# Resilience and Stereotyping: The Experiences of Native American Elders

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## Abstract

**Purpose:** The lived experiences of Native American elders regarding the effects of stereotypes on resilience were examined. **Method:** This qualitative study emphasized culturally compatible methods of traditional storytelling and featured interpretive analysis. **Results:** Themes revealed were the following: (a) having the ability to successfully bridge cultures fostered resilience and inspired self-confidence, (b) a strong sense of identity was a core element of resilience, (c) being responsible and accountable inspired a sense of pride, (d) educational attainment and employment fostered resilience, and (e) cultural resilience was a key component when confronting stereotypes. Although stereotyping has had profound effects, these first Americans have taken the best of both worlds and successfully integrated them to live successful, well-adjusted lives. **Discussion:** These findings suggest that disparities in mental and physical health could be addressed by building on the unique foundation of cultural resilience embodied by these Native elders.

## Keywords

Native American elders, stereotypes, resilience, disparities

## Statement of the Problem

Native American elders suffer poorer health than any comparable group in the U.S. population, resulting in further disparities in life expectancy and quality of life (Smedley, Stith, & Nelson, 2003). There is a dearth of literature on coping skills, strengths, and survival strategies that may help reduce health disparities. The purpose of this study was to explore the resilience of Native American elders and to discover how stereotypes can affect resilience and adjustment to life.

Confronted with a glaring research gap, a qualitative study was employed to explore this topic. This study was the first to ask Native elders about their stories of resilience and the first to study resilience from a relational worldview and in the context of Indian culture. It is judicious to examine Native peoples' capacity to endure hardships, their ability to cope under duress, the risks that may be ameliorated, and an integrative perspective on resilience in this cohort. Nursing practice can be informed by understanding cultural and individual resilience in a way that takes practice beyond treating symptoms to a whole-person approach. With few Native nurses (Grandbois, Madison-Jacobs, & Sanders, 2009; Parker, Haldane, Keltner, Strickland, & Tom-Orme, 2002), non-Native nurses need to understand Native cultures to best serve that clientele.

## Review of Literature

This review focuses on challenges, stereotypes, and resilience of Native American elders. Native people have experienced numerous traumas as a result of stereotypes. Whereas these traumas have been studied to some extent, greater gaps exist in understanding the resilience that has helped many Native elders survive and even thrive in spite of these experiences.

Native people have experienced every type of trauma imaginable, including genocide as well as cultural genocide (Churchill, 1997; Tinker, 2004). Cultural genocide is ongoing trauma that destroys the root of a people (LaDuke, 2005; Smith, 2005). Many traumas occurred at impressionable developmental stages while separated from families and tribal communities because of federal policies directed at either complete assimilation or extermination (Lowe & Struthers, 2003). Native Americans and the elderly among them are continually confronted by daily traumas that often result in what has been called "soul wounding" by indigenous researchers Duran, Duran, Yellow Horse Brave Heart, and Yellow Horse-Davis (1998). Duran et al. argued that this historical trauma resulted from colonialism, acculturative stress, cultural bereavement, genocide, and racism that has been generalized, internalized, and institutionalized. Danieli (1998) noted that such trauma was cumulative, unresolved, historic, and ongoing.

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Linehan (1993) has documented that living in an invalidating environment causes individuals to adopt what she has referred to as "self-invalidation" (p. 71) where characteristics of the invalidating environment are internalized as a negative self-description. This internalization results in a tendency to invalidate affective experiences, to look to others for accurate reflections of external reality, and to oversimplify the ease of solving life's problems (Linehan, 1993). Past traumas, exacerbated by invalidation in their own country, influenced the current situation especially for Native Americans elders. Native elders suffer poorer health than any group in America, resulting in shorter life spans and a reduced quality of life (Smedley et al., 2003). Among those aged 55 years and older, 73% report limitations in ability to carry out basic activities of daily living (National Indian Council on Aging, 1981). Despite recent life expectancy gains for Native elders, a life span of health disparities includes a death rate that still occurs 4.4 years sooner for Native people than for all other U.S. races (http://info.ihs.gov).

Agaibi and Wilson (2005) found a tie between acute and chronic stress and between trauma exposure and development of psychological/behavioral problems. Investigations documented links between trauma and long-term negative mental health consequences and how trauma affects physical health (Banyard, Edwards, & Kendall-Tackett, 2009). Poverty has been linked to development of psychopathology (Gordon Rouse, 1998) and to a state of mental health crisis for Native Americans (Fujiura, Yamaki, & Czechowicz, 1998). Native Americans have the highest prevalence of trauma exposure and rates of posttraumatic stress disorder of any U. S. ethnic group.

## Stereotypes

The invalidation and trauma experienced by Native Americans can be linked to stereotypes by the majority culture. A stereotype is an oversimplified, exaggerated belief about an entire racial or ethnic out-group that extends to individuals within the group, often distorting the real characteristics (Byrd & Clayton, 2003). Stereotypes of Native Americans include having "supercitizen status" and "cradle to grave" benefits and being dependent on welfare because they are lazy and unable keep a steady job (Tan, Fujioka, & Lucht, 1997). There are more than 556 culturally distinct, federally recognized tribes (Mihesuah, 1996), and yet the most common stereotype is all Native Americans are alike.

The harm of stereotyping is so far-reaching that some critics believe the media are partially responsible for the high suicide rate among Native young people (Harjo, 1990). Vickers (1998) emphasized that stereotypes of Indians contributed to dehumanization and extirpation. Native Americans are one of the most stereotyped minority groups (Mihesuah, 1996; Tan et al., 1997; Vickers, 1998), which may explain both health disparities and their absence in resilience research. The lack of research on Native American resilience, paired with the research emphasis on pathology (Robin, Chester, Rasmussen, Jaranson, & Goldman, 1997), may only reinforce these stereotypes.

## Native American Resilience

A working definition of resilience includes the personal attributes an individual has, as well as environmental factors that result in lower rates of psychopathology later in life (Hoge, Austin, & Pollack, 2007). Freedom from psychopathology would be indicated by the ability to enjoy life and be currently free of *DSM-IV-TR* (*Diagnostic and Statistical Manual of Mental Disorders,* 4th ed., text revision; American Psychiatric Association, 2000) criteria for Axis I and II diagnosis and is relevant because researchers regard resilience as a dynamic process that evolves over time, rather than a fixed attribute or specific outcome (Rutter, 1987). Factors associated with resilience include having an easy temperament, self-mastery, planning skills, and close personal relationships with significant people in one's life (Rutter, 1987). However, current research on resilience fails to include a broad population of people by race, gender, age, and ethnicity, and it often generalizes findings to all who experience trauma. Gordon Rouse (1998) defines resilience as

> a multi-faceted phenomenon that encompasses personal and environmental factors that interact in a synergistic fashion to produce competence despite diversity. Resilience is the ability to thrive, mature, and increase competence in the face of adverse circumstances. (p. 1)

As keepers of tribal traditions, the growing numbers of Native American elders stand as testament that Native people have preserved their cultures for future generations (Baldridge, 2001; Mihesuah, 1996). Native Americans are living longer, with approximately 259,000 people living to age 55 years and more (Baldridge, 2001). In spite of these gains, researchers have overlooked the concept of resilience in the Native American population and among elders in particular. Few studies have examined the impact of chronic stress on Native people, and there are few studies of resilience factors among this group (Hobfoll, Jackson, Hobfoll, Pierce, & Young, 2002).

An exception that illuminates resilience among Native Americans is The American Indian Families Project (AIFP; Hennepin County Office of Planning & Development, 2005). The project facilitators conducted discussion groups and interviews with more than 150 Native American elders, adults, and youth. Discussions and interviews focused on Native American family strengths, assets, and values. Findings were that Native Americans placed high regard on cultural identity, traditions, and spirituality and on teaching strong values through family unity. Participants felt that developing their cultural identity created resiliency vital

to building and sustaining families and provided the strength to productively manage day-to-day issues such as family well-being, employment, self-sufficiency, wellness, and youth development. Significantly, AIFP, through conversation with elders, families, and individuals, demonstrated how cultural resiliency, developed through traditional values, beliefs, teachings, and spirituality, allows families to better address consequences of poverty.

Three studies support the AIFP's findings about the importance of culture and community for Native people (Grandbois & Sanders, 2009; Hobfoll et al., 2002; Strickland, Walsh, & Cooper, 2006). In their study, Strickland et al. (2006) asked both Native American parents and elders about community needs and strengths that could help reduce youth suicides. Participants expressed how important it is to hold the family together by assuring effective communication across generations, passing on traditional parenting skills, and providing holistic support in meeting spiritual, emotional, physical well-being, and economic needs.

A better understanding of the qualities of resilience in Native individuals and cultures is essential to positively affect both their mental and physical health. Furthermore, making the resilient qualities of Native people more public may reduce stereotypes and help eliminate health disparities. Elders have experienced the full impact of stereotypes, yet survived and even thrived and can therefore be most informative in understanding resilience. Summarily, the purpose of this qualitative study was to explore the lived experiences of eight Native American elders regarding resilience in an environment of negative stereotypes. Such an understanding may contribute to improved psychological well-being and to reducing the health disparities of Native communities.

## Method

### Study Method

Because research on resilience in Native American elders is negligible, a qualitative methodology is appropriate (Munhall, 1989). A basic interpretive approach builds on the culturally relevant use of traditional Native storytelling (Struthers, 1993). Additionally, interpretive research is both descriptive and inductive and focuses on uncovering meaning from the perspective Native American elders.

### Participants

The indigenous interviewer knew some of the elders and made direct contacts. Other Native people also gave referrals. Selection criteria included the following: (a) enrolled member of a recognized American Indian tribe (self-described) and/or self-identified as a Native American, (b) at least 55 years old, (c) maintains ties with families and tribal community, (d) verbally indicates positive feelings about life, and (e) has the capability to reflect and narrate experiences.

Even though this was a small sample, saturation of thematic categories was accomplished as appropriate in qualitative work (Charmaz, 2005).

### Data Collection

Pilot interviews with two Native elders were conducted to test the efficacy of questions and build culturally appropriate interview skills. During the initial meetings, a small gift, which included tobacco, was given to express respect in a culturally relevant manner. Data were collected through semiformal interviews at a time and setting selected by each participant. Each interview included a request to hear their "life story of living through the hard times." The life story provides an interpretive context and serves as a guide by which to navigate experiences of resilience and survival (Brunner, 1999). The construct of resilience was not defined to prevent undue influence. The interview consisted of open-ended questions and follow-up probes to illicit detailed responses. Audiotaped interview lasted 1½ to 3½ hours and included a brief demographic questionnaire. Participants agreed the researcher could contact them by phone for clarification and for verification that the researcher accurately understood the meaning of what was said. Participants signed an institutional review board–approved informed consent letter.

The following core questions guided the interview process:

1. Could you share the qualities, experiences, and circumstances that you think are important for surviving and thriving as an Indian person today?
2. Can you tell me how you were able to go through the tough times in your life?
3. Do you think there is anything about your personality that has been especially helpful in coping with life?
4. What do you think especially contributes to your feelings of strength, well-being, and the ability to live a long life?
5. Has your family been important in helping you through the hard times, and if so, how have they been helpful?
6. How have you been able to deal with the losses in your life?

### Data Analysis

Beginning analysis was conducted with the first interview and each subsequent interview (Merriam, 1998), although an in-depth analysis was not done at this time to avoid any undue influence on subsequent interviews. After relistening to audiotaped interviews and comparing them with transcriptions, data were color coded and recoded until several themes began to emerge. At this point, category headings

were identified and data were reanalyzed to identify themes that captured the meaning of the participant experiences (Rossman & Rallis, 2003). The researcher conducted member checks by phoning several respondents to ask if these themes reflected their own reality. Their assurance increased confidence of dependability of findings.

### Transferability and Confirmability

Transferability is being able to transfer the information learned about one group to another. Lincoln and Guba (1985) noted that the transferability of findings can be accomplished by giving sufficient detail about the group studied so readers can consider if the findings are applicable to other groups. This study provided data rich in detail about the topic and the participants. Although much diversity and heterogeneity exists among Native American elders, Sandelowski (1986) states that findings well grounded in the life experience of the participants should reflect their typical and atypical experiences.

Confirmabililty is the ability to be objective and occurs when auditability, fittingness, and credibility are established. For this study, the researcher kept an audit trail (a systematically maintained documentation system that includes the procedures used to understand and analyze the data), field notes and summaries, and reflexive notes. To ensure neutrality, an open dialogue was maintained with colleagues.

## Results

Five themes were discovered that speak to frequently shared and key experiences related to stereotypes and resilience. Because these themes often cut across specific questions posed in the interviews and the questions themselves are interrelated, the findings are organized by themes.

The five male and three female participants were enrolled tribal members of four different tribal groups located in four upper Midwest states. Ages ranged from 57 to 83 years. Four participants were married, two divorced, one never married, and one widowed. The marriages spanned from 37 to 59 years. Specific tribes are not identified to protect confidentiality because of close tribal connections and group cohesion.

### Having Ability to Successfully Bridge Cultures Fostered Resilience and Self-Confidence

Themes in this analysis highlight the subtle connection between stereotypes and resilience. The first theme, *having ability to successfully bridge cultures fostered resilience and self-confidence*, illuminated the ability of elders to both acculturate to the dominant culture and maintain their traditional cultures. They were well versed in beliefs, values, behaviors, and expectations required for transcultural forays.

Grandfather, a 72-year-old elder, shared that in 1929, his native mother married his father, a White construction worker.

> My dad was out of town quite a bit, so I didn't get to spend much time with him. I ran around in the woods and on the water with my (Native) grandfather. I learned many things, like plant medicines, the habits of birds and animals, weather conditions . . . In early fall we'd set fish nets and go hunting deer and bear after freeze up, that's kind of the lifestyle that I grew up with.

During these formative years, he was insulated from the outside world as he lived his Native culture.
His acculturation began in public high school.

> These were some pretty tough times, going from the Indian school on the reservation to the mostly White public high school, it was probably like going to the moon (laughing) . . . it was an entirely new experience. Then when I came to college . . . well, that was a new experience also. It was like going between two worlds, you had to live in two worlds . . . The dominant culture separated human beings from nature . . . from the land; from the natural world . . . they put themselves above these things and taught that only mankind has a Divine spirit . . . that they were to Lord over the land, the animals, over nature. The Traditionalists (Natives) know that everything has a spirit, that everything is alive.

Grandfather's ability to effectively participate in both cultures allowed him to graduate with a master's degree in education in 1971, atypical for a Native person in those years. As a professor, he walked in both worlds for more than 40 years, participating in both academia and traditional culture.

Greg had a Native father and White mother. He was 3 years old when he moved back to the reservation to live near his paternal grandmother. When asked if he felt Native American, he replied,

> Oh, off and on. It depends on the setting. In my grandmother's home, mostly everybody knew I was Indian, so I got discriminated that way, there were kids I couldn't play with. On the other hand, I was discriminated against because of the way I look (fair complexion and blue eyes), so I guess I'd say I am an "urban Chippewa" . . . I think my real rootedness came from all the hours I spent listening to my grandmother and her (Native) friends tell their stories.

Unlike his fairer skinned counterparts, Beaner's walk in two worlds was a harder journey, "I'm dark, I look like an Indian, so I had to fight at school just about every day because

somebody called you a blankety-blank Indian and they didn't want you around. I got a little respect with my two fists." Beaner admitted that "life for him, as a child, was very painful." Unfortunately, the painful times brought on by racial stereotypes did not end with childhood. Because of the "lazy, no-good, drunken Indian" stereotype, it was a veritable struggle to get hired on the railroad crew. To compensate, Beaner became an overly zealous employee who, through backbreaking dedication to his job, became a foreman. In this position, he took "heat" from both White and Indian crewmen. He shared that he eventually succumbed to one more stereotype:

> I didn't know if I was a White man or an Indian. I became an alcoholic and I blamed it on the hard work and stuff, I told myself I drank to forget . . . but then I said, that's a bunch of baloney . . . it's a cop-out. So I went into treatment, where I learned that I always had low self-worth.

## A Strong Sense of Identity Was a Core Element of Resilience

Beaner's story exemplifies the second theme; *a strong sense of identity was a core element of resilience.* Elders first had to know who they were before they could decide the life path to follow. Tippy, Beaner's White wife, declared,

> The White man tried to kill the Indian, they wanted to kill the Indian and save the man, but they never let them die. If you were part Indian and part White, you weren't really an Indian and you weren't really a White man. You just kind of hung in the middle until you found your own way.

These elders found their way and knew who they were. Grandfather stated, "Actually, I'm a great-grandfather. There are five generations of my family alive today . . . I was the first born to my mother and father and the oldest of my (Native) grandfather's grandchildren." Sip said,

> When a child is given their name in the traditional way they receive great strength (resilience). It helps us to know who we are, to know that we are connected to our people, even those who have gone before us.

Grandfather added, "I think it's important that Ojibwa children learn about their culture, their history, their heritage, and the lifestyle of the people. I think it's a source of real strength."

## Being Responsible and Accountable Inspired a Sense of Pride

These elder's stories illuminated the effect that bridging cultures and finding their own identity had on Native people.

Their tenuous walk intimated the continual difficulty of maintaining a firm grasp on one's identity and culture, no matter how successful one became. The third theme, *being responsible and accountable inspired a sense of pride*, was demonstrated as elders shared that facing challenges was easier when a deep sense of pride had been instilled in them. Taowhywee voiced, "My mother raised us to be strong, because she was strong. We were never brought up to believe we were victims. She was always firm when she told us "We are survivors." Taowhywee, at 85, is the oldest living female and a direct descendent of the Takelma Indians who once lived in southern Oregon. This historian, storyteller, and cultural instructor with a master's degree in psychology and Native American studies spoke of a "legacy of survival" that had "been passed down by our ancestors—because of the atrocities they had endured—they passed on a legacy to Indian people to survive, to keep on keeping on—in spite of all the challenges and adversity." She summarized, "We come from a proud people."

The elders gained sense of pride, cultural cohesion, and responsibility from their parents. Lizzie described her mother's efforts to provide for them after her 42-year-old husband died of pneumonia. Her parents were ranchers with a herd that was government owned until they could pay them off. On her father's death,

> The government came and shot all the cattle. They would not let the Indian people butcher them, because they were government property. My mother lost not only our breadwinner but our source of income. So she did what she had to do to ensure the survival of her family. She sent word to my uncle and he came down . . . together they sorted out 10 head of cattle and took 'em over the hill and hid 'em. She had these 10 head of cattle that my uncle later sold for her. We lived on that money . . . until we had to move to my mother's reservation.

## Educational Attainment and Employment Fostered Resilience

The fourth theme, *educational attainment and employment fostered resilience*, reflected the belief that knowledge was power. Contrary to stereotypes, these elders wanted good educations and gainful employment for themselves and their people. All eight elders have high school educations. Two were among the first in the nation to complete doctorates. Three are either still working or have received their college degrees after the age of 50 years, and they all have held challenging jobs.

Many elders had parents or grandparents who were strong, positive role models. Greg's grandmother and Grandfather's mother were high school graduates, unusual for any woman in those times. Greg was one of the first Indian scholars in

the nation to hold a PhD. However, Greg described his efforts to avoid getting an "ethnic degree." He spoke of "liberal racism" where universities wanted to recruit and graduate Native Americans but "essentially did not want to educate them." Because he was smart and well read and had attended prep school, he needed to know he had earned his titles fair and square, so he chose to pass as "White." He labeled this a "catch-22 predicament," because the cost was his heritage and identity. He drew the comparison to a beautiful woman who never knows if she is desired for her looks or for who she is as a person.

### Cultural Resilience

Finally, the central and ancient theme of *cultural resilience* connected all the themes together. The elders revealed that strong, cohesive families and communities provided their support systems. Sip spoke of the cultural resilience found within traditional native cultures.

> My dad, my uncles, all kinds of people, came to the house, and played music, the guitar, fiddles, piano, and accordion. My grandpa would come over sometimes and play the fiddle. We had drums and we'd dance. It was all such happy times. I guess we were poor, but we never knew it.

Grandfather reminisced,

> I remember how close people were. There were visitors that would come to the house on a daily basis. I don't remember any locked doors or anything like that. Some of the old people didn't even knock on the door, they just walked in, sat down and started visiting.

Lizzie's remembered the childhood support she received from her family:

> In our family there was always a story, we were great storytellers, so whenever anything bad happened, there was always a story about why that happened to somebody else to make us feel better . . . I always knew that I had the support of somebody, even if they didn't agree with me, or if I was in the wrong. I never had to be afraid to tell them anything.

An elder summed up "cultural resilience" saying, "I think if people stand together, they can be strong. The strength is in the unity and the solidarity, it's not the individual."

## Discussion

Study findings suggest disparities in both mental and physical health should be addressed by building on the culturally unique foundation of resilience embodied in these Native elders. The harm of racism, discrimination, and stereotyping on mental health (Hwang & Goto, 2008) and suicide (Harjo, 1990) was documented across a number of ethnic groups. Resilience was identified as a quality that helps people thrive in the face of adversity (Gordon Rouse, 1998), such as stereotyping. The stories told by these Native elders demonstrated their ability to become acculturated, to diffuse racial stereotypes, and to walk efficiently in both worlds. They felt a degree of acceptance in the dominant society and in their native society. Walters (1999) noted that they had to simultaneously know, accept, and practice both mainstream values/behaviors and traditional values and beliefs. The elders' stories of biculturalism demonstrated that to become successful in both worlds, they had to ignore the stereotypes and hostile racial climate and avoid internalizing their implications. Whereas acculturative stress has been related to suicide rates in Native American adolescents (Lester, 1999), enculturation has been found to provide a coping mechanism for dealing with acculturation-related stress (LaFromboise, Hoyt, Oliver, & Whitbeck, 2006). In several of the themes, it was important for the elders to have an unshakeable knowledge of their identities and capabilities, regardless of what the majority culture wanted them to believe about themselves. Choney, Berryhill-Paapke, and Robbins (1995) found that in the strengths model of acculturation, Native peoples needed to adopt some customs from other cultures as coping strategies, while still maintaining native values, traditions, and behaviors. By doing so, Native people can be both highly acculturated and ethnically identified (Choney et al., 1995; Walters, 1999).

The Native elders in this study affirmed that strong cultural connections, self-defined identities, the ability to successfully bridge cultures, good education and employment, and being proud of who they are as a people were important to developing resilience. These findings imply that resilience should be considered at individual, community and cultural levels. Davis, Cook, and Cohen's (2005) community resilience model to reduce health disparities and Holkup, Salois, Tripp-Reimer, and Weinert's (2007) culturally focused strength-based family model for elder abuse prevention are models for future application. An ecological approach to resilience for Native elders should be followed (Grandbois & Sanders, 2009) in building resilience and reducing health disparities.

Future research will help illuminate resilience among Native peoples. Cross-cultural comparisons may help provide a truly multicultural understanding of resilience and could even illicit studies to understand the societal control mechanisms that perpetuate institutional racism, stereotypes, and inequality.

Limitations of the study are related to the vast differences among tribal groups and individuals as a result of their acculturation process and personal histories. Among the eight elders in this study, four different tribal groups and other subgroups are represented. Participant experiences were

likely influenced by differences in acculturation and connections to the indigenous cultures and elders. Education level and role in the tribal community may have further influenced experiences.

## Declaration of Conflicting Interests

## Funding

## References

Agaibi, C. E., & Wilson, J. P. (2005). Trauma, PTSD, and resilience: A review of the literature. *Trauma, Violence, & Abuse, 6*, 195-216.

American Indian Families Project. (2005). A look at American Indian families in Hennepin County: Final summary. *Hennepin County Office of Planning and Development.* Retrieved March 2, 2008 from http//www.hennepin.mn.us/opd

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.

Baldridge, D. (2001). The elder Indian population and long-term care. In M. Dixon & Y. Roubideaux (Eds.), Promises to keep: Public health policy for American Indians and Alaska Natives in the 21st century (pp. 137-166). Washington, DC: American Public Health Association.

Banyard, V. L., Edwards, V. J., & Kendall-Tackett, K. A. (Eds.). (2009). *Trauma and physical health: Understanding the effects of extreme stress and psychological harm*. London, England: Routledge.

Brunner, E. (1999). *Acts of meaning*. Cambridge, MA: Harvard University Press.

Byrd, W. M., & Clayton, L. A. (2003). Racial and ethnic disparities in healthcare: A background and history. In B. D. Smedley, A. Y. Stith, & A. R. Nelson (Eds.), *Unequal treatment: Confronting racial and ethnic disparities in healthcare* (pp. 445-527). Washington, DC: National Academies Press.

Charmaz, K. (2005). Grounded theory in the 21st century: Applications for advancing social justice studies. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd ed., pp. 507-535). Thousand Oaks, CA: Sage.

Choney, S., Berryhill-Paapke, E., & Robbins, R. (1995). The acculturation of American Indians: Developing frameworks for research and practice. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp.73-92). Thousand Oaks, CA: Sage.

Churchill, W. (1997). *A little matter of genocide: Holocaust and denial in the Americas—1492 to the present*. San Francisco: City Lights Books.

Danieli, Y. (1998). Conclusion and future directions. In Y. Danieli (Ed.), *International handbook of multigenerational legacies of trauma* (pp. 669-689). New York, NY: Plenum.

Davis, R., Cook, D., & Cohen, L. (2005). A community resilience approach to reducing ethnic and racial disparities in health. *American Journal of Public Health, 95*, 2168-2173.

Duran, E., Duran, B., Yellow Horse Brave Heart, M., & Yellow Horse-Davis, S. (1998). Healing the American Indian soul wound. In Y. Danieli (Ed.), *International handbook of multigenerational legacies of trauma* (pp. 341-354). New York, NY: Plenum.

Fujiura, G. T., Yamaki, K., & Czechowicz, S. (1998). Disability among ethnic and racial minorities in the United States. *Journal of Disability Policy Studies, 9*, 111-130.

Gordon Rouse, K. A. (1998). Resilience from poverty and stress. *Human Development and Family Life Bulletin, 4*(1). Retrieved from http://www3.uakron.edu/schulze/401/readings/resilience.htm

Grandbois, D. M., Madison-Jacobs, R. C., & Sanders, G. F. (2009). A perspective of American Indian/Alaska Native nurses. In H. Bessent (Ed.), *Monograph: Minority nurses in the new century* (pp. 101-109). W. K. Kellogg Foundation.

Grandbois, D. M., & Sanders, G. F. (2009). The resilience of Native American elders. *Issues in Mental Health Nursing, 30*, 569-580.

Harjo, S. S. (1990). *Racism in the news* [Video]. Nashville, TN: Spectra Communications.

Hobfoll, S. E., Jackson, A., Hobfoll, I., Pierce, C. A., & Young, S. (2002). The impact of communal-mastery versus self-mastery on emotional outcomes during stressful conditions: A prospective study of Native American women. *American Journal of Community Psychology, 30*, 853-871.

Hoge, E. A., Austin, E. D., & Pollack, M. H. (2007). Resilience: Research evidence and conceptual considerations for posttraumatic stress disorder. *Depression and Anxiety, 24*, 139-152.

Holkup, P. A., Salois, E. M., Tripp-Reimer, T., & Weinert, C. (2007). Drawing on wisdom from the past: An elder abuse intervention. *The Gerontologist, 47*, 248-254.

Hwang, W.-C., & Goto, S. (2008). The impact of perceived racial discrimination on the mental health of Asian American and Latino college students. *Cultural Diversity & Ethnic Minority Psychology, 14*, 326-335.

LaDuke, W. (2005). *Recovering the sacred: The power of naming and claiming*. Cambridge, MA: South End Press.

LaFromboise, T. D., Hoyt, D., Oliver, L., & Whitbeck, L. (2006). Family, community, and school influences on resilience among American Indian adolescents in the upper Midwest. *Journal of Community Psychology, 34*, 193-209.

Lester, D. (1999). Native American suicide rates, acculturative stress and traditional integration. *Psychological Reports, 84*, 398.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.

Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford Press.

Lowe, J., & Struthers, R. (2003). Nursing in the Native American Culture and historical trauma. *Issues in Mental Health Nursing, 24*, 257-272.

Merriam, S. B. (1998). *Qualitative research and case study applications in education*. San Francisco, CA: Jossey-Bass.

Mihesuah, D. A. (1996). *American Indians: Stereotypes & realities*. Atlanta, GA: Clarity Press.

Munhall, P. L., (1989). Qualitative designs. In P. J. Brink & M. J. Wood (Eds.), *Advanced design in nursing research* (pp.161-179). Newbury Park, CA: Sage.

National Indian Council on Aging. (1981). *American Indian elderly: A national profile by the National Indian Council on Aging*. Albuquerque, NM: Author.

Parker, J. G., Haldane, S. L. Keltner, B. R. Strickland, C. J., & Tom-Orme, L. (2002). National Alaska Native American Indian Nurses Association: Reducing health disparities within American Indian and Alaska Native populations. *Nursing Outlook, 50*, 16-23.

Robin, R. W., Chester, B., Rasmussen, J. K., Jaranson, J. M., & Goldman, D. (1997). Prevalence, characteristics, and impact of childhood sexual abuse in a Southwestern American Indian Tribe. *Child Abuse & Neglect, 21*, 769-787

Rossman, G. B., & Rallis, S. F. (2003). *Learning in the field: An introduction to qualitative research*. London, England: Sage.

Rutter, M. (1987). Psychosocial resilience and protective factors. *American Journal of Orthopsychiatry, 5*, 316-331.

Sandelowski, M. (1986). The problem of rigor in qualitative research. *Advances in Nursing Science, 8*(3), 27-37.

Smedley, B. D., Stith, A. Y., & Nelson, A. R. (Eds.). (2003). Unequal treatment: Confronting racial and ethnic disparities in health care. Washington, DC: National Academies Press.

Smith, A. (2005). *Conquest: Sexual violence and American Indian genocide*. Cambridge, MA: South End Press.

Strickland, C. J., Walsh, E., & Cooper, M. (2006). Healing fractured families: Parents and elders perspectives on the impact of colonization and youth suicide prevention in a Pacific Northwest American Indian tribe. *Journal of Transcultural Nursing, 17*, 5-12.

Struthers, R. (1993). *Interview with a medicine man*. Unpublished field notes.

Tan, A., Fujioka, Y., & Lucht, N. (1997). Native American stereotypes, TV portrayals, and personal contact. *Journalism & Mass Communication Quarterly, 74*, 265-284

Tinker, G. (2004). *Spirit and resistance: Political theology and American Indian liberation*. Minneapolis, MN: Augsburg Fortress.

Vickers, S. B. (1998). *Native American identities: From stereotype to archetype in art and literature*. Albuquerque: University of New Mexico Press

Walters, K. L. (1999). Urban American Indian identity attitudes and acculturation styles. *Journal of Human Behavior in the Social Environment, 2*, 163-178.