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## Cultural Connectedness And Native American Mental Health

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CULTURAL CONNECTEDNESS AND NATIVE AMERICAN MENTAL HEALTH

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A DISSERTATION

Submitted to the Graduate School of the University of Alabama at Birmingham,  
in partial fulfillment of the requirements for the degree of  
Doctor of Philosophy

BIRMINGHAM, ALABAMA

2024

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# CULTURAL CONNECTEDNESS AND NATIVE AMERICAN MENTAL HEALTH

SHARYN W. HILLIN

## EDUCATIONAL STUDIES IN DIVERSE POPULATIONS

### ABSTRACT

Recent research has indicated a possible connection between the destruction of Native American culture and communities and mental health disparities among Native Americans in the United States. While numerous studies have been conducted among Native Americans in western regions of the United States that establish a relationship between cultural connectedness and mental health resiliency, no such relationship has been investigated in the southeastern region of the United States, particularly within the state of Alabama. Using a blended ethnographic phenomenological methodology, ten Poarch-Creek Indians in Alabama were interviewed to examine their experiences of living away from reservation land, separated from their Native culture and community. This study sought to explore the impact of this separation and the possible relationship between mental health resilience and cultural connectedness.

Through analysis of the data collected, six themes emerged—four having a negative impact on mental health: “Different” Treatment, Walking in Two Worlds, Difficulty in Relationships, Sense of Loss, and two having a positive or protective impact on mental health: Native Beliefs and Connection to Culture. Themes can be organized into a conceptual model depicting the overall impact of historical oppression on mental health, as well as protective factors related to the Native experience and resilience.

Keywords: cultural connectedness, ethnography, oppression, phenomenology, resilience

## DEDICATION

To my two beautiful children, Shelby and David, who are my everything.

## ACKNOWLEDGEMENTS

I would like to thank my children, Shelby and David, for their belief and confidence in my ability to achieve this goal. In addition to being my biggest cheerleaders, they also listened to my complaints and self-doubts and sacrificed our time together many times, but they never complained or wavered in their support. I also want to thank my parents, Fred Washburn and Roberta Alexander Washburn. Although they did not live to see me cross the finish line, they instilled in me a love for learning and the habit of perseverance and never giving up. I hope this would make them proud.

My appreciation for the Native American community in Alabama, specifically the Poarch-Creek Indians, is also immense. Without permission from the Elders, my research would have not been possible. Each and every person I met welcomed me with open arms, sharing the history of the Native culture, countless stories, and amazing experiences without hesitation. I hope this research will also make them proud, and that it will be beneficial to the Native community in the future.

Without guidance and feedback from my dedicated committee chair, Dr. Retta Evans, I could not have completed this dissertation study. Dr. Evans has always been there to coach and encourage and to answer all of my questions, no matter how many I asked. She believed in me and gave me gentle nudges when I needed them, and most of all, she gave me the strength to keep going when it seemed the obstacles were insurmountable. I am grateful to Dr. Jenna LaChenaye and her patience with me as

learned from her guidance as my methodologist. Always there with a positive word, she gave me the confidence I needed when I needed it most. I am also grateful to Dr. Phillip Carr and Dr. Mike Ruyle, who willingly shared their knowledge of Native American culture and their resources with me. I owe great thanks to Dr. Larrell Wilkinson, who joined my committee at the last minute and helped me see it through to the end.

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## CHAPTER 1

### INTRODUCTION AND BACKGROUND

It is well documented throughout scientific and health literature that Native Americans exhibit numerous health disparities when compared to other racial groups in the United States. According to the Centers for Disease Control and Prevention (CDC) in 2020, Native Americans have a lower life expectancy, a lower quality of life, and a higher prevalence of many chronic conditions, including diabetes, cardiovascular disease, cancer, and interpersonal violence (CDC, 2020). Sarche and Spicer (2008) claimed Native American health disparities began 500 years ago with first contact from European colonists and have continued to persist since that time (Sarche & Spicer, 2008). Annie Belcourt (2018) of *The Daily Good* agreed these health disparities have a historical context and argued they are the result of social inequality, historical trauma, and discrimination. Belcourt (2018) stated, “Most American Indians live in chronic poverty, with limited access to health care, adequate housing, quality education, and adequate law enforcement services” (para. 9). She claimed these factors are due to the numerous injustices committed against Native Americans, resulting in many negative health outcomes (Belcourt, 2018). Donald Warne and Siobhan Wescott (2019) concurred with Belcourt’s argument. In an article entitled, “Social Determinants of American Indian Nutritional Health,” Warne and Wescott (2019) stated that Native Americans suffer from a disproportionate number of chronic diseases as a result of unique injustices committed

against this group, including historical trauma, boarding schools, adverse childhood experiences, poverty and food deserts (Warne & Wescott, 2019).

Perhaps the most concerning health disparity relates to mental health. Native Americans exhibit the nation's highest rates of mental illness and death due to suicide compared to other racial and ethnic groups in the United States. According to the U.S. Department of Health and Human Services Office of Minority Health, suicide is the second leading cause of death in Native Americans ages 10-34, and the overall death rate from suicide for the Native American population is about twenty percent higher when compared to the non-Native white population (DHHS, 2019). Belcourt (2018) related this mental health disparity to the trauma caused by long-term systematic injustice. She explained exposure to traumatic events and loss is common for many Native Americans, especially among those living on reservations. This trauma often translates to mental health difficulties beginning in the teen years. Additionally, it may lead to a lower quality of life and a wide variety of poor health outcomes as adults, often resulting in a cycle of substance abuse, violence or mental illness which many Native Americans battle throughout their lives (Belcourt, 2018, paras. 9-10).

One of the most damaging results of the injustices committed against Native Americans was the systematic destruction of their autonomy, religion, cultures and traditions. The Indian Removal Act of 1830 fragmented and separated whole tribes and nations, removing them from their homelands and placing them in strange new lands with little agricultural value. Native American children were forced from their homes, taken from their parents, and placed into boarding schools, where they were forced to speak English and were punished for practicing their traditional cultural and spiritual beliefs

(Colmant, et al., 2004). According to Native Youth Magazine (2019), these practices effectively destroyed most of the oral history surrounding Native Americans, eliminating any chance at a substantive record being kept of their past. With much of their cultural heritage destroyed, many Native Americans completely abandoned their historical roots and assimilated into white society (Native Youth Magazine, 2019). This is particularly true in the southeastern region of the United States, where Native Americans were left fragmented and separated after the Indian Removal Act (Cherokee Historical Association, 2019).

Recent research has indicated a possible connection between the destruction of Native American culture and communities, and mental health disparities among Native Americans in the United States. In the last decade, researchers have begun to study the role of resilience in mental health, and this research has evolved to include the role of culture among various ethnic groups. Specifically, researchers have used the term cultural resilience to “denote the role that culture may play as a resource for resilience in the individual” (Fleming & Ledogar, 2008, p. 9). The most current research indicated possessing a sense of belonging to one’s culture and community positively correlated to an improvement in mental health functioning (Terry, et al., 2018). Having a sense of connection or belonging involves actively participating in community and cultural events, as well as having and maintaining relationships with members of the Native culture and community. However, cultural research in relation to Native American mental health is limited, and most of the research conducted with this population has been confined to reservation-dwelling Native Americans in the western regions of the United States, where the population of Native Americans is higher (U.S. Census Bureau, 2010). Although

academic literature contains a vast amount of research related to the sociological, anthropological, and archeological aspects of Native Americans in the southeastern region of the United States, research related to mental health disparities within this population is extremely sparse, particularly studies exploring the relationship between mental health and cultural connectedness. Due to policies such as the Indian Removal Act, which effectively removed Native Americans from the southeast and fragmented tribes and nations in the area, Native Americans in the southeast may experience an even greater loss of cultural connection, and as such, may be at an increased risk of mental illness and suicidal tendencies, and experience higher levels of hopelessness (Freedenthal & Stiffman, 2004; Johnson & Tomren, 1999; LaFromboise et al., 2010). This study examined the lived experiences of the Poarch Band of Creek Indians in Alabama to explore the possible relationship between mental health resilience and connection to Native culture.

### **Statement of the Problem**

In a recent report published by the Centers for Disease Control and Prevention (CDC) in 2020, it was estimated the Native American population had an overall poorer quality of health when compared to the general population of the United States. The CDC based this statement upon extensive health data, indicating Native Americans experienced significantly higher rates of cancer, diabetes, heart and liver disease, mental illness, unintentional injury and suicide (CDC, 2019). According to CDC statistics (2020), the percentage of Native Americans of all ages in fair or poor health was 13.3%, compared to 9% for the general population and 8.3% for whites (CDC, 2020). Years of



failed government policies have left Native Americans trapped in a cycle of poverty resulting in numerous mental and physical health problems, including mental illness and higher rates of suicide (Warne & Wescott, 2019). The Suicide Prevention Resource Center (SPRC, 2019) published the following report, “In 2017, the age-adjusted rate of suicide among Native Americans/Alaska Natives was 22.15 per 100,000 and among non-Hispanic whites it was 17.83. In contrast, the suicide rate among Asian/Pacific Islanders was 6.75; the rate for Blacks was 6.85; and the rate among Hispanics was 6.89” (SPRC, 2019, para. 3). The SPRC (2019) also claimed among Native Americans and Alaska Natives, suicide rates peaked during adolescence and young adulthood (SPRC, 2019). A report published by the Center for Native American Youth (CNAY) in 2014 corroborated these findings. The report indicated suicide was the second leading cause of death for American Indian youth ages 15-24, and this suicide rate was 2.5% higher than the national rate for teens of other races (CNAY, 2014). This report also demonstrated American Indian youth were more likely to participate in dangerous and risky behavior. Violence, unintentional injuries, homicide and suicide accounted for 75% of deaths in American Indian youth ages 12-20 (CNAY, 2014).

Studies conducted with Native Americans in other regions of the United States indicated connection to tribal culture and community was positively correlated to mental health and resilience and may act as a protective factor against mental illness. Fleming and Ledogar (2008) defined resilience as “positive adaptation despite adversity” (Fleming & Ledogar, 2008, p. 7). The authors described how resilience research has progressed from an initial focus on “the invincible child” to the realization that resilience originates outside of the individual. This recognition led to research regarding resilience factors at

the community and cultural levels. Fleming and Ledogar (2008) concluded, “In addition to the effects that community and culture have on resilience in individuals, there is growing interest in resilience as a feature of entire communities and cultural groups” (Fleming & Ledogar, 2008, p. 11). In a study of Native American youth, Bergstrom, Cleary, and Peacock (2003) studied the role of culture and community as possible protective factors against mental illness and found the most successful students were those who participated in cultural activities and maintained strong positive feelings of belonging to their Native communities (Bergstrom, et al., 2003).

It is critical that the mental health of Native Americans be studied and understood in its unique historical and political context, and that health education specialists seek ways to comprehend and address the underlying social and environmental determinants that have resulted and continue to result in negative health outcomes for the Native American population. Lack of understanding regarding the relationship between a sense of belonging to culture and community and mental health resilience may hinder the prevention of mental illness and suicide among non-reservation dwelling Native Americans in Alabama (Freedenthal & Stiffman, 2004; LaFromboise et al., 2010). As such, research exploring this connection is necessary to guide future intervention strategies and programs, which would improve mental health outcomes in this population. While numerous studies have been conducted among Native Americans in western regions of the United States that establish a relationship between cultural connectedness and mental health resiliency, no such relationship has been investigated in the southeastern region of the United States, particularly within the state of Alabama.

## **Purpose of the Study**

The purpose of this ethno-phenomenological study was to examine the lived experiences of Native American adults (ages 19 years and older), specifically Poarch-Creek Indians who reside in Alabama but have never resided on the Reservation. This study sought to explore the possible relationship between mental health resilience and connection to Native culture. A review of existing literature demonstrates a significant gap regarding the role of cultural connectedness in Native Americans in Alabama relative to mental health resilience. Although studies have been conducted among Native Americans in western regions of the United States, there is a paucity of research in this area among Native Americans in the southeast, particularly in Alabama. In addition, this study also investigated the possibility of cultural connectedness acting as a mental health protective factor, which could reduce rates of mental illness and suicide among Native Americans.

The specific research aims of the study were to explore the perceptions and experiences of Poarch Creek non-Reservation dwelling adults who reside in Alabama to understand their perceptions of connection to their Native culture and to gain a deeper understanding of the complex nature of mental health and resiliency. This study ultimately contributes to the body of Native American health research and enhances future intervention programs, which could improve mental health outcomes in this population.

## **Research Questions**

Two major research questions were explored through this study:

*Research Question #1:* Did Poarch-Creek adults, ages 19 years and older, who never resided on the Reservation in Alabama, perceive there was a sense of community and a connection to their Poarch-Creek Culture?

*Subquestion #1:* If so, did this strengthen perceptions of emotional well-being and contribute to positive mental health outcomes?

*Subquestion #2:* If not, did the lack of connection to culture and community negatively impact Poarch-Creek Indian perceptions of mental health and well-being?

*Research Question #2:* Did perceptions of cultural connection increase feelings of mental health resilience and thus contribute to protective factors among Poarch Creek non-Reservation dwelling adults who reside in Alabama?

## **Theoretical Framework**

Two primary theories were utilized in this research study: Bronfenbrenner's Ecological Systems Theory and Resiliency Theory. Bronfenbrenner's Ecological Systems Theory is based upon a holistic, ecological perspective that provides the foundation for the study. The central theory of this model is human development and behavior should be analyzed through a set of environmental contexts, including the microsystem (individual, immediate and extended family), the mesosystem (relationships among settings through life), the exosystem (communities, neighborhoods), and the macrosystem (social and cultural factors, war, economy, government), and the chronosystem (changes an individual experiences over time) (Addison, 1992). Because it

is necessary to understand personal, familial and cultural values in Native American research, the Ecological Systems Theory was selected as a culturally compatible organizational framework. Resiliency Theory was also utilized as a guiding framework for this study. Specifically, the constructs of the protective factor model of Resiliency Theory were applied to the research. The protective factor model is based upon the theory that there is an interaction between protection and risk factors, creating resilience and reducing the probability of negative outcomes by moderating the effect of exposure to risk (O'Leary, 1998).

In addition, this study was heavily influenced by the work of Catherine Burnette, Lynette Renner, and Charles Figley (2019) who developed the Framework of Historical Oppression, Resilience, and Transcendence (FHORT) to assist in understanding mental health disparities among Native Americans (Burnette et al., 2019). FHORT is a culturally grounded framework used to study depressive symptoms experienced by Native Americans in relation to the core components of historical oppression, resilience and transcendence. Utilizing this framework to study depression in two southeastern Native American tribes, the researchers developed hypotheses that perceived historical oppression and proximal stressors would be positively correlated with depressive symptoms, while family resilience and life satisfaction would be negatively correlated with depressive symptoms (Burnette et al., 2019). The results of the study revealed an empirical connection between historical oppression and Native American mental health, as well as a negative correlation between family resilience and depression (Burnette et al., 2019). Although this study focused primarily on family resilience, it provided crucial

implications for the possible impact of expanding support from the community and culture in order to increase resiliency and improve mental health protective factors.

### **Significance of the Study**

Presently, no research has been conducted with Poarch Creek non-Reservation dwelling adults who reside in Alabama to explore the relationship between mental health resiliency and cultural connectedness. Most studies regarding cultural research with Native Americans have been limited to reservation-dwelling Native Americans in the western and southwestern regions of the United States, where population percentages of Native Americans is significantly higher (U.S. Census Bureau, 2010). Very little resiliency or mental health disparity research has been conducted with Native Americans in the southeastern region of the United States, including the state of Alabama. Currently, this is the first study conducted in Alabama to investigate the possible protective role of cultural connectedness in Native American mental health. This paucity of exploration has resulted in a significant gap in mental health and Native American research literature.

This study is also timely, in that mental illness in the United States, especially among Native Americans, is currently a healthcare crisis. According to the Centers for Disease Control and Prevention (CDC) in 2020, Native Americans have a lower life expectancy, a lower quality of life, and a higher prevalence of many chronic conditions, including mental illness (CDC, 2020). The role of belonging to a culture and community may be a significant factor in improving the mental health of Native Americans, especially in regions such as the southeast where American Indian culture has been

fragmented and Natives have been separated from one another. Therefore, results of this study may provide insight into causes of mental health disparities among Native Americans, as well as strategies that could improve the mental health and well-being of this population.

Finally, this study may have significant relevance and future implications for further research and intervention strategies related to mental health. The results of this study could inspire future related research that would provide further improvement to services and strategies related to Native American mental health. The study could also lead to funding opportunities and financial awards for further research in this area.

## **Methodology**

### **Qualitative Research**

Qualitative research is a research methodology used to explore and understand the meaning individuals or groups of individuals assign to a particular human or social problem (Creswell & Creswell, 2018). The qualitative research process involves obtaining data from participants in their natural setting through questioning, inductively analyzing the data to build themes, and interpreting the data to construct meaning (Creswell & Creswell, 2018). In performing this type of study, the role of the qualitative researcher is to learn through actively engaging with the participants, relying on information from face-to-face interactions and interviews with the aim of understanding a particular phenomenon from the perspective of the participants' personal experiences, perceptions and meanings of their lived experiences.

## **Ethno-Phenomenology**

This study is unique in that it focused not only on the lived experiences of Poarch-Creek Native Americans in Alabama, but also on the cultural patterns and meanings related to Native American society. Therefore, it was determined that a blended ethno-phenomenological research approach would be utilized in the study. Phenomenology seeks to understand individuals' common or shared experiences of a particular phenomenon. The two main components of a phenomenological study are 1) physical experiences of the participants in the study, and 2) personal interpretations of how the experiences made the participants feel, or more specifically, the meanings they associate with these phenomena and how they perceive them. According to Creswell and Creswell (2018), phenomenology is used to understand common experiences in order to develop practices or policies, or to develop a deeper understanding about the features of the phenomenon (Creswell & Creswell, 2018). Because the goal of this study was to understand the common experiences of Poarch Creek Native American adults in Alabama to determine their perceptions regarding cultural connectedness and the relationship to mental health, phenomenology was a critical component in the research approach for this study.

To fully explore and understand the lived experiences of the Poarch-Creek Indians, research must be conducted through an ethnographic lens that includes the unique historical, political and social contexts of Native American culture. Ethnography, which can be traced to late nineteenth-century anthropological research, focuses on human society and culture. According to Merriam and Tisdell (2016), culture refers to the beliefs, attitudes, behavioral patterns and values of a specific group of people



(Merriam & Tisdell, 2016). Ethnographic research involves the intimate study of a cultural group in the natural setting for a period of time to understand the meaning participants make of their lives and to convey this meaning through thick description. Therefore, this study is not a pure ethnography; it utilizes an ethnographic lens for setting a focus on the cultural meaning surrounding a particular event.

Because this understanding is vital to the study with Poarch Creek Native American adults in Alabama, an ethnographic approach to the phenomenological research was also utilized.

### **Interpretive Phenomenological Analysis**

Interpretive Phenomenological Analysis (IPA) methodology was utilized in this study, as this approach allowed the researcher to describe the lived experiences of the participants, as well as interpret the context surrounding these experiences. According to Merriam and Tisdell (2016), interpretive research is the most common type of qualitative research and assumes that reality is “social constructed” (Merriam & Tisdell, 2016). IPA is based on the assumption that there are multiple realities and interpretations of a single event, and that researchers construct knowledge from experiences rather than discover it (Merriam & Tisdell 2016). Because of the many socioeconomic and environmental factors affecting the overall mental health of Native Americans, it was critical that the responses of the participants be understood in their unique historical and political context. To study and understand the participants’ experiences to the greatest extent and to generate rich data for the research, the participants were asked to engage in semi-structured interviews using open-ended questions that allowed the participants to select

and elaborate upon topics that were especially relevant to their experiences. Probes were used to prompt and facilitate deeper discussions and to evoke further perceptions of memories and experiences. Participants were then asked to write or orally give a brief post-interview reflection, allowing for any additional information that may not have been prompted during the interview and providing feedback regarding the interpretation and analysis made by the researcher.

### **Assumptions**

The following assumptions were applied throughout the course of the research study, including data collection, analysis, and reporting procedures:

1. Participants were honest about meeting the criteria for inclusion in the study; therefore, participants met the inclusion criteria.
2. Participants were sincerely interested in participating in the study and had no outside motives.
3. Scales used as frameworks for the study were relevant and accurate.
4. Participants were honest and candid in their interview responses.
5. Participants accurately recalled past events and experiences related to the research study.
6. Participants felt comfortable enough with the interviewer to ask clarifying questions, elaborate on responses, and/or decline to answer.
7. Although the participants had the same criteria for inclusion, one participant's perception of reality may have been different or independent of another participant's perception of reality.

8. The information gained from the study will be beneficial to the Native American and Poarch-Creek community and to mental health providers.

### **Limitations**

The following may be identified as limitations in the study:

1. Responses were dependent upon the accurate recall of participants' memories of experiences and events.
2. The subjectivity of qualitative data may have affected validity and reliability.
3. Unknown factors may have created bias in the participants' responses.
4. The study was limited to adult Poarch-Creek Indians who reside in the in Alabama and did not include perspectives of youth under the age of nineteen or of Native Americans of other tribes.
5. Experiences and perceptions may vary within the adult population. The study included a range of adult over the age of 19, which may have provided significant differences in life experiences.
6. The findings from this study may be relevant only to members of the Poarch Band of Creek Indians, as members of other Native American tribes may have had different experiences.
7. A limitation in time and resources may have influenced the research process, data and results.
8. Because this was a qualitative, ethnographic phenomenological study, the results cannot be generalized or transferred to other populations.

## **Delimitations**

The following delimitations may be present due to the narrow focus of the research study:

1. This study focused on members' of the Poarch Band of Creek Indians experiences and perceptions of cultural connectedness. Because members of other Native American tribes will have had different experiences, their perceptions of cultural connectedness may differ from those of the Poarch Creek Indians. Therefore, this study did not include a comparison to members of other Native American tribes due to the focus of the study.
2. Using instruments to collect quantitative data that could be utilized to further validate the findings of the study were not included in the research because it is an ethnographic phenomenological study.
3. The focus of the research was intentionally narrowed to explore characteristics of resilience and perceptions of cultural connectedness. Although other aspects may have appeared in the data collection, they were ruled out as not being relevant to the study.

## **Operational Definitions**

*Community* – A group of individuals with diverse characteristics linked by social similarities, common perspectives, and engagement in joint activities (MacQueen, McLellan, Metzger, Kegeles, Strauss, Scotti, Blanchard, Trotter, 2001).

*Culture* – The general characteristics of a particular group, which encompass language, religion, social norms and habits, music and food (Zimmerman, 2017).

*Cultural Connectedness* – Refers to the interrelated network of an individual with family, community and environment, specific to the individual's native culture (Mohatt et al., 2011).

*Ethnography* – A qualitative research strategy in which the researcher studies a cultural group in their natural setting over a period of time, collecting data through interviews and observation (Creswell & Creswell, 2018).

*Internalized Oppression* – A phenomenon that occurs when a cultural group is oppressed (the oppressors—those who are dominant or in power—use their power and privilege to maintain status quo) to the point of acting out negative stereotypes, turning upon their own culture with distress patterns resulting from the oppression (David, E. J. R., 2014).

*Interpretive Phenomenological Analysis (IPA)* – A qualitative research approach that focuses on understanding individuals' perceptions, experiences, and how they make sense of major life experiences (Smith, Flowers, & Larkin, 2009).

*Mental Health* – A state of well-being in which an individual understands potential, copes with normal life stressors, works productively, and contributes positively to the community (WHO, 2019).

*Mental Health Disparities* – Inequalities in mental health, behavioral risk factors, environmental exposures, social determinants, and health-care access by sex, race and ethnicity, income, education, disability status and other social characteristics (CDC, 2019).

*Mental Illness* – A condition that affects a person’s thinking, feeling, mood or behavior, which may be occasional or long-lasting (chronic), and which affects relationships and daily life functions (CDC, 2019).

*Native American* – (approximate legal definition) – “The indigenous peoples of all of North America and South America as it relates to the continents being referred to as the New World” (PowWows.com, 2019).

*Non-Reservation Dwelling Native American* – Individuals identifying as Native American who do not live on land designated as tribal or reservation land. This includes Native Americans who live in urban, suburban, and rural areas (Native Hope, 2019).

*Phenomenology* – A qualitative strategy in which the researcher identifies the essence of lived human experiences about a particular phenomenon, as described by the participants in the study (Creswell & Creswell, 2018).

*Positive Mental Health* – A state of well-being that encompasses the physical, mental, and social health of a person and is not limited to the absence of disease (Orpana et al., 2016).

*Protective Factors* – Individual or environmental characteristics, conditions, or behaviors that reduce the possible harmful effects of stressful life events and promote social and emotional well-being. Protective factors also may increase an individual’s ability to avoid risks, hazards, or dangerous behaviors (CDC, 2019).

*Purposeful Sampling* – A non-probabilistic sampling method in which the researcher purposefully chooses participants who best represent the phenomenological area of interest (Creswell & Creswell, 2018).

*Qualitative Research* – A research methodology that focuses on understanding the meaning individuals or groups of individuals assign to a social or human problem.

Qualitative research involves collecting data that relies on the views of participants, analyzing the data to discover themes, and making interpretations of the meaning of the data (Creswell & Creswell, 2018).

*Resilience* – The ability to recover from negative or stressful events; adapting in a positive manner in spite of adversity (Fleming & Ledogar, 2008).

*Saturation* – The point at which the researcher stops collecting qualitative data because new data no longer reveal additional insights (Creswell & Creswell, 2018).

*Settler Colonialism* – The founding of a state based on the ideology of white supremacy, the widespread practice of African slavery, and a policy of genocide and land theft (Dunbar-Ortiz, 2014, p. 2).

*Snowball Sampling* – A form of purposeful sampling in which the researcher begins with a few key participants and asks them to refer other possible participants (Merriam & Tisdell, 2016).

*Well-Being* – A relative state of maximizing one's physical, emotional and social functioning resulting in positive health outcomes (CDC, 2019).

## CHAPTER 2

### LITERATURE REVIEW

Chapter Two begins with an historical overview of Native Americans in the United States, as well as an overview and history of Native American tribes in Alabama, with specific information on the Poarch-Creek Indians of Alabama. Next, the chapter examines the impact of long-term systematic injustices, and the resulting disparities in both physical and mental health. Finally, the chapter explores the concepts of resilience and cultural connectedness, along with how these concepts are related to Native American mental health.

#### **Native Americans in the United States**

##### **Historical Overview**

The history of Native Americans in the United States began thousands of years ago with Paleo-Indian tribes which occupied North America, grouped mainly around the Great Plains and Great Lakes regions of the modern United States of America and Canada, as well as adjacent areas to the west and southwest. Over the course of many thousands of years, the Native Americans migrated further south and west throughout North, Central and South America. In the thousands of years before the arrival and colonization of the Europeans in North America, Native Americans lived in organized societies with their own forms of tribal government, in which they participated in diplomatic, economic, and cultural trade.



According to the National Congress of American Indians (NCAI, 2015), there were seven major historical time periods regarding the influence and intervention of Europeans on Native American life. These time periods were: 1) Colonial Period (1492-1828), during which the colonies acquired Indian land from the Doctrine of Discovery and treated tribal nations as governments; 2) Removal, Reservation and Treaty Period (1828-1887), in which the U.S. government aggressively took Indian land through treaties and pushed Native Americans westward; 3) Allotment and Assimilation Period (1887-1934), during which time the Allotment Act of 1887 was passed resulting in the U.S. government taking two-thirds of reservation land and dividing it into parcels for settlers; 4) Reorganization Period (1934-1945), which began with the Indian Reorganizational Act of 1934 in an effort to restore tribal lands and governments; 5) Termination Period (1945-1968), during which Congress terminated federal recognition and assistance, resulting in the loss of millions of acres of valuable Indian land; 6) Self-Determination Period (1968-2000), in which self-determination and self-governance acts allowed tribal governments to manage many federal programs for Native Americans, and 7) Nation to Nation Period (2000-Present), during which tribal nations became more progressive and effectively utilized federal policy and economic success to become stronger and more independent (NCAI, 2015).

From the 16th through the 19th centuries, (from the time of European colonialism), the population of Native Americans declined dramatically. The National Congress of American Indians estimated that the Native American population declined from somewhere between 1.5-20 million before European contact to less than 250,000 by 1910 (NCAI, 2015). This decline was created by many factors, including epidemic

diseases brought from Europe, violence and warfare with European explorers and other tribes, displacement from land, enslavement and intermarriage. According to an article published by the Public Broadcast System (PBS.org, 2019), the majority of mainstream scholars believed that epidemic disease was “the overwhelming cause of the population decline of the American natives because of their lack of immunity to new diseases brought from Europe” (PBS, 2019, para. 4). As governmental policy and conditions changed, the American Indian population increased once more. In 2010, according to the U.S. Census Bureau, the Native American population was approximately 5.2 million (U.S. Census, 2010). However, the U.S. Department of Health and Human Services (DHHS) estimates the current American Indian population at around 6.8 million and that by the year 2060, the population will have grown to around 10 million (DHHS, 2019).

### **Current Population Demographics**

Currently there are 573 federally recognized American Indian tribes across 35 states and more than 100 state recognized tribes (DHHS, 2019). In addition, there are many other tribes that are not recognized by federal or state governments. Federally recognized tribes receive health and educational assistance through the Indian Health Service (IHS), but there is a rigorous, complex process that must be followed for a tribe to become federally recognized. According to the National Congress of American Indians (NCAI) in 2019, there were 334 federally and state recognized Indian reservations in the United States (NCAI, 2015). American Indian reservation and trust land areas comprise 56 million acres, while Alaska Native corporations and villages control 44 million acres for a total of 100 million acres. Combined, this would make

Indian reservation land the fourth largest state in the United States. The Department of Health and Human Services (2019) estimated 22% of Native Americans live on reservations or other trust land, and 60% live in metropolitan areas, which is the lowest population percentage of any racial group living in metropolitan areas. (DHHS, 2019).

## **Native Americans in Alabama**

### **Historical Overview and Alabama Tribes**

It is estimated the first indigenous people inhabited what is now the state of Alabama as early as 10,000 BC. These inhabitants were of the Paleo-Indian culture and were primarily nomadic hunters. Much later, beginning around 1300 AD, “Mound Builders” and members of the Muscogee Creek Confederacy migrated from Mississippi and settled around the many creeks and rivers of Alabama. According to the Encyclopedia of Alabama (2018), by the time the European explorers and colonists arrived in America, there were many tribal groups residing in the territory now called Alabama, including the Cherokees, Choctaws, Creeks, Chickasaws, Alabama-Coushattas, and Yuchis (Encyclopedia of Alabama, 2018). Colonization in the late 1700s and early 1800s resulted in numerous injustices, as European settlers systematically destroyed Native American tribal communities, killing or relocating the Natives and taking their land. In 1813-1814, the Creek War erupted in Alabama, and the Creeks were defeated at Talladega, Emuckfau, Enotochopco, and finally at Horseshoe Bend of the Tallapoosa River (History of Alabama Indians, 2019). In the 1830s, with the Indian Removal Act, most Native Americans were forcibly removed from Alabama and sent to the new “Indian Territory” west of the Mississippi, along what is known as the Trail of Tears.

At present, there are nine Indian tribes in Alabama. The majority of Native Americans in the state live in cities and urban areas; however, two of the nine tribes in Alabama live on reservations: the MOWA (an acronym representing the geographic location stretching across Mobile and Washington Counties) Band of Choctaw Indians and the Poarch Band of Creek Indians, also known as the “Poarch Creeks.” The Poarch Creek Indians are also the only federally recognized Indian tribe in Alabama. Following is a brief description of each of the nine Indian tribes in Alabama as listed in the “Health Survey of American Indians of Alabama 2008” publication by the Alabama Department of Public Health and the UAB School of Public Health (Parmer, 2008):

The Cher-O-Creek Intra Tribal Indians include seven Cherokee clans and follow a traditional Tribal Government composed of the Principal Chief, Administrative Chief, and the Tribal Council. The Tribal Council includes the Clan Chief, the Vice Clan Chief, Medicine Man, Beloved Woman and the War Chief. The tribe follows many of the Cherokee tribal customs, and each tribal member is issued a number and membership card (Parmer, 2008).

The Cherokee Tribe of Northeast Alabama consists of more than 4,000 members, and is represented on the Alabama Indian Affairs Commission. The tribe was incorporated in 1980 and is dedicated to preserving the culture and history of the Native American people (Parmer, 2008).

The Echota Cherokee Tribe consist of a group of Native Americans who ancestors escaped the Trail of Tears by hiding in backwoods and lowlands of Alabama. This tribe uses the Phoenix as its symbol, as tribal members say they are rising from the ashes of their burned villages to reclaim their heritage (Parmer, 2008).

Machis Lower Creek Indians are descendants of the “Creek Confederacy.” This tribe was able to avoid removal under the Indian Removal Act of 1830 by denying their Indian heritage and blending with the “settlers.” The Native Americans of this tribe are active in historical preservation in Samson, Alabama (Parmer, 2008).

The MOWA Band of Choctaw Indians is one of two Indian tribes in Alabama that is reservation-based. This tribe is composed of Choctaw Indians whose ancestors escaped removal in 1830 by remaining on their marginal lands in far southwest Alabama (near Mobile and the Mississippi state line). The MOWA Band of Choctaw Indians was the first tribal community in Alabama to receive state recognition in 1970. and in 1979 adopted the acronym “MOWA” to represent the geographical location of the reservation in Mobile and Washington Counties (Parmer, 2008).

Early records indicate there were many Shawnee people in towns of Alabama, primarily located around Talladega and Sylacauga. In 2001, the Alabama Indian Affairs Commission recognized the Piqua Sect of Shawnee as an Indian tribe in Alabama (Parmer, 2008).

The Poarch Creek Indians descended from the original Creek Nation, which originally covered most of Alabama and Georgia, and they are the only other Alabama tribe to be reservation-based. The Poarch Creeks were not forcibly removed from their land and have resided around their reservation land near Atmore, Alabama for almost 200 years. The Poarch Band of Creek Indians is the only federally recognized Indian Tribe in Alabama (Parmer, 2008).

The Star Clan of Muscogee Creeks consists of families who reside not only in Alabama, but also in Texas, Louisiana, Florida, Indiana, Tennessee and Georgia. This

tribe takes its name from the Muscogee word “Y’ufala,” which means eagle, and the star, both of which are included in the tribal symbol, and they are based in Pike County, Alabama (Parmer, 2008).

### **The Poarch Band of Creek Indians**

The Poarch Band of Creek Indians is the only surviving community of Creek Indians east of the Mississippi River. According to Paredes (1979), “no other group of contemporary American Indians came nearer social extinction than did the Eastern Creeks,” who are the descendants of “only a dozen or so mixed-blood friendly Creeks who remained in their former homelands” (Paredes, 1979, p. 124). Despite the Indian Removal Act of 1830, many of the Creek Indians of Alabama were not forced to leave. Families who had remained loyal to the United States government during the Creek War, or who had served as scouts or traders along the Federal Road were allowed to remain and were given land grants. The treaty of Fort Jackson of 1815 granted one square mile area of land to each Creek chief and warrior who had remained friendly to the U.S. during the Creek War; however, despite this treaty, most Creeks in Alabama were removed during the 1830s and 1840s. An annual report of the Commissioner of Indian Affairs in 1849 indicated there were only 44 Creeks remaining in Alabama and these remaining Creeks would likely be removed to the west within the next year (U.S. Interior Department, 1960, p. 14). However, the remaining Creek Indians were never removed. A few Creek families who had been granted land tracts remained, including the McGhee and Manac families.

According to the Poarch Creek Indian website (2019), the McGhee land grant in the Poarch area near the Head of Perdido (Headapadea) became the central hub around which other Creek families settled over a period of many years. By 1900, a core of Creek families who lived primarily as farmers had become firmly established in the area and later became a distinct tribe known as the Poarch Creek Indians (PCI, 2019).

With the turn of the century, however, came new challenges. Timber companies began purchasing and unlawfully taking land granted to the Creeks through the Fort Jackson treaty, citing tax default even though these lands were under special status. According to Paredes (1979), the Poarch Creek Indians shifted from being self-sufficient farmers to workers in the timber industry, and then to sharecroppers and agricultural laborers during this time frame, roughly the 1920s - 1940s (Paredes, 1979, p. 131). This time period also marked the beginning of social discrimination and mistreatment by non-native Alabamians. Native Americans were allowed to marry whites, but could not go to school with them. Native American children were bused from all Indian hamlets to attend a consolidated school near the McGhee land grant, which only served students through the sixth grade. A positive outcome from this practice occurred, however, as Native Americans were brought together and solidified as a community, mobilizing them to action. Under the leadership of Calvin McGhee, the Poarch Creek Indians brought a lawsuit against the school board for equal educational rights for their children. In 1950, a new elementary school was built to serve children through sixth grade, and public transportation was provided for older children to attend the junior and senior high schools in nearby white communities (Paredes, 1979).

In 1951, Calvin McGhee was elected as chairman of the council and continued in this role until his death in 1970. He was instrumental in establishing contacts with other Native American groups and reviving traditions such as powwows and costume making. Following this example, many community involvement activities have been established, including the annual Thanksgiving Powwow, established in 1971. The Calvin McGhee Cultural Department, established in honor of his memory, hosts a number of annual events. In addition to the Thanksgiving Powwow, the Cultural Department also hosts the Creek Indian Art Show, Sovereignty Celebration, and Chief Calvin McGhee Day, plus a variety of programs, including the Powwow Club, Poarch Creek Princess, Community Stickball, Native Youth Issue Forums, Elder Recognition, and traditional cultural arts classes. Other efforts to improve opportunities for cultural connection include the Boys and Girls Club, which was the first Native American Boys and Girls Club in Alabama (established 2011), and the development of a recreation facility, consisting of a gymnasium, pool, weight room and vast sports complex for a variety of sports.

Present-day tribal members proudly boast their determination to maintain their identity while also contributing to economic, educational, social and cultural projects of local communities and neighboring towns, most notably the Poarch Creek Museum and the Windcreek Hotel and Casino. Despite this significant progress, however, poverty, health care, and many health disparities continue to plague the Poarch Creek community. Paredes (1979) noted that the Poarch Creek Indians “see themselves as having a history which is quite distinct from most other Indians” (Paredes, 1979, p. 134). Indeed, the special historical circumstances leading to a smaller Native population isolated from



other tribes created unique life experiences and notable perspectives for the Poarch Creek Indians.

## **Systematic Injustice**

### **Settler Colonialism**

To understand the history of the United States from a Native American perspective, it is first necessary to rethink the consensually accepted narrative, including the theories of “Doctrine of Discovery” and “Manifest Destiny.” The underlying beliefs of these theories are that Anglo-American settlers “discovered” Native lands and had an inherent, God-given right to claim and seize these lands. Traditionally, American historians have perpetuated this narrative through various forms of media including school textbooks, providing stories of “encounters” and conflicts between cultures, minimizing the fact that “the very existence of the country is the result of the looting of an entire continent and its resources” (Dunbar-Ortiz, 2014, p. 5).

According to Roxanne Dunbar-Ortiz in her book entitled *An Indigenous Peoples' History of the United States* (2014), the foundation of this historical narrative lies in the concept of settler colonialism, which she defined as “the founding of a state based on the ideology of white supremacy, the widespread practice of African slavery, and a policy of genocide and land theft” (Dunbar-Ortiz, 2014, p. 2). Dunbar Ortiz further claimed that settler colonialism is a genocidal policy meant to destroy a national, ethnical, racial or religious group and institutionalizes violence. She argued for settler colonialism to achieve its expansionist goals, it is necessary to employ force and violence, as people do not readily surrender land, resources and children without fight (Dunbar-Ortiz, 2014).

The long history of systematic injustice against Native Americans cannot be completely understood without acknowledging settler colonialism and the genocidal practices committed against Native Americans. Indeed, the goal of settler colonialism was to eliminate the Indigenous peoples to make land available to white settlers. Historian Jean O'Brien (2010) referred to the practice of "writing" Native Americans out of existence through what she termed "firsting and lasting." The history of the United States is overflowing with tributes, monuments and celebrations of Euro-American "firsts," such as first founders, first schools, and first settlements, while also filling the national narrative with tales of the last Indians, last tribes, and the end of that Native American era (O'Brien, 2010). As a result of settler colonialism, Native civilizations were destroyed, and Native Americans, forced into a colonial relationship with the United States, were displaced to fragmented reservations across the country.

### **Internalized Oppression**

Internalized oppression is a phenomenon closely related to the concept of Settler Colonialism. According to E. J. R. David (2014), internalized oppression occurs when an oppressed cultural group turns upon itself and begins to act out negative stereotypes and distress patterns resulting from the oppression. David used the work of French psychiatrist, Franz Fanon, as a framework for understanding colonialism, oppression and internalized oppression. Fanon (1965) identified four phases of colonialism that lead to oppression and internalized oppression: 1) a foreign group forces entry into a territory with the intent of exploiting its natural resources, including the native inhabitants; 2) the colonizer imposes its culture and disintegrates the native culture; 3) the colonizer portrays

the native inhabitants as savage, uncivilized individuals, whom the colonizer must “nobly” civilize, and 4) the colonizer establishes a society that benefits and maintains the superiority of the colonizer, while simultaneously subjugating the native inhabitants. David argued that years of this subjugation of the oppressed group created by colonialism will eventually result in a general belief of being inferior to the dominant group, leading to negative cognitions, behaviors, and attitudes, which likely contribute to negative mental health outcomes (David, 2014, p. 8-9, 16).

### **History of Systematic Injustice**

Numerous historical events and policies enacted by the U.S. federal government led to the systematic injustice of Native Americans in the U.S, and this injustice has, in turn, negatively impacted Native American culture, socioeconomic status, and mental and physical health and well-being. Years of broken treaties and unfulfilled promises left Native Americans facing enormous social, economical, and health disparities.

The legal foundation for the relationship between the United States and tribal nations was founded in the treaty relationship. According to an article in ThoughtCo (2019), the United States created approximately 800 treaties with tribal nations, refusing to ratify over 400 of them. Of those that were ratified, all of them were violated in some form that resulted in “massive land theft and the subjection of Native Americans to the foreign power of American law” (ThoughtCo, 2019, para. 3). Attempts by Native Americans to seek justice were consistently met with opposition by the U.S. government.

The first treaty between the United States and Native Americans (Lenape-Delaware) occurred in 1778. The purpose of this treaty was to either gain the tribe’s

alliance or ensure their neutrality in the Revolutionary War. This treaty set the foundation for dealing with Native American tribes through formal government-to-government agreements (National Library of Medicine, 2019). In 1789, Congress ratified The Northwest Ordinance of 1787, specifically stating that Native Americans were to be treated with respect and good faith, and additionally clarifying that “their lands and property shall never be taken from them without their consent” (NLM, 2019). However, this ordinance was repeatedly violated, and as settlers pushed into “Indian Territory,” they received military support from the U.S.

These events triggered a long series of treaties and battles over “Indian Territory.” In 1830, the Indian Removal Act was passed, authorizing the president to negotiate treaties and remove the remaining Eastern Native Americans to land west of the Mississippi. This law required the government to utilize peaceful negotiations and to develop fair, voluntary removal treaties; however, President Andrew Jackson and his government routinely violated the law and forced Native Americans to vacate lands they had inhabited for generations. According to History.com (2019), the Choctaw nation was the first to be expelled from their land altogether and were forced to make the journey to Indian territory on foot “some bound in chains and marched double file without food, supplies, or other help from the government” (History.com, 2019, para. 6). Thousands of people died on the journey, and one Choctaw leader told an Alabama newspaper that it was “a trail of tears and death” (History.com, 2019, para. 6).

The Indian-removal continued from 1830 through 1836, and in 1838, approximately 16,000 Cherokee people were forcibly taken from their homes and incarcerated in stockades while their homes were looted. According to the Cherokee

Historical Association (CHA, 2019), the imprisoned Cherokee were then loaded on boats or forced to walk on foot for over a thousand miles to what is now present-day Oklahoma. At least 4,000 Cherokees died along the way from disease, starvation, and environmental factors, and many are buried in unmarked graves along the way. This horrific event in Native American History is now known as the Trail of Tears (CHA, 2019).

The brutality against Native Americans continued, as settlers pushed even further west and again sought to take Indian land and force the Plains Indians onto reservations. During the 1860s through the 1890s, many battles were fought between settlers and Native Americans. In 1862, President Abraham Lincoln ordered the hanging of 38 Dakota men who had taken part in a Native uprising due to broken treaties (Network Advocates for Justice, 2019), and in 1864, the Sand Creek Massacre took place in which 150 Cheyenne and Arapahoe (largely women and children) were killed by the U.S. Cavalry, led by Colonel John Chivington (Shmoop Editorial, 2008). Another strategy used by the U.S. government to force Plains Indians onto reservations was to kill the buffalo. The Sioux, the Kiowa, and Comanche, as well as most tribes of the plains, followed buffalo herds, relying on their skins for clothing and tents, and their meat for food. After the Civil War, President Grant asked General Sherman to command armies in the Great Plains against Native Americans. General Sherman was quoted as saying, “As long as buffalo roam those parts of Nebraska, Indians will go there. I think it would be wise to invite all the sportsmen of England and America there this fall for a Grand Buffalo hunt, and make one grand sweep of them all” (Phippen, 2016, para. 9).

In 1887, the United States government passed the Dawes Act, which divided Indian reservation land into 160-acre parcels that were given to Native American heads of households. The “surplus” land was sold to white settlers, and as a result, Native Americans lost 90 million acres of land—two thirds of their reservation land. According to Network Advocates for Justice (2019), many Native Americans were pressured to sell some of the remaining land to white settlers, and later amendments to the law removing federal recognition of tribal governments completed the destruction of Native tribes (Network Advocates for Justice, 2019).

The government of the United States did not only seek to destroy Native tribal communities and take their land, however. They also sought to destroy the culture, traditions and language of Native Americans by forcing them to abandon their native customs and assimilate into the Western way of life. One major approach to this was mandating that Native American children attend boarding schools. In 1860, the Bureau of Indian Affairs established the first boarding school on the Yakima Indian Reservation in Washington. According to the American Indian Relief Council (AIRC, 2019), the purpose of the boarding school was to use education as a tool to assimilate Native Americans into Western society, which was an important component of the Protestant ideology of the mid-19<sup>th</sup> century. Indian children were taught to read, write and speak only English. In addition, they were taught American values including the importance of owning property, having material wealth, and being part of a monogamous, nuclear family (AIRC, 2019). In 1879, Colonel Richard Henry Pratt opened the most well-known Indian boarding school, the Carlisle Indian School, in Carlisle, Pennsylvania. According to the AIRC (2019), Pratt’s motto was, “Kill the Indian, Save the Man”

(AIRC, 2019). When students arrived at the Carlisle Indian School, they were forced to abandon all outward signs of their cultural identity. The children were given new “white” names including new surnames, and were forbidden to speak their Native languages, even to each other. Some boarding schools rewarded students who spoke only English, while others punished those who did not (AIRC, 2019). Police were allowed to seize children from families who refused to send their children to boarding schools, and according to the AIRC (2019), “it was not until 1978 with the passing of the Indian Child Welfare Act that Native American parents gained the legal right to deny their children’s placement in off-reservation schools” (AIRC, 2019).

For years, the United States government forced their religious beliefs upon Native Americans, with the primary goals of conversion to Christianity and saving the “savages.” In 1883, Congress formally denied Native Americans of their First Amendment right to freedom of religion. The Religious Crimes Code of 1883, developed by Secretary of the Interior Henry Teller, made it illegal for Native Americans to practice their traditional religious ceremonies (Irwin, 1997). In 1892, the Commissioner of Indian Affairs, Thomas J. Morgan, developed a document called “Rules for Indian Courts.” In this document, Native American ceremonial dances and medicinal healing rituals were defined as criminal offenses, punishable by withholding of rations or imprisonment (Irwin, 1997). These laws demonstrate the U.S. government’s systematic attempt to destroy Native American religious practices and customs.

These historical events not only led to systematic injustices of Native Americans but also nearly destroyed their culture, tradition, religion, and autonomy. Today, most of the rich cultural heritage of the Native American is lost. The most damaging U.S. policy

of "Indian Removal" fragmented and separated whole tribes and nations, removing them from their homelands and placing them in strange new lands with little agricultural value. During the past 40 to 50 years, recent laws were enacted in an effort to correct past injustices; however, the profound negative social inequities continue to affect Native American communities.

### **Health Disparities**

Many researchers hypothesize that this continuous racist treatment and systematic injustice has resulted in negative physical and mental health outcomes for Native Americans, as compared to other racial and ethnic groups in the United States. In fact, health data indicates that there are extreme health disparities between Native Americans and other Americans. According to Garrett and Pichette (2011), Native Americans continue to have lower life expectancies and higher rates of premature death due to diabetes, cardiovascular disease, cancer, and interpersonal violence. They also have the nation's highest rates of death due to suicide (Garrett & Pichette, 2011).

According to Annie Belcourt (2018) in an article in *The Daily Good*, these disparities are the result of social inequality, historical trauma, and discrimination. Belcourt stated, "Most American Indians live in chronic poverty, with limited access to health care, adequate housing, quality education, and adequate law enforcement services" (para. 9) and argued that these factors are due to the numerous injustices committed against Native Americans that have resulted in many negative health outcomes (Belcourt, 2018). Belcourt (2018) also discussed the impact of these factors on Native American youth. She explained that early exposure to traumatic events and loss often translates to



mental health difficulties beginning in the teen years and may lead to a lower quality of life and a wide variety of poor health outcomes as adults. These traumatic experiences often result in a cycle of substance abuse or mental illness that many Native Americans battle throughout their lives (Belcourt, 2018). The Suicide Research Prevention Center (2019) published the following report, “In 2017, the age-adjusted rate of suicide among American Indians/Alaska Natives was 22.15 per 100,000 and among non-Hispanic whites it was 17.83. In contrast, the suicide rate among Asian/Pacific Islanders was 6.75; the rate for blacks was 6.85; and the rate among Hispanics was 6.89” (SRPC, 2019). The SRPC (2019) also claimed that among Native Americans and Alaska Natives, suicide rates peaked during adolescence and young adulthood. A report published by the Center for Native American Youth (CNAY) in 2014 corroborated these findings. The report indicated that suicide was the second leading cause of death for American Indian youth ages 15-24, and that this suicide rate was 2.5% the national rate for teens of other races. In addition, violence, unintentional injuries, homicide and suicide accounted for 75% of deaths in American Indian youth ages 12-20 (CNAY, 2014).

It is important to note that systematic health data for Native Americans in Alabama is extremely difficult to obtain. The primary reason for this difficulty is the lack of a uniform health services tracking system that can effectively report the variety of health care systems utilized by Native Americans. For example, according to the Health Survey of American Indians of Alabama (2008), some Native Americans in Alabama received medical treatment from the Indian Health Services’ facilities funded by the federal government. However, these facilities were only available to federally registered tribes and their documented members. Other Native Americans received medical care

from community-based tribal health centers, while still others received services based upon a combination of traditional Native healing practices and modern medicine (Parmer, 2008). In addition, data are often not accurately reported by race from individuals, especially those reporting “more than one race” and not “American Indian only”. For several years, death certificates were misreported according to American Indian/Alaska native race. Rates have since been adjusted in many areas to compensate for these errors. According to the Indian Health Service’s “Trends in Indian Health Report” (2014), negative health outcomes that appear to be on the rise and are predominantly behaviorally based. Deaths related to alcohol, unintentional injuries, homicide and suicide are trending upward, which is a disturbing and alarming trend (IHS, 2014).

Differences in health status, risk factors and lifestyle behaviors vary widely among the nine Native American Tribes in Alabama due to differences in access and resources related to health care. According to the Health Survey of American Indians of Alabama report (2008), the MOWA Band of Choctaw Indians and the Poarch Band of Creek Indians are the only two tribes in Alabama who have health care facilities located on their reservations (Parmer, 2008). Since the Poarch Band Creek Indians are federally recognized, they have a medical facility provided by the Indian Health Services. The MOWA Band Choctaw Indians are the only state recognized tribe to have their own health care facility located on the reservation. Having health care facilities located on the reservation allows these tribes to provide better health care, monitor health trends, and potentially create prevention and intervention strategies based upon their assessment results (Parmer, 2008). The remaining seven state-recognized tribes do not have readily accessible health care, as most of the reservation lands are located in rural areas of

Alabama. In addition, poverty related to the historical systematic injustices against Native Americans has caused additional barriers, including unreliable transportation, lack of health-related education, and little insurance coverage. Therefore, health disparities not only exist between Native Americans and non-Natives in Alabama, but also between each Native American Tribe.

The most current analysis available regarding health status, risk, and behavior is contained in the Health Survey of American Indians of Alabama (2008) and is based upon self-reported information from the Behavioral Risk Factor Surveillance Survey (BRFSS). Other databases from the Centers for Disease Control or the National Institute of Health do not report statistical data for the Native American subgroup in Alabama. Although the Health Survey of American Indians of Alabama (2008) does not contain specific information related to mental health, it does contain data related to behaviors linked to mental illness, such as substance abuse and limited activity due to emotional problems. For example, according to the survey, approximately 25% of the Native American population reported activity limitation due to mental or emotional problems, the majority being female. The Piqua Shawnee tribe ranked highest in this area with 38% of the population reporting activity limitations (Parmer, 2008).

Tobacco use among Alabama Native Americans is around 20%, which is consistent with the national average. However, these rates are higher in the Piqua Shawnee Tribe (29%) and the United Cherokee Tribe (22%). The Ma-Chis Lower Creek Indians have the highest prevalence of smokeless tobacco use at 15%. The majority of both smoking and smokeless tobacco users are male and over the age of 18 (Parmer, 2008).

Regarding alcohol use, almost 20% of Ma-Chis Lower Creek Indians reported drinking more than two drinks per day for males, and more than one drink per day for females. Levels of binge drinking were consistent with the national average (Parmer, 2008).

The small Native American population in Alabama has made data collection extremely difficult; however, health educators and agencies agree that there is a critical need for true statistical data analysis. According to the National Institute of Mental Health, (2017), Native Americans had the highest rate of suicide at 33.6% (NIMH, 2017). The Alabama Department of Public Health (2017) reported that Alabama's suicide rates have been above the national average since 1990, and that suicide rates in Alabama have increased over 45% in the 30 years from 1985 to 2015 (ADPH, 2017). It can be assumed from the high rates of Native American suicide nationally that many of the suicides in Alabama have also been Native American. However, without accurate statistical data, exact rates of mental illness of Alabama Native Americans remain unknown.

## **Resilience**

Resilience research and various forms of resiliency theory were originally developed many years ago during the 1960s and then faded over time. However, in the last decade, resiliency theory has rebounded and is now discussed as a critical protective factor against mental illness. Janet Ledesma (2014) defined resilience as “the ability to bounce back from adversity, frustration, and misfortune” (Ledesma, 2014, p. 1). In her study of resilience, Ledesma (2014) examined various conceptual frameworks and research models of resiliency theory and discussed three main models: the compensatory

model, the challenge model, and the protective factor model. The compensatory model views resilience as a factor that neutralizes exposure to risk. The challenge model suggests a negative event can actually improve the level of resilience and prepare an individual for the next challenge. Finally, the protective factor model implies an interaction between protection and risk, reducing the possibility of a negative outcome and moderating the risk factor, resulting in possible prevention (Ledesma, 2014).

Fleming and Ledogar (2008) also studied the three major research models of resiliency theory and argued that although early work on resilience was centered on the individual, modern resiliency research has focused on the need to discover a model that not only reflects resilience at an individual level, but also on the family, community, and cultural levels (Fleming & Ledogar, 2008). The authors conclude future research should be conducted with Native Americans, especially with youth, to determine why some Native Americans exhibit more characteristics of resilience than others.

Liebenberg, Joubert, and Foucault (2017) conducted an extensive review of resiliency literature and argued there are three broad consensual elements of resilience: 1) individual assets, such as problem-solving skills, competence, and agency; 2) relational resources, which include relationships that are stable, supportive, trusting and nurturing; and 3) contextual resources, including health resources, educational resources, safe housing and cohesive communities (Liebenberg et al., 2017). The researchers further claimed these three elements interact together in various contexts to create the phenomenon of resilience (Liebenberg et al., 2017).

## **Resilience and Native American Mental Health**

Dr. Tawna Sousken (2015), in her research article, “Native American Resilience,” agreed with prior research regarding the interactive elements that create resilience. Sousken further stated resilience is not a static trait, but rather an interactive process between families, communities, and social and cultural environments (Sousken, 2015). She claimed studies of resilience among Native Americans indicated that resilience is a critical component of Native American mental health. She pointed out these studies have yielded several common themes, including a strong sense of identity, a legacy of survival, feeling good about tribal culture, accountability and responsibility, and bridging cultures successfully. Sousken concluded further research is needed to successfully understand the connection between Native American resilience and mental health, and these studies must be conducted within the context of the Native American worldview, which will vary greatly according to tribal diversity (Sousken, 2015).

Ore’, Teufel-Shone, and Chico-Jarillo (2016) corroborated these findings and elaborated further by studying Native American resilience using a life course framework. Ore’ et al., (2016) concluded from their research Native American resilience is a process relative to age and sociocultural context, it is collective and intergenerational, and it is derived from Native American worldviews, values, beliefs, and practices. The researchers also found a positive correlation between resilience and mental health and further claimed resiliency studies could shift the paradigm of Native American mental health research toward the development of asset-based approaches across the life course (Ore’ et al., 2016).

Long considered a pioneer researcher in the field of Native American resilience, Martin Brokenleg (2012), conducted extensive research regarding the connection between resilience and Native American mental health. Brokenleg (2012) developed the Circle of Courage resilience model in 1990 for Native American youth, which is founded upon the central themes of Belonging, Mastery, Independence, and Generosity. In his article, “Transforming Cultural Trauma into Resilience,” Brokenleg (2012) argued resilience is required to achieve positive mental health outcomes, stating resilience is necessary to “live life well,” and it is not a trait that can be taught with “words or posters,” but is a transformative process that must be experienced (Brokenleg, 2012). Brokenleg’s research and work has been utilized as a framework for intervention and research related to mental health and resilience in the Native American population throughout the United States.

For example, Feinstein, Driving-Hawk, and Baartman (2009) utilized the concepts of Brokenleg’s Circle of Courage, along with Bronfenbrenner’s Ecological Systems Theory to further study Native American resilience and mental health. According to the researchers, their findings substantiated previous research indicating individual, environmental and cultural factors interact together in the resiliency process. However, Feinstein et al., (2009) argued although it is optimal when all of Bronfenbrenner’s systems are supportive of the individual, it is not a prerequisite of resilience. The researchers’ findings indicated even partial systematic support to Native Americans resulted in an increase in levels of resilience and positive mental health outcomes (Feinstein et al., 2009).

## **Cultural Connectedness**

It is well documented that historical events and policies regarding the treatment of Native Americans have led to systematic injustices, nearly destroying the cultures and communities of Native Americans, particularly in the southeastern region of the United States. This destruction has resulted in a loss of what researchers call “cultural connectedness.” Cultural Connectedness refers to the interrelated network of an individual with family, community and environment, specific to the individual’s native culture” (Mohatt et al., 2011, p. 445). It is the level of physical, social and emotional interaction with one’s community and culture. Today, cultural identities may vary greatly within the Native American population. There exists a wide continuum of cultural identity, ranging from those who view themselves as “traditional” and live a more traditional culture in their daily lives to those who view themselves as “Indian” or “Native” but do not have much knowledge or experience in traditional cultural practices. Many Native Americans have learned “walk in two worlds,” which means they attempt to observe Native American practices, while also attempting to observe cultural practices of the dominant culture. This is often difficult and presents challenges to Native Americans who may experience emotions ranging from confusion and loss of identity to sadness, grief and depression. This destruction of Native American culture and the resulting loss of cultural connectedness is a contributing factor of mental illness among Native Americans.



## **Cultural Connectedness and Native American Mental Health**

Several researchers have found Native Americans more likely to feel a loss of cultural connectedness and to experience poor mental health outcomes as a result.

LaFromboise, Albright, and Harris (2010) studied Native Americans living in regions of the United States where the Native population is low, and found these individuals experienced a lack of cultural connection, increased levels of mental illness, hopelessness and suicide risk. The researchers further stated findings indicated a significant difference by residence, with Native Americans living in areas with higher percentages of Native populations experiencing fewer feelings of depression and hopelessness compared to those living in areas where the Native population was low (LaFromboise, et al., 2010).

Freedenthal and Stiffman (2004) found similar results when studying suicidal behavior in Native American adolescents. Results of the study demonstrated that although the percentages of suicidal attempts were relatively similar between Native American adolescents living among more heavily populated Native American communities and those who did not, there were no common correlates between the two groups, indicating different mental health factors were present in Native Americans separated from their Native culture and community (Freedenthal & Stiffman, 2004). Therefore, the results of this study indicated a possible relationship between suicidal behavior of Native American youth and being separated from their Native culture.

In a separate study of Native American adolescents, Whitbeck, Walls, Johnson, Morisseau, and McDougall (2009) conducted research regarding the effects of historical and cultural loss on mental health. The results of the study indicated historical and cultural loss stemming from the ethnic cleansing of North American indigenous people

significantly affected about one-fifth of these adolescents' mental health and well-being. Data indicated rates of daily or more thoughts pertaining to loss were similar to and sometimes exceeded those of Native American adults. Additionally, confirmatory factor analysis indicated the measure of perceived historical loss was a separate construct, moderately associated with depressive symptoms (Whitbeck, et al., 2009).

In addition to studies indicating that loss of cultural connectedness is linked to poor mental health outcomes, research also demonstrates the converse to be true. Several studies have demonstrated the presence of cultural connectedness can lead to mental health resilience and positive outcomes. For example, Mohatt, Fok, Burket, Henry, and Allen (2011), conducted a study with Alaska Native youth to explore the relationship between awareness of connectedness (in relation to self, family, community and environment) and positive mental health outcomes. The researchers developed an Awareness of Connectedness Scale as a measurement tool and concluded connectedness is a culturally-based protective factor against substance abuse and mental illness (Mohatt et al., 2011).

Similarly, Goodkind, Hess, Gorman, and Parker (2012), conducted a study with members of the Dine' (Navajo) tribe in the southwest region of the United States to explore effective mental health strategies and interventions. The researchers found that interventions focusing on cultural connectedness were the most beneficial. Goodkind et al., (2012) argued interventions should be intergenerational, if possible, and should include teachings on traditional narratives, beliefs, and practices. The researchers further suggest strategies to "address historical events in culturally-appropriate ways, and facilitate communication and interaction between elders, parents and youth about present

conditions and family dynamics, as well as those of the past” (Goodkind et al., 2012, p. 1034).

Other researchers acknowledge the need for cultural connectedness, specifically through family, friends, and community. For instance, Fitzgerald, Fullerton, Green, Hall, and Penaloza (2017) studied the relationship between positive relationships with adults and suicide attempt resilience in American Indian youth in New Mexico. The researchers were seeking to determine whether cultural connectedness and positive relationships with adults protected against suicide attempts and whether the results differed by gender. Data indicated among girls, positive relationships with adults at home, at school, and in the community resulted in lower rates of suicide, while among boys, only positive relationships with adults at home showed the same results (Fitzgerald et al., 2017). Regardless, a positive correlation between meaningful relationships with adults and healthy emotional well-being was indicated with both groups.

In a similar study, Stumblingbear-Riddle and Romans (2012) explored the role of culture, self-esteem, subjective well-being, and social support in determining which protective factors fostered resilience among urban American Indian adolescents in the south-central region of the United States. The research indicated cultural connectedness in the form of social support from friends was the strongest predictor of positive mental health. The researchers’ conclusions supported prior resilience research that has noted the positive impact of cultural, personal, environmental, and familial factors among Native American adolescents (Stumblingbear-Riddle & Romans, 2012).

Additionally, in recent years efforts have been made to incorporate cultural connectedness into positive intervention strategies with indigenous populations. The

Institute for Culturally Restorative Practices (ICRP) is an organization that works with indigenous populations to address the negative effects of systematic injustice and internalized oppression by utilizing a culturally restorative framework. This framework relies on connection to family, community and culture to promote healing and positive mental health. David (2014) explained that connection to family, community and culture is a “naturally protective network” that creates cultural attachment and combats internalized oppression (David, 2014, p. 50-51).

### **Awareness of Connectedness Scale**

Cultural connectedness is a broad term, with meanings varying according to context and interpretation. Therefore, a specific scale used in prior research was chosen for the purpose of this study to guide the discussion regarding awareness and perception of cultural connectedness among Poarch-Creek Native Americans. The Awareness of Connectedness Scale (Allen, Burket, Fok, Henry & Mohatt, 2011) was utilized as a framework for data collection and for the development of interview questions.

The Awareness of Connectedness Scale (ACS) was created to assess Alaska Natives' levels of connectedness to family, community, and the natural environment (Allen et al., 2011). Twelve indicators in a four-factor model were identified as constructs related to levels of perception regarding community and cultural connectedness (Allen et al., 2011). The researchers developed the ACS to measure the multidimensional construct of awareness of connectedness and based it upon a Native American worldview (Allen et al., 2011). The ACS was initially utilized with youth from the Yu'Pik Alaska Native tribe in southwestern Alaska. Although interpretations of

ACS scores were validated predominantly with only this one Native American cultural group, the researchers believed that the ACS would be generalizable to other Alaska Native and Native American groups, based upon research and literature demonstrating similar world views of other indigenous cultures in the United States (Allen et al., 2011).

In 2019, Heather Peters and Teresa Peterson, along with the Dakota Wicohan community, utilized the Awareness Connectedness Scale in addition to other assessments to develop and validate the “Wicozani Instrument,” a nine-item self-reporting survey intended to measure the overall health and well-being of Native Americans from an Indigenous epistemology (Peters & Peterson, 2019). According to the researchers, the Wicozani Instrument assesses “mental, physical and spiritual health and their importance to an individual’s quality of life” (Peters & Peterson, 2019). In this study, the researchers examined the relationship between the Wicozani Instrument and the Awareness Connectedness Scale and found the subscales strongly correlated with measures from the ACS, indicating strong convergent validity (Peters & Peterson, 2019).

Using the Awareness of Connectedness Scale, along with the Social-Ecological Model, the interview guide was constructed in such a manner that focused on both mental health and perceptions of cultural connectedness when asking Native American adults, ages 19 years and older, who reside in the Atmore/Poarch Community in Alabama to describe their experiences.

## **Summary**

Through a review of the literature, it is evident Native Americans are at an increased risk of mental health issues due to systematic injustices, historical loss, and the

resulting loss of cultural connectedness. This is especially true in the southeastern region of the United States, where the Native American population is lower and there are fewer Native American Reservations. The literature also indicated resilience is an important aspect of positive mental health for Native Americans, and cultural connectedness has been proven to improve resilience and mental health outcomes. To date, research exploring the relationship between cultural connectedness and mental health resilience has primarily been conducted with Native American youth and exclusively in geographic regions more heavily populated with Native Americans. It is apparent that there is a lack of literature regarding the loss of cultural connectedness among Native Americans in Alabama, as well as a lack of research in the area of mental health resilience in Alabama Native Americans.

By examining the lived experiences of Poarch Creek non-Reservation dwelling adults who reside in Alabama, this study adds to existing literature and helps to inform future research and intervention endeavors related to the complexities of Native American mental health. Because there is little research regarding Native Americans in the southeastern region of the United States and particularly, Alabama, this study can bring awareness of Native American issues, as well as bring positive attention to Poarch-Creek Indian tradition and culture.

## CHAPTER 3

### METHODOLOGY

#### **Introduction**

As the previous literature review revealed, there is a paucity of research regarding the loss of cultural connectedness among Native Americans in Alabama, as well as a lack of research in the area of mental health resiliency in Alabama Native Americans.

Although studies have been conducted among Native Americans in western regions of the United States, providing evidence of an increased risk of mental health issues due to systematic injustices, historical loss, and loss of cultural connectedness, similar research among southeastern Native Americans is noticeably absent from the literature.

Therefore, the purpose of this study was to examine the lived experiences of Poarch Creek non-Reservation dwelling adults who reside in Alabama to explore their perceptions of cultural connection and its relationship to mental health and resiliency. In addition, this study also investigated the possibility of cultural connectedness acting as a mental health protective factor, which could reduce rates of mental illness and suicide among Native Americans.

As previously discussed, the following research questions and subquestions were explored through this study:

*Research Question #1:* Did Poarch-Creek adults, ages 19 years and older, who never resided on the Reservation in Alabama, perceive there was a sense of community and a connection to their Poarch-Creek Culture?

*Subquestion #1:* If so, did this strengthen perceptions of emotional well-being and contribute to positive mental health outcomes?

*Subquestion #2:* If not, did the lack of connection to culture and community negatively impact Poarch-Creek Indian perceptions of mental health and well-being?

*Research Question #2:* Did perceptions of cultural connection increase feelings of mental health resilience and thus contribute to protective factors among Poarch Creek non-Reservation dwelling adults who reside in Alabama?

To explore these questions and fully support the intent of the research, a qualitative research methodology was utilized to obtain a deeper understanding of the participants' personal experiences, perceptions and meanings of their lived experiences as members of the Poarch-Creek Tribe in Alabama. More specifically, the research employed a blended ethno-phenomenological research approach, which not only explored the lived experiences of Poarch-Creek Native Americans in Alabama but also the cultural patterns and meanings related to Native American society. While using a phenomenological approach was necessary to understand the common experiences of Poarch Creek Native Americans adults and to determine their perceptions regarding cultural connectedness and the relationship to mental health, it was also imperative the research be conducted through an ethnographic lens that considered the effects of the unique historical, political and social contexts of Native American culture. Because this



perspective was a critical component of the study, an ethno-phenomenological approach was chosen as the most appropriate methodology for the purposes of this research.

## **Research Design**

### **Ethno-Phenomenology**

Although this study was first and foremost phenomenological in nature, the role of culture and its critical influences on the lived experiences of Poarch-Creek Native Americans could not be omitted. Merriam and Tisdell (2016) stated types of qualitative research often overlap, and “there is no single correct way to define or describe a qualitative study” (Merriam & Tisdell, 2016, p. 41). Given that the theoretical framework of the study and the purpose of the study focused on both the phenomenon of Native American experiences as well as the cultural interpretation of these experiences, it was determined that a blended ethno-phenomenological research design would be utilized in the study.

Phenomenological research has its roots in the fields of philosophy and psychology, and addresses questions related to common, everyday human experiences. Sharan Merriam and Associates (2002) claimed although all qualitative research may be considered phenomenological in nature, a phenomenological study is unique in that its focus is on understanding and describing the “essence,” or core meaning, of a phenomenon from those who lived and experienced it (Merriam & Assoc., 2002). To understand the essence of the experience, researchers typically employ the use of a phenomenological interview.

Merriam and Tisdell (2016) described several strategies unique to phenomenological research. Before interviewing participants in the study, it is necessary for the researcher to explore his or her own experiences to become aware of personal assumptions, views and prejudices. This process is called “epoche,” which translates to “refrain from judgment” in Greek (Merriam & Tisdell, 2016, p. 27). These assumptions and biases are then “bracketed,” or temporarily set aside so they do not interrupt or influence the process. In addition to epoche and bracketing, other strategies are also implemented by the researcher including: 1) phenomenological reduction, which is the process of continually returning to the essence to understand the underlying meaning, 2) horizontalization, or arranging all data for review and assigning equal value during initial analysis, and 3) imaginative variation, which is the process of viewing the data from various perspectives (Merriam & Tisdell, 2016).

Phenomenological designs are especially appropriate in studying affective and emotional human experiences. The final product of a phenomenological study is a description of the essence of the phenomenon, representing the structure of an experience and providing an understanding of what it is like for someone to experience the phenomenon. Because a primary goal of this study was to understand the common experiences of Poarch Creek Native Americans to determine their perceptions of cultural connectedness and the relationship to mental health, a phenomenological approach was selected as a primary component of the research design.

As stated earlier, to fully explore and understand the lived experiences of the Poarch-Creek Indians, research must be conducted through an ethnographic lens that includes the unique historical, political and social contexts of Native American culture.

Ethnography, which can be traced to late nineteenth-century anthropological research, focuses on human society and culture and produces a cultural interpretation of the phenomenon. It is based on the assumption that knowledge of all cultures is important, valuable and beneficial. Ethnographic research involves the intimate study of a cultural group in the natural setting for a period of time to understand the meaning participants make of their lives. Margaret LeCompte and Jean Schensul (2010) stated that “ethnography takes the position that human behavior and the ways in which people construct and make meaning of their worlds and their lives are highly variable and locally specific” (LeCompte & Schensul, 2010, p. 1) and further argued that ethnographies are typically focused on a specific aspect or dimension of a community or culture.

According to Hammersley and Atkinson (2019), ethnography was historically treated as the core of anthropological work, and at one time, drew heavily on traveller and missionary accounts of experiences (Hammersley & Atkinson, 2019). Evidence of this practice is found in the first published work regarding the Poarch-Creek Indians. Written and published in 1930 in the *Alabama Historical Quarterly*, an account of the Poarch-Creek Indians was submitted by Dr. Robert C. Macy, a medical doctor, who later became a missionary. In this account, Macy wrote that he was “surprised to hear that there was an Indian settlement anywhere near” his residence in Mobile, Alabama (Macy, 1930, p. 406). Macy’s written account included anthropologist-type components, including Native tradition, culture, and religious practices. Over time, however, anthropologists began conducting their own fieldwork, and the term “ethnography” began to refer to “an integration of first-hand empirical investigation with the comparative or theoretical interpretation of social organization and culture” (Hammersley & Atkinson,

2019, p. 1). In later decades of the twentieth century, ethnography evolved further and began to be incorporated into other qualitative methods, including phenomenology, in the fields of psychology and human geography.

James Spradley (2016) stated, “Ethnography is the work of describing a culture” (p. 3) and further explained the essential goal of ethnography is to understand another way of life from the native point of view, (Spradley, 2016). The word “culture” has been defined in a variety of ways. According to Merriam and Tisdell (2016), culture refers to the beliefs, attitudes, behavioral patterns and values of a specific group of people (Merriam & Tisdell, 2016). However, Spradley (2016) argued that these attitudes, values and behaviors could be defined and interpreted from more than one perspective and proposed the following definition of culture: “Culture refers to the acquired knowledge that people use to interpret experience and generate social behavior” (Spradley, 2016). As a primary goal of this study was to understand experiences from the Poarch-Creek Native American point of view, the definition of culture proposed by Spradley was determined to be the more relevant definition and was utilized as a foundational component of the research. Like phenomenological research, ethnographical research involves interviewing participants from the cultural group to produce a thick, rich description of the phenomenon or cultural experience. Spradley (2016) referred to these participants as “informants,” rather than “subjects.” He claimed that research with subjects focuses on the researcher’s knowledge, hypothesis and interpretation, while research with informants is based on the informants’ knowledge, perceptions, and definitions of concepts. Spradley (2016) concluded that the final question in research with informants should be, “How can I translate the cultural knowledge of my informants

into a cultural description my colleagues will understand?” (Spradley, 2016, p. 30). As the answer to this question is also a primary goal of the study, an ethnographic approach to the phenomenological study was determined to be both appropriate and necessary to gain an understanding of the lived experiences of Poarch Creek Native Americans in Alabama. However, as discussed earlier, the research strategies of this study do not fit the true definition of an ethnography; yet, an ethnographic lens is beneficial for setting a focus on the cultural meaning surrounding a particular event, making this study an ethno-phenomenology.

### **Ensuring Rigor and Validity**

In quantitative research, validity is usually measured by determining whether the research measures what it purports to measure. Generally, quantitative researchers consider internal validity, the degree in which a causal relationship exists between two variables, and external validity, the degree to which the results of the research can be generalized to other settings, individuals and populations. However, qualitative researchers are not interested in the number or distribution of variables; rather, they are focused on understanding how individuals have experienced a particular phenomenon, made meaning of life experiences, or how certain processes were perceived (Merriam & Assoc., 2002). According to Merriam and Tisdell (2016), internal validity in research hinges upon the meaning of reality, and in qualitative research, the assumption is there are multiple, changing realities, and individuals construct their own unique realities (Merriam & Tisdell, 2016). Joseph Maxwell (2013) agreed with this assumption regarding the meaning of reality. He stated, “Validity is relative and must be assessed in

relationship to the purposes and circumstances of the research, rather than being a context-independent property of methods or conclusions (Maxwell, 2013, p. 121). Because human beings are the primary instruments for data collection and analysis, and because interpretations of reality are obtained directly from interviews and observations, internal validity is generally considered a strength of qualitative research. Merriam and Tisdell (2016) argued qualitative researchers are “closer” to reality than if a measurement instrument were placed between the researcher and the participant, and “when rigor is viewed in this manner, internal validity is a definite strength of qualitative research” (Merriam & Tisdell, 2016, pp. 243-244).

There are several strategies for ensuring strength of internal validity in qualitative research, three of which were utilized in this study: respondent validation, peer review, and reflexivity (Merriam & Tisdell, 2016). Respondent validation and confirmation was implemented by asking participants for comments regarding the interpretation of data after the initial findings. This strategy was utilized during the post-interview reflection and during the data analysis phase of the study. Peer review occurred throughout the study, as members of the dissertation committee examined the research data and findings, and provided feedback regarding the plausibility of the results. Finally, reflexivity, the process of continual reflection on the part of the researcher, took place throughout the research process to ensure the researcher was self-aware of her position on the topic being studied, as well as the values and assumptions that might have affected data collection and analysis.

Another area of concern regarding validity in qualitative research is transferability, or the degree to which the findings of a study can be transferred and

applied to other situations. Generalizability has historically been a challenge for qualitative researchers, as many think of the concept in terms of replicating studies in experimental and correlational designs. Although this statistical use of generalizability is not possible in qualitative research designs, it does not mean that it has no use altogether. Merriam and Tisdell (2016) argued there are a number of understandings of generalizability that are relevant to qualitative research. These include thinking of generalizations as “working hypotheses” which reflect situational-specific conditions, using the term “extrapolations” rather than generalizations to discover other applications of the findings, and “reader or user generalizability,” in which the readers of the study determine the extent to which the results could be applied to their context (Merriam & Tisdell, 2016). Regardless of the interpretation of generalizability, the primary strategy that was used to ensure credibility and validity was to provide a thick, rich description of the findings. This included providing enough information and description regarding the topic so that readers can adequately determine whether the findings of the study can be transferred to their situations.

### **Sample and Population**

Participants in this study were Poarch Creek non-Reservation dwelling adults who reside in Alabama. The Poarch-Creeks are the only federally recognized Native American Tribe in the state, allowing them to act as a sovereign nation with their own system of government and bylaws. The reservation is located approximately eight miles northwest of Atmore, Alabama in rural Escambia County, about 57 miles east of Mobile. Unlike most southeastern Native American tribes, the Poarch-Creeks were not forcibly

removed from their tribal lands and have lived together in the general area for almost 200 years.

### **Participant Selection**

According to Merriam and Tisdell (2016), there are two basic types of sampling: probability and nonprobability sampling. Probability sampling allows the researcher to generalize results from the population studied to other situations and groups. Because generalization in a statistical sense is not the goal of qualitative research, nonprobability sampling was selected for this study. Merriam and Tisdell (2016) claimed that nonprobability sampling methods are most logical for qualitative studies “as long as the fieldworker expects mainly to use his data not to answer questions like ‘how much’ or ‘how often’ but to solve qualitative problems, such as discovering what occurs, the implications of what occurs, and the relationships linking occurrences” (Merriam & Tisdell, 2016, p. 96). The most common form of nonprobability sampling, and the one chosen for this study, is purposeful sampling. In qualitative research, purposeful sampling allows the researcher to select participants who will most contribute to the understanding of the phenomenon. Thus, participants for this study were purposefully selected on the basis of meeting the inclusion criteria and the ability to contribute to the understanding of the goals of the study.

To participate in this study, the following inclusion criteria must have been met:

- 1) participants must identify as Poarch-Creek Indians and reside in Alabama, 2) participants must have been considered adult, defined as being age 19 years of age or older, 3) participants must not have resided on the reservation at the time of the study or



at any time in the past. For the purposes of this research, minors (under the age of 19) were excluded from the study, as well as non-Native Americans, Native Americans belonging to tribes other than the Poarch-Creek Tribe, and Poarch-Creek Tribal member residing on the Reservation.

### **Recruitment Procedures**

In addition, a snowball sampling was also initiated to recruit additional participants. After a group of potential participants were identified, a screening process took place to ensure inclusion criteria were met. Individual screenings were provided with each potential participant, and the research process was also fully explained to determine participant interest in the study. Ten participants were selected for the study, and maximum variation was utilized to the extent possible to recruit both male and female participants, as well as those of varying adult ages in order to obtain an understanding of a wide variety of experiences and perceptions.

### **Instrumentation**

The primary instrumentation method to collect data for this study was the utilization of in-depth interviews. Cottrell and McKenzie (2011) stated, “in-depth interviews are used to uncover feelings and attitudes an individual has regarding a specific experience” (Cottrell & McKenzie, 2011, p. 236). In-depth interviews included open-ended questions, ranging from broad and general questions to highly specific ones. Merriam and Tisdell (2016) explained that interviewing is necessary when the researcher is unable to observe behavior, feelings or perceptions (Merriam & Tisdell, 2016).

More specifically, a semi-structured interview format was developed and utilized as the primary instrumentation method, as it allowed the researcher to ask questions that were more flexibly worded, and could be asked in any order. Using a semi-structured interview guide, the researcher guided the conversation by using a list of open-ended questions or issues to be explored. Additionally, because this was an ethnographic phenomenological study, it was also important to incorporate aspects of an ethnographic interview. James Spradley (2016) stated that it is best practice to view ethnographic interviews as “friendly conversations,” in which the interviewer slowly introduces new ideas and elements into the interview. Spradley claimed that introducing new elements too quickly or exclusively asking questions related to ethnographic elements will often feel like an interrogation and cause the participant to close down (Spradley, 2016). The three most important ethnographic elements are: 1) explicit purpose, which is the responsibility the researcher assumes in making the purpose of the interview clear to the participant, 2) ethnographic explanations, which again involves the responsibility of the researcher to consistently provide explanations of the process, and 3) ethnographic questions, which include descriptive, structural, and contrast questions (Spradley, 2016). These three ethnographic elements were incorporated into the semi-structured interview in order to fully address the research questions and goals.

In addition to using the study’s research questions and ethnographic elements in the development of the interview guide, the Awareness of Connectedness Scale (Allen, Burket, Fok, Henry & Mohatt, 2011) was also utilized as a framework for the creation of interview questions. As discussed previously, the Awareness of Connectedness Scale (ACS) was created to assess Alaska Natives’ levels of connectedness to family,

community, and the natural environment (Allen et al., 2011). Twelve indicators in a four-factor model were identified as constructs related to levels of perception regarding community and cultural connectedness (Allen et al., 2011). The researchers developed the ACS to measure the multidimensional construct of awareness of connectedness and based it upon a Native American worldview (Allen et al., 2011).

Elements of this scale, along with elements of the Social-Ecological Model, were incorporated into the interview guide and used to help the researcher formulate meaningful questions.

The final interview guide (Appendix A) was divided into three sections that directly addressed the research questions of this study. Part I, “Connection to Culture and Community,” contained an introduction, as well as questions regarding opportunities for cultural interaction and perceptions of connectedness. Part II, “Life Experiences as Poarch-Creek Indians,” involved questions that addressed the unique lived experiences of Poarch-Creek Indians in Alabama. Finally, Part III, “Protective Factors and Mental Health Resilience,” addressed Native American perceptions of mental health and the possible relationship to perceptions of cultural connectedness. The interview guide contained a total of 20 questions, with some questions also containing prompts to facilitate deeper discussions.

### **Pilot Test of Interview Questions**

Prior to collecting data for this study, one Poarch Creek non-Reservation dwelling adult who resides in Alabama and met the selection criteria for the study was recruited for participation in a pilot test of the interview questions. The pilot test was utilized to

determine feasibility of conducting the interview in the planned manner and amount of time and to ensure clarity and quality of the interview questions (Burns & Grove, 2011). The pilot test also assisted the researcher in detecting any issues with the research methodology that needed to be corrected prior to interviewing the participants in the study. The researcher, along with the dissertation methodologist, reviewed the interview guide and responses from the pilot test to ensure questions were appropriate and adequate to fully address the research goals and questions.

### **Data Collection**

In a qualitative research study, the researcher is viewed as the primary instrument in the data collection process (Merriam & Assoc., 2002). To study and understand the experiences of Poarch-Creek Native Americans to the greatest extent and to generate rich data regarding cultural connectedness and mental health resilience, the researcher purposefully conducted data collection from selected participants to gain multiple perspectives. The researcher followed the same procedure with each participant, first completing informed consent and then asking the same questions from the semi-structured interview guide to all participants. Approximately one hour was allotted for the interview, allowing the researcher to ask open-ended questions, and giving participants adequate time to share and elaborate upon topics that were especially relevant to their experiences. Using probes, the researcher prompted participants to share further details of perceptions and experiences and facilitated deeper discussions. Participants were then be asked to write or orally give a brief post-interview reflection, allowing for any additional information that may not have been prompted during the

interview and providing feedback regarding the interpretation and analysis made by the researcher.

To ensure that all responses and entire interviews were preserved for analysis, the researcher recorded each interview using an audio recorder. In addition to ensuring that all data is saved, another benefit of audio recording is that it allows the researcher to listen and improve his or her interviewing technique. Merriam and Tisdell (2016) stated that the possible drawbacks of audio recording interviews include the potential of an equipment malfunction and the chance of a respondent feeling uneasy about being recorded. However, they further clarified that most respondents become more comfortable during the interview and forget they are being recorded (Merriam & Tisdell, 2016). At the conclusion of the interview process, all interviews were transcribed verbatim from the audiotapes and prepared for analysis.

### **Ethical Considerations**

In qualitative research, the likelihood of an ethical dilemma emerging is increased due the nature of dealing with participants' feelings and the chance of delving into sensitive topics. To ensure ethical factors are considered and implemented in the study, a proposal was prepared and submitted beforehand to the University of Alabama at Birmingham Institutional Review Board for Human Use (IRB). After approval was obtained, the researcher proceeded with the study, ensuring participants understood anonymity will be preserved (no mention of names or identifying factors) and participation was voluntary. Before each interview, the researcher completed informed consent. In case of potential literacy issues, the researcher read the consent form to all

participants and answered any questions. In addition, prior to the interview, the researcher discussed the purpose of the study, all procedures, the potential risks and benefits of participation, costs, voluntary participation or withdrawal, and confidentiality. Although there were no known risks associated with this study, discussions of sensitive topics such as racism and discrimination could have possibly caused some amount of mental distress, and there was a possibility of loss of confidentiality. The researcher explained these ethical considerations and provided participants with the opportunity to withdraw from the program, as well as explained they have the right to withdraw from the interview process at any time without repercussion. The following criteria for removal was utilized during the data collection process, if needed: 1) If a participant appeared upset or uncomfortable or if the participant asked to be removed, removal would take place; 2) If the participant was removed from the interview, he/she was allowed to leave or go to a location where the participant felt comfortable until he/she was ready to leave or return to the interview; and 3) Follow up with the participant would take place to ensure the participant was doing well and felt comfortable with what was said in the interview and there are no concerns. All audiotapes and transcripts were stored in a locked filing cabinet in the researcher's office. No identifying information was included on these items.

### **Data Analysis**

All qualitative data analysis is inductive, although different theoretical approaches influence the method and process. In analyzing the data, the researcher employed Colaizzi's (1978) phenomenological method. According to Creswell and Creswell

(2018), Colaizzi's approach to data analysis includes data reduction, the analysis of specific words and phrases, the identification of themes, and a search for all possible meanings (Creswell & Creswell, 2018). There are seven steps in Colaizzi's (1978) method of analysis, as follows: 1) acquire a sense of original transcripts, 2) develop significant statements, 3) formulate meanings, 4) organize and develop theme clusters, 5) create exhaustive description of phenomena, 6) describe the fundamental structure of phenomena, and 7) perform final validating (Colaizzi, 1978). In moving through this multi-step process, the researcher becomes immersed in the raw data, and new insights emerge.

All interviews from the study, which were transcribed verbatim, were read many times to first gain an overall feeling and understanding. Significant words, phrases and sentences pertaining to cultural connectedness, mental health and well-being, or other emerging themes were identified and coded, and then organized into categories. From these categories, meanings were formulated and clustered into common themes across all interviews. The results were then integrated into a thick, rich description of the phenomenon, incorporating elements of ethnography throughout the analysis.

### **Positionality Statement**

In the spirit of self-reflexivity, I acknowledge my position as a white, non-Native woman with limited Native American experiences. It is likely my background as a non-Native American influenced my interpretations of the data. To avoid speaking for the data, I made a concerted effort to bracket any existing biases or assumptions and utilized member confirmation to ensure my interpretations were accurate.

## **Summary**

This chapter, which focused on the methodology utilized in this ethnographic phenomenological study, provided specific descriptions of the research design, including information regarding validity, participant selection and recruitment, instrumentation, and data collection and analysis. A detailed and specific description of the framework for developing the interview guide was included, as well as a copy of the interview protocol. In addition, procedures for protecting human rights and potential ethical issues were outlined and clarified, and an explanation of utilizing Colaizzi's method of data analysis was provided.



## CHAPTER 4

### RESULTS

#### **Introduction**

The purpose of this study was to examine the lived experiences of Alabama Poarch-Creek Indians to explore the relationship between mental health resilience and connection to Native culture, and to investigate the impact historical oppression and cultural connectedness have upon mental health. According to Denzin and Lincoln (2017), “Qualitative research is endlessly creative and interpretive. The researcher does not just leave the field with mountains of empirical materials and then easily write up his or her findings. Qualitative interpretations are constructed” (p. 26). The researcher must carefully analyze each interview to reach the final product of a rich description, representing the structure of an experience and providing an understanding of what it is like for someone to experience the phenomenon.

In analyzing all of the interview data, the researcher employed Colaizzi’s (1978) phenomenological method. Creswell and Creswell (2018), outlined Colaizzi’s approach to data analysis in seven steps: 1) acquire a sense of original transcripts, 2) develop significant statements, 3) formulate meanings, 4) organize and develop theme clusters, 5) create exhaustive description of phenomena, 6) describe the fundamental structure of phenomena, and 7) perform final validating (Creswell & Creswell, 2018). These steps may be viewed as a cyclical process, followed until saturation of data is complete. In

moving through this multi-step process, the researcher becomes immersed in the raw data, and new insights emerge. Many phenomenological researchers have effectively utilized the Colaizzi method of descriptive data analysis to articulate the lived experiences of specific groups of people. Praveena and Sasikumar (2021), experimented with the use of the Colaizzi method in phenomenological research and concluded “Colaizzi’s strategy was effective in identifying significant themes which eventually helped in the development of a thematic map of experiences assisting in beneficial research outcomes” (Praveena & Sasikumar, 2021).

All interviews from the study, which were transcribed verbatim, were read many times to first gain an overall feeling and understanding. As the researcher analyzed the data, the essential importance of incorporating ethnography through understanding life from the Native point of view was maintained as the constant focus. The question posed by Spradley (2016), “How can I translate the cultural knowledge of my informants into a cultural description my colleagues will understand?” was used as a guide throughout the analysis process (Spradley, 2016, p. 30). Significant words, phrases and sentences pertaining to cultural connectedness, mental health and well-being, and other emerging themes were identified and coded, and then organized into categories. From these categories, meanings were formulated and clustered into common themes across all interviews. Finally, internal validity strategies were utilized in this study through respondent confirmation and peer review. Lastly, reflexivity and continual reflection on the part of the researcher took place throughout the research process to ensure the researcher was self-aware of her position on the topic being studied, as well as the values and assumptions that might have affected data collection and analysis.

## **Participants**

Participants for this study were purposefully selected on the basis of meeting the previously stated inclusion criteria and the ability to contribute to the understanding of the goals of the study. Ten interviewees were ultimately chosen for the study, with maximum variation utilized to include male and female participants, as well as those of varying adult ages to obtain a wide variety of experiences and perceptions. All participants identified as Poarch-Creek Indians (PCI) and resided in Alabama on non-reservation land.

Participant A is a 32-year old male who currently resides near Birmingham, Alabama, although he has lived in other areas throughout the state during his life. Both parents are on the PCI registry, and he has extended family members living on the reservation.

Participant B is a 26-year old male residing in Shelby County, Alabama. His father identifies as PCI, although his mother is not Native American. His father's family resides on the reservation.

Participant C is a 55-year old male currently living in the western area of Alabama, near the Mississippi border. Both parents are on the PCI registry and were born on the reservation; however, they both moved from the reservation as young adults to find work.

Participant D is a 48-year old female, residing in south Alabama. Her parents were also born on the reservation but left as adults. She is currently employed by the Poarch-Creek Reservation but has never lived there.

Participant E is an 88-year old female, living in southwest Alabama with her daughter. Her great-grandparents were part of the Trail of Tears from Alabama and were relocated to Texas. Her parents later returned to Alabama, where she was born and raised.

Participant F is a 61-year old male residing in Shelby County, Alabama. His family members identify as PCI but are not on the registry. Participant F lives on family-owned land that was gifted to them after assisting white Americans during the Civil War.

Participant G is a 55-year old female, who lives in central Alabama. She was born near the PCI reservation, but left as a small child when her parents divorced. Her father is a registered PCI member and resides on the reservation; however, her mother is not Native American.

Participant H is a 33-year old female residing in north Alabama. Her family has not lived on the reservation for several generations. She currently has no relatives living on reservation land and has only visited the PCI reservation a few times.

Participant I is a 71-year old female. She lives near Birmingham, Alabama, and is very active in the Native American community, although she has never lived on the PCI reservation.

Participant J is a 39-year old male who grew up near Tuscaloosa and currently resides in Shelby County, Alabama. His grandparents still reside on the PCI reservation, and he visits frequently.

### **Themes and Sub-Themes**

During analysis of the interviews conducted with the ten participants, six distinct themes emerged: “Different” Treatment, Walking in Two Worlds, Difficulty in

Relationships, Sense of Loss, Native Beliefs, and Connection to Culture. The following sections explore each theme with attention given to emerging sub-themes, as well as illustrative excerpts from participant interviews. Themes and sub-themes are divided into two categories, those participants described as having a negative impact on their mental health, and those that appeared to have a positive impact.

The following table, Table 1, identifies all themes and sub-themes:

Table 1

*Themes and Sub-Themes*

Negative Impact on Mental Health			
“Different” Treatment	Walking in Two Worlds	Difficulties in Relationships	Sense of Loss
Stereotypes	Religion	Familial	Culture
Racism	Confusion	Friendships	Language
Education	Fear/Secrecy	Long-Term Effects	Identity
Positive Impact on Mental Health			
Native Beliefs		Connection to Culture	
Nature		Family	
Medicine		Traditions	
Spirituality		Sense of Pride	

**“Different” Treatment**

An important section of the Conversational Interview Guide prompted the participants to reflect upon their life experiences as Native Americans in Alabama. All of the participants reported a feeling of being treated “differently.” This treatment ranged

from innocent comments or questions from non-Natives to blatant racism and discrimination. Several participants shared being stereotyped by others, especially as children. Participant A discussed questions posed to him in school from classmates when they learned he was Native American:

I remember it was kinda strange when the kids at school found out. They had these weird characterizations in their head about my family and me. Sometimes the other boys would ask me things like “Do you know how to shoot a bow and arrow?” or “Can you build a teepee?” Some of my friends asked me why I cut my hair and said, “Shouldn’t your hair be in long braids or something?”

Similarly, Participant G, whose father is a member of the Poarch-Creek tribe but whose mother is white, reported that others often commented, “You can’t be Indian because your eyes aren’t brown and you don’t have long black braids.”

Other comments were not so innocent. Several of the participants noted there were certain racist words or phrases used around them or toward them. For example, Participant B remembered being called “a product of the Reservation” by some of his neighbors and felt this comment was “almost dehumanizing.” Participant G shared common phrases in her town in reference to Native Americans, “she is just an Indian” or “that is just an Indian thing to do.” Participant J reported men sometimes referred to his mother as “breed.” More often, they called her “squaw,” which he said is a derogatory term the French gave Native American women. He stated he felt shame, anger, and embarrassment whenever this occurred and felt helpless to defend his mother. Participant A described an incident from high school:

I had this one teacher who talked to me about her experiences with Native Americans. I’m not sure if she was trying to relate to me or what, but one day she starts telling me about growing up in Oklahoma. She said, “Oh I know all about Indians because I grew up around them. On Sundays, my family used to go walking and would see all the drunk Indians in the gutter. So I understand.” Then

she looked at me with an expression on her face...something like pity? I don't know what that was about.

For some of the older participants, discrimination in education was extremely prevalent. Participant C was required to go to an "Indian School" through his elementary years, as Native Americans in his area were not allowed to attend white schools until seventh grade. He reflected back to his first day on the bus to the white school:

There were not many of us on the bus, and me being the youngest, the white kids started to call me all kinds of racist names and one boy spit on me. Yeah, I was pretty scared. I thought I was about to get beat up pretty bad, but then some of the older boys stepped in and put a stop to it. After that, it wasn't as bad, but they were never nice.

Participant F did not do well in school, and said "all of the Indian kids were put in a special class by themselves." He stated that he was frequently told he was "not very smart" because he was Native American and it did not matter because he "couldn't go to college anyway." Participant I, who grew up during racial segregation, was told by her parents not to tell anyone she was Native American because she "would be sent to the Black school." She remembered a day when a teacher stopped her in the hallway:

She grabbed my arm, pulled me over to the classroom across the way and said to another teacher, "Look at her eyes...so dark!" I was struck by fear and terrified she had discovered I wasn't white. I thought, "Do they know?" Every day, I was afraid someone would come get me and send me away...make me leave my friends and send me to the Black school.

Many laws in Alabama regarding Native Americans did not change until the 1970s and 1980s. Participant G reported, "We were not allowed to attend white schools until the 1970s. The bus went right by my house but wouldn't pick me up." Participant H also discussed the discriminatory laws that remained on the books well into the 1980s:

Most Alabamians are not aware of the discrimination toward Native Americans in Alabama that persisted long after the 1800s. In the 1980s in Alabama,

intermarriage with a Native American was still illegal, even though it wasn't enforced. Governor Bob Riley was the one who got rid of those old laws.

### **Walking in Two Worlds**

Many of the participants referred to a common metaphor, "walking in two worlds," when describing the struggle of balancing their traditional Native culture with the dominant Western culture of the United States. A common term several of the participants used in discussing this phenomenon was "confusion." Participant A shared:

It was really just very confusing, trying to fit into two different worlds. I went to a football game with friends, and the opposing team had a Native mascot. I pretended it didn't bother me, but it did. It was obvious my friends didn't think anything about it, so I never said anything, but inside I felt like a traitor.

Participant G visited her father and his family on the Reservation every other weekend but lived with her mother in a nearby city the remainder of the time. "It was all so confusing," she said. "I was trying to be Creek every other weekend and white the rest of the time, and I felt I didn't fit in either world." Participant H was told by her parents, "We are Indian, but don't tell anybody." Yet, she visited her grandparents in Tuscaloosa often, who were open about their heritage and encouraged her to be proud of her Native culture. "I was so confused," she said.

Balancing traditional Native spirituality with the dominant Christian culture was another difficulty the participants experienced, as they attempted to walk in two worlds. Participant B, whose father is Poarch-Creek and whose mother is white and Christian, stated that they achieved a balance in their home by mixing both worlds:

We outwardly practiced Christianity and attended a local Lutheran church, but at home it was a little different. We prayed and everything, but when we prayed, we prayed to the Creator, not to God. We didn't reference Heaven or Hell at our house, but we talked about spirits, spirit worlds and other realms where our ancestors who died lived.



Similarly, Participant D stated that she found a way to blend Christianity with Native spirituality. She remarked, “You have to find a balance with it and move forward.” She shared that she primarily practices Christianity, but with a stronger emphasis on nature and health. “You have to take care of your body and our Earth,” she commented. One participant, Participant J, was not able to find a balance that worked for her. She shared her early struggles with trying to find a “satisfying mix” between Christianity and Native spirituality:

I tried really hard to practice Christianity, but it didn’t work for me. I came to a personal conclusion that all religion is man-made. I believe organized religion was designed to manipulate people, and I just don’t believe in it...can’t get my head around it. I’m an extremely spiritual person, but I only practice my Native beliefs...it’s about spirituality, not religion.

One aspect of walking in two worlds varied widely according to the age of the participants. Younger participants expressed a higher level of comfort in sharing their Native American heritage. During his interview, Participant A shared that his ancestors were master basket weavers, and his elementary school invited his grandmother and aunt to visit the school and share their artistry. “Some of the kids thought that was pretty cool,” he said. However, a few of the older participants discussed the difficulty of walking in two worlds due to fear and secrecy. Participant D, whose mother died when she was a child, was temporarily fostered by a white family. “They told me not to tell anyone that I was Indian,” she stated. “They said I needed to pretend to be white...that it would be better and easier for everyone that way.” She later returned to her Poarch-Creek family and was raised by her grandmother. Likewise, Participant G was advised by her mother to deny her Native heritage because it would be “easier” for her. “It was not hard for me to pretend because I don’t have ‘the look.’ With my blonde hair and blue

eyes, no one suspected, but I had the well-known last name so some figured it out.”

Lastly, Participant I expressed the constant fear she experienced from keeping her Native heritage a secret:

Back in those days, segregation was a big deal. You had to silence who you were. I was always afraid someone would find out the truth about me...lived in fear I would be found out. We were forbidden by our parents to tell anyone. Just lived in constant fear, and it was bad, pretty horrible. If I was the reason we all got sent away to a Black school, my parents would never forgive me.

### **Difficulties in Relationships**

Another common theme that emerged through the interview process was a difficulty in creating and maintaining relationships. A few of the participants described this difficulty as being the result of feeling different or not feeling accepted. For example, Participant B described a time in his high school history class when the students were asked to debate the topic of Native mascots being used for sports teams:

It was literally me versus the rest of the class. I mean, these were kids who liked me and you know, were nice to me and all. But they just didn't get it. I tried to present my side of the debate, but they weren't getting it. They just didn't understand what it was like to be me. I felt very hurt, very betrayed, and I thought “How can I be friends with these people? How can they claim to be my friends and feel this way?”

Participant G also shared her troubles in forming relationships. After her parents divorced, she explained that she felt ostracized from the Poarch-Creek side of her family. She said, “I hated my culture and people for many years because of they way they treated me after the divorce. I didn't have any relationships with them, but I didn't fit in with the non-Native kids, either, because they knew I was Indian.” Participant G reported as a result of this, she had difficulties creating positive relationships with friends and family into adulthood.

As previously discussed, the sub-theme of fear and secrecy was also a contributing factor in forming relationships. Three participants, Participants G, H, and I, recalled being afraid to form friendships as children due to the threat of discrimination if they were “found out.” Participant I remembered, “I really didn’t have any friends. I was afraid to make friends...afraid they would find out.”

Lastly, many of the participants shared the long-term effects on relationships their early Native American experiences created. Participant C stated, “It took many years for me to trust anyone. Even now in my 50s, I sometimes struggle with trust and wonder if people are being honest with me.” Participant F, who is a 61-year old male, never married. “It is hard for me to get close to someone,” he said. “Relationships are hard for me. I’m better off alone.” Similarly, Participant I shared she has had difficulties in marital relationships. During her interview, she stated:

I have been married and divorced several times. Lots of that is probably my deal, my fault. It’s a combination of a lack of trust and a feeling that someone is trying to control me...leftover fears, I think from the things I dealt with, growing up as a Poarch-Creek Indian in Alabama.

### **Sense of Loss**

Several of the participants described a sense of sadness, grief, or loss when discussing their Native American heritage, particularly the older participants in the study. Participant C shared the following:

My great-grandfather returned to Alabama. He was the first in my family to come back in 100 years. When he was born, he was designated as the next in line to be chief. All of that was taken away. It was just very sad for him, for all of our family. He still loved Alabama and wanted to come back and be buried here. We honored his wishes.

Participant F also shared the overwhelming feeling of loss as he recalled, “My family lost everything. Their homes, their language, their customs. The government gave us this one plot of land. It’s all we have.” Perhaps the most profound account of loss was the recollection of Participant H, who is an 88-year old female. She is the primary historian for her family, and she still remembered the stories told to her by her parents and grandparents:

My great-grandfather’s last name was Alabama. After him, no more. Our name was taken from us. Each family was made of clans, and each clan was named after an animal. There were 12 clans in Alabama. I know Bear, Daddy Longlegs, Turkey and Beaver. Our clan was the Bobcat, and our village was Cushatta.\* We spoke Choctow and Creek. I cannot speak it, but I understand it. I also understand Seminole. When our clan was forced out of Alabama, we lost everything. We left our village, our homes, our food sources, and medicines, herbs. In Texas, our clan knew nothing and had nothing. My great-grandparents had to learn to adapt and survive. Many in our clan did not survive.

\*At this point in the interview, a follow up question was asked related to the spelling and pronunciation of Cushatta. Participant H stated that the clan’s village was located at modern day Coosada, outside of Montgomery, Alabama.

Participant H reported feeling a loss of identity. She recalled, “Because I had no connection to my past and my culture, I felt I didn’t know who I was. As an adult, I have connected with other Poarch-Creeks in Alabama and learned about my ancestry.”

Similarly, Participant I expressed a loss of identity, and a “constant urge to seek out” who she was. She shared, “I initially connected with some Native Americans up north [in Alabama], who I later learned were part of my bloodline, part of my clan. It took years to find them, and I lost out on so many years of knowing my family.” Participant G also expressed regret over the many “lost years” with family:

I had so much anger and confusion over how I was treated after my parents’ divorce. I felt ostracized by the Poarch-Creek community and wanted nothing to do with them. All this caused so much stress, anxiety and depression in my life. In my 40s, after lots of therapy, I was able to forgive. I wanted to reconnect with

my family, my culture, my roots. In recent years, I have made an attempt to connect, and it's been good. I feel sad about all of the years that were lost, all of the experiences...lost.

### **Native Beliefs**

Many of the participants in the study revealed a connection to Native beliefs, which were either passed down to them through family stories and traditions, or discovered as the participants sought out their Native history and ancestry. As the participants discussed their connection to these beliefs, they also shared how these beliefs give them strength in difficult times and a deeper understanding of the meaning and purpose of life. Most of the discussion of Native beliefs fell into three areas: nature, medicine, and spirituality.

### ***Nature***

Several of the participants expressed feelings of a bond or connection with nature and earth. Some of the participants mentioned being taught by their older relatives to respect the land and its resources, while one of the participants believed the feeling of connection to nature was genetic, passed down by his Native ancestors. Participant A recalled, "I was always taught by my family to respect our earth. This land is 'ours,' not mine. You cannot truly own it, and it was never meant to be owned...it was always meant to be shared." Similarly, Participant B reflected on the lessons he learned from his parents:

My parents taught me to respect nature. If we take care of our earth, it will always take care of us. If we abuse it, we will pay a price for it. You must have almost a healthy fear...we do not rule nature, but it can rule us if we are not careful. If you look at places where people have abused the land, they are experiencing negative consequences.

Participant E also spoke of the need to care for our land and treat it with the utmost respect. She shared her beliefs regarding the importance of a relationship and connection to the earth:

We come from the earth and return to the earth. This land will take care of us. It teaches us many lessons and provides for us. All that we need is here. Food, clothing, our herbs for medicines and teas...there is nothing we need that the land cannot provide to us. That is why we must take good care of it.

Participant F shared that he firmly believed his connection to the land was an inherited trait from his Poarch-Creek ancestors. He stated, “It is in my DNA to be one with the land. I often sleep outside under the stars and think of the elders before me. I thank them for caring for the land. If I have nothing by this [gesturing toward the land], I have all that I need.”

### ***Medicine***

One interesting sub-theme that appeared through the interview discussions of Native beliefs was that of medicinal practices and beliefs. Most of the participants who mentioned medicine spoke in general terms, relating modern practices to traditional beliefs. For example, Participant C mentioned balancing health with other aspects of life. She stated, “You have to have a healthy balance, have to be in harmony with your body and nature. You should try to take care of your body through natural ways.” Participant E agreed that natural medicine is best for the body. She said, “I do not take pills and medicines. I am 88 years old and have only used the herbs and plants the earth provides.”

Participant F described using a combination of modern medicine and traditional practices:

I don't go to the doctor unless I really have to and can't get well on my own. Mostly, I like to use the medicinal resources my ancestors used. I have found that natural remedies can cure almost anything. Also, if I eat mostly what I grow on my land, I don't feel I get sick so much. I don't eat all those preservatives and such. Now there are times when I have to see a doctor, and I will if I need to. But I prefer to use my own cures.

Two of the participants, Participant B and Participant I, went into great detail about their medicinal beliefs and practices. Participant B stated that his family believes in the "medicine wheel," which he described as "focusing on the whole person." He explained:

In my family, we were taught the practices of the medicine wheel, which is a traditional system used by medicine men as sort of a guide. Basically, there are four directions within a circle, and each direction represents something. Some wheels are different according to your tribe, but our wheel has four...what we call dimensions of health and healing. You have stages of life...and some call these seasons, elements of self like spiritual, emotional, physical, elements of nature, and then your natural medicines, like tobacco and sage. These all work together for the health of the whole person, physically and mentally. We believe when these things are in harmony, you will have good health. Whenever I am not feeling well, I go back to the medicine wheel to find what is out of balance...where am I not in harmony. That is where I find answers to good health, good treatment for my body. It just goes back to nature.

Participant I also described her medicinal beliefs in great detail. She explained how she and several other Porch-Creek members became affiliated with what she referred to as a "secret medicine society" called the Midewiwin. During the interview, she shared the following:

We researched and learned about the Midewiwin Medical Society or MMS. You have to ask to be a part of it, and they allowed us in after an initiation process. We went up to Minnesota and learned from the healers. They say it is a secret medicine society, but it's not really. It's just that the practices have remained somewhat of a secret for many generations. In Midewiwin, we practice sacred healing practices that are also tied to spirituality. It's really about being one with

nature and using the resources Mother Nature provides for us. I don't believe in modern medicine anymore. I have complete belief in the Midewiwin.

### *Spirituality*

As discussed previously under the theme of “walking in two worlds,” many of the participants described blending religion with their Native spiritual beliefs. For instance, Participant A explained prayer in his Christian home was directed toward “the Creator” instead of God, and Participant D described a similar blend of Christianity and traditional Native spirituality. While one participant, Participant J stated she did not believe in organized religion and solely practiced Native spiritual beliefs, three of the other participants, Participants A, C, and F shared they did not practice any sort of religious or spiritual practices at all, citing conflicting information caused them to experience a “disbelief” in a higher power. Participant F explained:

My parents were Christians, and my grandparents practiced spiritual beliefs. Both said the others had it wrong. There was always a conflict between them in this area, where each tried to convince the other they were right. They never came to any sort of middle ground, compromise. I wondered what type of God or Creator would allow the things to happen that we went through, you know. I wondered why believe in something or someone that never protected us...I guess, I don't know. It didn't seem logical. So, I don't really believe in or practice either one.

Lastly, one participant, Participant I, explained her deep spiritual beliefs grounded in Native practice. In great detail, she shared an extremely personal spiritual experience:

My son was killed in a terrible accident. I was in shock, grieving. On the first night after my son's death, I slept outside. When someone dies, the first night is when they go on their spirit journey to the other side...to the spirit world. So, on the night of my son's spirit journey, I slept outside by the barn with the horses. My best friend was with me. During the night, I visited the spirit world with my son. I saw all my relatives who have already passed on and are there now. My friend told me I sang songs and spoke in another language, but I don't remember it. The next morning she said, “I didn't know you spoke your native language.” This was the first time I visited the spirit world, but I have been there many other times now. You don't have to die to go there. Because of my beliefs, I have



comfort, knowing where my son is and knowing I will go be with him one day. I am not afraid of death...it is just passing on to a different realm.

Participant I continued explaining her spiritual beliefs, as she spoke of the Holy Man who performed her son's passage ceremony, and who has taken her on many spiritual journeys:

The Holy Man performed a beautiful ceremony for my son. He spoke of nature and the world around us being our spiritual home. During the ceremony, he asked, "Where is your church?" He lifted his hands and gestured all around us. Then he asked, "Why would I build spirit out of dead wood?" The Holy Man has since taken me on several journeys to the spirit world. On one of my visits, I learned my spirit name. Your spirit name is who you really are, not your colonial name. In the spirit world, I learned where my name came from and its meaning, "all music and sounds from the sky."

### **Connection to Culture**

Despite never having lived on reservation land in Alabama, all ten Poarch-Creek participants reported having a current connection to their Native culture. These experiences vary widely, as some participants reported always having this connection, while others did not. The level of participant experience also varies. Some participants have little connection to family, cultural events, and historical experiences, while others are extremely involved. However, each one expressed positive effects from being connected to their culture and community, and related the benefits to their mental health and well-being.

Participant A described his connection to his Native culture as having a positive impact on his life. He explained that his father was the first in his family to leave the reservation; however, all of his extended family still resided there. He shared, "We visited the reservation often, almost every weekend when I was a kid. I played with all of my cousins and visited my grandparents, aunts, and uncles." Participant A stated he was

proud of his heritage and enjoyed sharing his family's history and skills. "My family are master basket weavers, and they still make and sell baskets to the community." Finally, he shared the positive effects of having this connection as he navigated the difficulties of walking in two worlds. "Throughout my childhood, when I felt that no one at school understood or cared, I knew my family did. Having that knowledge carried me through."

Participant B, whose father is PCI and whose mother is white, shared similar feelings:

My dad's relatives live on the reservation, and we always visited them often. As an adult, I became involved with the American Indian Coalition in Montgomery. We help kids to be more involved in cultural traditions like Pow Wows and traditional, annual events. We also create opportunities for them to interact with members of their tribe and the elders. We have found that kids who are connected to these activities are more resilient and have stronger mental health.

Participant B also mentioned an aspect of connection to family that none of the other participants discussed. He shared a common Native practice: as family members age and are no longer able to care for themselves, they typically move in with other family members for the remainder of their lives. Participant B referred to this as having a "communal orientation."

When my grandparents got older, they moved in with us. This is the Native way of life, and we call it having a communal orientation or outlook. I believe this has a major positive affect on mental health for the entire family. I had the opportunity to spend time with my extended family...learn from them, hear their stories. And they got to spend their last years with family, watching their grandchildren grow. It made them happy, and I think it's so much better than putting your loved ones in a nursing home. Native families come together to help each other. They take turns caring for the elderly and the sick. The elders in our culture are respected, so it's kind of looked down upon, I guess you'd say, to not take in your older relatives.

Participant C, whose parents moved from the reservation as young adults, reported always having strong ties to his Poarch-Creek heritage. Although he did not

grow up on the reservation, he visited his family there regularly. He recalled, “When I was young and experiencing the bullying and racism from other kids because I was Indian, I always knew my brothers and cousins had my back. I didn’t care too much if those kids didn’t like me because I had my family.” As an adult, he has continued to visit the reservation, although not as often. Participant C stated that he always attends the Pow Wows in Atmore and other places around the state, and he also brings his children and grandchildren, who participate in the traditional dances. “Here we are in our tribal wear,” he said proudly, “as he shared pictures of his family at the summer Pow Wow.

Participant D’s parents also left the reservation as young adults, looking for jobs and better education. She has always remained in close contact with her relatives on the reservation and learned many Native skills there, including the art of sewing Native American traditional clothing and headdresses. During the interview, Participant D excitedly reported that she had been asked by the Poarch-Creek reservation to teach classes on creating regalia, the term for traditional clothing. She explained, “I am so excited to be able to pass on this skill that was taught to me by my mother and grandmother because I do not want the art to die.” She showed off a headdress she made of deer hair and porcupine quills and also shared many pictures of her beautiful creations being worn by Poarch-Creek Indians during a Pow Wow.

During the interview, Participant E shared her pride in and commitment to her Native culture. At age 88, she does not participate in cultural events as often as she did when she was younger; however, she still attends an occasional Pow Wow and stated her grandchildren and great-grandchildren are active participants in the dance troops at cultural events. She explained, “I have done my best to pass on my father’s stories, our

language and our traditions. I am proud of our family and our clan because we survived. We are here for each other.”

Similarly, Participant F claimed he “would be nothing and would have nothing” if it were not for his family and tribal support. He explained:

Our family lost everything when they forced the Indians out and never really recovered. My ancestors hid in Alabama. They never left, but they lost the tribal land and just tried to fit it. It was always hard to find good work and get a good education. We just survived. But if we didn’t have each other, we wouldn’t have made it, and without the support from the reservation, we wouldn’t have our family land. At the end of the day, it’s all good, and I’m happy to be here.

Participant G lost her connection to the reservation and her Native heritage until late in her adult life, but acknowledged she did not find “emotional peace” until she reconnected with the Poarch-Creek community and her family. “I was an unhappy person,” she said. “I struggled with depression and anger towards my father’s family, and I never felt at home in my own body until I returned to the reservation.” She further explained that reconnecting with her Native roots began the healing process for her and has enabled her to finally discover happiness and peace. Since her reconnection, she has remained involved in cultural and community events on the reservation.

Although Participant H reported little interaction with the Poarch-Creek reservation community, she has still connected with other PCIs in Alabama. As discussed previously, Participant H shared she struggled with anxiety and depression throughout her life and had difficulties discovering her identity:

Finding others like me is what saved me. I never felt I belonged anywhere with anyone until I connected with other Poarch-Creeks, initially on social media, and then eventually in person. We get together face to face at least once a month as a group, but I have made lifelong friends in the group that I see often and talk to daily. We occasionally attend state Native events. I finally feel like I belong. Like I have a place and a purpose in this life.

Participant I is extremely involved in the Poarch-Creek community and the Native way of life, in general. Early in life, she had no connection and struggled to find her identity. Once she discovered members of her family and clan, she claimed it was “life changing.” She shared there exists a spiritual connection that is in a “different dimension,” providing this example:

When I initially met members of my family and clan, one of the elders in the clan said, “We knew you were coming before you came.” I finally discovered my ancestry, and along with it, the beliefs, customs, traditions...everything that is part of me...and it suddenly all made sense. All my earlier grief in life was gone, and now I have a deep understanding of life and what it means, who I am.

Finally, Participant J has close connections to the Poarch-Creek reservation. His grandparents were born on reservation land and still reside there. Participant J reported he and his family visited the reservation at least once a month when he was a child, and he still visits his grandparents and other family members there regularly. During the interview, he shared his feelings regarding the reservation and family connection:

I feel very blessed that I have always had a deep connection to my Native roots and to my Poarch-Creek ancestors. I’ve always had a sense of purpose and knowledge of my personal history. It’s given me great pride in who I am. I didn’t grow up during a time where I was discriminated against...my friends either thought it was pretty cool or didn’t care, but my parents and grandparents, they grew up in a different time when it was hard. They fought for what we have today and built a foundation that made it easy for me. I’m blessed and grateful.

### **Summary**

The purpose of this chapter was to present the research findings of this study. During the analysis of the interviews, observation notes, and documents from research conducted using the conversational interview guide, the following distinct themes emerged: “Different” Treatment, Walking in Two Worlds, Difficulty in Relationships, Sense of Loss, Native Beliefs, and Connection to Culture. The findings for this study

were reported through a narrative description of themes and sub-themes, using the unedited voices of the participants to provide the reader with insight into the Native American experience. While there were variations in the participants' individual experiences, all participants reported experiencing life events having a negative impact on their mental health. These events were discussed under the themes of "Different" Treatment, Walking in Two Worlds, Difficulty in Relationships, and Sense of Loss. However, all participants also shared positive life experiences through Native Beliefs and Connection to Culture, which according to the participants' accounts had beneficial effects on their mental health and overall well-being.

## CHAPTER 5

### DISCUSSION

The purpose of this ethnographic phenomenological study was to examine the lived experiences of Native American adults in Alabama to determine the possible relationship between mental health resilience and cultural connectedness. Although studies were previously conducted among Native Americans in western regions of the United States, little research had been conducted in the southeastern region of the United States, particularly within the state of Alabama, to investigate a relationship between mental health and cultural connection. In addition, this study investigated the possibility of cultural connectedness acting as a mental health protective factor, which could reduce rates of mental illness and suicide among Native Americans.

Understanding the relationship between mental health resilience and cultural connectedness will not only contribute to the body of Native American health research, but will also enhance future intervention strategies and programs that could improve mental health outcomes in this population. More specifically, the researcher sought to answer two central questions and two subquestions (SQ): (Central Question 1) Did Poarch-Creek adults, ages 19 years and older, who never resided on the Reservation in Alabama, perceive there was a sense of community and a connection to their Poarch-Creek Culture?; (SQ1) If so, did this strengthen perceptions of emotional well-being and contribute to positive mental health outcomes?; (SQ2) If not, did the lack of connection

to culture and community negatively impact Poarch-Creek Indian perceptions of mental health and well-being?; (Central Question 2) Did perceptions of cultural connection increase feelings of mental health resilience and thus contribute to protective factors among Poarch Creek non-Reservation dwelling adults who reside in Alabama?

To address these questions, ten participants were purposefully selected on the basis of meeting specific criteria and the ability to contribute to the understanding of the goals of the study. All ten participants identified as Poarch-Creek Indians and resided in Alabama. None of them, neither currently nor previously, had resided on the Reservation. The ten participants were ultimately chosen for the study, with maximum variation utilized to include male and female participants, as well as those of varying adult ages to obtain a wide variety of experiences and perceptions. All participants identified as Poarch-Creek Indians (PCI) and resided in Alabama. Analyses of these interviews revealed that while there were some slight variations in participants' specific experiences as a Poarch-Creek Indian in Alabama, each of these 10 participants seemed to view their individual experiences in similar ways. Chapter Five is comprised of a summary of the study's major findings, answers to the research questions, limitations of the study, implications and recommendations for future research, and overall significance of the study.

### **Summary of Major Findings**

Through analysis of the data collected, six themes emerged—four having a negative impact on mental health: “Different” Treatment, Walking in Two Worlds, Difficulty in Relationships, Sense of Loss, and two having a positive or protective impact



on mental health: Native Beliefs and Connection to Culture. All participants reported a feeling of being treated in a different manner or of being perceived as being atypical when compared to mainstream society. Although this was a common perception reported by all participants, younger participants generally believed the treatment was “innocent” due to lack of knowledge, while older participants categorized it as “racist” and intentional. Additionally, all participants discussed the difficulties of “walking in two worlds,” or attempting to find a place of belonging in society. Participants reported a feeling of confusion, as they received mixed messages from their families, Native American community, and mainstream society. All of the participants discussed an emotional struggle of attempting to be part of two different worlds and not completely finding their places in either one.

The majority of participants reported numerous difficulties in relationships, and believed this was a direct result of the mental stress and negative experiences of being Native American. Most of the participants described a lack of trust and inability to form friendships as a result of their Native experiences, while others also acknowledged difficulties with partners and spouses, as well as with immediate and extended family members. Additionally, most of the participants, especially the older participants, expressed a profound sense of loss surrounding their Native experiences. During the interview process, many participants discussed the feelings of sadness and grief associated with the loss of their native culture, language, and traditions. It was interesting to note that none of the participants discussed the actual loss of life that occurred as part of the Indian Removal Act and subsequent systematic injustices.

Through further analysis, the data revealed themes having a positive impact on Native American mental health. Participants discussed a strong connection to Native beliefs, explaining these beliefs give them strength during difficult times and help them have a deeper understanding in the meaning and purpose of life. The majority of participants maintained a connection to beliefs related to nature, medicine, and spirituality, and reported this connection having a positive impact on their mental and physical health and well-being. Lastly, the theme of connection to Native culture in general emerged as a strong theme related to positive mental health outcomes. Although the extent of connection to culture and community varied widely among the participants, all reported experiencing positive effects from being connected to their culture and community, and related the benefits to an improvement in emotional, mental, and overall physical health outcomes.

### **Research Questions Answered**

The findings of this ethnographic phenomenological study on cultural connectedness and Native American mental health provided answers to the research questions proposed at the onset of this research.

- 1) Did Poarch-Creek adults, ages 19 years and older, who never resided on the Reservation in Alabama, perceive there was a sense of community and a connection to their Poarch-Creek Culture?

The findings revealed that although all of the participants perceived a sense of connection to their Poarch-Creek culture and community, the extent of the connection varied by amount of experience with the community, duration of the experience, and the

time in the participants' lives the connection took place. Almost all of those interviewed experienced a disconnection from their Poarch-Creek roots at some points in their lives. For some, the choice was intentional, leaving the reservation community and family behind as they sought more opportunities in urban locations. For others, the disconnection was a result of divorce, family or cultural dispute, or even advice from parents. However, in all cases, the participants returned to the Poarch-Creek community, seeking reconnection to their culture, traditions and Native families. This finding was in alignment with other findings in existing research, indicating cultural connectedness in the Native American community is often broken and re-established. In an article published by Native Hope (2023), the authors describe a current trend of Native Americans' return to their traditional beliefs and reconnecting with their culture:

This generation of parents is turning back to the wisdom and customs of the traditional way of life and finding power in the old ways of doing things. They are realizing that their children need a sense of pride, honor and positive identity associated with being Native American in order to avoid the dangers of depression, addiction and suicide. Part of this comes from knowing more about ancestry and heritage (Native Hope, 2023).

Additionally, Daniel Henryk Rasolt of the Resilience Institute (2020) explained over several generations, a variety of factors weakened the cultural structures and connections of Native Americans; however, it is common for Native Americans to seek out their origins at some point during their lives to create a reconnection and achieve a balance between their two worlds (Rasolt, 2020). This practice was evident from the interview research data with all participants.

- 2) If so, did this strengthen perceptions of emotional well-being and contribute to positive mental health outcomes?

The findings for this subquestion affirmed that participants did experience positive emotional and mental health benefits as a result of feeling connected to the Poarch-Creek community and culture. Several of the participants shared stories of personal hardship and claimed the connection to their ancestral roots and tribal community gave them the strength needed to survive the difficult times. Other participants described discovering a comfortable place through finding a connection to their culture, which also fostered a sense of pride in their history and a feeling of belonging. All of the participants described difficulties in finding their identities in various ways throughout their lives, which involved pain, confusion, and in some cases, suffering. Each of the participants mentioned the cultural connectedness to their Poarch-Creek community provided healing and emotional peace of mind. Thomas Barrett, Jr., a Native American who helps young people learn about their Indigenous heritage, supported the findings of this research question in his article, “Walking in Two Worlds: Connecting Native Youth with Heritage, Culture and Identity” (Boys & Girls Clubs of America, 2021). Barrett (2021) stated, “Becoming in touch with our culture gives us identity, and to have identity is to have strength and awareness of ourselves” and further explained having this strength and awareness provides a path of strong mental health and personal success (Boys & Girls Clubs of America, P. 2). Stumblingbear-Riddle and Romans (2018) also supported these research findings through studying the role of cultural connectedness in Native mental health. Their research indicated cultural connectedness was the strongest predictor of positive mental health in Native American adults (Stumblingbear-Riddle & Romans, 2018).

- 3) If not, did the lack of connection to culture and community negatively impact Poarch-Creek Indian perceptions of mental health and well-being?

As previously discussed, almost all of the participants in this study experienced a disconnection from their Poarch-Creek roots at some points in their lives. The findings from the data for this subquestion revealed during the periods of disconnection from their Poarch-Creek culture and community, all of the participants experienced a negative impact to their mental health. Participants described a variety of negative effects from feeling disconnected from their culture, including confusion, difficulties in relationships, anxiety, and depression. These effects resulted in a direct negative impact on the participants' physical and mental health. This concept was emphasized in the work of Aissata Watt (2023) who stressed the importance of cultural connectedness upon mental health. Watt explained, "When individuals are not tied to culture, it is detrimental. They experience a cultural disconnect and poor mental health outcomes" (Watt, 2023).

The experience of "walking in two worlds," the term used to express the difficulties of finding a place of belonging, emerged as a factor that compelled participants to seek a reconnection with their Native ancestry. The internal conflict arising from trying to assimilate into two different cultures may have severe negative and long-term effects upon one's mental health. Many years ago, Tamotsu Shibutani (1972) studied men of marginalized populations, who were attempting to find acceptance and inclusion in society while belonging to more than one cultural group. Although this is an older study focusing primarily on marginalized men, the results can be generalized to the predicament of many Native Americans today attempting to walk in two worlds:

Generally, such conflicts are ephemeral; in critical situations contradictions otherwise unnoticed are brought into the open, and painful choices are forced. In

poorly integrated societies, however, some people find themselves continually beset with such conflicts. In most instances, they manage to make their way through their compartmentalized lives, although personal maladjustments are apparently frequent. In extreme cases amnesia and dissociation of personality can occur (Shibutani, 1972, p. 169).

- 4) Did perceptions of cultural connection increase feelings of mental health resilience and thus contribute to protective factors among Poarch Creek non-Reservation dwelling adults who reside in Alabama?

Based on the findings from the interview data, the participants' perceptions of cultural connectedness did appear to increase feelings of resilience and contribute to protective mental health factors. When participants discussed their connection to the Poarch-Creek community and culture, they used terms such as "strength," "pride" and "healing." Participants openly shared their life struggles that led to feelings of depression and sadness. Yet, the connection or reconnection to their culture provided them with the strength to overcome the struggles and obstacles and replaced the negative feelings with a sense of overall hope and positivity. All of the participants indicated their connection to culture and community improved their overall mental health and resulted in emotional healing, therefore indicating cultural connectedness should be considered a mental health protective factor. This finding was supported by several current research studies focusing on cultural connectedness as a protective factor. For example, the Substance Abuse and Mental Health Services Association (SAMHSA) (2022) conducted research with several American Indian and Alaska Native tribes to determine the effects of connectedness to their Native cultures. The researchers concluded cultural connectedness positively influenced alcohol, tobacco, and substance use, illegal and violent behavior, emotional health including depression and suicide attempts, and resilience (SAMHSA, 2022).

Similarly, the Suicide Prevention Resource Center (2023) reported that positive and supportive cultural and community connections help buffer the effects of risk factors including depression and suicide in the Native American population (SPRC, 2023). Lastly, Masotti, Dennem, Banuelos, Seneca, Valerio-Leonce, Inong & King (2023) through the “Culture is Prevention Project,” studied cultural connectedness and found it to be significantly associated with better mental health and well-being, satisfaction with life, and decreased risk for depression, suicide and substance abuse (Masotti, et al, 2023).

### **Limitations**

There were several limitations inherent to the design and implementation of this research study. Because this was a qualitative, ethnographic phenomenological study, findings were subjective, with several factors possibly affecting the accuracy and validity of responses. These factors included reliance upon the accurate recall of participants’ memories of experiences and events, as well as a possible bias in their responses.

Second, a limitation of this study was the homogeneity of the interview sample. Although the study’s participants did represent some diversity in sex, age, and socioeconomic backgrounds, the study was limited to adult Poarch-Creek Indians who reside on non-reservation land in Alabama. As such, this study did not include perspectives of youth under the age of nineteen or of Native Americans of other tribes. Therefore, the findings from this study may be relevant only to members of the Poarch Band of Creek Indians, as members of other Native American tribes may have had different experiences.

A third limitation of this study was the wide variance in age of adult participants. The study included adults ranging from age 22 to age 88, which provided significant differences in life experiences. Although this variance was intentional in the selection process to gain insight into the maximum number of experiences and perceptions, these experiences and perceptions did vary widely within the adult population.

A fourth limitation of this research study was the possibility of limited time and resources. Although every effort was made to research saturation with interview results, it is still possible that continual, additional time and resources could influence the research process by providing further data and results.

A fifth limitation of the study was the inability for generalization of findings to other populations. Because the study was confined to adult Poarch-Creek Indians who reside on non-reservation land in Alabama, the results cannot be generalized or transferred to other populations. However, implications from the results of this study could be used in practice and future research with other populations.

### **Validity of the Research Study**

Whereas validity in quantitative research generally seeks to determine if the research measures what it purports to measure, validity in qualitative research is relative and must be assessed in relationship to the purposes and circumstances of the research. Thomas Lindlof and Bryan Taylor (2002) stated, despite this difference, “qualitative researchers do seek to produce and demonstrate credible data” (Linlof & Taylor, 2022). Although many interpretations of the data could be constructed from the research, the



findings from this study are based upon the most plausible interpretations emerging from the data.

One factor affecting the validity of this study was the inherent possible bias of the researcher and the researcher's status as an "outsider." As part of a qualitative, ethnographic phenomenological study, I was an active participant throughout the data collection and data analysis process. I was keenly aware that as a white, non-Native American, I could be viewed as an outsider who may not be trustworthy in the eyes of the participants. My viewpoint and possible biases were disclosed in the methodology section of this study and also disclosed to the participants. However, the participants could not have been more gracious and kind. They welcomed my questions, seemed to trust my motives were honest, and were open and willing to share their most personal experiences with me. None of the participants expressed doubts regarding the purpose or use of my research. It was noted, however, that many of the participants felt it was important to ensure my research did not focus solely upon the negative experiences of Native Americans. Although they all agreed they had endured hardships as a result of historical oppression, racism and destruction of culture, they also wanted it to be known that they are survivors, with great internal strength and resilience. It is important for me to ensure this, above all else, is stated in this research study, as I am speaking for the participants. This was a critical lesson for me, as the researcher, as well. My background is in researching mental health disparities, specifically suicide and depression, and when I learned that Native Americans had the highest rates of any ethnic group in these areas, I wanted to understand why. My initial focus of this research was the negative impact of historical oppression, including physical ailments, substance abuse, and mental illness, in

the Native American population. The participants in this study taught me the research instead needed to focus on the pride of cultural connectedness, the internal strength and the resilience of Native Americans.

In an effort to successfully report on individuals who are culturally different from me, I utilized several strategies for ensuring strength of internal validity. Respondent validation was implemented by asking participants for comments regarding the interpretation of data after the initial findings. This strategy was utilized during the post-interview reflection and during the data analysis phase of the study through follow up conversations. In one instance, a respondent clarified the intent of a particular phrase and chose different wording to explain. The interview transcript was edited accordingly. In all other cases, the respondents agreed with the researcher's interpretation of the data. Peer review occurred throughout the study, as members of the dissertation committee and other researchers examined the research data and findings and provided feedback regarding the plausibility of the results. Finally, reflexivity, the process of continual reflection on the part of the researcher, took place throughout the research process. As the researcher, reporting on a cultural group different from my own, I used constant self-reflection to ensure I was self-aware of my own feelings, values and assumptions that might have affected data collection and analysis.

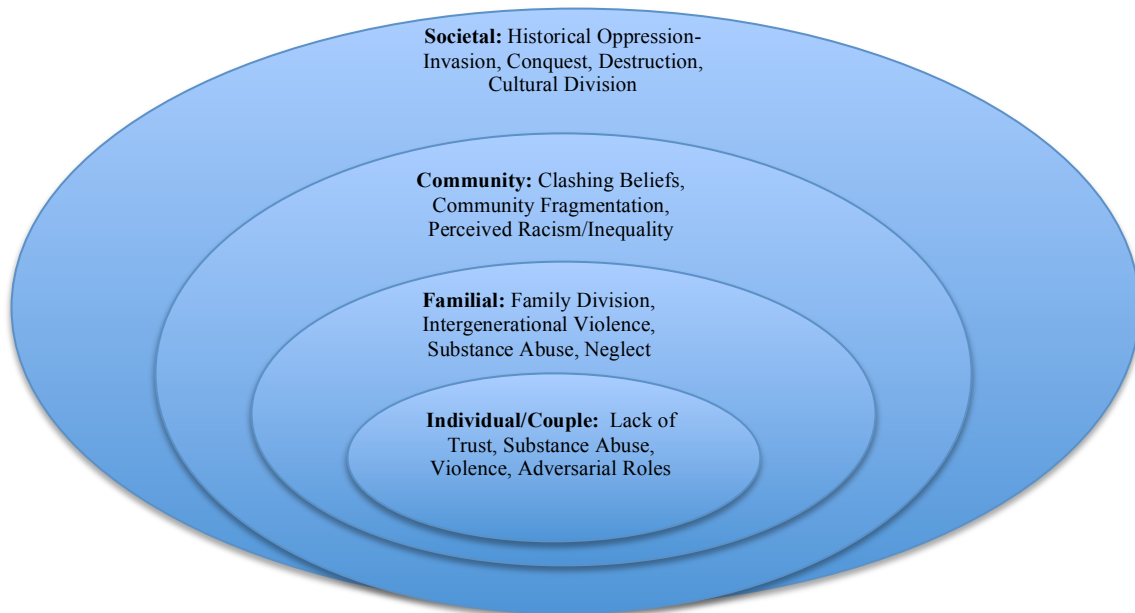
Two other areas of concern regarding validity in qualitative research are transferability, or the degree to which the findings of a study can be applied to similar contexts or situations, and credibility, which refers to the confidence that the data is reliable and valid. In analyzing the data, various factors were studied to determine possible validity threats affecting these areas. For example, it is imperative to observe

the extent to which responses were similar across interview results, as well as to determine any significant differences in the data, as similar patterns are indicative of transferability. In this study, responses were typically alike in substance and followed a pattern of similar themes. There were a few of exceptions in participant experiences related to age; however, this was an intentional outcome, as one of the aims of the research was to obtain a wide variety of life experiences. The primary strategy used in this study to ensure validity regarding credibility was to provide a thick, rich description of the findings. This included providing enough information and description regarding the topic to reach saturation, enabling the researcher and the readers to obtain a full picture of the data and improving the likelihood that findings are considered credible and consequently, valid.

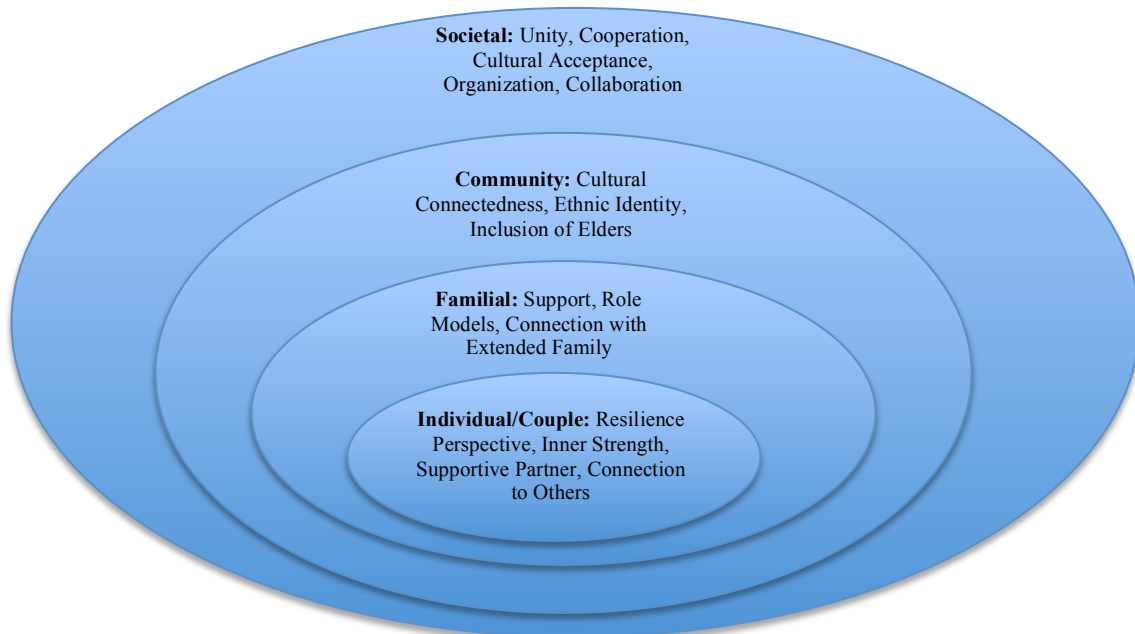
## **Implications**

### **Implications for Theory**

For the purposes of this study, two primary theories were utilized: Bronfenbrenner's Ecological Systems Theory and Resiliency Theory. The findings of this study contributed to both of these theories, as well as to the theoretical literature on the experiences of Native Americans in Alabama. There is no prevailing model for understanding the lived experiences of Native Americans in Alabama. However, current research along with this study, has attempted to focus on the impacts of systematic injustice and cultural connectedness on Native American mental health. Using the results of this study, two ecological models emerged: 1) Historical Oppression and Manifestations, and 2) Mental Health Protective Factors.



Model 1: Historical Oppression and Manifestations: Ecological Model



Model 2: Mental Health Protective Factors: Ecological Model

Each of the above models depicts impact at the societal, community, familial, and individual level. Model 1 illustrates the negative impact of historical oppression, as well as how this oppression manifests itself at each level. Without protective factors, Native Americans' mental health outcomes are at an increased risk of negative, long-term results. However, Model 2 demonstrates the positive impact of mental health protective factors, including resilience, ethnic identity, and cultural connectedness. Findings from this research study indicated that connection to family, community and Native culture resulted in positive benefits, including protection from mental illness.

In addition to contributing to the Ecological Systems Theory, this study also supported research involving Resiliency Theory. The protective factor model of Resiliency Theory is based upon the assumption that there is an interaction between protection and risk factors, creating resilience and reducing the probability of negative outcomes by moderating the effect of exposure to risk (O'Leary, 1998). Findings from this study indicated when Native Americans experienced ethnic identity associated with Native beliefs, as well as a meaningful connection to their Native culture, a strong resilience perspective was created. This resilience resulted in positive mental health outcomes, effectively moderating the negative effects of exposure to historical oppression, and thereby validating the underlying assumptions contained in Resiliency Theory.

### **Implications for Practice**

The findings of this study offer a number of implications for social workers, educators, counselors and mental health practitioners, as well as for the Native American

community at large. First, because the results of the research demonstrated a need for cultural connection, it is imperative that more opportunities are created to allow this to happen. Although the Poarch-Creek Indian reservation hosts many events, including Pow-Wows and other ceremonies, there is a critical need for more frequent and logistically accessible opportunities. For example, researchers in Northern California recently implemented the “Culture is Prevention Project” with urban Native Americans in California (Masotti, et. al., 2023). Native Americans were provided with increased opportunities to participate in and connect with their Native culture over a 3-year period, and the findings indicated that the increase in cultural connectedness resulted in significantly improved mental health and well-being. The researchers concluded, “cultural connectedness should be considered an important intervention objective and health-related outcome measure” (Masotti, et. al., 2023).

A second implication for practice is community action. According to the Suicide Prevention Resource Center (2023), connectedness is a crucial strategy in preventing suicidal behavior. Research data from the SPRC indicated, “Positive and supportive social relationships and community connections can help buffer the effects or risk factors in people’s lives” (SPRC, 2023). Further, the SPRC recommended taking community action by supporting the development of relationships between youth and positive adults in their lives, helping to build positive attachments between families and organizations such as tribal and faith-based organizations, and implementing activities in the community to help strengthen social networks and connections.

Thirdly, it is important to implement harm reduction services, not only in Native American communities, but also in urban and rural areas to provide training for all

practitioners working with Native Americans. When harm reduction services are offered, programs take steps to ensure services are culturally relevant to support the unique needs of Native Americans. The National Council for Mental Wellbeing (2023) lists the following key indicators in providing harm reduction services: education and training on Native culture, history and cultural care; trauma-informed, resilience-oriented care; education on addressing stigma through fostering trust and respect; and prioritizing the work of Native people and organizations (NCMW, 2023). In Alabama, where the Native American population is low, there is a greater need for education and training for non-Natives.

A final implication for practice is to involve Native Americans in their health decisions and incorporate their traditions in mental health interventions. Over the last couple of decades, psychologists and mental health professionals have begun to work more closely with indigenous communities to combine their best cultural practices for healing with empirically supported interventions. Heather Stringer, reporting in an article on the American Psychological Association website, (2018) explained this practice has not only proven that interventions rooted in indigenous traditions are helping to prevent suicide and addiction in American Indian communities, but also has “enhanced the trust of the communities by working with them” (Stringer, 2018).

### **Recommendations for Future Research**

This study’s findings offer guidance on recommendations for future research. First, due to a lack of existing literature, the role of cultural connectedness in the Poarch-Creek Indian population warrants further study. This research adds to the existing

literature on the role of cultural connectedness and the protective mental health factors it provides; however, more research is needed in this area.

The findings from this study do provide a foundation upon which further research can be built. Mark Hickson, III, in his commentary, “Counting to one: The qualitative researcher’s ‘magic’ (2011), stated an important role of qualitative research is to establish the basis for future studies. Hickson argued qualitative research should include a meaningful research question and “should be used to define a term or establish the bases for future investigation, which could lead to quantification” (Hickson, 2011). This study meets that criteria and could provide the starting point for a much larger study, focusing on more than one population.

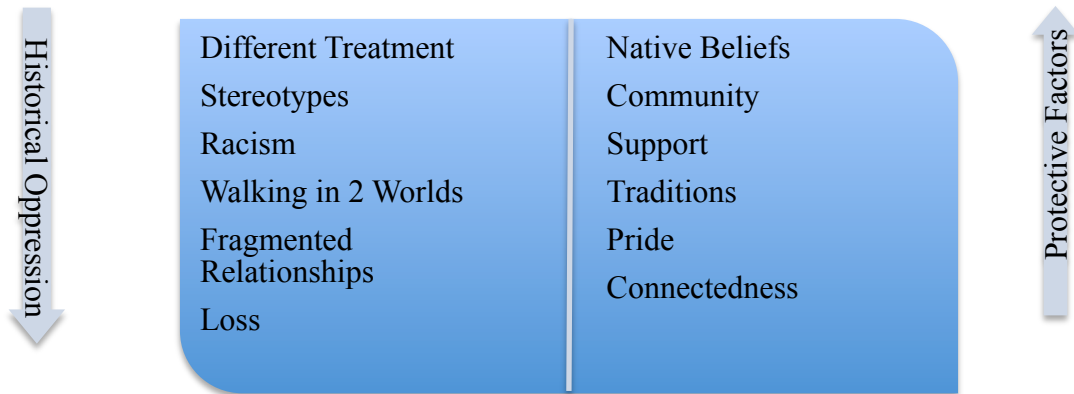
Lastly, a goal of future studies related to Native Americans should be to utilize Community Based Participatory Research, or CBPR, in conducting the research. According to SAMHSA (2022), CBPR is “a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings” (SAMHSA, 2022). CBPR focuses on a research topic of importance to the community and strives to combine knowledge with action to achieve social change, improve health outcomes and eliminate health disparities. Future research utilizing Community Based Participatory Research, as well as indigenous-informed strategies will provide the most beneficial and effective outcomes for the Native American population.

## **Conclusion**

While each participant had a unique perspective on their lived experiences as Poarch-Creek Indians in Alabama, common themes emerged in the descriptions of the



individual experiences of the participants. These themes can be organized into a conceptual model depicting the overall impact of historical oppression and protective factors as they relate to the Native American experience and the resulting resilience:



### Model 3: Conceptual Model: Historical Oppression and Protective Factors

This emerging conceptual model illustrates how the participants in this study conceptualized the negative impacts of historical oppression, yet utilized protective factors to ultimately develop strength and resilience. The experiences of the participants should be used to inform future research related to cultural connectedness, and how this connectedness can be utilized as a protective factor against negative mental health risks. In conclusion, it is appropriate to close with the powerful words of Tara Troxell (2022), a Native American woman embracing connection to her Native culture:

I wish people knew that Indigenous people and Native Americans, Indians, Aboriginal, whatever you want to call the First Nations, that we're still here, that we are a contemporary group of people. The past does matter and still affects our

people today with ancestral trauma, but beautiful celebrations and remembering also come from that hurtful past. We're still here, and we're still very much an alive and living culture.

-Tara Troxell, 2022

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APPENDIX A  
CONVERSATIONAL INTERVIEW GUIDE

\*\*\*NOTE: DUE TO THE LACK OF CURRENT RESEARCH AND THE EXPLORATORY NATURE OF THIS TOPIC, THE INFORMAL CONVERSATIONAL INTERVIEW FORMAT WILL BE USED (Mertens, 2011; Patton, 2014). THIS FORMAT UTILIZES A GUIDE OF TOPICS TO GUIDE AN INFORMAL, UNSTRUCTURED CONVERSATION RATHER THAN SCRIPTED QUESTIONS. THE BROAD QUESTIONS TO BE COVERED ARE LISTED BELOW.

[inform participant that recorder has started]

UAB Protocol Number: IRB-300009582

You are being invited to take part in a research study regarding Native American perceptions of cultural connectedness and how this relates to mental health. The purpose of this study is to learn more about the experiences of Native American adults, specifically those who grew up on the Poarch-Creek Indian Reservation, to understand their perceptions of connection to their Native culture and to gain a deeper understanding of the complex nature of mental health and resiliency among the Poarch-Creek Indians in Alabama.

If you choose to participate in this study, you will be interviewed regarding your perceptions relating to your life experiences as a member of the Poarch-Creek Tribe, growing up on a Reservation in Alabama. The interview will be audio recorded and transcribed. Your expected time commitment for this study is approximately one to two hours. There is little direct benefit to you for participating in the study; however, sharing your stories will help us understand your particular experiences and potentially those of other Native Americans. In addition, there are no known risks associated with this study; however, discussions regarding sensitive topics such as racism and discrimination may possibly cause some amount of mental distress.

I am very interested in your perspective, so please feel free to discuss your views, impressions, and feelings. Your name will not be used and you are free to leave the interview at any time. If you have questions, feel free to call the Institutional Review Board of the University of Alabama at Birmingham at 205-934-3789.

Would you like to participate?

[discontinue if no; continue if yes]

## Part I: Connection to Culture and Community

- Tell me a little about yourself...your age, background, and anything else you would like to share.
- Describe opportunities you have/have had to participate in Poarch-Creek Indian cultural or community experiences?
- Do you feel a sense of connection to the Poarch-Creek culture and community?
  - Probe: Explain why you do or do not feel a connection.
- How would you define “cultural connectedness or connection?”
- What is the difference between feeling connected to your culture and feeling disconnected?
- Do you have a desire to be connected or more connected to the Poarch-Creek community?
  - Probe: Can you elaborate a little more on your feelings?
- Do you feel a sense of pride in your Poarch-Creek Indian heritage?
  - Probe: What factors have led to this sense of pride or lack of sense of pride?
- What role (if any) have family and friends played in feelings (or lack of feelings) of connection to the Poarch-Creek Indian community?

## Part II: Life Experiences as a Poarch-Creek Indian in Alabama

- What experiences have you had that you feel are unique as a Poarch-Creek in Alabama?
- What positive experiences have you had that you feel are a direct result of being a Poarch Creek Indian?
  - Probe: How have these affected you?

- What negative experiences have you had that you feel are a direct result of being a Poarch-Creek Indian?
  - Probe: How have these affected you?
- Have you ever experienced discrimination or racism ?
  - Probe: Explain or describe these experiences.
- Have your older relatives shared stories about their experiences of being Poarch-Creek?
  - Tell me more about this.
- What is the difference between living traditionally and “walking in both worlds?”

### Part III: The Role of Culture and Community: Protective Factors and Mental Health

#### Resilience

- How would you define “mental health?”
- Do you feel the historical injustices related to Native Americans have affected you?
  - Probe: If so, how?
- What factors have enabled you to cope with negative life experiences?
  - Probe: Describe people, experiences, or other factors that have given you strength.
- Has your connection to your Poarch-Creek culture and community provided a sense of strength and resilience?
  - Probe: If so, how?

- Has a lack of connection to your Poarch-Creek culture and community hindered your ability to find a sense of strength and resilience?
  - Probe: If so, how?
- How can a stronger sense of community connection and cultural pride be fostered in the Poarch-Creek population in Alabama?

APPENDIX B

INFORMATION SHEET TO BE PART OF A RESEARCH STUDY



<b>Title of Research:</b>	<b>Cultural Connectedness and Native American Mental Health</b>
<b>UAB IRB Protocol #:</b>	IRB-300009582
<b>Principal Investigator:</b>	Sharon Hillin
<b>Sponsor:</b>	UAB Department of Health Education and Promotion

We are asking you to take part in a research study. The purpose of this research study is to examine the lived experiences of Native American adults who are members of the Poarch Band of Creek Indians in Alabama. The study will explore the possible relationship between mental health resiliency and the perception of connectedness to Native culture. Very little research has been conducted in this area among Native Americans in the southeast, particularly in Alabama. In addition, this study will also investigate the possibility of cultural connectedness acting as a mental health protective factor, which could reduce rates of mental illness and suicide among Native Americans. It is planned that 10-12 Native American adults who are members of the Poarch Band of Creek Indians will be interviewed for this study.

- If you agree to join the study, you will participate in one interview, lasting approximately one to two hours.
- This interview will take place in a community location in a private area or virtually (computer) platform.
- The interview will be audio-recorded, using a small recording device, and you will be asked a series of open-ended questions regarding cultural opportunities, experiences specific to Native American life, and feelings related to being connected or separated from Native culture.
- At the completion of the planned questions, the interviewer will ask you for any additional information you would like to share. You may choose to write or orally give a brief post-interview reflection.

There is a minimal risk of loss of confidentiality through participation in this study. However, your identity will not be shared, and information obtained about you will be kept confidential to the extent allowed by law. Discussions of sensitive topics such as racism and discrimination may possibly cause some amount of mental distress. Interview questions may include recollections of childhood experiences, some of which could be negative. Any shared experiences will only be known to the researcher to avoid unnecessary stress or embarrassment. In addition, there is a minimal risk of loss of confidentiality. Frequency and severity levels of risks associated with participation in this study are estimated to be extremely low.

You will not benefit directly from taking part in this study. However, sharing your stories will help us understand your particular experiences and potentially those of other Native Americans.

Information obtained about you for this study will be kept confidential to the extent allowed by law. However, research information that identifies you may be shared with people or organizations for quality assurance or data analysis, or with those responsible for ensuring compliance with laws and regulations related to research. They include:

- The UAB Institutional Review Board (IRB). An IRB is a group that reviews the study to protect the rights and welfare of research participants.
- The UAB Department of Health Education and Promotion, Educational Studies in Diverse Populations
- The Office for Human Research Protections (OHRP)

The information from the research may be published for research purposes; however, your identity will not be given out. Information obtained during the course of the study which, in the opinion of the investigator, suggests that you may be at significant risk of harm to yourself or others will be reportable to a third party in the interest of protecting the rights and welfare of those at potential risk.

Whether or not you take part in this study is your choice. There will be no penalty if you decide not to be in it. If you decide not to be in the study, you will not lose any benefits you are otherwise owed. You are free to withdraw from this study at any time. Your choice to leave the study will not result in any negative consequences.

You may be removed from the study without your consent if the investigator terminates the research or if you are not following the study rules.

There will be no cost to you for taking part in this study other than minimal transportation costs to the interview site. If transportation presents difficulties, the interviewer may make a home visit if agreeable or conduct the interview via telephone or computer.

There is no payment for participation in this study.

If you have any questions, concerns, or complaints about the research, you may contact Sharon Hillin, the Principal Investigator. Her phone number is 205-470-3968. She will be glad to answer any of your questions. You may also contact Dr. Retta Evans at 205-996-2701.

If you have questions about your rights as a research participant, or concern or complaints about the research, you may contact the UAB Office of the IRB (OIRB) at 205-934-3789 or toll free at 1-855-860-3789. Regular hours for the OIRB are 8:00 am to 5:00 pm CT, Monday through Friday

## APPENDIX C

### INSTITUTIONAL REVIEW BOARD LETTER OF APPROVAL

### APPROVAL LETTER

**TO:** Hillin, Sharon Washburn

**FROM:** University of Alabama at Birmingham Institutional Review Board  
Federalwide Assurance # FWA00005960  
IORG Registration # IRB00000196 (IRB 01)  
IORG Registration # IRB00000726 (IRB 02)  
IORG Registration # IRB00012550 (IRB 03)

**DATE:** 19-Sep-2022

**RE:** IRB-300009582  
IRB-300009582-004  
Cultural Connectedness and Native American Mental Health

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The IRB reviewed and approved the Initial Application submitted on 16-Sep-2022 for the above referenced project. The review was conducted in accordance with UAB's Assurance of Compliance approved by the Department of Health and Human Services.

**Type of Review:** Exempt  
**Exempt Categories:** 2, Including Limited Review  
**Determination:** Exempt  
**Approval Date:** 19-Sep-2022  
**Approval Period:** No Continuing Review

**Documents Included in Review:**

- IRB EPORTFOLIO
- IRB PERSONNEL EFORM