, 2000; Brave Heart et al., 2012; Bombay et al., 2014; Brown-Rice, 2013; Kelsey, 2013). From 1871, when Congress declared all Native Americans to be wards of the government until the 1970s and 1980s when the federal government and Bureau of Indian Affairs discontinued the boarding schools, Native American children were removed from their homes around the ages of 3, 4, or 5, as a forced assimilation practice (Brave Heart, 2000; Brave Heart & DeBruyn, 1998; Bombay et al., 2014; Brown-Rice, 2013; Kelsey, 2013). After removal from the traditional Native American home and placement into the boarding schools, Native American children faced many additional abuses and traumas that included being

tied or chained to beds, beatings for speaking their Native languages, sexual abuse, forced haircuts and new wardrobes, starvation, and sometimes death (Brave Heart, 1998, 2000; Brave Heart & DeBruyn, 1998; Kelsey, 2013). Additionally, due to the conditions of the boarding schools, a tuberculosis epidemic ensued from 1936-1941 that affected the Native American youth at a rate of 7 times the national average and caused the deaths of more than one-third of the Lakota population (Brave Heart, 1998, p. 289).

These experiences have led to problematic coping strategies such as helplessness, manipulation, alcohol and drug use and other addictions, violence, and suicide (Brave Heart & DeBruyn, 1998; Brown-Rice, 2013). Once children returned to their homes, they often carried these problematic coping skills with them (Brave Heart, 2000; Brave Heart & DeBruyn, 1998; Brown-Rice, 2013). They had lost their ethnic identities, many did not participate in cultural or religious practices, and they lacked a sense of belonging and self-esteem (Brave Heart, 2000; Brave Heart & DeBruyn, 1998; Brown-Rice, 2013). The trauma, lack of familial understanding, and loss of experience in a family unit promoted these behaviors and traumas being passed on to subsequent generations (Brave Heart, 2000; Brave Heart & DeBruyn, 1998; Brown-Rice, 2013).

Historical trauma theory purports that the cause of trauma stems from having a cumulative trauma that is compounded with numerous assaults against the group (Bombay et al., 2014; Evans-Campbell, 2008). Thus, although traumatic events may have happened at different times in history and to different generations, the accumulation leads to a single traumatic course (Bombay et al., 2014; Evans-Campbell, 2008). Historical trauma theory indicates that historical trauma is a cumulative trauma that is

transmitted as vicarious trauma in subsequent generations through identification of trauma suffered by relatives and past generations (Estrada, 2009). Included in this is fixation on the trauma, constant grief, negative health outcomes, and somatic and psychological symptoms (Estrada, 2009). Historical trauma has also been described as manifesting in depression, anger, self-destructive behavior and suicidal thoughts, substance use, low self-esteem, trouble recognizing and communicating emotions, and a decreased life span (Bombay et al., 2014; Brave Heart, 1998, 2000; Brave Heart, et al., 2012; Brown-Rice, 2013; Bruskas & Tess, 2013; Bussey & Lucero, 2013; Kelsey, 2013).

Native Americans have domestic violence, physical abuse, and sexual abuse rates that are 3.5 times higher than the national average (Brown-Rice, 2013); mortality rates that are 2 times higher than the national average (Brave Heart, 2000); life expectancy that is 2.4 years less than the general population (Brown-Rice, 2013); and alcohol and drug use, negative health disparities, psychological concerns, and suicide that is higher (Brave Heart, 2000; Brown-Rice, 2013). Historical trauma is thought to be at least partially responsible for these (Brave Heart, 2000; Brave Heart & DeBruyn, 1998; Brown-Rice, 2013; Estrada, 2009). Despite this research, there is limited literature about historical trauma as it relates to the Oceti Sakowin. This suggests that additional contributions to this area of study can be valuable. Thus, this study was focused on the historical trauma grief responses in the Nakota and Dakota groups of the Oceti Sakowin with considerations for current influences and experiences.

Problem Statement

Past research regarding the historical trauma in the Oceti Sakowin has provided much information, but gaps continue to exist (Brave Heart, 1998; Brave Heart et al., 2011; Estrada, 2009; Whitbeck et al., 2004a). Limited academic and peer-reviewed research is available in relation to historical trauma and grief responses, especially in the Dakota and Nakota groups of the Oceti Sakowin, and additional research relating to the characteristics and prevalence of historical trauma and historical trauma responses is needed for all Native American groups (Brave Heart et al., 2011). Addressing this gap is important to give less generalized information about historical trauma experiences and historical trauma grief responses, adding data to the conceptual framework on two specific groups who have experienced cumulative traumas leading to historical trauma. Historical trauma in the Lakota has been linked to psychological suffering, psychosocial and health disparities, higher suicide rates, higher rates of poverty compared to the general population, and a negative effect on grief management (Brave Heart, 1998; Brave Heart et al., 2011).

Research Questions

The research questions used for this study were:

Research Question 1: What are the experiences of historical trauma described by the people from the Nakota and Dakota groups?

Research Question 2: What are the historical trauma grief responses described by the people from the Nakota and Dakota groups?

Research Question 3: What historical trauma experiences are described that can be associated with present day influences or experiences?

Conceptual Framework

The conceptual framework of this research was historical trauma theory. Historical trauma theory refers to the persistence of trauma and transmission of trauma from generation to generation (Brave Heart, 1998; Estrada, 2009; Whitbeck et al., 2004a). The model of historical trauma comprises three stages: experiencing the initial trauma with others, the trauma response of those individuals who initially experienced the trauma, and the transmission of the trauma response to subsequent generations (Estrada, 2009). The trauma and grief responses are passed to future generations through collective distress and witnessing the effects of that distress from ancestors to descendants (Brave Heart, 1998; Brown-Rice, 2013). In addition to the three stages of historical trauma, Hartmann and Gone (2014) identified four key components: colonial injury, collective experience, cumulative effects, and cross-generational impacts, which are dubbed as the “Four C’s.”

Nature of the Study

An IPA design was used to collect information and identify themes of how historical trauma is experienced and what the grief responses are from those experiences as well as gain understanding of current influences or experiences for individuals in the Nakota and Dakota groups of the Oceti Sakowin. The IPA approach allowed for the gathering of the personal experiences and stories of those who participated in the research, bringing human experience and memories to light (Creswell, 2013; Pietkiewicz,

& Smith, 2014; Smith, 2015). IPA was chosen to allow important experiences and details from the participants to be provided from their own involvement, memories, and reflections. IPA also allowed participants to communicate how they made sense of their experiences, which helped themes to emerge as they pertained to the Dakota and Nakota groups of the Oceti Sakowin.

Personal and historical information in relation to historical trauma was gathered from each participant using their memories relating to themselves, their family, and those they may have known or heard about as histories were handed down through sharing generation to generation. Information was also gathered from the participants relating to various components of grief concerning historical trauma in addition to general questions about experience, culture, and trauma responses. Participants self-referred for inclusion based on advertising through flyers at participating agencies and organizations. The study aimed to have a six to eight participants, all Nakota or Dakota and over the age of 18. Participants were asked about their experiences with historical trauma during in-depth interviews and the data were analyzed using IPA.

Definition of Terms

Assimilation: Processing and absorbing new information based on past experiences to add to established frameworks of knowledge and then applying the new information to future interactions with social or physical environments (Piaget & Inhelder, 1958). For this research, a specific example of assimilation was referred to, defined as efforts to train and adapt Native Americans in the culture, practices, and colonization processes of the European style (Kelsey, 2013).

Colonialism: Practices or policies by a foreign and/or dominant power over another in which the control and exploitation of the land is at the forefront for the new authority to obtain and maintain power over the land's indigenous people. The practice of colonialism may include racism, oppression, exploitation, assimilation, loss of cultural and traditional ways for the indigenous people, and a forced imposition of the dominant power's views and culture (MacDonald & Steenbeek, 2015; Nutton & Fast, 2015).

Cumulative (or group) trauma: A trauma experienced by a collective group which includes emotional grief (e.g., the Jewish Holocaust; Brave Heart, 1998).

Historical trauma grief responses: Grief responses that are impaired due to the effect of a cumulative or historical trauma, which include trauma response features including but not limited to suicidal ideation, depression, low self-esteem, survivor's guilt, numbing, fixation to the trauma, poor affect, somatic symptoms, dissociation, fantasies about compensation or redemption, and symptoms of post-traumatic stress disorder such as hypervigilance, self-destructive behaviors, anger or agitation, or fear (Brave Heart, 1998).

Assumptions

For this study, participants were asked various questions about historical trauma, their experiences, and historical trauma grief responses. It was assumed that all participants involved answered honestly and to the best of their ability. To support participant involvement and honesty, all participant identities are concealed and confidentiality was maintained. Measures were put in place to ensure identification of participants did not occur.

This study was focused on historical trauma grief responses. Due to the cumulative trauma experienced by Native American groups, it was assumed that those participating may have had components of historical trauma. I assumed that, as the researcher, I was aware of personal biases, and was able to distinguish personal biases from participant experiences. Additional assumptions were that the study would lead to sufficient data that could identify pertinent themes for analysis about historical trauma experiences and grief responses with consideration for current influences and experiences.

Scope and Delimitations

There are roughly 122,000 Native Americans in the tribal area (Indian Health Service, 2014), with about 8,700 living in the community in which the study was based (U.S. Census Bureau, 2015). A small sample size of this population was used to conduct the study, with a participant group of eight participants being interviewed. The results of the research may only be generalized for the population that was studied, which is Native American adults over the age of 18 who are members of the Oceti Sakowin tribe under the Nakota or Dakota groups and have potential experiences associated with historical trauma and historical trauma grief.

Due to the size of the sample and the phenomenological methodology that was used for the research, the emergent themes may be added to the previous conceptual framework and knowledge base about historical trauma and historical trauma grief responses, but findings only pertain to the population included in the research. Tribal groups vary from cultural and spiritual practices. Generalizing to other tribal groups

outside of the Oceti Sakowin may be limited and differences between the three Oceti Sakowin groups could be found, reducing generalizations within the same tribe.

Regional experiences also have the potential to vary. Generalizing within the Oceti Sakowin tribe outside of the geographical area in which the research was conducted may also be limited.

Limitations

Experiences of historical trauma from group to group and individual to individual may vary. Generalizing these experiences over a personal, group, or larger scale will not be feasible. However, the experiences of each participant were noted. In qualitative research, the goal is to understand or add to the current understanding of a certain phenomenon but this does provide for limitations like the limited generalizability.

The interview questions in this study were focused on historical trauma and grief. I was not able to account for or provide a quantified summary of individual factors such as personality, coping resources, or specific life-influencing incidents that did not fall within the focus of the research. Personal factors and experiences that were included in the focus of the study were explored through interviewing and information central to the participants' experiences within the research focus are included. However, information that may be central to the participants' experiences but classified outside of the research focus might have been missed.

Participants self-selected to take part in this study. Self-selection bias was a possible limitation to this study. Participants who are deeply affected by historical trauma and grief may have been reluctant to take part in this study, leading to biased data

being gathered. Conversely, participants who are deeply affected by historical trauma and grief may have had a strong motivation to share and discuss those experiences, which could have provided input that was diverse and variances to the phenomena and themes that emerged.

Significance

Limited literature exists about historical trauma in the Oceti Sakowin, especially the Nakota and Dakota, which suggests that additional contributions to the area are beneficial, including consideration for current influences and experiences. Such research could lead to the development of further prevention and intervention tools, which could address the impact of the psychological suffering caused by historical trauma. This development could lead to programs that reduce psychological suffering, address disparities, and improve positive life outcomes. Therefore, this study can lead to positive social change by improving outcomes for the Oceti Sakowin as well as other indigenous groups. Health disparities, mental health disparities, addiction, and various issues related to families and parenting have been linked to historical trauma, which has the potential to be addressed through additional research. The link between historical trauma responses and current influences can lead to prevention and intervention of such situations in current generations.

Summary

The Oceti Sakowin experienced various cumulative traumas, including broken treaties, a mass execution, the assassination of Sitting Bull, the massacre at Wounded Knee, the loss of the buffalo and their land, the forced removal of children from their

homes for placement into boarding schools, forced assimilation, increased dependence on the government's support, death due to illness and outbreaks, and battles against the new government (Brave Heart, 1998, 2000; Brave Heart et al., 2012; Brown-Rice, 2013; Kelsey, 2013). In addition, the Oceti Sakowin experienced a loss of culture and spiritual practices through prohibition of ceremonies, encroachment of Native American lands, and the forced following of government policies (Brave Heart, 1998, 2000; Brave Heart et al., 2012; Bombay, Matheson, & Anisman, 2014; Brown-Rice, 2013; Kelsey, 2013). These traumatic experiences relating to colonialism and forced assimilation to the European American society have led to grief, mental health, and physical health disparities greater than those of the general population.

There are gaps in literature for historical trauma as it relates to Native Americans, especially the Nakota and Dakota groups of the Oceti Sakowin. This research helped examine the experiences of these groups regarding historical trauma and grief responses with consideration for current influences and experiences. This research can lead to program and policy development that can improve the outcomes for Native Americans to improve grief responses, increase cultural grief practices, and minimize disparities.

Chapter 2: Literature Review

Introduction

Historical trauma in the Lakota had led to psychological suffering, psychosocial and health disparities, higher suicide rates, higher rates of poverty compared to the general population, and a negative effect on grief management (Brave Heart, 1998; Brave Heart et al., 2011). Many events and experiences are contributing factors of historical trauma, most related to colonialism and forced assimilation practices (Brave Heart, 2003; Brave Heart et al., 2011; Brave Heart & DeBruyn, 1998; Goodkind et al., 2012). The purpose of this study was to look at the historical trauma experiences and grief responses of individuals who identify as Native Americans under the Oceti Sakowin tribe in the Nakota and Dakota groups, with consideration for current influences and experiences.

The literature review includes the following sections: Historical Trauma Theory, Past Research on Historical Trauma in Native People, Cross-cultural Studies of Historical Trauma, and Phenomenological Methodologies in Historical Trauma, which includes a summation of past studies and research into related topics that provide a broader perspective into historical trauma, causes, effects, and theory; disparities; and similar methodology research.

Literature Search Strategy

A systemic search strategy was used to gather information and past research on topics related to historical trauma experiences, historical trauma grief responses, and the Oceti Sakowin. The strategy used for the literature search included a focus on historical

trauma, intergenerational trauma, and cultural trauma in Native Americans and other populations including Jewish, African Americans, and Mexican Americans.

Due to the limited amount of peer-reviewed, academic research on historical trauma and grief responses in the Oceti Sakowin, it was necessary to use articles prior to 2010. The databases accessed through the Walden University Library were ProQuest Central, PsycARTICLES, Academic Search Complete, Sage Premier, and PsycINFO. In addition, Google was used to obtain current statistics related to Native American groups. A variety of key search terms and combinations of terms were used to encompass the issues being researched including *historical trauma, grief responses, cultural trauma, trauma, Native Americans, Sioux Indians, Oceti Sakowin, Lakota, Nakota, Dakota, generational trauma, intergenerational trauma, group trauma, trauma transmission, and epigenetics*. Each term and combination of terms were used in every database to ensure a thorough response of research.

Theoretical Foundation

Historical Trauma Theory

As early as 1925, the notion of cultural trauma has suggested that societal changes and damages can result in harm to culture and the decline of culture itself, which is referred to as *primitivization* (Sorokin, 1925). Culture in this case refers to “shared learned behavior and meanings that are socially transferred in various life-activity settings for purposes of individual and collective adjustment and adaptation” (Marsella, 2005, p. 657). Trauma to a culture can lead to not only adverse traumatic effects to individuals but also negative conditions in the group such as a change in norms,

differences in values, adjustments to beliefs, and overall disorientation (Sztompka, 2000). There are various cultures throughout history that have experienced adverse effects from trauma (Stamm, Stamm, Hudnall, & Higson-Smith, 2003). These include Jewish individuals and survivors from the Holocaust, also called Shoah (Rosenblum, 2009), Korean American survivors from the Korean War (Liem, 2007), Japanese American survivors of internment camps during World War II (Michaels, 2010), individuals of Mexican origin after 500 years of European domination and colonialism (Estrada, 2009), survivors of slavery (Durham & Webb, 2014), refugees (George, 2010), and the native or aboriginal individuals of the United States, Canada, and New Zealand (Brave Heart, 1998, 2000, 2003; Brave Heart & DeBruyn, 1998; Brave Heart et al., 2011; Brown-Rice, 2013; Fast & Collin-Vezina, 2010; Gone, 2013; Michaels, 2010; Morgan & Freeman, 2009; Pihama et al., 2014; Swanson-Nicolai & Saus, 2013; Weaver & Brave Heart, 1999; Whitbeck et al., 2004a; Willmon-Haque & BigFoot, 2008).

Historical trauma has been defined as “cumulative trauma over both the life span and across generations that results from massive cataclysmic events” (Brave Heart, 1999, p. 287). The intergenerational transmission of trauma was first discussed by Rakoff after observing children of Holocaust survivors and the effects of parents’ trauma on the next generation (Rakoff, 1966). Rakoff (1966) found that after the holocaust, survivors went on to reestablish their lives, but there was a strange connection between the parents and children. The mourning that the parents felt was expected to be shared by the children and it went as far as the children being expected to live in honor of those who had died during the holocaust by trying to complete the lives of those who were lost (Rakoff,

1966). Furthermore, if a child showed any reluctance to do so or attempted to live a life of their own they were treated as though they had betrayed and rejected their parents (Rakoff, 1966). Due to the forced behavior from the parents, many children felt as though they did not belong and had negative emotions such as guilt and unhappiness that led to rebellion or contention (Rakoff, 1966).

The development of historical trauma theory stems from the experience of trauma but involves an examination of trauma at an intergenerational level rather than an individual level (Estrada, 2009). Historical trauma theory can be used for various cultures including many cumulative trauma experiences (Brave Heart, 1998, 2000, 2003; Brave Heart & DeBruyn, 1998; Brave Heart et al., 2011; Brown-Rice, 2013; Durham & Webb, 2014; Estrada, 2009; Fast & Collin-Vezina, 2010; George, 2010; Gone, 2013; Liem, 2007; Michaels, 2010; Morgan & Freeman, 2009; Pihama et al., 2014; Rosenblum, 2009; Swanson-Nicolai & Saus, 2013; Weaver & Brave Heart, 1999; Whitbeck et al., 2004a; Willmon-Haque & BigFoot, 2008). Historical trauma is based on research of historical and social events that led to trauma responses among individuals and groups and the stress responses found (Estrada, 2009). Historical trauma theory is concentrated on a macro-level of society (i.e., ethnic groups) and the responses, outcomes, disparities, and interventions of these experiences (Estrada, 2009). Within the conceptual model are three stages and components for the development of historical trauma: a cumulative traumatic experience caused by a dominant group, the trauma response occurs in the initial generation, and the trauma responses are then passed on to following generations

(Sotero, 2006). Those who have experienced historical trauma or have historical trauma grief responses, based on past research, have these things in common.

Contributions to the theoretical framework of historical trauma theory after seminal works defining the topic and providing a unit of measure is limited and is primarily about substance abuse and violence (Brave Heart, 1998; Brave Heart & DeBruyn, 1998; Burnette, 2015, 2016; Charbonneau-Dahlen, Lowe, & Morris, 2016; Gone, 2013; Gone & Hartmann, 2016; Hartmann & Gone, 2014; Myhra, 2011; Pokhrel & Herzog, 2014; Reinschmidt, Attakai, Kahn, Whitewater, & Teufel-Shone, 2016; Weaver & Brave Heart, 1999; Whitbeck, Adams, Hoyt, & Chen, 2004b; Whitbeck, Adams, Hoyt, & Chen, 2004c; Wiechelt, Gryczynski, Johnson, & Caldwell, 2012). In addition to substance abuse and violence, a contribution to historical trauma theory has been the development of the Historical Trauma Loss and Associated Symptoms Scale as a form of measurement for historical trauma (Whitbeck et al., 2004a). Other assessment tools have not been developed, providing limited assessment tools to the area of study (Estrada, 2009; Whitbeck et al., 2004a). Due to the limited amount of research on the topic, any additions to the area of study can help develop the conceptual framework and increase the validity and reliability of the theory, the framework, and the assessment tools being developed.

This theoretical foundation was chosen due to its applicability to the experiences of Native Americans, specifically the Oceti Sakowin. The Oceti Sakowin experienced a cumulative trauma by a dominant group which then led to trauma responses in the first and subsequent generations (Sotero, 2006). The development of historical trauma theory

and the foundational framework is applicable to the Oceti Sakowin and the groups cumulative experiences and traumas of the past which has long lasting impact into present time. Historical trauma theory is an accepted theory by many professionals including counselors, psychologists, and psychiatrists, and continues to be studied to add to the conceptual and theoretical frameworks while increasing its legitimacy and trustworthiness in the field.

Literature Review: Key Variables and Concepts

Past Research on Historical Trauma in Native People

Research that has been conducted to study the effects of historical trauma on Native People is limited. However, research on historical trauma has helped define it as including the dominant culture perpetrating mass traumas on a population; the original generation of the population responding to the trauma with biological, societal, and psychological symptoms; and the initial responses to trauma conveyed to successive generations through environmental and psychological factors, prejudice, and discrimination (Sotero, 2006). Based on this, Native Americans can be described as having historical losses and traumas that have left them with historical loss symptoms (Whitbeck et al., 2004a).

The psychological, social-environmental, and physiological symptoms that Native Americans face could be a reaction to the generational exposure to persecution, discrimination, and oppression (Brown-Rice, 2013). Validation of the past losses and the stressors that continue to affect Native Americans is needed to help with therapy (Brave Heart et al., 2011). However, there is a lack of research on mental health interventions

for Native Americans (Brown-Rice, 2013), though research has suggested that negative attitudes toward mental health interventions is present, potentially relating to historical traumas as well as stigma, negative experiences relating to the interventions, and issues with culturally competent care for those who are Native American (Roh et al., 2015). Additional factors that may influence an individual receiving mental health interventions include gender, access to insurance or treatment, social stigma, and chronic medical conditions (Roh et al., 2015). Western-based mental health services often do not include culturally competent care, nor do they involve traditional beliefs and practices (Goodkind, Gorman, Hess, Parker, & Hough, 2015). Cultural and community based health and mental health interventions, which include traditional practices and healing ceremonies, are rare but the development of mental health interventions for Native Americans to assist with coping relating to current or past experiences, historical trauma and grief responses, or the negative feelings and memories they may be having will be crucial to overall well-being (Goodkind et al., 2015).

A factor that is important to consider for interventions is grief from historical trauma (Brave Heart & DeBruyn, 1998). Current trauma, including losses from alcohol related accidents, homicide, and suicides as well as domestic violence and child abuse, add fuel to the grief and historical trauma that the Native Americans are trying to cope with (Brave Heart & DeBruyn, 1998). Additionally, disenfranchised grief, which is grief that is not openly recognized or suffered, contributes to the historical unresolved grief among Native Americans, and by denying or limiting the use cultural grieving practices, the grief remains throughout generations (Brave Heart & DeBruyn, 1998). The inability

of Native Americans/Alaskan Natives to practice their cultural mourning rituals and grieve may affect how well they cope with their loss (Brave Heart et al., 2011). Historically, Native Americans were prohibited from using traditional healing and mourning practices and ceremonies starting around 1883 and ending in 1978 when the American Indian Religious Freedom Act was passed (Brave Heart et al., 2011). This impaired cultural practices, teaching from generation to generation, and reduction of grief since times of prohibition (Brave Heart et al., 2011). Currently, interventions are being put in place to teach and restore these practices, but many are unable to fully benefit due to a lack of knowledge and a loss of culture (Brave Heart et al., 2011). However, clinical and traditional/cultural interventions can promote healing through storytelling, elders, and tribal history as well as cultural practices like speaking the native language, participating in Sun Dance, smudging with sage, participating in sweat lodge, and pow wows. A feeling of fear about possible future oppressions and not feeling as though they belong in society at large, often leads to substance abuse, but learning Native American or Alaskan Native cultural and spiritual traditions, and reconnecting with family can be a positive part of their recovery programs (Myhra, 2011).

It is important to address historical trauma and grief, as Native American mortality rates, and levels of substance abuse, violence, and suicides are higher than the general population (Brave Heart, 2003). The mortality rate is also 1.2 times the national average (Indian Health Service, 2014). These rates suggest a higher rate of substance abuse as well as other issues such as higher mental health risks (Brave Heart, 2003).

Exposure to higher death rates in the community exposes the public to multiple traumatic events and the grief that goes with them (Brave Heart, 2003).

Other studies have been focused on the issue of substance abuse and sobriety. For example, Native Americans/Alaskan Natives reported facing various stressors including historical trauma, ongoing racism, and daily stressors that included poverty. This led to substance abuse, which was “a surrender to what they understood, since their youth, to be their fate, and also signified to them their defeat by the dominant culture” (Myhra, 2011, p. 31). Substance abuse was something that they had learned from previous generations to deal with the effects of historical trauma (Myhra, 2011, p. 34). A similar study involving substance abuse in Native Americans living in urban areas indicated that those in urban areas have higher historical loss symptom scores on the Historical Loss Scale than those initially studied on the reservation by Whitbeck, Adams, Hoyt, and Chen in 2004, which showed a higher correlation to alcohol and drug use (Wiechelt et al., 2012). These differences must be examined to help reduce the risk of physiological illness and psychiatric disorders as well as depression (Brave Heart, 1999). Finally, Pokhrel and Herzog (2014) found that perceived discrimination had a correlation to substance abuse in Hawaiian Native college students, whereas historical trauma was more of a potential threat without a direct correlation to substance abuse. Findings also indicated higher scores on the same scale for historical trauma for Native Americans than Hawaiian Native students (Pokhrel & Herzog, 2014).

In addition to research on historical trauma and substance use and abuse, research has been conducted with Native youth on cultural identity (Weaver & Brave Heart,

1999). For example, research has considered factors that influence Native American identity, historical trauma, and grief resolution. A paired study was conducted on cultural identification and historical trauma, with the first study indicating that most participants identified with more than one culture, with variances for the strength of how the participants identify with each culture. The second study included Lakota respondents who had experienced boarding school abuse, racism at school, and other abuses such as physical and sexual abuse that may have impacted their sense of self relating to historical trauma and historical trauma grief. Those in the second study were provided an intervention to resolve their grief, and positive changes were seen immediately and after a 6-week follow up. The results of this study suggested that cultural identification cannot be assumed, especially in the social work field, and that intervention methods can also not be assumed until a cultural assessment is conducted to ensure the appropriate treatment and intervention tools for the individual.

Research on historical trauma has also provided some insight into healing and resiliency. In a study conducted by Reinschmidt et al. (2016), resiliency of Native American elders in Arizona were studied in relation to historical trauma, with five themes emerging. The first was historical trauma indigenous concepts. Within this theme, participants noted positive feelings toward their parents and grandparents who faced adversities but overcame, and the participants thought that a lack of knowledge of history led to less resiliency in younger generations. The second theme was a sense of loss relating to boarding schools in which people experienced a loss of language, culture, and tradition and a wanting to return to those things. The third theme that emerged was

contemporary adversities, which related to concerns that have arisen from those historical losses, such as substance abuse as a coping mechanism, violence, gang involvement, fatal injuries, and chronic disease. The elders noted that there was a generational gap similar to the first theme where the younger generations do not understand the past and, therefore, have lost respect and have not carried on traditions, culture, and language ultimately perpetuating the trauma. The fourth theme was titled resiliency indigenous concepts, where elders described resiliency as the ability to be strong and bounce back while knowing what happened in the past and maintaining a community. The final theme that emerged was resiliency. Resiliency relates to the individual, the family, and the community. Spirituality, identity, personal strength, practicing traditions, togetherness, role modeling, social support, language, culture, storytelling, accessing resources, and advocacy were all identified components of resiliency.

Gone (2013) provided research sponsored by the Aboriginal Healing Foundation in Canada to look at Native healing programs based on cultural practices and the medicine wheel. The medicine wheel is a cultural representation of four parts of unity either the four directions, the four human races, the four seasons, or the four stages of development. A qualitative interview methodology was utilized in the study. Four different themes emerged from the research. The first was emotional burden in which those who needed therapeutic support were dealing with great pain from the past often masked by substance abuse. The second theme was cathartic disclosure in which those dealing with great pain found relief from acknowledgement and verbal admission of distressing experiences. The third theme was self-as-project reflexivity in which the

clients were taught to look inward and see themselves and a constant project. This third theme led to clients having a better understanding of themselves leading to constructive self-transformation. Lastly, the fourth theme was the impact of colonization which the researcher found was related strongly to residential school experiences. Participants found that the loss of culture and language led to a feeling of not belonging and that healing would come from relearning those things which were lost. From the study, it was found that the meaning of healing for those involved was self-transformation. In self-transformation participants acknowledged pain, dealt with personal problems through discussion of the problems and release, introspection, personal work moving toward understanding, and finding purpose. This process was noted to help reorient and encourage the participants to becoming renewed and more involved in the world.

Research by Joseph Gone and William Hartmann (2014, 2016), in the Great Plains region of the United States, has provided additional insight into historical trauma. Through interviews with two Great Plains Medicine Men, the researchers found that the Medicine Men were knowledgeable on the conceptual framework of historical trauma but identified the term from their own perspective either through tribal spiritual practices or through the experiences of oppression and colonial violence leading to a need for healing and social change (Hartmann & Gone, 2014). Further research in the Great Plains region found that of the service providers who participated, most were not familiar with the conceptual terminology of historical trauma and related it to various forms of oppression rather than the description provided by Brave Heart and associates (1998) when the term was coined (Gone & Hartmann, 2016). This suggested a lack of psychological

mindedness leading to the idea that historical trauma is rooted outside the person rather than something internal and involving grief and unresolved grief (Gone & Hartmann, 2016).

Additional components relating to historical trauma, its outcomes, and healing have been researched. Evidence shows that the ability to self-govern may decrease suicide risk and increase quality of life (Chandler & Lalonde, 1998; Chandler & Lalonde, 2004). First Nation communities surveyed show that self-government is a protective factor and may decrease the amount of suicides within the communities (Chandler & Lalonde, 1998; Chandler & Lalonde, 2004). When Native nations are allowed to self-govern and use their own culture within the governmental structure, more positive outcomes are seen (Milloy, 1999). In order to be resilient and come back from trauma a person needs to be able to find and use certain resources such as their personal support systems and their social and community resources (Agaibi & Wilson, 2005; Doucet & Rovers, 2010). It is important for trauma survivors to have the ability to access these supports and resources aids in order to transform their traumatic experience and allows a sense of meaning and order (Doucet & Rovers, 2010).

Charbonneau-Dahlen, Lowe, and Morris (2016) conducted research on the healing of Native Americans who had experienced boarding schools. Within this research, a major theme was identified. This theme was boarding schools broke and silenced the spirits of those who attended, comparing experiences to concentration camps. A second major theme identified was the survival of the spirit in which the children found ways to encourage themselves and protect each other without the presence

of positive, nurturing role models. The participants indicated that they all had strong spirituality and had rediscovered their Native American spirituality and roots. The research found that healing is still needed and culturally sensitive approaches for minority populations are necessary (Charbonneau-Dahlen et al., 2016).

Grayshield, Rutherford, Salazar, Mihecoby, and Luna (2015) conducted a phenomenological qualitative study on historical trauma. The researchers focused on asking elders of Native American tribes about historical trauma and healing, in order to give a voice to the elders and help to develop culturally competent and sensitive healing measures. The researchers asked three questions, each question resulting in multiple themes relating to historical trauma. The first research question was about understanding historical trauma and the themes that were found were traumatic historical events, the impact of boarding schools, and internalization of oppression. The second research question was about the current impact of historical trauma and the themes found were alcoholism and other substance abuse, loss of culture and language, historical loss symptom of community discord, and technology in the younger generations. The last research question was regarding recommendations for healing and the themes found were focusing on the positive, awareness and education, a return to a cultural and spiritual way of life, and language learning. The research did not look at specific Native American groups or the experiences of those specific groups but rather looked at the historical trauma, experiences, and healing for Native Americans in general from various tribes. The researchers noted the importance of phenomenological data in the research by stating that it was socially just to permit the elders in the community to use their own

experiences to develop definitions, recommendations for interventions, and bringing others into the process. The responses to this question gave four themes that concentrate on the positive, provide an increase of awareness and education, return to the old values of culture and spiritual ways, and learn the traditional languages (Grayshield et al., 2015).

Past research on historical trauma in Native Americans has provided some insight into the causes of historical trauma, some of the consequences of historical trauma including substance abuse and violence, and suggestions for interventions and healing methods. Most of the research in existence does not identify specific Native American groups but generalizes the research to all Native Americans who have experienced historical trauma, providing a greater understanding of participant experience within the phenomena through the analyzing of themes in the interview process but only to a certain degree due to sample size. Some research pertains specifically to Hawaiian Natives, Canadian Aboriginals, or the Lakota. The past research provides some basic understanding about the experiences of larger groups but does not provide much information on smaller groups, like the Dakota and Nakota groups within the Oceti Sakowin, whom experienced historical trauma. Past research highlights the importance of culture and traditions in healing and indicates that substance use is not traditional. Additionally, research suggests that there are historical trauma grief response differences from urban to reservation Native Americans and that cultural identity should not be assumed. The research conducted attempted to provide more direct and personal information on these topics for the Dakota and Nakota groups. Further insight into

historical trauma from a cross-cultural perspective will be covered in the following section.

Cross-Cultural Findings on Historical Trauma

Historical trauma and its effects on a population are not limited to Native Americans. Populations around the world are coping with various traumas and their effects on individuals and populations as a whole. Research and cross-cultural studies show that many of these populations experience devastating results of trauma such as grief and discrimination similar to that of the Native Americans, and their work with these populations may enhance the treatment of Native Americans and aid with the development of culturally relevant grief intervention and coping strategies (Brave Heart, 1998; Estrada, 2009; Grey et al., 2008; Swanson Nicolai & Saus, 2012).

Historical trauma theory is applied to Mexican Americans in Estrada's (2009) discussion. Estrada argued the various aspects of trauma to Mexicans and Mexican Americans which included the blaming of these individuals whenever the economy fluctuates due to their presence in the United States and the beliefs or stereotypes some may hold about illegal aliens regarding work ethic and wages. Segregated schools, neighborhoods, and being seen as inferior to Anglo Americans were also some of the traumas experienced by Mexican/Mexican Americans (Estrada, 2009).

The Sami of Norway and various Native groups in Western Montana show similar responses to indigenous child trauma (Swanson Nicolai & Saus, 2012). The themes which emerged from this research were mistrust and systems trauma, resilience, grief and loss, and indigenous values. The researchers found that while there are differences in the

history, culture, and current situations of the Sami of Norway and the Native groups of Western Montana, there are cross-cultural similarities in how people respond to traumatic colonization and also how they deal with the continued issue of racism and discrimination. These past events may instill a lack of trust in the individual and affect their ability and willingness to participate in various service systems such as social services, law enforcement, or mental health agencies. Therefore, agencies must look at the differences in backgrounds and values systems within ethnic and tribal groups and educate staff on the various aspects of indigenous people including their histories and ethnic values in order to be effective (Swanson Nicolai & Saus, 2012).

Conclusion

The following section provided information gathered through a systemic and specific literature search. As early as 1925, cultural trauma can be found in research and as early as 1966 historical trauma can be found in discussion. The conceptual framework for trauma theory has a long history that has included the addition of secondary categories within the area of study. Historical trauma theory is one of these subcategories and includes three phases (Sotero, 2006). Based on historical trauma theory and the three successive phases within the theory, Native Americans experience historical trauma and the subsequent historical loss symptoms including but not limited to health disparities, psychological despair, and social-environmental concerns (Brown-Rice, 2013). Historical trauma begins as a traumatic experience by a group of people who then through transmission pass the grief and trauma on to subsequent generations.

Historical trauma theory encompasses a body of research including various components of historical loss as the result of mass trauma perpetrated by a dominant group (Sotero, 2006). This research includes the development of historical trauma, the transmission of historical trauma, interventions and healing, substance abuse, and violence. Due to the historical, cultural, and systemic losses that were experienced, a pathway for cross-generational transmission exists that affects relationships, attachment, and overall wellbeing (Brave Heart et al., 2011; Brown-Rice, 2013; Doucet & Rovers, 2010; Whitbeck et al., 2004a).

Research has been conducted with Native Americans and cross-culturally but no research has been conducted specifically on the Nakota and Dakota groups of the Oceti Sakowin. Research on historical trauma has been conducted for many years but not until recently has scholarly scientific research been conducted and focused on historical trauma within the indigenous populations. Previous knowledge may have been related to word of mouth or unfounded reports but as more data are added to the conceptual framework, the themes that have been provided have and will continue to strengthen the universality of historical trauma and the effects of that trauma. With this in mind, researching the historical trauma responses of Native Americans who identify as Nakota or Dakota Oceti Sakowin may give additional insight into the systemic and cultural losses that historical trauma has led to as well as how those losses have longstanding and futuristic implications. The themes that emerged from this research have the potential to be unique to the population being studied or give additional power to the themes which have emerged in previous research, strengthening the theory and providing a greater

collective for those who experience or experienced themes relating to historical trauma and historical trauma grief responses due to the similarities found across various populations.

Chapter 3: Research Method

Introduction

The purpose of the study was to explore the historical trauma experiences and grief of individuals that identify as Nakota and Dakota within the Oceti Sakowin tribe while allowing for considerations of current influences and experiences. This chapter will include the research design and methodology that was used to gather information about this subject starting with a restatement of the research questions. In addition, this chapter will include a discussion of why a qualitative, phenomenological study was chosen as the design for the study. The role of the researcher, ethical concerns, and personal biases during data collection and analysis will also be reviewed. Discussion about the eight participants of the study will be included along with how sampling was used, and the interview questions will be outlined. Data collection procedures are explained to include processes for recruitment and participation as well as recording and documentation of the interviews including the face-to-face interviews and written responses. Further topics in this chapter will include trustworthiness, potential participant harm, informed consent procedures, confidentiality, credibility, and how the data were used and stored.

Research Design and Rationale

The research questions for this study were:

Research Question 1: What are the experiences of historical trauma described by the people from the Nakota and Dakota groups?

Research Question 2: What are the historical trauma grief responses described by the people from the Nakota and Dakota groups?

Research Question 3: What historical trauma experiences are described that can be associated with present day influences or experiences?

In this study, I collected personal stories and unique experiences along with the effect that these had on historical trauma grief responses. Additional information was gathered from participants to gain further understanding of thoughts and feelings related to the topic and any current influences and experiences that are important. Therefore, I conducted a qualitative phenomenological study by using IPA to gather details about the stories and experiences of the participants in relation to historical trauma, historical trauma grief responses, and current influences and experiences. The IPA method helps gather personal data from individuals relating to a certain phenomenon (Pietkiewicz, & Smith, 2014; Smith, 2015). The data are then analyzed to find themes within the experiences of the participants, which convey the essence of the shared, fundamental meaning of the phenomenon (Creswell, 2013; Pietkiewicz, & Smith, 2014; Smith, 2015). The essence of the phenomenon provides a textual and structural description of the experiences of the participants and provides meaning to the *what* and the *how* of those experiences (Creswell, 2013; Pietkiewicz, & Smith, 2014; Smith, 2015). IPA provided for more depth and personal experiences in the data collection process, enriching the data. This approach was the most appropriate because the role that historical trauma and historical trauma grief responses play in the life of an individual is personal, and I wanted to engage participants and gather more in-depth meaning about their experiences.

For this study, a phenomenological study using the IPA method was chosen for various reasons. First, based on previous historical trauma research, Brave Heart (2013) indicated that Native Americans should use their own words and language to discuss their experiences, psychological suffering, and other memories just like other culturally-competent procedures or interventions. Thus, the interview process in this study allowed participants to use their own words and tell their own stories. Second, research has suggested that Native American individuals do not prefer responding to quantitative research questions because results from previous research have led to misunderstandings in meanings between cultures or definitions (Roh et al., 2015). The IPA method allowed participants to provide their own words and meanings, review the themes that emerged, and provide additional comments or meanings behind the interview responses as needed. Third, there are a limited number of qualitative studies on historical trauma of indigenous peoples. This phenomenological research provides further in-depth examination and collection of data relating to historical trauma experiences that provides additional understanding to the phenomena. Qualitative methodology allowed me to understand behaviors or experiences through themes, gathering data through disclosure of experiences of those who had directly experienced historical trauma, experienced it through storytelling, or witnessed the outcomes in others. It was based on these main points that the IPA approach was selected.

Role of the Researcher

Development of Interest

The premise of this research was based on interest in relation to the outcomes of members of individual groups of Native Americans, specifically the three groups within the Oceti Sakowin, whose people have experienced cumulative traumas leading to historical trauma in the group. Through my employment experience, I have noticed a higher level of Native Americans receiving services for issues relating to poverty, unemployment, substance abuse, and violence than the general population with a pattern of these issues from generation to generation. I grew up on the border of two Native American reservations and have worked with the Native American population for over 10 years. I have worked with the grandparents and the parents and am now seeing the children in these families having their own children and struggling with similar issues to those who came before them.

My interest stemming from these observations continued into master's and doctoral level studies leading to identifying a gap in literature. In the area in which I live there is a concentrated population of Lakota Oceti Sakowin in which some research has been conducted and certain intervention programs are being piloted, but none of these relate directly to the other groups of Oceti Sakowin, the Nakota and Dakota. Through in-depth research on historical trauma, I also found that most research on the topic is generalized to include all Native Americans, and I wondered how specific tribes or subgroups may respond based on different historical or current experiences. Further research may be conducted to identify resiliency strategies that are individual or group

specific to improve outcomes for those individuals and groups. I do not identify with the ethnic group being studied nor have I identified any personal historical trauma or historical trauma grief.

Interview Skills

A researcher uses observation as a form of data collection, which works with interviews and involves noting behaviors as they are happening to provide and understand context as it relates to the phenomenon being studied (Merriam & Tisdell, 2015). Within qualitative research, there are three potential observational stances that a researcher may take: observer, participant, or observer-participant, each providing a different way to collect information and degrees of influence on the data collection process. The three stances/roles of the researcher as it relates to observations are defined as follows:

1. The observer records data throughout the process and does not participate in the research. Participants may or may not know of this component, and observations and data collections are primary role within this stance;
2. The participant records data throughout the process but participation in the process is the primary role; participants do not know of role and see researcher as another participant in the research; and,
3. The observer-participant records data throughout the process while participating in the research, and participants are aware of these components and the process that is occurring. (Merriam & Tisdell, 2015)

For this study, I took the stance of the observer-participant. I participated in the interview procedures, with the main role of the researcher, which was disclosed to the participants. I provided the interview while collecting observations, adding to the data and understanding of the information that was provided by the participants. The participants of the group controlled the amount of information provided and the behaviors that they portrayed, which was observed and documented. Due to the nature of this research, I did not need to build rapport as a member of the study, known or unknown to participants, but rather build rapport as the researcher gathering data and building trust from a position of disclosure, information gathering, and theme immersion based on historical trauma and historical trauma grief responses.

I used a set of interview protocols while meeting with the participants of the study. I had some experience in interviewing through past and present employment and used these skills in addition to the interview protocol. I applied the suggestions of Jacob and Ferguson (2012) to ensure a successful interview and to develop an interview protocol for research. Throughout the interview process I asked only interview questions agreed by the IRB, ensured that consent was obtained, used a recording device to maintain eye contact and make observations, arranged the interviews to occur in a private and calm location, ensured that there was enough time to complete the interview, showed empathy to the participants as they shared their stories, kept the interview focused, and made sure to listen throughout the entire process (Jacob & Ferguson, 2012). I had considered these guidelines when developing the interview questions and continued to attend to them during interviews.

Management of Bias

I had not experienced any of the research criteria; I am not of Native American descent nor have I experienced any historical trauma or historical trauma grief that I can identify, which may have decreased the potential for researcher bias. I have, however, grown up near multiple reservations and may have had some bias due to the experience of growing up with, working with, and knowing many Native American people. This bias may come from the empathy of the plight that Native Americans have experienced through traumatic experiences, historical trauma, and related experiences.

Researcher bias can be mitigated through bracketing (Tufford & Newman, 2012). Bracketing involves identifying and acknowledging potential biases from the researcher and then relating those biases back throughout the research process to suspend any potential interference from social, cultural, personal, or historical biases and interpretations (Tufford & Newman, 2012). Included in this is an awareness of personal emotions, conscious and unconscious biases, and preconceptions through a self-discovery process (Tufford & Newman, 2012). Bracketing was conducted from the start of the proposal process throughout the entire research process, including data analysis. I used memo writing and reflexive journaling to identify any potential preconceptions as well as personal reasoning for conducting the research and any items that may have arisen relating to bias or conflict. I also identified and detailed the power differentials, challenges, and comfort levels of the participants of the study. For example, I am a Caucasian female who conducted research and interviews with individuals who are Native American, meaning they may have seen my race as an issue relating to power. I

also manage an organization that works closely with Native Americans providing support and mentoring to ensure their basic needs are met and they are connected to community resources to assist them in getting out of poverty. This may have provided a different connection or power balance within the research relationship.

Through purposive participant selection methods and specific participant criteria the goal was to ensure that participants of the study and I had no previous or current relationship, professionally or personally. Purposive sampling was chosen to select participants for the study that would provide insight into the research questions (Creswell, 2013).

Avoidance of Dual Relationships

If a previous or current relationship, professional or personal, was discovered the participant would have been informed of the relationship and their participation in the study would have been declined to ensure that no dual relationships existed. All informed consent procedures were followed, and research confidentiality was maintained.

Ethical issues. No forms of coercion were used in the recruitment process, and participants of the study received no remuneration. All research processes were conducted in an ethical and professionally responsible manner to ensure that the least risk of harm toward the research participants was maintained. The research that was conducted was reviewed at various steps throughout the process by my dissertation committee. In addition, the research was cleared with Walden's University's Institutional Review Board (IRB), which is an important part of the process when required (Jacob & Ferguson, 2012).

Ethical issues as noted by Walden University include privacy, storage of data, confidentiality, informed consent, conflicts of interest, and risk to participants. In addition, potential ethical issues may have included coercion in participant recruitment, researching a vulnerable population, and potential risk to the participants by participating. Each of these items are discussed in the following sections. In this research, ethical issues that were addressed were researching a potentially vulnerable population, dual relationships, risks to participants by discussing a sensitive topic, and the general issues such as confidentiality, informed consent, conflicts of interest, and recruitment.

Methodology

In the United States, Native American/Alaskan Native make up about 1.7% of the total population (National Congress of American Indians, n.d.). This is about 5.2 million people who identify as Native American (National Congress of American Indians, n.d.). Alaska, New Mexico, and Oklahoma have the highest rates of Native American/Alaskan Native people within the population (National Congress of American Indians, n.d.). In the United States, there are 566 federally recognized tribes with members who identify as Native American/Alaskan Native within population samples (National Conference of State Legislators, 2016). One of these tribes is the Oceti Sakowin of the Great Plains Region.

The Oceti Sakowin consist of three major divisions: the Dakota (Santee), Lakota (Teton), and the Nakota (Yankton), which describe the three dialects of the Sioux (Birchfield, 2000; Native Languages of the Americas, n.d.). Under the three major divisions, the Oceti Sakowin have 13 major political subdivisions and seven tribes or

council fires (Birchfield, 2000; Native Languages of the Americas, n.d.). These tribes are the Mdewakanton, the Sisseton, the Wahpekute, the Wahpeton, the Yankton, and the Yanktonai (Birchfield, 2000; Native Languages of the Americas, n.d.). The Oceti Sakowin have federally recognized governments in five states: Minnesota, Montana, North Dakota, South Dakota, and Nebraska (Birchfield, 2000; Native Languages of the Americas, n.d.). However, the Oceti Sakowin people can be found spread across the country and the world (Birchfield, 2000; Native Languages of the Americas, n.d.). Of those who are living on federally recognized reservations, populations of Oceti Sakowin are suggested to be between 150,000 and 186,500 (Birchfield, 2000; Native Languages of the Americas, n.d.). In South Dakota, Native Americans make up about 8.8% of the population, and 2015 estimates suggested that of 814,180 residents of the state about 71,817 were Native American (Garrigan, 2015).

Participant Selection

All the participants in the study were of Native American descent, specifically the Oceti Sakowin within the Nakota and Dakota groups. Participants were over the age of 18 and were male or female. Participant recruitment involved purposive sampling procedures to ensure that the participants of the study met the characteristics necessary to provide appropriate data for the research and ensured that the sample size was met.

There were two types of participants: those who are Oceti Sakowin under the Dakota group and those who are Oceti Sakowin under the Nakota group. An equal or close to equal number of participants from each group was sought to provide insight into both groups. A total of six to eight participants was sought for this qualitative study,

three or four from each group. Recruitment ceased once saturation was found, which was determined as data were collected (Creswell, 2013; Mason, 2010). I have a professional connection to the population that was being researched; however, I excluded any participant who I had previously worked with to avoid personal bias and perceived coercion.

Participants were recruited through flyers and online advertisements. Flyers were posted at the rental offices for three local housing developments with high Native American populations. Advertisements were also placed on Facebook and the local Native American newspaper. Flyers were developed to be visually appealing and provide basic information about the study and a request for participants. The flyers included the nature and purpose of the study, the characteristics of the participants sought, contact information for the researcher, and informed consent procedures.

Potential participants self-referred for inclusion into the study and I provided a phone number and email address on the flyers which enabled them to do so. When I was contacted by a potential participant I asked the participant if they met the basic requirements: Native American under the Oceti Sakowin tribe within the Dakota or Nakota group, and over the age of 18. If the potential participant met the general guidelines for inclusion into the study, I scheduled a meeting with the potential participant when more detail about the potential research was discussed. The participants agreed or disagreed to participate in the study through an informed consent procedure and completing the consent form. At that time, the participant was either thanked for their

time or I moved forward with conducting the interview. Participants were offered an incentive for participation in the study which was a \$20 gift card to Wal-Mart.

Instrumentation

The participants of the research were interviewed using a semi-structured interview layout. The demographic data, family experience of historical trauma, personal experience with historical trauma, and present day implications or experiences relating to historical trauma questions were designed to be in line with the direction of the study with the goal of thoughtfully and meaningfully collecting personal experiences to give a higher level of enrichment in the data that was collected.

The research questions for this study were:

Research Question 1: What are the experiences of historical trauma described by the people from the Nakota and Dakota groups?

Research Question 2: What are the historical trauma grief responses described by the people from the Nakota and Dakota groups?

Research Question 3: What historical trauma experiences are described that can be associated with present day influences or experiences?

Within the interview questions, question 1 sought to gather demographic information.

Questions 2, 3, 4 and 9 intended to look at research question 1, questions 5 and 8

intended to look at research question 2, and questions 6, 7, and 9 are related to research question 3. The interview questions were as follows.

1. Basic demographic data
 - a) Gender

b) Age

c) Tribal enrollment/ethnicity

2. Has anyone you are related to, living or dead, experienced a group trauma, something bad they experienced with others either together or at different times?
If yes, please describe what you know about what happened.
3. How are those things that happened to your family members still shared within your family, if they are? How do those stories affect you? What do they mean to you?
4. What types of good or bad things (physical, emotional, spiritual) have you seen or heard about what happened? What do they mean to you?
5. Did anyone you are related to, living or dead, have any negative feelings about these experiences like sadness, heartache, sorrow, anger, or pain? Did you have any feeling from the experiences of your relatives like sadness, heartache, sorrow, anger, or pain? How do those feelings affect you?
6. In your lifetime, have you experienced a group trauma, something bad that you experienced with others either together or at different times? What was this? How has that affected you? What does it mean to you?
7. How are those things that happened shared within your family, if they are? How do those things that happened affect you?
8. Did you have any negative feelings about these experiences like sadness, heartache, sorrow, anger, or pain?

9. Have you had anything happen in your lifetime that is like that things that happened to your family members, dead or alive? If yes, please describe. What do those things or events mean to you? How do those things or events affect you?

Procedures for Recruitment, Participation, and Data Collection

Purposive sampling was used, in order to get participants who are Oceti Sakowin under the Nakota or Dakota groups, over the age of 18, male or female. In order to gain participants who fell into those categories a flyer was developed advertising the needed characteristics of participants, the purpose and nature of the study, informed consent procedures, and the contact information. Flyers were posted at the rental offices for three local housing developments with high Native American populations. Advertisements were also placed on Facebook and the local Native American newspaper.

Data were collected in a small city in the Midwest of the United States using the interview schedule with questions I designed. I was the sole researcher on the project. Once flyers were dispersed and participant recruitment began, informed consent procedures were followed and agreed upon by the participants and at that time the participants and I moved forward with the interviews. The interviews were conducted in meeting room at a local nonprofit organization or through the video messaging service, Skype, for those who are not in the area. The meeting room was in a private area of the building, had a door that could be shut to ensure confidentiality, and was in a quiet area to ensure that there were no disruptions. The meeting room provided a comfortable yet professional space to conduct the interviews.

Recruitment stopped when saturation was reached. Saturation is collecting data from a sample size appropriate to the study, with a proper amount of skill on the part of the interviewer that is reflective of the purpose of the study (Mason, 2010). Saturation was met when the data collection is finished, ultimately meaning that when no new information is being offered from new participants than had been previously collected from prior participants, saturation has been met and the recruitment will cease (Mason, 2010). The interviews were voice recorded and notes were taken throughout the process to track nonverbal communication. Prior to the interview being conducted the participants were informed of the exit procedures once the interview was complete (included in the consent form). The exit procedures included an opportunity to share any additional thoughts and comments which the participant may have had regarding the research, a review of what will occur with the data that was collected, and debriefing items. Debriefing items included providing the participants with a community resource guide that they could utilize if they found themselves distressed after the interview, informing them of where they can access support, and letting them know I would return with member-checking. Participants were provided with a community resource guide to connect to various community agencies if they desired to address potential concerns or disparities relating to health, mental health, addiction, housing, employment, and relationships in addition to the number of a volunteer mental health professional who will provide additional debriefing at no cost to the participants. A mental health professional had volunteered their services for this study and was available for follow-up if the participants desire additional debriefing.

Participants were informed of all procedures during the initial informed consent procedures. This included the follow-up procedures, namely that participants would be asked to review their responses to ensure accuracy and provide any changes prior to data analysis.

Data Analysis Plan

The data was analyzed using the steps identified in IPA (Smith, 2015). By using IPA, I was able to simultaneously explore the phenomenon and experiences of the participants while collecting information on how the participants make sense and meaning out of these experiences (Smith, 2015). In the IPA method the researcher collects and analyzes data to examine how the participants perceive their experiences and how they make sense of those experiences and memories, while ultimately gaining an insider viewpoint, giving the experiences of the participant full appreciation (Pietkiewicz & Smith, 2014; Smith, 2015). Within IPA, I identified themes from the participants' description of their experiences; this while they are attempting to make sense of their experiences, causing a two-step interpretation process (Smith, 2015). IPA does not seek generalizations in analysis but rather looks to find more direct or specific explanations for individual experiences and meaning assigned to those experiences (Smith, 2015).

For IPA, a semi-structured interview is recommended, in order to reinforce the importance of reliability (Smith, 2015). Within IPA, there are certain stages that are suggested for a successful process (Smith, 2015). These are as follows:

1. Prepare an interview schedule in order to address potential complications that may arise during the interviews, ensure all issues are covered, sequence the items

in the interview appropriately, and ensure that the interview flows well with fitting questions and prompts (Pietkiewicz & Smith, 2014; Smith, 2015).

2. Read the transcripts and listen to the audio recordings multiple times and take notes to have full emersion in the data that was collected (Pietkiewicz & Smith, 2014; Smith, 2015).

3. Review notes and identify emerging themes leading toward conceptualization by putting them in a table (Pietkiewicz & Smith, 2014; Smith, 2015).

4. Look for the relationships within the emerging themes and begin forming theme clusters, again by putting them in a table (Pietkiewicz & Smith, 2014; Smith, 2015).

5. Take the themes that were identified and use the tables to write the analysis.

The analysis includes a narrative section, which uses the words of the participants in order to ensure interpretation and perspective is maintained, and a discussion section which connects the information that was gathered to the prior literature on the topic and reflects on the study (Pietkiewicz & Smith, 2014; Smith, 2015).

Rigorous collection and analysis of data will be important to this portion of the research in order to ensure that the information is provided in a way that the experiences can be understood through the eyes of the participants (Pietkiewicz & Smith, 2014; Smith, 2015).

Issues of Trustworthiness

The purpose of phenomenological qualitative research is to gather as much information and understanding about a particular phenomenon based on the feedback and

experiences of the members participating in the study (Creswell, 2013). Determining strength and dependability within qualitative research is a challenging task, one that has come with much discussion and debate (Lub, 2015). Lincoln and Guba (1985) provided four points of evaluation criteria to establish trustworthiness. These are credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985).

For credibility, member checking was used. With member checking the data that was collected and analyzed was provided to the participants as themes. They reviewed it to determine if the conclusions found were those which they intended (Lincoln & Guba, 1985). As participants check the themes, they were given the opportunity to provide feedback, make suggestions on edits, add to the information that was provided, and ensure adequacy (Lincoln & Guba, 1985).

The second point of Lincoln and Guba's (1985) evaluation criteria is transferability. This is the amount in which the results of qualitative research can be transferred or generalized to other settings or contexts. For this study, thick descriptions were used (Lincoln & Guba, 1985). I provided rich descriptions of the procedures and methodology in order to allow for transferability (Creswell, 2013). I described patterns of social and cultural interactions and gave contextual insight into these experiences. By aiming for external validity through these rich descriptions, the option for transferability to other populations and locations will be provided (Creswell, 2013). I provided thorough and rich descriptions of not only the process and procedures, but also of the responses, experiences, and themes of the participants including the exact words of the participants.

This was done in order to allow for an image to emerge giving a true picture of the shared experiences identified by the information provided by the participants.

The third point in the evaluation criteria is dependability, which is the consistency of the processes used over time (Lincoln & Guba, 1985). Through the use of an external audit this criterion was met. With the participation of my dissertation committee chair and committee member, peer review was conducted to not only keep me accountable, but also to ensure that all measures of validity and reliability were met (Creswell, 2013). This process ensured that any researcher bias was addressed, as well as any potential assumptions (Creswell, 2013).

Along with peer review, I used reflexivity to address the development of the research, step-by-step, to address any potential bias. Also, reflexivity was used to ensure the angle and methods of the research remained purposeful to the proposed study (Creswell, 2013). I reflected about the research journey and what experiences brought me to this point. This included asking questions about what personal and professional experiences I have had that led my interest on this topic; questions about my personal value system and how that may have affected the development of the research and collection of data; questions about whether my age, gender, ethnicity, and location affected the research; and questions on what my power is, what my participants' power is, and how that may have affected the outcome of the research. This included thorough peer review and reporting of potential and probable researcher bias. Reflexivity in the study was addressed toward objectivity.

The final point of evaluation criteria is that of confirmability: the degree that the results can be confirmed by others (Lincoln & Guba, 1985). In order to get a full understanding of the phenomenon being studied, I used triangulation (Creswell, 2013). Triangulation uses multiple data sources in order to collect a thorough picture and in order to ensure consistency within the data collection methods (Creswell, 2013). Within triangulation, data was collected in various ways to ensure consistency within the method (Creswell, 2013). This involved having an audit trail which included keeping documentation of raw data, notes of processes throughout, and any products that were developed throughout (Lincoln & Guba, 1985). Reflexivity was also used as a systemic construction and gathering of knowledge throughout the research process (Lincoln & Guba, 1985).

Ethical Procedures

The design of this study promotes ethical practices by only gaining participants through self-referral and ensuring that participation from beginning to end is fully voluntary. Participants had the option to withdraw from the study at any point for any reason. The participants of the study were all adults at or over the age of consent who were participating without any form of coercion.

Participants were provided with a thorough description of the research, the procedure that was followed, the data analysis procedure, and how the data would be used and presented when the study was complete. Participants were informed of the nature of the study and were provided the name and number of a cooperating licensed mental health professional who was available to provide support and debriefing if desired

at any point of the study or after the end of the study, free of charge. Participants were also informed that follow-up interviews may be necessary in order to ensure all information was collected and that the information that was collected was accurate based on the participants' disclosures. Each participant was provided a complete informed consent procedure and was given an informed consent form to complete for the researcher and a copy to keep for their own personal records. Each of these aspects were verbally explained to each participant at the beginning of the interview, and the participants were encouraged to thoroughly read the informed consent document prior to signing to ensure understanding.

Participants were informed that any disclosure of potential harm, elderly or child abuse or neglect, or the commission of a crime will be reported to the appropriate authorities and their participation in the study will be terminated. Due to the nature of the study, participants were reminded that their personal well-being is of the utmost importance and that the informed consent and following debriefing will be emphasized throughout.

The process and procedure designed for recruitment and informed consent procedures were expected to fully inform the participants of the risks of study participation. Due to the nature of the study, discussing trauma and past adverse experiences, there was potential for study participants to experience distress. The informed consent procedures provided clear direction that the participants could cease participation at any time and that the interviews would end with an optional professional mental health debriefing to support the least negative effect from study participation.

Community resource guides were provided to support long term care and mental health counseling if found to be beneficial to the participant.

The privacy of each participant in the study was ensured through various protective measures. These included not using any of the participants' real names but rather assignment of participant numbers to the information provided. Any specific information provided throughout the interviews which could lead to identification of the participant was not included in the results of the study. The demographic data that was collected was utilized to provide general information about the participants but no specific data regarding each individual participant was disclosed. The importance of the confidentiality of the participants of the study was kept at the forefront throughout the study and the participants were provided the opportunity throughout to review the procedure, the documents that were collected, and the analyzed data prior to the submission of the research. The research was approved by the Walden University IRB with the approval number of 02-08-18-0155134.

Summary

The purpose of this IPA study was to look at the historical trauma experiences, historical trauma grief, and current experiences of individuals that identify as Oceti Sakowin under the groups of Nakota and Dakota. Past research regarding the historical trauma in the Oceti Sakowin has provided much information but gaps continue to exist (Brave Heart, 1998; Brave Heart et al., 2011; Whitbeck et al., 2004a). To accomplish the purpose of the study and address the problem statement, the researcher interviewed eight participants in a medium sized town in the Midwest region. Participants were recruited

from the community for inclusion into the study. Informed consent procedures were followed and participants signed documentation indicating they understood the procedures and processes of the research. If necessary, follow-up interviews were conducted to ensure accuracy of data.

I analyzed the data through the Interpretive Phenomenological Analysis technique looking for themes within the responses. The data was analyzed by hand and provided to the participants for review to ensure accuracy and participant validity. Once the data were collected and analyzed, the information is to be kept in a safe and secure location for five years. I will be the only person with access to the information and after the five years has gone by the information will be destroyed in a manner appropriate to ethical guidelines.

Chapter 4: Results

Introduction

The following chapter addresses the results of the study focused on historical trauma and grief responses, with present day implications, on eight individuals from the Oceti Sakowin—Dakota and Nakota groups. The demographics and discussion of information regarding the eight participants of the study will be outlined. The data analysis process using IPA, the data analysis procedures, and results of the study that resulted from the interviews are included in the Data Analysis section. Aspects and details of the data collection process, including the location of the interviews, details about the interviews, instruments used in data collection, and unusual or unforeseen circumstances that occurred throughout the research process are provided. Credibility through member checking, transferability through thick descriptions, dependability through external audit and reflexivity, and confirmability through triangulation are all discussed in relation to trustworthiness. Finally, the Results section includes the data collected through participant interviews providing information regarding the themes that emerged in relation to the research questions.

Setting

Participants were provided two options for the interview setting. The first option was to conduct the interview in person in a private and confidential office in a nonprofit organization in the Midwestern region of the United States. The second option was to conduct the interview over Skype, the participant to be in a location of their choosing and

me to be in a private and confidential office in the nonprofit organization. The nonprofit organization is in the city center with the office being accessible only by key by me.

Of the eight participants of the study, seven participants were given in-person interviews at the nonprofit organization, and one participant was interviewed over Skype. During the course of the interviews, each in-person interview was conducted without interruption within the facility. Two participants' phones rang during the interviews and were then silenced. The interview that was conducted over Skype was briefly interrupted by dogs barking in the participant's home but the interview was continued without any further interruption. Throughout the course of the research, from recruitment to the interviews and through the review process, no participant requested to withdraw from the study nor were any psychological or stress reactions noted.

As previously indicated, participants self-selected for participation in the study. Once an interview time was scheduled, the participants each met me and were provided verbal explanation of the informed consent as well as appropriate time to read the document and ask questions. The interview then followed. After the interview was complete, I debriefed each participant and provided debriefing materials per the informed consent procedures. None of the participants noted any distress and no follow-up was necessary.

Demographics

The population that was identified for this study was Native Americans in the Oceti Sakowin tribe who were enrolled or identified as Nakota or Dakota and were over the age of 18 to provide consent. The initial proposal of the study sought to interview 3-4

participants from the Nakota group and 3-4 participants from the Dakota group. Proof of enrollment or blood percentage was not required to participate in the study. Each participant self-identified or provided their enrollment status within each group. Due to poor recruitment within the Nakota group, the participant numbers were adjusted to seek out a total of eight participants without a specific number from each group.

The eight participants included five female participants and three male participants. All participants were between the ages of 29-62, with an average age of 44.63. All eight of the participants identified within the Dakota group with one participant identifying as Dakota and Lakota; another participant identifying as Dakota, Lakota, and Cherokee; and two participants identifying as Dakota and Nakota.

Table 1

Participant Demographics

Participant	Gender	Age	Tribal enrollment/Ethnicity
1	M	29	Dakota/Lakota
2	F	44	Dakota
3	F	62	Dakota/Lakota/Cherokee
4	F	61	Dakota
5	M	38	Dakota
6	F	47	Dakota
7	F	43	Dakota/Nakota
8	M	33	Dakota/Nakota

Data Collection

Purposive sampling was used for this study to recruit participants who were Oceti Sakowin under the Nakota or Dakota groups, over the age of 18, and male or female. A

flyer was developed advertising the needed characteristics of participants, the purpose and nature of the study, informed consent procedures, and the contact information for the researcher. I posted flyers at the rental offices for three local housing developments with high Native American populations. Frequent advertisements were placed on Facebook, and one advertisement was placed in the local Native American newspaper. A total of 21 different pages or groups on Facebook, focusing on region and demographic, were used with posts being made 1-2 times weekly on each Facebook group or page.

Participants self-selected for inclusion to the study once they reviewed the available flyers either in-person, online, or in the newspaper. Sixteen individuals responded to the advertisements but were ineligible due to tribal enrollment or ethnicity, and two participants responded who were eligible but did not respond to further messages requesting a meeting. Potential participants self-selected through phone, e-mail, and Facebook. My contact information for phone and e-mail were provided on the flyers, but many who saw the flyer through a Facebook group or page contacted me directly through Facebook in a private message or a comment on the post in the page or group. During my initial contact with the potential participants, I determined their eligibility to participate in the study by asking each potential participant what their tribal enrollment/ethnicity was and then if they were over the age of 18. If they met the requirements of the study, I asked if they were interested in participating and if they would prefer participating in-person or over Skype. The interview was then scheduled.

Upon our initial meeting in-person or over Skype and prior to the interview being conducted, the participants were informed of all procedures during the informed consent

review including audio recording and note taking. I explained the procedure to each participant and allowed time to read the informed consent form while providing them the opportunity to ask any questions about the informed consent or research before starting the interview. This included the follow-up procedures, namely that participants would be asked to review their responses to ensure accuracy and provide any changes prior to data analysis, and the exit procedures once the interview was complete. All participants agreed to move forward with participation, and the informed consent forms were signed by each participant and myself. I reminded each participant that I would be audio recording and would be taking hand-written notes throughout the process. I used an interview guide for the semistructured interviews. As the interviews moved forward there was sometimes a need for follow-up, more detail, or clarifying questions that were included in addition to the main interview questions. By doing this, participants were allowed the opportunity to further describe their experiences and provide more enriched and deeper responses. This allowed participants to provide further supportive information that enhanced their responses. As the interviews were being conducted, I noted potential themes, items that stood out in the responses of each participant, observations, and other important behaviors or comments that I would want to recall during the data analysis stage. The interviews lasted between 25 minutes to 1 hour and 12 minutes. Once I was done asking the interview questions, the participants were given the opportunity to add anything prior to the audio recording ending. Some chose to do so, and others did not. When the interview was complete, each participant was presented with a \$20 gift card to Wal-Mart and was offered the mental health resource guide.

From the onset of recruitment, it was understood that finding participants could be a challenge due to many Oceti Sakowin in the area being from the Lakota group. Recruiting participants began slowly and after about 3-4 months of recruitment, I still did not have the participants required for saturation nor had any Nakota individuals contacted me regarding inclusion. It was decided to adjust the recruitment strategy and seek participants from either group, eliminating the need for 3-4 participants from each group. After 5-6 months of recruitment, I was able to complete the data collection and reach saturation with eight participants. Throughout the course of the interviews, data were analyzed and important themes began to emerge. Individual insights were identified and repetition of key concepts were described by participants. By the eighth and final participant, no new data were being added to the study, indicating that saturation had been reached.

Once data collection was complete, I transcribed each interview using Temi Audio Transcription and then verified accuracy by reviewing the transcription next to the audio recording, making necessary changes. Once the transcription phase was complete, the data were analyzed by hand and using NVivo12 for Windows software. From the initial proposal of the research until the final phase of data analysis, the only variations that occurred were the numbers of Nakota and Dakota individuals who were included in the study. As previously noted, the original proposal sought 3-4 Nakota and 3-4 Dakota individuals, which was later adjusted to seek out a total of eight participants from each group without a specific requirement of participants from either group.

Data Analysis

Once the interviews had been conducted and the transcription was complete, I read through each interview transcription multiple times while making notes to identify any topics, issues, similarities, or differences that appeared in the data. I sought to identify any themes that emerged while including any notes that were made during the interview process. Once my review was complete, the NVivo12 for Windows software was used to analyze the transcriptions with my notes added in as memos. Similarities in the interviews were noted and further studied to form the data into themes. Throughout the coding and theming process, I immersed myself in the data, paying attention to the verbal and nonverbal language of each participant, the setting in which the interviews took place, and the atmosphere during the interviews, which included my personal observations and reflections regarding content, language, context, and personal reflexivity. The results from the notes that were taken and the coding and theming process that was conducted were then analyzed to take the emerging themes and put them into groups or clusters. Comparable themes with conceptual similarities were put into the same group with a descriptive label. The initial coding process resulted in multiple codes that were further analyzed and evolved into themes to address each of the research questions.

Experience, past and present, was described by all participants of the research as they recalled things they had learned about what their ancestors had seen, heard, and lived through; history they had learned, which related to their ancestors or relatives and related to their people; assumptions they had made about what others had been through

and the subsequent behaviors of others that they had witnessed; or their own personal recollections of things that had occurred to them in their lives. Past experiences of ancestors and family members included boarding schools, Wounded Knee, the Dakota War of 1862, witnessing murder, loss of family members, broken government promises and broken treaties, sexual abuse, physical abuse, loss of land, and racism. Personal recollections of the experiences of each participant included witnessing violent or accidental deaths, sexual abuse, military/war involvement, land and water protests, racism, rape, discrimination by law enforcement, poverty, oppression, and addiction. Each participant described their own familial experiences as well as their own, with commonalities noted from the past and present.

Through the discussion of past experience, the topic of identity was related to historical losses including land, people, and culture. Participants discussed parents or grandparents being removed from their homes and going to boarding schools where they were forced to cut their hair, learn a new language, and change their names. In present day, the participants discussed the historical loss of culture and identity as it has affected future generations. It was noted that much culture was lost, but their people are trying to get it back through traditional spiritual and healing practices.

Multiple participants discussed how the experiences of their ancestors or family members were not shared after they occurred. Various reasons were cited for this but it was a common in the interviews to indicate that the trauma that was experienced was not shared verbally, but past experiences were learned about through witnessing addiction, harsh parenting practices, a lack of connection to culture, and personally experiencing

abuse from those who initially experienced the trauma. These were noted by participants as a potential explanation for future behaviors and coping.

Substance use and abuse came up throughout each interview. Varying degrees of involvement were described including personal use or addiction to that of a family member or parent. Participants discussed that many negative experiences stemmed from substances and that historically their people did not use substances in the manner that they are used today. Additionally, many participants mentioned differences in treatment between Native and non-Native individuals, both from the past and from present day. Participants discussed things that have improved and things that have not improved in terms of treatment and race relations. Additionally, the connection between the experiences of the participants and their ancestors to past treatment and present treatment was noted.

The themes that evolved were used to address each of the research questions and the pertinence of the participant's stories and those of their ancestors has been assessed while retaining the voice of each participant. The results of the data analysis will be included in the Results section.

Evidence of Trustworthiness

This study had various procedures to provide trustworthiness. These were credibility through member checking, transferability through thick descriptions, dependability through external audit and reflexivity, and confirmability through triangulation, which will be discussed in the following sections along with how they were used for this study.

Credibility

For qualitative research, credibility provides assessment in relation to the data that were obtained and the interpretation that resulted. Credibility provides trustworthiness through the researcher's interpretations of the participants' perspective. For the sake of this research, credibility was established through member checking. I took notes throughout the interview to ensure that the data provided by the participants were collected correctly. Each participant of the study was asked the same set of questions, all allowing for open-ended responses to ensure richness in data. Participants were provided the data that were collected for review as part of member checking. Participants were then given the opportunity to ensure that the data were correct, to determine if the conclusions and themes that were drawn were what they intended, and to provide any feedback to ensure accuracy.

Transferability

Transferability is the amount in which the results of qualitative research can be transferred or generalized to other settings or contexts. For this study, thick descriptions of the procedures and methodology were used to allow for transferability. I described patterns of social and cultural interactions and gave contextual insight into these experiences. By aiming for external validity through these rich descriptions, the option for transferability to other populations and locations is provided by thorough and rich descriptions of not only the process and procedures but also of the responses, experiences, and themes of the participants including the exact words of the participants.

This was done to allow for an image to emerge giving a true picture of the shared experiences identified by the information provided by the participants.

Dependability

Dependability through external audit and reflexivity was used which allows for consistency of the processes used over time. This method allows for the process to be provided in a clear way for it to be repeated. Consistency is important for differences in time, location, researchers, and the analysis of the data that is collected.

Along with peer review, I used reflexivity to address the development of the research and analysis of the data, step-by-step, to address any potential bias. Reflexivity was used to ensure the angle and methods of the research remained purposeful to the study. I reflected about the research journey and what experiences brought me to this point. My dissertation committee chair and committee member participated to provide a peer review to keep me accountable and ensure that all measures of validity and reliability were met. Throughout the course of the research, an audit trail was made including notes and memos taken throughout the interview and analysis portions of the study. This process ensured that any researcher bias was addressed, as well as any potential assumptions.

An added test of dependability was the utilization of the NVivo 12 software in addition to the hand analysis. This was used to guarantee appropriate coding and theme emersion. Both procedures produced similar results which were then shared within the results and findings sections.

Confirmability

The final point that was used to ensure trustworthiness was confirmability, the degree in which the results can be confirmed by others. To get a full understanding of the phenomenon being studied, I used triangulation. Triangulation uses multiple data sources to collect a thorough picture and in order to ensure consistency within the data collection methods. Within triangulation, data was collected in various ways to ensure consistency within the method. This involved having an audit trail which included keeping documentation of raw data, notes of processes throughout, and any products that were developed through the process which is also noted under dependability. I utilized analysis software as well as my own hand analysis to identify codes and themes within the data. Reflexivity was also used as a systemic construction and gathering of knowledge throughout the research process.

Results

The following section will provide the results of the interviews broken down by research question. As noted in the trustworthiness section, rich descriptions will be used in relation to the responses and experiences of the participants, with direct quotes from participants being shared. Each section will provide the findings as well as descriptors and examples from the data that support the findings and show validity within the study. The section will be explained through the research questions that were proposed and the themes that emerged throughout the interviews. The research questions used for this study were:

Research Question 1: What are the experiences of historical trauma described by the people from the Nakota and Dakota groups?

Research Question 2: What are the historical trauma grief responses described by the people from the Nakota and Dakota groups?

Research Question 3: What historical trauma experiences are described that can be associated with present day influences or experiences?

The research that was conducted was based on three basic research questions to produce themes related to historical trauma and grief responses. Each participant provided their personal experiences and recollections on the past and present as they related to historical trauma and grief. Through analysis of the data, themes emerged: concern and pain about ancestors' experience, concern for personal experiences but hope for the future, and loss of the past is the sorrow of today. The themes are described in further detail in the following subsections along with subthemes.

Research Questions and Emergent Themes

Concern and pain about ancestors' experience. Each participant provided their personal insights about the experiences of the past as they related to their ancestors, family, and tribal relatives. Participants each noted the trauma which was experienced in the past as well as the grief which was caused based on those experiences. From that primary theme emerged three subthemes based on the experiences of the past. These were shame about experiences from the past, messages of inferiority, and stripped of culture, spiritually broken. Participants shared that they felt that their ancestors had experienced various feelings relating to grief, such as sadness and anger, as well as sorrow and loss.

These feelings were in relation to the experiences and traumas they faced. Some of the experiences that participants shared about their ancestors are expressed below in their own words. Participant 1 shared her family's experience with losing her grandparents to a murder-suicide potentially due to past traumatic experience:

my mom, she, oh well her and her brothers and sisters, um, witnessed the death of their mom and dad. Um, she was like 9 or 10 when it happened. Um, I guess her dad was having a flashback from when he was in the war and he accidentally killed their mom or his wife and when he came back to reality he seen what he had done and he was, you know, caught up by the moment that he ended up just killing himself too. And when they all came home from school, they had seen that and they were both dead.

Participant 2 shared familial history and experience about the Minnesota uprising and the subsequent removal of family members from their homes to boarding schools:

Um, I'm actually a direct descendant from Little Crow was the supposed leader of the Minnesota uprising in 1862. So once that, um, when he was killed, um, everybody that supported him were rounded up, thrown on a train and then shipped off . . . my mother was telling me a story a while ago where, um, she's really big into the genealogy piece of our family background and she was saying that there was a family that was put on those trains and five of the children were then taken and sent over to Carlisle, Pennsylvania to the boarding school there.

Participant 3 shared the experiences of their family in boarding schools and losing family members by the soldiers:

Well, the boarding school process, like you know, my um, my mother went to boarding school from first grade and then I went to boarding school and then her dad who was a Dakota Indian was one of the first Indians to go to [deleted for confidentiality] when it was a boarding school when he was only three. His parents were wiped out by the soldiers.

Participant 5, like Participant 2, explains family experience in the Minnesota (Dakota) uprising and goes on to explain the people's loss of land and experiences of trauma at the hands of the government:

Our band of people coming, to the Minnesota area, um, our ancestors and a part of it, when I did, when I've done some research on the Dakota uprising, um, my grandfather. . . . Um, they were there in Minnesota, um, during the time that, you know, during westward expansion, when a lot of the land was taken, they, um, their land was taken in the fall, you know, and in our culture historically, we didn't view it as our land. We viewed it more as we were caretakers of it and um, we, you know, up until the changes took place today, we can look back and say our ancestors had, had an inherent right to hunt and to utilize the land for purposes of life. However, that was taken away from them. Uh, and so they were promised by the government in exchange for that, you know, commodities. Um, and you know, during the treaty periods, they were promised to get compensation of being taken care of, so on and so forth. And the United States government did not uphold that promise in a timely manner. So essentially they broke that promise.

They broke that legal agreement. And by not sending the food, you know, the, the ancestors asked, you know, they were dying.

As noted in other participants' sharing of their stories, Participant 6 explained familial experiences in boarding schools and the different traumas experienced within those settings:

Well, my grandmother, um, grew up in a residential boarding Indian boarding school. She was taken out of the home and she was probably like seven along with her brother who was about 4 years old . . . What I know is she told me that they cut her hair off, cut both of her hair and uh, she was, she only was fluent in Dakota language, but she was forced to learn how to speak English and was punished physically if she was caught speaking her Dakota language.

Shame about experience from the past. In multiple interviews it was noted that the experiences of the past were not shared verbally by those who had experienced them, unless in situations where it was private and the person was trusted. Participants shared that they felt the lack of willingness to share came from not wanting to relive the trauma or again experience some of the negative feelings like anger, sadness, and pain. Participants indicated that the experiences of the past were too painful and that it was possibly easier to not share and keep the experiences quiet, so to not relive or have others feel that sorrow. Additionally, ideas around shame and loss resounded throughout the interviews, suggesting that there were varying degrees of distress as it related to those experiences and the lack of sharing. Some of the experiences of the past included witnessing the death of parents, Minnesota uprising, boarding schools, loss of family, loss

of land, and broken treaties. Participants noted that they learned about the experiences of their ancestors or family members through witnessing behaviors that stemmed from learned coping skills developed after the trauma, such as addiction or harsh parenting styles, or through education and learning from others about what their ancestors had experienced. For Participant 1, it was noted:

Well my mom she'll only talk to us about it whenever she was like real emotional and stuff and she brings up her situation and how it affected her and how it affected her is how she treated us growing up. And before the laws changed, I was the one who got the biggest impact on how it affected us...because she, for her it's like she felt some regret or something by it because she felt like it was her fault for who knows what reason. Um, and because she did that, she acted out violently and emotionally from it and she took it out on us kids. And as you say, I was the one that got violent end of it.

Messages of inferiority. Participants shared the experiences of their family and ancestors and a common theme was the trauma and abuse that their ancestors experienced. Trauma and abuse included removal from their home into boarding schools; physical, emotional, and sexual abuse in boarding schools; physical, emotional, and sexual abuse at the hands of family members or friends who had experienced traumas; starvation, oppression, and forms of discrimination at the hands of the government and citizens of the area in which they resided; and forced removal from their homes which included battles and violence against their people. Participant 1 shared about the trauma and abuse that was experienced:

He'd tell me that his teacher would hit his hands with ruler sticks and stuff because he wouldn't listen or pay attention in class. And then my mom said she would, um, she would have to, she would have to sit in detention you now and write down a bunch of stuff and if she did it wrong, she would have to, she would get, she would get slapped in her arm with the ruler as she was holding books out against the wall. I don't know, like as in a squat position or something.

The participant went on to share about her grandmother and her experiences:

This was back in the sixties. Um, my grandmother was sent to an orphanage because my great grandmother was an alcoholic and so she chose to, um, then my grandmother to the orphanage even though her mother was right there and she chose to drink verse taking care of her kids. And so I think my grandmother struggled a lot with that and why my grandmother dealt with a lot of abuse.

Participant 3 shared about the experiences of her ancestors and the lack of food and means to survival:

she (cousin) says that a lot of times that with, there was no food to eat. So my mother, my grandmother . . . raised dogs like chickens. And so you used to eat a dog soup when you were growing up.

She went on to share:

My mother was very closed mind because one of the things my mother told me was that she never taught us how to speak Lakota because she didn't want us to go through what she had to go through when she was going to boarding school, but it was just difficult because, um, my dad, um, he served in World War II and

um, and so like what happened was, his um well, while he was in boarding school, his mother Minnie died and they didn't even tell him about it.

Participant 5 shared the experienced and mentalities developed during times in which the government did not follow through on treaties that caused starvation amongst their people:

Uh, and so they were promised by the government in exchange for that, you know, commodities. Um, and you know, during the treaty periods, they were promised to get compensation of being taken care of, so on and so forth. And the United States government did not uphold that promise in a timely manner. So essentially they broke that promise. They broke that legal agreement. And by not sending the food, you know, the, the ancestors asked, you know, they were dying. I'm going through desperate times and we all know anytime today they always say, don't get too hungry, don't, don't get too sleepy, are, yeah, don't get too hungry, too tired, or put yourself in a position of where you can act out of character.

Participant 8 went on to share:

And then, so I know in terms of historical trauma, like, you know, it was just always the message to natives and minorities that, you know, they were inferior. So like, so maybe him being a young boy not understanding the concepts of race at that point, just receiving the, the, I guess, receiving the message from non natives that, you know, you're not allowed in, you're not welcome and you're not one of us and you're not equals to us. So I guess that would be one, one. And

then, and then so also through that my grandparents come from a generation of the boarding school generation. And so that's really, really, that's like a whole book in itself, like the boarding school era. So, so his parents, um, uh, they were able to receive a lot of healing through ceremony. But, um, when you have the emotional and spiritual scars it's like, it's almost like a never ending.

As noted, many participants did not hear directly about the experiences of their ancestors as those experiences were rarely shared. However, participants identified various types of abuse that their ancestors' experiences and shared some of the meaning behind those abuses and how they have shaped those who experienced the abuse as well as future generations.

Stripped of culture, spiritually broken. Participants discussed the results of various experiences of their ancestors such as boarding schools and being moved to reservations. Within these experiences, the participants shared the common thoughts around culture and tradition and the losses that were seen and felt within those practices.

Participant 1 shared:

As far as far as I can remember um, they'll have to go to boarding school. They all had to learn English. They were kept from coming home as often and their parents weren't allowed to come visit as often as they said they were.

Participant 2 shared about her ancestors being removed to boarding schools:

And because we were taken, I believe our culture was more or less stripped from us, that overall I think a lot of people walk around spiritually broken and that is a very large piece of who we are.

Participant 3 shared that the loss of culture and traditional practices has continued into modern times by stating:

And so in their culture and language and everything is taught in the school system is not taught around here, not even on the Rez, you know, people don't even know their own history.

Participant 3 went on to share about her feelings and it was noted that it was not the experiences of her family or her ancestors but the collective group and what they went through: "This is so sad what happened to us as a people, you know. And, and, uh, it makes me angry." Participant 3 went on to further discuss the impact of the loss of culture and tradition on current generations by stating, "a lot of them don't even know anything about music and it's kind of scary in a lot of our kids and the worst thing they don't need to experiences with racism."

Participant 6 shared how the loss of culture and language has impacted her by sharing:

What they mean to me is, um, well first of all, the language, our language is dying and I really wish she would have just taught me. She would speak to me in English, but she would speak to my grandfather in the language, but she would tell me she only spoke to me in English because she didn't want me to get hurt by anybody if I did speak the language, but it affects me today because I really wish she would have taught me.

The participants identified various points throughout their families' histories in which their culture and practices were not allowed and how those experiences affected their

people. As noted in the subtheme section about abuse, those items were identified as a type of abuse and the affects from those experiences still affect their people today.

Concern for personal experiences but hope for the future. Each participant provided their personal insights about their own experiences. Participants each noted the trauma that was experienced personally as well as trauma in modern times as it relates to the coping strategies from the traumas of the past. From that primary theme emerged two subthemes. These were *When you know better, you do better* and *Trauma and abuse*.

When you know better, you do better. Participants in the research provided insight into how they try to share the history of their people with their children and others in order to pass on what has occurred and to now allow the history to be lost. Many of the participants' ancestors did not share what had happened to them and they did not pass down the history of their people. In more modern times, from the statements of the participants, sharing and holding onto the oral and written traditions of their people are important and bringing the truth of what has occurred in the past is a priority. Some participants even noted the importance and healing properties in sharing. Participant 1 shared:

I have more family than friends and you know, I shared my experiences with my wife as best I could and she's seen me at my worst and you know, tried helping me through it, but there's only so much someone else can do. And I guess for me, sharing my experiences with others, it makes it easier for me to talk about it in a sense, no matter how hard it is, I, I feel that if I don't share it will get harder and harder to share.

Participant 5 shared her perspective on what sharing means to her and why it is important:

so we say it's important for them to educate others and to teach others some of the facts. And, and, uh, some of their struggles and but to do it in a way of creating understanding and education and, and so we're teaching new cycles to our children and not just passing down.

Participant 7 shared how the telling of history affects her:

they are traumatizing at first. Um, but by I suppose by nature, you know, you naturally either suppress the trauma or the feeling, you know, learn to live with them and they become a part of every day. Um, a lot of it is, I guess now it was spiritual ceremonies and stuff that can be healing.

Participant 8 added that sharing and learning history was important because when you know better you can do better and stated:

Um, to me it just, um, it just speaks to the amount of areas of focus we need. So what you're doing here, you know, focusing on that and then trying to understand the dynamics and the history and all the points of I guess importance. And so just just reminded you of areas that need to focus in. And I guess this has happened all over the country, like, uh, you know, communities had you, um, I guess begin to be educated on the, I guess the historical trauma and educate themselves on racism and proper etiquette and values, you know, people had to reevaluate their values and understand what's, you know, what's useful value equality or you know, and whereas some places that and obviously begins in the home, like, you

know, equality and, you know, strong values that are not always encouraged in certain areas.

Trauma and abuse. Each participant shared their own experiences of trauma as they related to historical and group trauma and through those stories, the subtheme of trauma and abuse emerged. Participants, often by the hands of earlier generations, experienced trauma and abuse. These abuses included emotional, sexual, and physical abuse. In addition, participants noted trauma as it relates to racism, oppression, poverty, and witness violence and crimes.

Participant 1 shared:

I was 12, 11 or 12, dad would leave me in the basement and he would do stuff to me. You know, he would touch me you know and telling me that the only reason I'm here is because that's all I was there for, was for him to do stuff to me. And then when he would leave for work, mom would come down and you know, I thought she was down there to comfort me, you know, make me feel better or become a better person. Well it turns out mom was the same exact way and did the same stuff.

He then added that those experiences:

It makes me not want to trust anybody. It makes me want to push people away. No matter how close I am to them, it also, you know, brings anger, resentment, and rage. Like I would just want to hurt somebody or you know, go into this downward spiral and just let everything go.

Multiple participants noted experiences of trauma and abuse and further discussed the importance of healing, culture, and traditional practices as they face the results of those experiences. One participant discussed how prior to colonization, their people were a strong and proud people. They noted that there was not addiction, there was no abuse, there was a strong group of people who took care of each other and took care of the land. After many historical experiences and traumas, it is suggested that the people have changed. Each participant of the study discussed the experiences of their ancestors and their people and how those experiences have led to various concerns in current times providing a connection of the past to the experiences of the present. The heartache of the past is felt today. The abuse of the past has become the abuse of today, as shared by the study participants. The results of the interviews are discussed further in the Findings section.

The loss of the past is the sorrow of today. The final theme that emerged throughout the research was the loss of the past is the sorrow of today. Each participant identified grief responses which were perceived to be experienced by their ancestors, the grief responses that were a direct result of what happened to their ancestors, and finally the participants' own grief responses based on their own experiences. Participants discussed various grief responses based on the second component of the research which was to identify the grief responses from the past as well as from the participants as they connected with past and modern experiences.

Participants were unsure of how family or ancestors responded to their experiences but could identify what they felt their responses may have been by

identifying behaviors of others and the perceived coping strategies from the past.

Personally, participants were able to identify various responses in themselves and how personal and past experiences have affected them. As a response to the grief and behaviors of Participant 1's mother, the participants went on to say,

Well, it did cause a lot of pain and stress only because I would let it get to me time and time again and um, as I got older I learned to realize that what happened to them is what happened to them, not what happened to me. So I learn, you know, to become a bigger, bigger or better person from this situation. And I learned that I needed to forgive her for everything she had done, but in order to do that I had to forgive myself for it first and that took quite so many years to do.

From the experiences of the past and the experiences of the present, Participant 1 identified sadness, grief, and anger as responses from those who experienced traumatic events and indicated that when the experiences were brought up those who experienced them "they kind of shut down and avoided the whole subject all together." Participant 1 went on to say, "My grandmother walked around sad a lot or anxious because that, who she was like, I think she was always sad and she used her Christianity as a crutch for those emotion." And for Participant 1, the grief responses experienced were stated as, "Um, I would say anger is always my, is my go to emotion."

For Participant 2:

Um, I think spiritually there are a lot of people that are broken and um, which in turn, why there's a lot of addiction issues. Um, for example, my mother is a recovering alcoholic. My older brother is an alcoholic. My younger brother is a

recovering alcoholic and drug addict. I was the only one out of my family that didn't have that, that type of alcoholic addiction.

For Participant 4:

Probably everybody does have sorrow pain loss, pain, I think there is always sorry, pain hurt people because of the past. What's been done down to the past? They haven't experienced it. See what's happened, especially the old people. There's a lot of respect for our elders. The kids are as respectful as I was when I grew up with my grandma. Then I discovered boys, but until then I played dolls and helped her cook breakfast. That respect's not there. You don't see that any place you go home. Kids are just, I hear kids call them grandma, give me some money or, I mean they're mean to them.

Participant 4 went on to say,

It saddens me to see the all those things that happened in the past and all the things I've been doing all my life trying to help things get better and seems like it's just the same and sometimes it's worse. I mean depending on where you go and [deleted for confidentiality] is one place that like really racist.

Participant 5 further discussed the sharing of experiences of the past and the grief responses from those experiences:

They're not talked about. They're not a readily talked about except for by a very few select individuals that will maybe discuss it. However, the, the survival and the norm on the reservation is as such that when you're, when you're struggling to get by day to day, it's really hard to either, first of all, take, get up the end and get

up enough energy to talk about these things. And second of all, get the attention of your children or nieces and nephews or siblings. I'm sure it's talked about by my mother and her sisters and then in a community members. I know in the elderly community, they are the ones that do talk about it. Um, but in terms of generational, um, it's, it's, it's not very often.

And, then Participant 5 went on to discuss the responses and feelings that resulted from those experiences,

I went through all the, the area of emotion growing up and as I educated myself and got educated by others and learned about it, um, for me it was the fact that I had to struggle emotionally for the, for the majority of my life up until this point, I didn't know why I was struggling. I didn't know why I had answers or why I had questions. Excuse me. I didn't know why I had a lot of unresolved emotions. I didn't know why life is so unfair. I didn't know why. Um, we have so many of our family members with addictions and why our people are struggling today. I didn't know the answers and had all these questions. So I did go through sadness, anger, sorrow. I felt like I felt like myself and many of our family members were emotionally young, emotionally still behaving like children emotionally still lost because of the experiences of our family. From our grandmothers and the, the cycles and traditions that were replaced by abuse, neglect and addictions really set us back big time. I mean, it really created these new cycles that the norm then has become dependence on others, dependence on your addictions, dependence on coping. And so, um, so I've definitely gone through that, that, uh, for the majority

of my life carrying, you know, a lot of anger, a lot of resentment. Um, you know, sad for my families, sad for my relatives. But so I, I took me a long time and still to this day I feel like, why did I have to do this all on my own? Why did I have to figure this out all by myself where it could have been easily in, in, uh, in, um, I could have slipped through the cracks just like every other person? And why, why aren't there enough people helping out there? Why aren't there enough people making, helping to make this right? Why does everybody say, let's get over it or we're honoring you by having this mascot or we're honoring you by doing this and that when we didn't even have the ability to say no in that situation, we all have our rights were taken away. And so, um, but because of, because of what, because of our true values and our true traditions, I learned, I've learned not to carry that anger. And that rage I've learned to truly try to speak to become like ancestors were. But that's not to say that many others are still angry, rageful, addicted, shameful. Um carrying a lot of shame. Caring, basically lost and surviving.

Participant 6 discussed the perception of how experiences affect multiple generations by stating,

The one thing about my grandmother, um, I think all I seen was just her being like very strict and very mean but not mean and abusive towards me. But um, uh, but when I look at my mom who is her, my grandmother's daughter, she has, she has seems to have carried this sorrow thorough like all her life.

And, then Participant 6 went on to discuss the grief and resulting behaviors that were personal by stating,

I didn't realize I was very suicidal until I tried to commit suicide that day that she was there and I was 11 years old . . . And so, uh, for myself, you know, carrying that sorrow and everything, I ended up being a very young alcoholic. um at the age of 17 and so I found for a small moment, I found some relief in alcoholism, alcohol, and it was after 17.

During the interview with Participant 7, data continued to be shared regarding the feelings of the past and the results of the experiences while including how the participant felt about what had occurred or how they personally responded to the trauma and the grief. Participant 7 stated in regard to the stories of the past,

They are traumatizing at first. Um, but by I suppose by nature, you know, you naturally either suppress the trauma or the feeling, you know, learn to live with them and they become a part of every day. Um, a lot of it is, I guess now it was spiritual ceremonies and stuff that can be healing. Well, you know, I was how it affects me is that, you know, I was molested and then had to go through spiritual ceremonies and so how that passed on from me to my kids. I have two girls and two boys is that I made sure that they were able to speak and they use their voices so I wanted to stop, you know, put a impact on its stopping, you know, and um, that's the only way I could, is just to teach my kids differently, to stray away from them behaviors and not to be so quiet protecting them.

Participant 8 added to the conversation with further discussion about grief and the actual experiences of family members not being shared by stating,

I think like most traumatic things that it's not something they want to remember and it's not something they even want to talk about, I'm assuming because I, I haven't heard that ever been brought up in family gatherings as far as like ceremonies or you know, anything [inaudible] like there is things that we bring up in family settings and they all have in my particular family they have to do with just healing, you know, because like for example like Sundance, sweat lodge, and various ceremonies that we have the conversation in those instances are just forgiving, you know, like looking ahead for progress as far as health, you know what I mean? Mentally, spiritually, physically, emotionally. It's always looking ahead and striving for something.

The participants of the research identified sorrow, sadness, and anger as the most frequent grief responses felt both in the past and in the present. The responses provided stemmed from ancestral and familial trauma, the knowledge of those traumas by modern generations, and present experiences affecting the participants directly.

Summary

Chapter 4 discussed the setting and options for interview locations for the participants who self-selected for inclusion. The results were presented based on each research question with various themes discussed throughout. Chapter 5 will include the discussion, conclusion, and recommendations from the research. The next section of the chapter provided demographics of the participants and basic information about those who

were included in the research. Data collection procedures and data analysis techniques were discussed to provide details about how the research was conducted and the data that was obtained was analyzed to provide information in regards to the research questions proposed. Trustworthiness through credibility, transferability, dependability, and confirmability was outlined. Lastly, the results of the interviews were provided by using the words of each participant to show the rich descriptions for each of the proposed research questions.

For all participants, the sharing of personal experiences and personal opinions about the experiences of the past were shared willingly and provided much insight into the topic. Each participant provided examples of historical or group trauma from the past that their ancestors experienced, based on education, personal research, or oral story telling. Then, each participant provided their perspectives onto the grief responses of the past and how those grief responses affected the generation who experienced the trauma as well as future generations. Participants discussed that many traumas were not shared or passed on and that those traumatic experiences were not brought up so as to not relive them.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of the study was to understand the historical trauma experiences and grief responses of individuals who identify as Oceti Sakowin, specifically the Nakota and Dakota, including present day influences and experiences. IPA methodology was chosen to provide a deeper understanding by allowing themes to emerge as they pertained directly to the Dakota and Nakota groups of the Oceti Sakowin. Personal and historical information relating to historical trauma/group trauma was gathered from each participant through personal memories and knowledge of the past. Various components of grief concerning historical trauma were discussed and information was gathered in regard to experience, culture, and trauma responses. Participants self-selected for inclusion based on advertising through flyers at participating agencies and organizations. The study had eight participants, all Nakota or Dakota and over the age of 18.

Key findings from the research included that the Nakota and Dakota people experienced various forms of historical trauma or various experiences of historical trauma, which led to grief responses including sorrow, sadness, and anger. Those experiences, as perceived by the participants, led to various types of behaviors which included strict or cold parenting styles, varying degrees of alcohol and drug use and abuse, avoidance, different kinds of abuse and molestation toward future generations, and physical and health concerns. Participants experienced trauma that was different to the historical trauma of the past but was perceived to be related or as a result of the past. Participants discussed racism, abuse and molestation, and similar grief responses to the

past of sorrow, sadness, and anger. These findings will be discussed further in the coming sections of this chapter.

Interpretation of the Findings

The participants were willing to share the stories of their families and ancestors as well as stories about themselves and the present day. Multiple participants noted that they found importance in the research because more needed to be done to raise awareness and get programs to help their people heal from past traumas.

Historical Trauma

When discussing questions relating to historical trauma or group trauma from the past that were experienced by family or ancestors, seven out of eight participants indicated that boarding schools were an experience that their ancestors had experienced. Participants talked about parents, grandparents, and other family members who were removed from their families at young ages and were put in boarding schools in various locations around the country. The participants discussed how those individuals had to leave their families, were taught a new language or were not permitted to speak their native language, had their hair cut, and some experienced abuse at the hands of those in the boarding schools. Half of the participants discussed church, religion, priests, or nuns as a source of trauma directly related to the boarding school experience.

Participant responses were similar to those found in previous research regarding the forced removal of children from their homes for placement into boarding schools to assimilate to a new culture and subsequent abuses, traumas, and deaths that occurred in boarding schools (Brave Heart, 1998, 2000; Brave Heart et al., 2012; Brown-Rice, 2013;

Kelsey, 2013). However, this research has more emphasis on experiences related to those of the Nakota and Dakota such as the Minnesota Uprising, also known as the Dakota War or the Dakota Uprising, and how there may be unique experiences for each Native American group. Although previous research has generalized the experiences of Native Americans, providing overarching examples of historical trauma such as the loss of lands, boarding schools, and even Wounded Knee, this research shows that each Native American group had their own experiences and depending on the location of the event or the direct impact on a group of people, a greater emphasis on certain traumas can be found. For example, past research on historical trauma frequently names Wounded Knee as one of the primary examples of group trauma experienced by the Lakota (Brave Heart, 1998, 2000; Brave Heart et al., 2012; Brown-Rice, 2013; Kelsey, 2013); however, this study on the Nakota and Dakota indicated that the primary example of historical trauma was the Minnesota Uprising, which was a direct event on these people regionally.

Seven of eight participants also indicated that abuse or molestation was another common form of group trauma. The abuse and molestation that was discussed by participants was in all cases within the family and included physical abuse, emotional abuse, and sexual abuse, though not all types of abuse occurred in each situation. Participants responded that abuse and molestation was from a certain family member on multiple generations or one family member that abused another and then that generation abused the next. Previous research on the topic has suggested that historical trauma included instances of abuse within the boarding schools such as being tied or chained to beds, beatings for speaking their Native languages, sexual abuse, forced haircuts and new

wardrobes, starvation, and sometimes death (Brave Heart, 1998, 2000; Brave Heart & DeBruyn, 1998; Kelsey, 2013). Although participants discussed some of the abuses that occurred within boarding schools, much of the abuses that were discussed were in the family, providing an additional component than what has been found in past research.

Six out of eight participants additionally discussed various types of violence identified as a group trauma that was experienced in the past. These experiences included war, battle, military, protests, and general violence. Within this area, two of the eight participants discussed the Minnesota/Dakota Uprising and the participation or involvement of their families in that event. Three out of the eight participants included that certain events and certain traumas have occurred due to a lack of food or starvation because of various factors. One participant indicated that the Minnesota/Dakota Uprising occurred due to the lack of food provided to the tribe on the reservation and that due to near starvation, the tribal members asked for food and the uprising occurred.

In addition to the traumas identified by most participants, other traumas were identified that are noted. Four out of eight participants indicated that death, unexpected, violent, or untimely, was a trauma that was experienced in the past. These deaths were from the hardships experienced by the tribal group, accident, violence, or other related experiences. Additionally, six out of eight participants discussed various types of trauma that occurred due to reservations, which included lack of food, racism, segregation from reservation to urban Natives, and a lack of opportunities. Past research has indicated that because of historical trauma, those within modern times are at a higher risk of experiencing violence and related trauma as a result of maladaptive coping skills from the

past (Brave Heart & DeBruyn, 1998; Brown-Rice, 2013). This research found similar results in that the participants themselves experienced various types of trauma and witnessed multiple types of violence, which, as past research suggested, stems from ancestral or historical trauma (Brave Heart & DeBruyn, 1998; Brown-Rice, 2013).

Grief Responses

Participants were asked about the grief responses from group trauma. They were asked to provide insight into what the responses may have been of their family and ancestors in the past, for themselves as it relates to the past, and for themselves as it relates to their own experiences. Eight out of eight participants indicated that they felt the same groups of emotions that were also felt by those from the past—sadness/sorrow/grief, anger/mad/rage, and pain/hurt. In addition to these feelings, two out of eight participants indicated that resentment was a feeling, two out of eight indicated that loss was a feeling, three out of eight included shame in their list of feelings, and two out of eight listed frustration as one of the feelings that had been or was experienced. Past research has indicated that historical trauma had a negative impact on grief management but without identifying the feelings associated with grief from historical trauma (Brave Heart, 1998; Brave Heart et al., 2011). Conversely, the results from this research include definitive feelings from grief because of historical trauma and present day experiences.

Participants discussed various types of behaviors from the trauma that was experienced in the past or was a result of those experiences for future generations. Being stripped of culture and spiritually broken was an overarching subtheme within the

concern and pain for ancestors' experience. Three out of eight participants discussed coping with the events that had occurred, and one out of eight identified isolation as a form of coping. Five out of eight participants indicated that the experiences of the past or the traumatic events that have occurred were not shared or discussed. One participant did add that sharing and togetherness has improved due to social media and that social media has helped to bring people together. Through the discussion of trauma and coping, all participants talked about drug and alcohol use and abuse. Alcohol and drugs were discussed as either personal use and abuse or use and abuse from family members and friends throughout previous generations directly as a result of the traumas of the past. Participants also mentioned feelings of anxiety, worry, and shock in the long-term effects from trauma that had been experienced, but these feelings were not frequent enough to be included in the main feelings identified in the research, only being identified by one participant for each feeling.

These findings relate to past research, which has indicated that due to historical trauma, problematic coping strategies had developed that include alcoholism and other addition, violence, suicide, manipulation, and helplessness (Brave Heart & DeBruyn, 1998; Brown-Rice, 2013). However, information was not noted from previous research about the sharing of experiences and the discussion of those experiences with others. This research indicated that much was not shared from the past but as historical learning occurs, more is shared and more healing occurs with the hope of not repeating the past. As indicated, participants had to hypothesize what their ancestors may have felt as they

related to grief responses because those things were not shared within the family; only the subsequent behaviors and the outcomes of said behaviors were observed.

Present Day Influences

Participants were asked questions regarding their personal experiences in modern times that may be considered a group trauma or experiences they have had that that may have had that were similar to those that had happened in the past to their ancestors. Participants were also asked about how these experiences are shared. The experiences shared from modern times were different but showed as much impact on participants as those from the past. Four out of eight participants indicated that the experiences of the present are directly connected to the experiences of the past. Five out of eight participants discussed experiencing unexpected death of someone close to them from causes other than natural. Five out of eight participants noted experiences of molestation, abuse, or neglect in their life. Five out of eight participants discussed experiences of racism and oppression and the influence of those experiences on their identity and how they felt about being Native American. Four out of eight participants indicated that addiction had directly influenced themselves or one of their immediate family members (i.e., brother or sister).

Furthermore, two of eight participants indicated that they had experienced boarding schools in their own lives and that they were different that the boarding schools their ancestors had experienced. The participants noted that the boarding schools today are more of dormitories for children who may not have a good home life or for children whose parents did not want them growing up on the reservation. Three out of eight

participants noted that poverty was a great issue for their people and was something they had experienced in their lives.

The identifiable difference between the responses from the participants about the experiences of their ancestors and those of themselves were how the situations were handled. Four out of eight participants indicated the importance of education about the past and educating their people and non-Native people to improve the future. All participants stated that in their lifetime they have worked toward and continue to work toward having a better life for their children and grandchildren, make the world better for the next generation, and working on themselves for various reasons including breaking the cycle from the past. Two out of eight participants discussed that they did not have the skills or tools to be successful because of the past and how they were raised, meaning they had to learn these for themselves and their families. Five out of eight participants discussed how trust was a difficult thing for them and that they had to work through that due to the traumas of the past to heal and protect future generations. Seven out of eight participants talked about the importance of healing through tradition and culture and that they could not let their culture die and through that they were working toward a better future for the next generations.

As noted in previous research and demographics, Native Americans as a whole have 3.5 times the rate of domestic violence, physical abuse, and sexual abuse rates than the national average (Brown-Rice, 2013); 2 times higher mortality rates than the national average (Brave Heart, 2000); life expectancy that is 2.4 years less than the general population (Brown-Rice, 2013); and alcohol and drug use, negative health disparities,

psychological concerns, and suicide rates higher in this population as compared to the general population (Brave Heart, 2000; Brown-Rice, 2013). Historical trauma has the potential to be partially responsible for these statistics (Brave Heart, 2000; Brave Heart & DeBruyn, 1998; Brown-Rice, 2013; Estrada, 2009). The current research found that many of the experiences of present day coincide with these findings such as abuse, experiencing death and violence, and addiction.

This research found an additional component which was the hope for the future and the willingness, within the subtheme of *When we know better, we do better*, to improve outcomes for future generations and change the coping skills that have been historically found to correspond to the experiences and traumas of the past. This finding shows that modern generations have acknowledged the experiences and traumas of the past and in many cases have identified the feelings and strategies used to cope with those which did not necessarily lead to positive outcomes. Research has looked at various components of resilience in trauma survivors (Agaibi & Wilson, 2005; Fast & Collin-Vézina, 2010; Goodkind et al., 2012; Reinschmidt et al., 2016) but this area for the Nakota and Dakota allows for future research as it relates to the group as well as other groups of Native Americans. Therefore, through the participants of this research, it can be seen that with learning, healing, and a hope for the future, changes may come. This means that through the identification of positive emotions, positive responses, and positive aspirations and goals for the future, hope and improvement for the future can be found.

This research confirmed multiple findings from past research and was in line with the conceptual framework of historical trauma theory. The participants of the research identified past historical events that were often experienced by a larger group and caused trauma to that group. The experiences and trauma which resulted was then passed on generation to generation. Historical trauma theory includes future suffering, mental and physical health disparities, and struggles with grief management. This research reinforces the concept of historical trauma theory, however, and a component that has not been mentioned in past research is that of hope. This research found that through education, advocacy, and a want for change for future generations modern Nakota and Dakota individuals, as represented by the participants in this research, are working toward bringing back cultural and traditional practices including healing practices and are working toward the idea of once a group of people know better than they do better.

Limitations of the Study

The experiences of historical trauma from group to group and individual to individual may vary. Generalizing these experiences over a personal, group, or larger scale will not be feasible. However, the specific experience of each participant was noted with similarities identified. The goal in qualitative research is to understand or add to the current understanding of a certain phenomenon, not to generalize (Creswell, 2013), but this does provide for limitations within the research. Specifically, results from this study can only be generalized with caution. As can be identified within this research, each participant brought with them their own unique experiences, the unique experiences of

their ancestors and family members and within those certain commonalities were found but the results should not be simplified within those commonalities.

The interview questions which were designed for this study focused on historical trauma and grief. I was not able to account for or provide a quantified summary of individual factors which did not directly fall within the focus of the research such as personality, coping resources, or specific life-influencing incidents but personal factors and experiences that were included within the focus of the study were explored through interviewing. Information central to the participants' experiences within the research focus were included and focus on historical trauma and grief. Within this limitation, information that may be central to the participants' experiences which were classified outside of the research focus might have been missed.

Participants self-selected to take part in this study. Self-selection bias was a possible limitation to this study. One potential scenario in this limitation was that participants who were deeply affected by historical trauma and grief may have been reluctant to take part in this study, leading to biased data being gathered. Another potential scenario would have been that participants who were deeply affected by historical trauma and grief may have had a strong motivation to share and discuss those experiences, which could have provided input which was diverse, providing variances to the phenomena and themes which emerged.

Throughout the course of data collection, additional potential limitations were identified. One potential limitation that was noted in the proposal for the research was truthfulness in responses due to the nature of the research and willingness to share due to

the researcher being present, trust, or other potential scenarios. I believe that all participants were honest in their responses and I used probing questions throughout the interviews to gather additional data or gain more of an open-ended response when close-ended responses were initially provided. Another potential limitation in the research that was noted was that of recall bias. The research asked questions about the past and experiences that occurred to family members or ancestors and it was possible that the participants did not have a clear memory or clear understanding of those experiences. Additionally, participants may have had a difficult time recalling their own experiences due to the time that has passed or other factors which may have decreased the accuracy of the memories that were provided.

An additional limitation that was identified throughout the course of recruitment was the difficulty in finding participants for the study. As previously noted, recruitment into the study was very difficult and the recruitment numbers for the study had to be adjusted. This limitation cause could be due to the high concentration of Lakota individuals in the area or various other factors, but the original recruitment numbers did provide for difficulty in the recruitment of Nakota individuals into the study which should be noted in potential future research of this kind.

Recommendations

Future and more extensive research is needed on this topic as it relates to specific Native American groups, specifically the Nakota and Dakota peoples. The research conducted was done in an area in which the population is primarily Lakota people, so a recommendation would be to provide the research or focus the research out of an area in

which the population was denser in the Nakota and/or Dakota people in order to increase participation, in case their experiences were different to that of..... Increasing sample size would also be a potential beneficial recommendation to add data and conceptual knowledge to the topic and provide a more thorough insight into the experiences of the Nakota and Dakota people as they are provided on historical trauma and grief responses.

Throughout the research multiple participants discussed how they were personally trying to make things better for their children or future generations, and the importance of keeping their culture alive by participating in their traditions and spiritual practices. They also discussed the importance of culture in healing. Additional research or a greater emphasis on the importance of culture to healing or the difference in thought on healing from past generations to present generations could be a beneficial area of research.

Lastly, any additional research on historical trauma as it effects various groups, ages, locations, etc. could be a beneficial addition to the framework. Research on different responses based on age, i.e. younger participants to older participants; location, i.e. reservation, town, rural; or even specifically Nakota or specifically Dakota could provide further valuable insight into historical trauma and grief.

Implications

The implications for social change found within in this research include a greater understanding and greater empathy and sensitivity toward the Nakota and Dakota people who have experienced group trauma, with potential impact for reach into other Native American groups. The potential for increased respect for Native American people, their traditions, and their cultures exists.

Social change and the related implications are present to improve the outcomes for the Nakota and Dakota groups of the Oceti Sakowin as well as other indigenous groups. The intent would be to look at individual and group experiences and responses and a potential link to physical health disparities, mental health disparities, addictions, and relationship and parenting issues and address these items through additional research. The link between the experiences of the past and the disparities of the present, as well as the desire identified by the participants to change the cycle and improve things for future generations has the potential to lead to developments for healing, increased cultural involvement, prevention, and intervention.

An additional implication for this research would be education and awareness around the experiences of Native Americans, specifically the Nakota and Dakota, and how those experiences led to and continue to contribute to various disparities and outcomes which are often identified in society as negative. It is important to acknowledge the pain, trauma, and upheaval that was done to the Native American peoples in the past and how those occurrences were not without consequence. Acknowledging the past, understanding the consequences of what occurred to a great people, and identifying ways to place support in understanding and healing are very important. This may include involvement in historical trauma grief therapies, cultural awareness, acceptance and promotion of traditional healing practices and other important cultural activities, and empowerment to learn, to heal, to integrate traditional principles, and to take those items back to their people for the advantage of the entire group.

Conclusion

The research questions in this research were:

Research Question 1: What are the experiences of historical trauma described by the people from the Nakota and Dakota groups?

Research Question 2: What are the historical trauma grief responses described by the people from the Nakota and Dakota groups?

Research Question 3: What historical trauma experiences are described that can be associated with present day influences or experiences?

Eight participants were recruited for this study through self-referral. The participants were primarily Dakota with two participants indicating that they were Dakota and Nakota. Participants were all from Native American groups who had historically experienced collective trauma. The individual experiences of each participant and their ancestors were discussed.

Insights were gathered about the experiences of the Nakota and Dakota people as they relate to the loss of land, the loss of family members, boarding school experiences, uprisings and wars, racism, and the loss of culture and identity; , grief responses such as sorrow, anger, and pain from those experiences as they related to those who experienced them and future generations; and the modern experiences of racism, loss of family members, and the knowledge of the past and the implications for modern times such as educating and healing in order to do better for future generations. The experiences of each individual's ancestors were identified as well as how they responded to those experiences. The grief responses and effects or future behaviors which resulted from the

experiences were identified. Finally, the present day implications were identified. These include a desire to change the cycle, a desire to improve outcomes for future generations, and a desire to heal the individual person/participant.

Limitations within the research were identified as well as recommendations for future research. Potential for greater social change is possible with future and extended research on the topic. The self-referral of each participant and their willingness to share their own experiences made the research and findings possible and the results of the research will hopefully improve empathy and understanding of the experiences and grief that is experienced by the Nakota and Dakota peoples.

This research allowed the opportunity for individuals who identify as Nakota and Dakota to let their voices be heard and let the stories of their ancestors be told. The participants shared the knowledge they had about the past and the historical traumas that occurred to their people. From their sharing, it was found that the experiences of the participants were much like other historical trauma research that had been previously conducted but with a couple great differences. The Nakota and Dakota people, like every other group, is unique amongst themselves and they have their own recollections, their own experiences, and their own pasts which stand out more for them than to any other. In addition, this research found something unique within the Nakota and Dakota people, hope. The participants of this research, while having experienced historical trauma and personal trauma, are seeking solutions through their own culture and healing practices and seek to change how their people respond for the next generation. This research showed many atrocities that were done to a strong people many years ago and how those

events negatively affected those people not only at that time but long into the future.

Those events have are still fresh in the mind of those who are connected by relation or tribe or heart, and the ability to raise awareness and educate people while simultaneously working toward a collective healing shows a powerful movement within the Nakota and Dakota people as represented by the eight participants of this research.

References

- Agaibi, C. E., & Wilson, J. P. (2005). Trauma, PTSD, and resilience: A review of the literature. *Trauma, Violence, & Abuse, 6*(3), 195-216.
doi:10.1177/1524838005277438
- Birchfield, D. L. (2000). Sioux. In *Gale encyclopedia of multicultural America*. Retrieved from <http://www.encyclopedia.com/history/united-states-and-canada/north-american-indigenous-peoples/sioux>
- Bombay, A., Matheson, K., & Anisman, H. (2014). The intergenerational effects of Indian residential schools: Implications for the concept of historical trauma. *Transcultural Psychiatry, 51*(3), 320-338. doi: 10.1177/1363461513503380
- Brave Heart, M. (1998). The return to the sacred path: Healing the historical trauma and historical unresolved grief response among the Lakota through a psychoeducational group intervention. *Smith College Studies in Social Work, 68*(3), 287-305. doi: 10.1080/00377319809517532
- Brave Heart, M. (2000). Wakiksuyapi: Carrying the historical trauma of the Lakota. *Tulane Studies in Social Welfare, 245-266*. Retrieved from http://discoveringourstory.wisdomoftheelders.org/ht_and_grief/Wakiksuyapi-HT.pdf
- Brave Heart, M. (2003). The historical trauma response among Natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs, 35*(1), 7-13. doi: 10.1080/02791072.2003.10399988
- Brave Heart, M., Chase, J., Elkins, J., & Altschul, D. (2011). Historical trauma among

- Indigenous Peoples of the Americas: concepts, research, and clinical considerations. *Journal of Psychoactive Drugs*, 43(4), 282-290. doi: 10.1080/02791072.2011.628913
- Brave Heart, M., & DeBruyn, L.M. (1998). The American Indian holocaust: Healing historical unresolved grief. *American Indian and Alaskan Native Mental Health Research*, 8(2), 56-78. doi: 10.5820/aian.0802.1998.60
- Brave Heart, M., Elkins, J., Tafoya, G., Bird, D., & Salvador, M. (2012). Wicasa Was'aka: Restoring the traditional strength of American Indian boys and men. *American Journal of Public Health*, 102(52), S177-S183. doi: 10.2105/ajph.2011.300511
- Brown-Rice, K. (2013). Examining the theory of historical trauma among Native Americans. *The Professional Counselor*, 3(3), 117-130. doi:10.15241/kbr.3.3.117
- Bruskas, D., & Tess, D. H. (2013). Adverse childhood experiences and psychosocial well-being of women who were in foster care as children. *Permanente Journal*, 17(3), e131. doi:10.7812/TPP/12-121
- Burnette, C. (2015). Historical oppression and intimate partner violence experienced by Indigenous women in the United States: Understanding connections. *Social Service Review*, 89(3), 531-563. doi:10.1086/683336
- Burnette, C. E. (2016). Historical oppression and indigenous families: Uncovering potential risk factors for Indigenous families touched by violence. *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, 65(2), 354-368. doi:10.1111/fare.12191

- Bussey, M., & Lucero, N. M. (2013). Re-examining child welfare's response to ICWA: Collaborating with community-based agencies to reduce disparities for American Indian/Alaska Native children. *Children and Youth Services Review, 35*(3), 394-401. doi:10.1016/j.childyouth.2012.12.021
- Chandler, M. J., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry, 35*(2), 191-219. doi: 10.1177/136346159803500202
- Chandler, M. J., & Lalonde, C. (2004). Transferring whose knowledge? Exchanging whose best practices? On knowing about Indigenous knowledge and Aboriginal suicide. *Aboriginal Policy Research: Setting the Agenda for Change, 2*, 111-123. Retrieved from <https://ir.lib.uwo.ca/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=1300&context=aprci>
- Charbonneau-Dahlen, B. K., Lowe, J., & Morris, S. L. (2016). Giving voice to historical trauma through storytelling: The impact of boarding school experience on American Indians. *Journal of Aggression, Maltreatment & Trauma, 25*(6), 598-617. doi:10.1080/10926771.2016.1157843
- Clabaugh, E. K. (2015). The evolution of a massacre in newspaper depictions of the Sioux Indians at Wounded Knee, 1876-1891. *Atlanta Review of Journalism History, 12*, 38-64. Retrieved from <https://ezp.waldenulibrary.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=ufh&AN=109103288&site=eds-live&scope=site>

- Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches*. Los Angeles, CA: Sage.
- Doucet, M., & Rovers, M. (2010). Generational trauma, attachment, and spiritual/religious interventions. *Journal of Loss and Trauma, 15*(2), 93-105.
doi:10.1080/15325020903373078
- Durham, M., & Webb, S. S. N. (2014). Historical trauma: A panoramic perspective. *The Brown University Child and Adolescent Behavior Letter, 30*(10), 1-5. Retrieved from
<https://ezp.waldenulibrary.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=eue&AN=98052925&site=eds-live&scope=site>
- Estrada, A. L. (2009). Mexican Americans and historical trauma theory: A theoretical perspective. *Journal of Ethnicity in Substance Abuse, 8*(3), 330-340.
doi:10.1080/15332640903110500
- Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities a multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence, 23*(3), 316-338.
doi:10.1177/0886260507312290
- Fast, E., & Collin-Vézina, D. (2010). Historical trauma, race-based trauma and resilience of Indigenous Peoples: A literature review. *First Peoples Child & Family Review, 5*(1), 126. Retrieved from
<https://ezp.waldenulibrary.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=sih&AN=51457222&site=eds-live&scope=site>

- Garrigan, M. (2011, March 17). State's Native American population grows 15 percent. *Rapid City Journal*. Retrieved from <http://rapidcityjournal.com>
- George, M. (2010). A theoretical understanding of refugee trauma. *Clinical Social Work, 38*(4), 379-387. doi:10.1007/s10615-009-0252-y
- Gone, J. P. (2013). A community-based treatment for Native American historical trauma: Prospects for evidence-based practice. *Spirituality in Clinical Practice, 1*(5), 78-94. doi:10.1037/2326-4500.1.s.78
- Gone, J. P., & Hartmann, W. E. (2016). Psychological- mindedness and American Indian historical trauma: Interviews with service providers from a Great Plains reservation. *American Journal of Community Psychology, 57*(1-2), 229-242. doi:10.1002/ajcp.12036
- Goodkind, J. R., Gorman, B., Hess, J. M., Parker, D. P., & Hough, R. L. (2015). Reconsidering culturally competent approaches to American Indian healing and well-being. *Qualitative Health Research, 25*(4), 486-499. doi:10.1177/1049732314551056
- Goodkind, J. R., Hess, J. M., Gorman, B., & Parker, D. P. (2012). "We're Still in a Struggle" Diné resilience, survival, historical trauma, and healing. *Qualitative health research, 22*(8), 1019-1036. doi:10.1177/1049732312450324
- Goodkind, J., LaNoue, M., Lee, C., Freeland, L., & Freund, R. (2012). Involving parents in a community-based, culturally grounded mental health intervention for American Indian youth: Parent perspectives, challenges, and results. *Journal of Community Psychology, 40*(4), 468-478. doi:10.1002/jcop.21480

Grayshield, L., Rutherford, J. J., Salazar, S. B., Mihecoby, A. L., & Luna, L. L. (2015).

Understanding and healing historical trauma: The perspectives of Native American elders. *Journal of Mental Health Counseling, 37*(4), 295-307.

doi:10.17744/mehc.37.4.02

Hartmann, W., & Gone, J. (2014). American Indian historical trauma: Community

perspectives from two Great Plains medicine men. *American Journal of Community Psychology, 54*(3/4), 274. doi:10.1007/s10464-014-9671-1

Indian Health Service. (2014). *Disparities*. Retrieved from

<http://www.ihs.gov/newsroom/factsheets/disparities/>

Jacob, S. A., & Furgerson, S. P. (2012). Writing interview protocols and conducting

interviews: Tips for students new to the field of qualitative research. *The Qualitative Report, 17*(42), 1-10. Retrieved from

<http://nsuworks.nova.edu/tqr/vol17/iss42/3>

Kelsey, P. (2013). Disability and Native North American boarding school narratives.

Journal of Literacy & Cultural Disability Studies, 7(2), 195-212.

doi:10.3828/jlcds.2013.14

The Library of Congress. Register of Debates, 21st Congress, 2nd Session, 480-658.

Retrieved from [https://memory.loc.gov/cgi-](https://memory.loc.gov/cgi-bin/ampage?collId=llhb&fileName=013/llhb013.db&recNum=192)

[bin/ampage?collId=llhb&fileName=013/llhb013.db&recNum=192](https://memory.loc.gov/cgi-bin/ampage?collId=llhb&fileName=013/llhb013.db&recNum=192)

Liem, R. (2007). Silencing historical trauma: The politics and psychology of memory and

voice. *Peace and Conflict: Journal of Peace Psychology, 13*(2), 153-174.

doi:10.1080/10781910701271200

- Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage.
- Lub, V. (2015). Validity in qualitative evaluation linking purposes, paradigms, and perspectives. *International Journal of Qualitative Methods*, 14(5).
doi:1609406915621406.
- MacDonald, C. & Steenbeek, A. (2015). The impact of colonization and western assimilation on health and wellbeing of Canadian Aboriginal People. *International Journal of Regional and Local History*, 10(1), 32-46.
doi:10.1179/2051453015Z.000000000023
- Marsella, A. J. (2005). Ethnocultural aspects of PTSD: An overview of concepts, issues, and treatments. *Traumatology*, 16(4), 17-26. doi:10.1177/1534765610388062
- Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 11(3), Art. 8. Retrieved from <http://nbn-resolving.de/urn:nbn:de:0114-fqs100387>
- Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation*. Hoboken, NJ: John Wiley & Sons.
- Michaels, C. (2010). *Historical trauma and microaggressions: A framework for culturally-based practice*. St. Paul: University of Minnesota Extension Service, Children, Youth and Family Consortium.
- Milloy, J. S. (1999). *A national crime: The Canadian Government and the residential school system, 1879 to 1986*. Winnipeg: University of Manitoba.
- Morgan, R., & Freeman, L. (2009). The healing of our people: Substance abuse and

historical trauma. *Substance Abuse and Misuse*, 44, 84-98.

doi:10.1080/10826080802525678

Myhra, L. L. (2011). "It runs in the family": Intergenerational transmission of historical trauma among urban American Indians and Alaskan natives in culturally specific sobriety maintenance programs. *American Indian & Alaska Native Mental Health Research: The Journal of the National Center*, 18(2), 17-40.

doi:10.5820/aian.1802.2011.17

National Congress on American Indians (n.d.). Demographics. Retrieved from

<http://www.ncai.org/about-tribes/demographics>

National Conference of State Legislators (2016). Federal and State Recognized Tribes.

Retrieved from <http://www.ncsl.org/research/state-tribal-institute/list-of-federal-and-state-recognized-tribes.aspx>

Native Languages of the Americas (n.d.). Siouan language families. Retrieved from

<http://www.native-languages.org/famsio.htm>

Nutton, J., & Fast, E. (2015). Historical trauma, substance use, and indigenous peoples:

Seven generations of harm from a "Big Event". *Substance use & misuse*, 50(7),

839-847. doi:10.3109/10826084.2015.1018755

Piaget, J. & Inhelder, B. (1958). *The Growth of Logical Thinking from Childhood to Adolescence*. New York: Basic Books.

Pietkiewicz, I. & Smith, J. A. (2014). A practical guide to using Interpretative

Phenomenological Analysis in qualitative research psychology. *Czasopismo*

Psychologiczne Psychological Journal, 20(1). doi:10.14691/cppj.20.1.7

- Pihama, L., Reynolds, P., Smith, C., Reid, J., Smith, L. T., & Te Nana, R. (2014). Positioning historical trauma theory within Aotearoa New Zealand. *Alternative: An International Journal of Indigenous Peoples*, 10(3), 248-262. doi:10.1177/117718011401000304
- Pokhrel, P., & Herzog, T. A. (2014). Historical trauma and substance use among Native Hawaiian college students. *American Journal of Health Behavior*, 38(3), 420-429. doi:10.5993/AJHB.38.3.11
- Rakoff, V. (1966). A long-term effect on the concentration camp experience. *Viewpoints*, 1, 17- 20
- Redekop, V., & Hart, B. (Ed.) (2008). A post-genocidal justice of blessing as an alternative to a justice of violence: The case of Rwanda. *Peacebuilding in traumatized societies* pp. 205-238. MD: University Press of America, Lanham.
- Reinschmidt, K. M., Attakai, A., Kahn, C. B., Whitewater, S., & Teufel-Shone, N. (2016). Shaping a stories of resilience model from urban American Indian elders' narratives of historical trauma and resilience. *American Indian & Alaska Native Mental Health Research: The Journal of the National Center*, 23(5), 63-85. doi: 10.5820/aian.2304.2016.63
- Roh, S., Brown-Rice, K., Lee, K., Lee, Y., Yee-Melichar, D., & Talbot, E. (2015). Attitudes toward mental health services among American Indians by two age groups. *Community Mental Health Journal*, 51(8), 970-977. doi:10.1007/s10597-015-9859-3
- Rosenblum, R. (2009). Postponing trauma: The dangers of telling. *The International*

Journal of Psychoanalysis, 90(2009), 1319-1340. doi:10.1111/j.1745-8315.2009.00171.x

Smith, J. A. (Ed.). (2015). *Qualitative psychology: A practical guide to research methods*. Sage.

Sorokin, P.A. (1925). *The sociology of revolution*. Philadelphia.

Sztompka, P. (2000). Cultural trauma: The other face of social change. *European Journal of Social Theory*, 3(4), 449-466. doi:10.1177/13684310022224895

Sotero, M. (2006). A conceptual model of historical trauma: Implications for public health practice and research. *Journal of Health Disparities Research and Practice*, 1(1), 93-108. Retrieved from <https://ssrn.com/abstract=1350062>

Stamm, B.H., Stamm, H.E. IV, Hudnall, A.C., & Higson-Smith, C. (2003). Considering a theory of cultural trauma and loss. *Journal of Loss and Trauma*, 9, 89-111. doi:10.1080/15325020490255412

Swanson Nicolai, S., & Saus, M. (2013). Acknowledging the past while looking to the future: Conceptualizing indigenous child trauma. *Child Welfare*, 92(4). Retrieved from <https://ezp.waldenulibrary.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=edsgea&AN=edsgcl.439953100&site=eds-live&scope=site>

Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work*, 11(1), 80. doi:10.1177/1473325010368316

United States Census Bureau (2015). Rapid City (city), South Dakota. Retrieved from <http://quickfacts.census.gov/qfd/states/46/4652980.html>

- Weaver, H. N., & Brave Heart, M. (1999). Examining two facets of American Indian identity: Exposure to other cultures and historical trauma. *Journal of Human Behavior in the Social Environment*, 2(1-2), 19-33. doi:10.1300/j137v02n01_03
- Whitbeck, L. B., Adams, G. W., Hoyt, D. R., & Chen, X. (2004). Conceptualizing and measuring historical trauma among American Indian people. *American Journal of Community Psychology*, 33(3-4), 119–130.
doi:10.1023/b:ajcp.0000027000.77357.31
- Whitbeck, L. B., Adams, G. W., Hoyt, D. R., & Chen, X. (2004b). Historical loss scale [Database record]. Retrieved from PsycTESTS. doi: 1037/t27324-000.
- Whitbeck, L. B., Adams, G. W., Hoyt, D. R., & Chen, X. (2004c). Historical loss associated symptoms scale. *Psycstest*, doi:10.1037/t27325-000
- Wiechelt, S. A., Gryczynski, J., Johnson, J. L., & Caldwell, D. (2012). Historical trauma among urban American Indians: Impact on substance abuse and family cohesion. *Journal of Loss & Trauma*, 17(4), 319-336. doi:10.1080/15325024.2011.616837
- Wiles, R. (2013). *What are qualitative research ethics?* New York: Bloomsbury Academic. doi:10.5040/9781849666558
- Willmon-Haque, S., & Subia BigFoot, D. (2008). Violence and the effects of trauma on American Indian and Alaska Native populations. *Journal of Emotional Abuse*, 8(1/2), 51-66. doi: 10.1080/10926790801982410

Appendix A: Interview Questions

1. Basic descriptive data
 - d) Gender
 - e) Age
 - f) Tribal enrollment/ethnicity
2. Has anyone you are related to, living or dead, experienced a group trauma, something bad they experienced with others either together or at different times? If yes, please describe what you know about what happened.
3. How are those things that happened to your family members still shared within your family, if they are? How do those stories affect you? What do they mean to you?
4. What types of good or bad things (physical, emotional, spiritual) have you seen or heard about what happened? What do they mean to you?
5. Did anyone you are related to, living or dead, have any negative feelings about these experiences like sadness, heartache, sorrow, anger, or pain? Did you have any feeling from the experiences of your relatives like sadness, heartache, sorrow, anger, or pain? How do those feelings affect you?
6. In your lifetime, have you experienced a group trauma, something bad that you experienced with others either together or at different times? What was this? How has that affected you? What does it mean to you?
7. How are those things that happened shared within your family, if they are? How do those things that happened affect you?
8. Did you have any negative feelings about these experiences like sadness, heartache, sorrow, anger, or pain?
9. Have you had anything happen in your lifetime that is like that things that happened to your family members, dead or alive? If yes, please describe. What do those things or events mean to you? How do those things or events affect you?

Appendix B: Mental Health Resource Guide

Mental Health Resource Guide

The complete resource guide titled “Black Hills Behavioral Health Guide 2017” is 32 pages long and can be found at <http://helplinecenter.org/wp-content/uploads/HLCRD-Black-Hills-Behavioral-Health-Guide-2017.pdf>

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Website: www.bmscares.org
E-mail: info@bmscares.org
Hours: 8:00am - 5:00pm, Monday - Thursday / 8:00am - 4:00pm, Friday / Evenings by appointment

Catholic Social Services
529 Kansas City Street, Suite 100 Rapid City, SD 57701
Phone: (605) 348-6086 or (800) 727-2401
Fax: (605) 348-1050
Website: www.catholicsocialservicesrapidcity.com
E-mail: css@cssrapidcity.com
Hours: 8:00am - 7:00pm, Monday / 8:00am - 5:00pm, Tuesday - Friday

Crisis Care Center
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E-mail: info@lsssd.org
Hours: 8:00am - 7:00pm, Monday, Tuesday / 8:00am - 6:00pm, Wednesday, Thursday / 8:00am - 5:00pm, Friday / Or by appointment

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