

2011

A Qualitative Investigation of the Strategies used by a Sample of Native American Older Adults to Cope with Race-Related Stressors

Rita Haidle Billow
The University of Montana

Let us know how access to this document benefits you.

Follow this and additional works at: <https://scholarworks.umt.edu/etd>

Recommended Citation

Billow, Rita Haidle, "A Qualitative Investigation of the Strategies used by a Sample of Native American Older Adults to Cope with Race-Related Stressors" (2011). *Graduate Student Theses, Dissertations, & Professional Papers*. 32.
<https://scholarworks.umt.edu/etd/32>

This Dissertation is brought to you for free and open access by the Graduate School at ScholarWorks at University of Montana. It has been accepted for inclusion in Graduate Student Theses, Dissertations, & Professional Papers by an authorized administrator of ScholarWorks at University of Montana. For more information, please contact scholarworks@mso.umt.edu.

A QUALITATIVE INVESTIGATION OF THE STRATEGIES USED BY A SAMPLE
OF NATIVE AMERICAN OLDER ADULTS TO COPE WITH RACE-RELATED
STRESSORS

By

RITA HAIDLE BILLOW

BA Psychology, The University of Montana, Missoula, MT, 2005
MA, Clinical Psychology, The University of Montana, Missoula, MT, 2008

Dissertation

presented in partial fulfillment for the requirements
for the degree of

Doctor of Philosophy
in Clinical Psychology

The University of Montana
Missoula, MT

Official Graduation Date December 2011

Approved by:

Sandy Ross, Associate Dean of The Graduate School
Graduate School

Gyda Swaney, PhD, Co-Chair
Psychology

Kimberly Wallace, PhD, Co-Chair
Psychology

Jennifer Waltz, PhD
Psychology

Paul Silverman, PhD
Psychology

Cheryl Van Denburg, PhD
Counseling and Psychological Services

COPYRIGHT

By

Rita Haidle Billow

2011

All Rights Reserved

Billow, Rita, PhD, Fall 2011

Clinical Psychology

Race-Related Stressors among Native American Older Adults

Co-Chair: Gyda Swaney, PhD

Co-Chair: Kimberly Wallace, PhD

The present study explored how racism-related stress was characterized by respondents and investigated the ways in which these respondents coped with this type of stress. Using content analysis, four broad themes of race-related stress emerged: 1) Institutional, 2) Intergroup, 3) Bicultural, and 4) Intragroup. Race-related coping strategies, which included the cognitive, emotional and behavioral strategies respondents used to reduce and/or manage their experiences of racism, were also explored. Eight overarching coping strategies were described: 1) Taking action, 2) Acceptance, 3) Escaping, 4) Collective coping, 5) Meaning making, 6) Affective coping, 7) “Returning to what Indians did before”, and 8) Creative coping. This work has important implications given the evidence that suggests that racism is a unique source of stress that contributes to the reduced quality of life for racial/ethnic minorities as well as to the race/ethnicity-based disparities in mental and physical health. As such, this study begins to expand our awareness of the sources of race-related stress among this population as well as begins to improve our understanding of the coping strategies that are effective in helping these Native American individuals cope with racism. In the present analysis, results were compared to the existing race-related stress and coping literature in an effort to understand the unique and common experiences of racism across different racial/ethnic minority groups. The findings indicated that for this sample of Native American older adults the welfare of the group/tribe and maintaining a sense of belonging to the group were important values that influenced coping behaviors. These findings suggest that appropriate and effective clinical and social interventions for this population should take into account the values, attitudes and customs of a Native American worldview that recognizes the central importance of belongingness/interconnectedness. However given that this study did not specifically ask about racism, future studies will need to employ a more direct line of questioning since it is quite possible that specific questions regarding respondents’ experiences with racism could lead to different and/or more complete responses.

TABLE OF CONTENTS

ABSTRACT.....	2
LIST OF TABLES.....	5
LIST OF FIGURES.....	5
 CHAPTER	
I. INTRODUCTION.....	6
a. A Native American Historical Framework.....	7
b. Coping and Culture.....	11
c. Native American Resilience and Coping.....	15
d. Conceptualizing Racism within a Stress and Coping Framework.....	17
e. Stress as an Environmental Event.....	18
f. Stress as a Psychological Experience.....	20
g. The Behavioral, Biological or Affective Responses to Stress.....	27
h. A Conceptual Model of Stress and Coping.....	30
i. Coping with Race-Related Stress.....	34
j. A Qualitative Approach.....	37
 II. METHOD.....	 40
a. Participants.....	40
b. Procedure.....	40
 III. ANALYSIS.....	 42
 IV. FINDINGS.....	 49
a. Race-Related Stress.....	50
b. Institutional Race-Related Stress.....	53
c. Intergroup Race-Related Stress.....	65
d. Bicultural Race-Related Stress.....	67
e. Intragroup Race-Related Stress.....	73
f. Summary of Race-Related Stress.....	79
g. Race-Related Coping.....	81
h. Taking Action.....	83
i. Ways in Which Taking Action Helped Respondents Cope.....	86
j. Acceptance.....	86
k. Ways in Which Acceptance Helped Respondents Cope.....	88
l. Escape.....	89
m. Ways in Which Escape Helped Respondents Cope.....	91
n. Collective Coping.....	91
o. Ways in Which Collective Coping Helped Respondents Cope.....	95
p. Meaning Making.....	96
q. Ways in Which Meaning Making Helped Respondents Cope.....	100
r. Affective Coping.....	101
s. Ways in Which Affective Coping Helped Respondents Cope.....	102
t. “Returning to what Indians did before”.....	104

u.	Ways “Returning to what Indians did before” Helped.....	105
v.	Creative Coping.....	107
w.	Ways in Which Creative Coping Helped Respondents Cope.....	107
x.	Summary of Race-Related Coping Strategies.....	108
V.	DISCUSSION.....	110
a.	How are Race-Related Stressors Characterized by Respondents?.....	111
b.	What are the Ways Respondents Coped with Race-Related Stress?.....	119
c.	In What Ways were these Coping Strategies Helpful?.....	122
d.	Limitations and Future Directions.....	125

TABLES.....149
TABLE 1: Demographic Description of Participants.....149
TABLE 2: Categories of Race-Related Stress.....150
TABLE 3: Categories of Race-Related Coping Strategies.....151

FIGURES.....152
FIGURE 1: Conceptual Model of Race-Related Stress and Coping.....152
FIGURE 2: A Partial Audit Trail.....153

REFERENCES.....130

APPENDIX.....148

Chapter I

Introduction

The current literature indicates that racial/ethnic minorities are at greater risk for experiencing life stress and adversity (Brondolo, Brady ver Halen, Pencille, Beatty, & Contrada, 2009; Lewis-Coles & Constantine, 2006). For example, a report issued by the U.S. Surgeon General indicates that African Americans, in comparison to their European-American counterparts, are more likely to live in poverty, experience prolonged unemployment, be incarcerated, and have fewer financial resources (U. S. Department of Health and Human Services [DHHS], 2001). Brave Heart and DeBruyn (1998) point to the higher rates of suicide, homicide, accidental deaths, domestic violence, child abuse, and alcoholism as major sources of stress among Native Americans. Moreover, there is evidence that this increased risk may be associated with exposure to racism (Utsey, Giesbrecht, Hook, & Stanard, 2008).

Although the construct *race* has been discredited as a scientific/biological term, the political and social realities of race and racism have survived (Smedley & Smedley, 2005). For example, Jessor (1993) contends, “race and ethnicity are linked to major differentials in socially organized access to opportunity” (p. 199). In his presidential address to Division 17 of the American Psychological Association, D. W. Sue (2005), declared racism to be “one of the most harmful and toxic forces humankind has encountered” (p. 101). Additionally, current research indicates that racism not only has the potential to reduce the quality of life for racial/ethnic minorities, it also has mental and physical health consequences (Clark, Anderson, Clark, & Williams, 1999; Paradies, 2006; Williams, Neighbors, & Jackson, 2003). However, while racism is quite pervasive

(see Kessler, Mickelson, & Williams, 1999), it is important to note that not all racial/ethnic minority group members are similarly affected by it (for review, see Williams, Neighbors, & Jackson, 2003). In fact, despite living within a dominant culture that favors white, Eurocentric ways of being, thinking, and acting, many racial/ethnic minority individuals thrive. Therefore, it is reasonable to assume that individuals from racially disadvantaged groups have developed ways to manage and/or reduce the impact that racism has on their lives. As such, the purpose of the present study is to develop an understanding of the coping strategies used to manage race-related stressors. More specifically, this study will conduct a secondary analysis of qualitative data that was collected as part of a larger study examining resilience in Native American older adults (Wallace & Swaney, 2009) to delineate the types of race-related stressors encountered, both current and historic, and explore the various ways these individuals have coped with these threats.

A Native American Historical Framework

While there is likely to be a variety of factors that contribute to positive outcomes in historically stigmatized groups, any investigation of health and functioning among Native Americans would be incomplete without a consideration of the sociopolitical and historical factors that have influenced, and continue to influence, this population (Grandbois & Sanders, 2009). To begin, Native Americans are members of sovereign nations and occupy a special political status in the United States that is not shared by other racial/ethnic minority groups. Each tribe has a unique relationship with the United States, reflecting particular treaties or statutes. Thus, the law that affects one tribe does not necessarily affect all tribes (Pevar, 2004). Moreover, Native American culture is often

spoken of without acknowledging the tremendous amount of diversity that exists within the Native American population. For example, there are over 500 federally recognized Native American tribes and Alaska Native villages, with over 200 indigenous languages spoken. Differences are evident in the customs, family structures, religions, and social relationships across Native American nations (Dillard & Manson, 2000), with many tribal nations' traditions, values and beliefs being closely tied to their ancestral homelands (Choney, Berryhill-Paapke, & Robbins, 1995). The heterogeneity of the Native American population is supported by the fact that Native Americans tend to identify first as members of a specific tribe or nation, and then as Native peoples (Garrette & Herring, 2001).

Although federal policies directed toward Native Americans have varied, these policies, historically, have been geared toward gaining control of Native American lands and resources through mandatory removal of tribes from their traditional territories and aggressive assimilation strategies (Carson & Hand, 1999). For example, in an effort to “force Native Americans to conform to the social and economic structure of White America” (Garrett & Pichette, 2000, p. 5), Congress passed the General Allotment Act of 1887 (also known as the Dawes Act) which divided communal landholdings by distributing tracts of land to individual tribal members and opening up the remaining or “surplus” land for white settlement. Although Congress repealed the Allotment Act in 1934, by then, two-thirds (approximately 90 million acres) of all communal lands had passed from tribal ownership (Pevar, 2004).

Other policies were aimed at the complete eradication of Native American culture. For example, in 1883 the federal government established the Courts of Indian

Offenses which made it a crime for tribes to practice their traditional religious customs/ceremonies (LexisNexis, Cohen's Handbook of Federal Indian Law, 2005). Moreover, although the 1924 Citizenship Act gave all Native Americans U. S. citizenship status, which presumably should have entitled them to practice their traditional religions by virtue of the religious freedoms established in the First Amendment, Native Americans were not permitted to practice religious traditions until 1978 when Congress passed the American Indian Religious Freedom Act (Pevar, 2004).

Perhaps one of the most disruptive influences to Native American culture was the forced removal of Native American children from their families and tribal communities to boarding schools for the explicit purpose of destroying Native American culture and religion (French, 2003). Although attendance at these government-backed and church-affiliated schools was understood to be voluntary, by the late 1800s attendance was enforced through threats of cessation of rations/supplies and incarceration (Brave Heart & DeBruyn, 1998). These schools were devastating to Native American families, depriving parents and other elder relatives of their children for many years and subjecting children to treatment that was often brutal, both physically and psychologically (see French, 2003). School authorities explicitly forbade children to speak their native language or practice their cultural traditions. They cut their hair, changed their dress, their diets, and their names, as well as introduced unfamiliar conceptions of space and time (Davis, 2001). Furthermore, in an effort to impart the "skills and dispositions appropriate to a cheap labor force" (Littlefield, 1989, p. 433), Native American children were made to work long hours at manual labor jobs, and were often hired out during the summer months to local families to assist with farm work or household chores (Jackson, 2002).

As poignantly summarized by Brave Heart and DeBruyn (1998), “The destructive and shaming messages inherent in the boarding school system...were that American Indian families are not capable of raising their own children and that American Indians are culturally and racially inferior” (p. 63).

The present study’s consideration of the unique history of Native American peoples is important for two main reasons. First and foremost, current-day racism is “rooted in a historical continuity of injustice and disparity” (Harrell, 2000, p. 43). In other words, while the expressions of racism may have changed over time, the ideologies that have perpetuated and legitimized racism are firmly tied to this country’s historical practices of subjugating individuals on the basis of race/ethnicity (Neville & Pieterse, 2009). More specific to the Native American population, there is a growing literature that attests to the impact that these historical events have on the well-being of current generations of Native people (see Evans-Campbell, 2008). Second, as acknowledged by Wong, Reker and Peacock (2006), “Historical and archival records can be a goldmine to study how people coped with and survived major events...[t]hese studies can shed some light on the timeless and universal nature of the fundamental principles of coping” (p. 226). Related to this point, there is evidence that feeling connected to one’s ancestral history can be an important coping mechanism for some individuals (Shorter-Gooden, 2004; Wallace & Swaney, 2006; Yeh, Arora, & Wu, 2006). Thus, by exploring both the current and historical contexts of racism, the present study hoped to gain a better understanding of the types of racism encountered, and the strategies individuals used to manage this type of stress.

Coping and Culture

Past research on stress and coping has been criticized for ignoring the ongoing context in which stressful events occur (Wong, Wong, & Scott, 2006). Certainly, one of the most neglected contexts is culture, which has been defined as a “highly complex, continually changing system of meaning that is learned, shared, transmitted and altered from one generation to another” (Chun, Moos, & Cronkite, 2006, p. 31). Moreover, since culture is important in shaping the individual and the social environment, cultural influences are expected to be central in prescribing what coping behaviors are appropriate and valued in a particular society (Lam & Zane, 2004).

Although there are many facets of culture (see Cohen, 2009), the *collectivism-individualism* dimension has been one of the most commonly used concepts to explain cultural differences (Yeh, Arora, & Wu, 2006). In collectivistic cultures, the in-group forms the cultural unit of society. Accordingly, duty and obligations to others, interconnectedness with individuals in the group, and fulfillment of social roles are emphasized. Within such a cultural context, the fundamental relatedness of individuals to each other fosters what Markus and Kitayama (1991) refer to as an *interdependent construal of self*. Seeing oneself as part of an interconnected social relationship and recognizing that one’s behaviors influence, and are influenced by, others will have an effect on how individuals within these societies respond to life’s challenges (Hall, 2003; Lam & Zane, 2004). Although this orientation has been associated with non-Western cultures such as those in Asia, Africa, South America, the Pacific Islands, as well as Native American and Alaska Native tribes, it is important to keep in mind that

individuals within these cultures will vary in the degree to which this cultural orientation holds true (Chun et al., 2006).

By contrast, in individualistic cultures, the self is the central unit of society. Consequently, individual rights, a concern for oneself and immediate family, and personal autonomy and self-fulfillment are emphasized. Markus and Kitayama (1991) believe that these cultural values encourage an *independent construal of the self*. While the social context is important within this cultural orientation, the expression and assertion of the personal needs and attributes of the individual are believed to be most influential in shaping behavior. Again, while variations exist within any given cultural context, this orientation has been associated with Western cultures, which include most of the northern and western regions of Europe, North America, and Australia (Chun et al., 2006).

Unfortunately, the majority of the existing stress and coping literature is based on theories that have viewed these constructs through a Western lens, and have assumed that individuals cope to enhance their own health and well-being (Wong et al., 2006). As a result of this bias, coping strategies that tend to support the values favored in individualistic cultures have been labeled positive/adaptive, whereas coping strategies that may be more congruent with the values in collectivistic societies have been labeled negative/maladaptive (Chun et al., 2006). More recently, however, some researchers (e.g., Chun et al., 2006; Hall, 2003; Lam & Zane, 2004) have begun to recognize that cultural values and beliefs are likely to have an important influence on coping goals. As such, Chun and colleagues (2006) proposed two broad categories of coping goals that appear to be consistent with the values emphasized in collectivistic and individualistic

cultures. For instance, given the importance on autonomy and personal achievement in individualistic cultural systems, these researchers predict that the coping goals will be “self-focused” (p. 40) in these societies. Thus, the focus will be on the needs of the individual and directed at asserting independence by trying to control or modify the external environment in an effort to maximize personal gain. In contrast, because the focus in collectivistic cultures is on the welfare of the group above that of the individual, Chun and colleagues (2006) expect that the coping goals for individuals in this type of cultural context will be “other-focused” (p. 40). Consequently, the primary goal of coping in collectivistic cultures may not be the reduction of one’s own distress, but rather the improvement of another’s well-being. To this end, culturally-consistent strategies among collectivistic populations would be directed toward reinforcing relatedness, changing or modifying the self to fit the environment, and minimizing loss, rather than trying to maximize personal gain (Chun et al., 2006).

Additionally, it is often assumed that because of the emphasis on interconnectedness with the in-group, individuals in collectivistic cultures would be more likely to utilize *collective coping strategies*. While these strategies may include social support, Wong (1993) maintains that collective coping entails more than just seeking social support; “it means the concerted effort involving all members of a group to tackle the same problem” (p. 57). However, given the importance of group harmony and the desire not to be a burden on the group, it is also possible that collectivistic individuals would be less inclined to make use of collective coping strategies. Indeed, the findings in this area of research have been equivocal. For instance, some researchers (e.g., Kim, Sherman, & Taylor, 2008; Taylor, et al., 2004) have found that while social support was

just as important for Asians and Asian Americans as it was for their European American counterparts, these individuals were more reluctant than European Americans to ask for support from those close to them. Further analyses revealed that the reluctance to seek support on the part of the individuals in these studies stemmed from concern about the potentially negative relational implications of asking for help, especially when they perceived close others to be preoccupied with their own struggles. On the other hand, in a study investigating the role of *communal-mastery* (i.e., belief that one can overcome life challenges by virtue of belonging to a social network) versus *self-mastery* (i.e., belief that one can overcome life challenges by virtue of own effort) in helping Native American women residing on a reservation resist stress, Hobfoll and colleagues (2002) found a stress-buffering effect for communal-mastery. Hence, women who were higher in communal-mastery reported a less negative impact of increasing stress than women who were lower on communal-mastery. Similarly, in a preliminary analysis of general coping strategies using the dataset that was used in the present study, the Native American respondents described a number of ways in which their connections to others helped them cope with adversity, including having role models, feeling a tie to the community, and fostering a connection to one's ancestors (Wallace & Swaney, 2006).

Although these conflicting findings might seem puzzling, as mentioned previously, coping behaviors are influenced by one's coping goals, which in turn, are shaped by the cultural context. Therefore, it is important to keep in mind that Native Americans and Asian Americans have separate and unique histories that may account for these differences. Ungar (2008) noted this as well in his investigations of resilience across cultures:

While aspects of healthy functioning such as self-efficacy, hopefulness...participation, and ethnic identity might all be relevant to many populations globally, the relative importance of each is far from consistent in the literature when contextual, temporal and cultural variation is taken into account (p. 222).

Additionally, there are often multiple, and competing goals within any stressful situation. As such, coping goals may vary across situations and persons. For example, a collectivistic individual may take a more indirect or avoidant coping strategy for his or her own personal problems, but may take a more direct approach for in-group members' problems (Chun et al., 2006). Thus, there is a need to explore how stress and coping affect people at both the individual-level, as well as at the group-level. The present study provided an opportunity to investigate coping at both the individual-, and group-level, given that racism can be experienced both individually and collectively.

Native American Resilience and Coping

Unfortunately, most of the research concerning Native Americans has focused on problems and pathology, thus, very little is known about what contributes to positive outcomes in this population (McCormick & Wong, 2006). Recently, however, there has been a growing interest in how individuals thrive following trauma or loss (e.g., Bonnano, 2004). While some of this attention is rooted in the positive psychology movement, which has advocated for a broader view of human experience that includes an understanding of individual's strengths, talents and virtues (Seligman & Csikszentmihalyi, 2000), the primary force behind this interest has been the recognition that the majority of individuals who experience extreme adversity do not succumb to

problematic behaviors or poor health (see Masten, 2001). In other words, more often than not, people are resilient or able to “bounce back” and achieve “good outcomes in spite of serious threats to adaptation or development” (Masten, 2001, p.228). While resilience and coping are related constructs, coping is a “stabilizing factor” (Moos & Holahan, 2003, p. 1396) and refers to the set of cognitive and behavioral strategies used by an individual to manage the demands of a stressful situation (Folkman & Moskowitz, 2004). Resilience, as mentioned above, refers to adaptive outcomes in the face of adversity. Thus, coping styles/strategies are the mechanisms or processes that may contribute to resilience.

Although Native Americans have experienced what Garrett and Pichette (2000) call “one of the most systematic and successful programs of ethnic cleansing the world has seen” (p. 121), the fact that their cultures have survived is a true expression of their collective strength and resilience. The existing literature identifies a variety of factors that many Native Americans draw on to help them cope during times of hardship. For example, Garrett and Garrett (1994) discuss the importance of Native American values, such as a deep respect for elders, as well as spirituality and a sense of connection to one’s ancestry and tribal history as being significant sources of strength. In a review of 22 articles investigating Native American cultural strengths, Goodluck (2002) found that extended family, spirituality, social connections, cultural identity, childcare customs, traditions, stories, and kinship and mutual assistance were the cultural resources that were most frequently reported. Likewise, in a recent study investigating resilience and sources of strength among Native American older adults residing on a reservation, Wallace and Swaney (2006) identified relational connections (e.g., friends, family, and community), agency (i.e., taking action), cognitive strategies (e.g., social comparison), humor, and an

examination of contextual effectiveness (i.e., recognition that a strategy chosen may not have been the best option when considered in the long-term) as important coping methods used by individuals in their sample. However, while this literature is both informative and important, it does not tell us whether these same strategies are used to manage race-related stressors or whether different strategies are involved for these challenges.

Conceptualizing Racism within a Stress and Coping Framework

Although the experience of life stress includes situations that occur across all sociodemographic groups (e.g., death of a loved one, loss of employment), a consideration of the stress encountered by racial/ethnic minorities must also include experiences that are related to race and racism. Theorists investigating the role of stress in health and well-being have typically emphasized one of the following broad perspectives: (a) stress as an environmental event; (b) stress as a psychological experience; and (c) the behavioral, biological, or affective responses to stress (Cohen, Kessler, & Underwood-Gordon, 1995). Recognizing that each tradition focuses on a “different stage of process through which environmental demands are translated into psychological and biological changes that place people at risk for disease” (p. 4), Cohen and colleagues (1995) integrated these three features into a single model of stress and coping as a way to elucidate the person-environment transactions that influence health and well-being. More recently, researchers (e.g., Allison, 1998; Clark et al., 1999) have extended this integrated model to examine stigma-related stressors. Similarly, the present study utilized this framework to help conceptualize the role of race and/or racism within the stress process.

Stress as an environmental event

The environmental tradition of stress focuses on events or experiences that are normatively (or objectively) associated with considerable adaptive demands (Cohen et al., 1995; Hobfoll, 2001). Within this paradigm, *racism*, which for the purposes of the present study is defined as “the beliefs, attitudes, institutional arrangements, and acts that tend to denigrate individuals or groups because of phenotypic characteristics or ethnic group affiliation” (Clark et al., 1999, p. 805) is a stressful life event. Additionally, unlike other conceptualizations that describe racism as a relationship consisting of a privileged race and oppressed racial groups, this broader definition of racism encompasses beliefs, attitudes, arrangements, and acts either held by or perpetuated by members of a different ethnic group (intergroup racism) and/or by members of the same ethnic group (intragroup racism).

Researchers believe that racism-related experiences are especially difficult for individuals from racial/ethnic minority groups because these events are inherently demeaning and constitute highly personal attacks upon something about the self that cannot be changed (Landrine & Klonoff, 1996). Unfortunately, racism-related encounters are not rare and isolated experiences, but are actually quite commonplace (Essed, 1991). For example, a nationwide survey conducted by Kessler and colleagues (1999) revealed that 60% of the African American participants in their sample reported exposure to day-to-day discrimination (e.g., being treated with less courtesy than others because of one’s race/ethnicity). Similarly, in their study of African American university students, staff, and faculty, Landrine and Klonoff (1996) reported that 98% of their sample had

personally experienced a racist event in the past year and 100% had experienced such an event in their lifetime.

The types of race-related experiences usually reported by racial/ethnic minorities include avoidance, poor service, verbal epithets and attacks, threats, harassment, and physical attacks (Swim, Cohen, & Hyers, 1998). Moreover, these race-related experiences typically occur across a broad range of contexts (e.g., education, employment, housing) and in a variety of forms. For example, racial/ethnic minorities may experience *individual racism*, the personal threats or treatment that imply they are less important or intelligent than members of the dominant racial group (Jones, 1997; Utsey, 1999). Similarly, when seeking housing, employment, or services, they may be denied access or opportunity, be treated with less respect and courtesy, or may be ignored because of their racial/ethnic group membership. These types of experiences are known as *institutional racism* and often go unchallenged because they are part of the everyday, social practices in many societies (Essed, 1991; Jones, 1997). Perhaps even more relevant to the present study given the history of the U. S. government's relations with Native American tribes (Pevar, 2004), racial/ethnic minorities may encounter incidents of *cultural racism*, or individual and institutional expressions of the superiority of the racially dominant group's cultural heritage (i.e., arts, crafts, language, traditions, beliefs, and values) to the denigration of their own (Jones, 1997). Memmi (1965) speaks specifically to this oppressive force in *The Colonizer and the Colonized*:

The entire bureaucracy, the entire court system, all industry hears and uses the colonizer's language. Likewise, highway markings, railroad station signs, street signs and receipts make the colonized feel like a foreigner in his [*sic*] own

country. (p. 106)

Although racism is considered a unique environmental stressor in its own right, some researchers (e.g., Harrell, 2000; Meyer, 2003; Utsey, Lanier, Williams, Bolden, & Lee, 2006) also suggest that the differential experiences related to race may interact with and exacerbate other types of stress (Clark et al., 1999; Utsey, Giesbrecht, Hook, & Stanard, 2008). For example, Brondolo and colleagues (2009) highlight the fact that the indirect factors associated with racism, such as neighborhood segregation and low socioeconomic status, may limit access to coping resources making it more difficult for ethnic/racial minorities to effectively manage everyday hassles and other life stress.

Stress as a psychological experience

While it is evident that racism is a pervasive experience for many racial/ethnic minority individuals, exposure alone does not necessarily trigger distress (Evans-Campbell, 2008). Thus, not all individuals are similarly affected by racism (Liang, Alvarez, Juang, & Liang, 2009). Kessler (1979) suggests that these differences are the result of the individual giving subjective meaning to objective events. For example, he states, “[I]f situations are not inherently stressful... [t]hey must be interpreted. These interpretations, in turn, are partly dependent on the context of one’s life” (p. 260). As such, some theorists (e.g., Essed, 1991; Harrell, 2000) have indicated that the individual’s phenomenology of a particular event is the critical point of analysis in understanding the impact of racism on well-being. The psychological stress tradition has been particularly relevant in this area of research because of its emphasis on the individual’s perception and evaluation of the potential harm posed by objective environmental experiences (Cohen et al., 1995).

The most influential model of this subjective process is Lazarus and Folkman's (1984) cognitive theory of stress and coping. In this conceptualization, *stress* is the interface between the person and the environment that is appraised by the person as threatening, demanding or challenging, and *coping* involves the cognitive, emotional or behavioral strategies used to manage the stressful situation (Lazarus & Folkman, 1984). As mentioned, the essential aspect of this perspective is the *meaning* one gives to a particular event. Lazarus and Folkman (1984) proposed that there are two major appraisal processes that converge to shape the meaning of every encounter: primary appraisal and secondary appraisal. *Primary appraisal* is the cognitive process whereby the individual assesses the personal significance of a specific person-environment transaction, whereas *secondary appraisal* refers to the individual's evaluation of an event in terms of what coping resources and options are available (Lazarus & Folkman, 1984).

As part of the appraisal process, Lazarus and Folkman (1984) point to a range of *person* factors that may influence appraisals. For instance, an important definitional feature of their theory is that the event be seen as self-relevant and meaningful. Thus, the individual must have a personal "commitment" (p. 56) or high importance attached to the experience. In terms of race-related experiences, this suggests that an individual's concept of self or level of identity related to membership in his or her particular racial/ethnic group may be relevant to whether an incident is perceived as stressful. There is empirical evidence that supports the importance of investigating the influence of person factors in race-related stress process. For example, researchers (e.g. Sellers & Shelton, 2003; Shelton & Sellers, 2000) looking at how identification with one's racial/ethnic group affects experiences of racism have found a positive relationship

between reports of racial discrimination and racial identification. This evidence suggests that individuals who are more highly identified with their racial/ethnic group may be bothered more by race-related events than those who are less identified with the group. However, Lazarus and Folkman (1984) also point out that while a strong commitment can lead to a greater potential for threat or challenge, it can also “push a person toward ameliorative action and help sustain hope” (p. 80). In a qualitative study investigating how African American women cope with racism and sexism, Shorter-Gooden (2004) reported that many of the respondents spoke of the importance of their connection to their heritage and indicated that reminding themselves that others had “fought for freedom and justice” (p. 416) helped them to manage the negative emotions associated with racist and/or sexist encounters.

Additionally, it is important to keep in mind that it is not just the personal or direct experiences of racism that influence whether an individual encounters stress as a result of a racial incident. For example, Harrell (2000) argues that racism can also be experienced through observation and report (i.e., vicarious racism), in which experiences that happen to members of one’s family and close friends, as well as those involving strangers can be distressing. She also points to transgenerational transmission of racism as a critical factor in understanding how individuals from racial/ethnic groups experience racism-related stress. In this process, aspects of race-related historical events (e.g., removal of Native Americans from their tribal lands, slavery of African people, internment of the Japanese) are transmitted from generation to generation through discussion, storytelling, and lessons taught to children (e.g., Nagata, 1990). Although limited, the empirical evidence regarding the transgenerational transmission of race-

related stress suggests that these distal experiences of racism are distressing. For example, a study conducted by Whitbeck and his colleagues (2004) found that the current generation of Native American adults frequently think about historical losses (e.g., loss of tribal lands, language, cultural traditions) and that these thoughts are associated with negative emotions, such as anger, anxiety, and depression.

In addition to person factors, Lazarus and Folkman (1984) suggest that *situational* factors may play a role in whether an individual experiences stress. Particularly relevant in the exploration of race-related stress is whether the situation is ambiguous. For example, some researchers (e.g., Ruggiero & Taylor, 1995, 1997) have found that in ambiguous situations, such as not knowing whether negative feedback is because of discrimination or some other factor, individuals from racially disadvantaged groups are reluctant to make attributions to racism/discrimination. However, this finding did not hold when the situation was less ambiguous (i.e., respondents were told that the evaluator was prejudiced). These researchers argued that attributions to racism are generally avoided, partly because such attributions may undermine feelings of control or predictability.

At the same time individuals are assessing whether a particular event is personally relevant and important, they are also determining the resources needed to manage the event. As such, stress results when the individual appraises the demands of the situation as taxing or exceeding his or her available resources. By contrast, if the individual perceives that effective coping responses are available, then a stress response will not occur (Lazarus & Folkman, 1984). The coping literature suggests that coping responses can be divided into two broad domains: problem-focused coping and emotion-focused

coping. *Problem-focused coping* involves actions designed to alter the aspect of the environment that is harmful, threatening, or challenging, with the goal of resolving or minimizing the stressor. *Emotion-focused coping* involves efforts aimed at managing internal states through protective reappraisals, which can include emotional responses (e.g., denial), self-preoccupation (e.g., withdrawal), and fantasizing (Folkman & Lazarus, 1980). This is important in terms of coping with race-related stress since the extant literature indicates that most individuals use a combination of the two coping strategies when faced with a racist incident. For example, while racial/ethnic minorities must cope with the substance of racism, such as blocked opportunities and interpersonal conflict, they must also manage the emotional consequences, which may include painful feelings of anger, sadness, and hopelessness (Brondolo et al., 2009).

Subsequent theorists have included additional categories of coping for empirical investigation. For example, Park & Folkman (1997) proposed *meaning-focused coping* as a useful way to think about coping efforts in which the individual draws on values, beliefs, and goals to modify the meaning of a stressful transaction, especially in situations that may not be amenable to problem-focused efforts. Shorter-Gooden (2004) noted that respondents in her study used this type of coping to “provide solace when there were few or no other coping options available” (p. 416). A more recent development in the coping literature is the growing recognition that people may anticipate or detect potential stressors and act in advance to prevent them or reduce their impact. Although coping has traditionally been conceptualized as a response or reaction to stress that has already occurred or is threatened, Aspinwall and Taylor (1997) put forth the idea of *proactive coping* to assess the efforts individuals use to preempt potential stressors. In fact, there is

a large body of literature that speaks to the importance of proactive coping in the form of racial socialization for individuals from racial/ethnic minority groups. For example, researchers (e.g., Phinney & Chavira, 1995; Scott, 2003) have found that adolescents whose parents communicated with them about discrimination (preparation for bias) were more likely to demonstrate effective strategies for coping with it (e.g., seeking support and using more problem-solving strategies), and less likely to describe ineffective coping strategies such as engaging in verbal exchanges. Similarly, Fischer and Shaw (1999) found that adolescents' reports about their actual exposure to discrimination were significantly associated with poorer mental health outcomes among those who reported that they had received no racial/ethnic socialization from their parents versus those who had.

As previously mentioned, much of the historical policies directed toward Native Americans were designed to completely eradicate Native American culture. However, these laws did not succeed in purging Native Americans of their traditions, but rather resulted in tribal practices being "taken underground" (Garrett & Pichette, 2000, p. 5). For example, French (2003) writes that the Plains Indians "eagerly celebrated the Fourth of July" (p. 103) because it meant that they could perform traditional dances and ceremonies under the pretext of celebrating the signing of the Declaration of Independence. Similarly, clandestine acts of cultural preservation also took place among students at the boarding schools, as many of the children went to great lengths to instruct one another in tribal stories, legends and dance (Adams, 1995). Thus, Wong's (1993) notion of *creative coping*, which refers to "finding novel solutions to old problems" (p.

57) may be particularly applicable given Native American peoples' centuries-long history of surviving despite enormous odds.

Additionally, while the extant literature on coping has focused primarily on individuals and their personal capacity to address major life challenges, there has been increasing criticism that this conceptualization limits our understanding of the coping process because it ignores the social aspects of coping. For instance, as noted by Hobfoll (2001), the individual is embedded within a relational context (i.e., "individual-nested in family-nested in tribe," p. 338), which suggests that coping will generally emerge as a combination of both individual and group effort. This may be particularly true in cultures where the focus is on maintaining interconnectedness with the group, as opposed to promoting personal needs and attributes. Because Native American culture is traditionally based on collectivistic values, an exploration of *collective coping* (Wong, 1993) or *communal-mastery* (Hobfoll et al., 2002) may elucidate the group-level behaviors or mechanisms that help individuals overcome adversity.

Although most coping strategies generally fall into one of the above-mentioned categories, this is not an exhaustive list. Unfortunately, as pointed out by Folkman and Moskowitz (2004), there is not a common nomenclature of coping strategies across studies, which makes it difficult to discuss findings in a meaningful way. However, these researchers did note that most studies typically include some variation of the following four coping categories: problem-focused coping, emotion-focused coping, meaning-focused coping, and social coping.

The behavioral, biological, or affective responses to stress

The biological perspective of stress focuses on the activation of physiological systems that are particularly responsive to physical and psychological demands (Sterling & Eyer, 1988). It is thought that prolonged or repeated activation of these systems places a person at risk for the development of a range of both mental and physical illness (Cohen et al., 1995; Clark et al., 1999; McEwen, 1998, 2000). In terms of the linkage between racism and health outcomes, the stress induced by experiences of racial bias is thought to be one mechanism in which racism in the larger society affects health (Williams, Neighbors, & Jackson, 2003). Moreover, given that racial/ethnic health disparities persist despite overall improved conditions for individuals from racial/ethnic minority groups, and the fact that perceptions of racism in American society are quite high (e.g., Williams & Jackson, 2005), investigating the role racism may play in the physical and mental health of racial/ethnic minority individuals is an important focus of exploration. In fact, there is a growing literature that links perceptions of racism/discrimination to poorer mental health outcomes. For example, Billow (2007) found a direct link between perceptions of discrimination and depressive symptomatology among a sample of Native American older adults. Noh and Kaspar (2003) found a statistically significant association between self-reported discrimination and depression in a sample of Korean immigrants residing in Canada. Likewise, Finch and his colleagues (2000) found a direct relationship between perceived discrimination and depressive affect even after controlling for acculturative stress and native/resident status in a sample of adults of Mexican origin residing in California (Finch, Kolody, & Vega, 2000). Moreover, the literature indicates that it is experiences with chronic, everyday racism rather than a

single, blatant act of racial discrimination that is more predictive of mental and physical health outcomes (Clark et al., 1999; Williams, Yu, Jackson, & Anderson, 1997).

More recently, researchers have begun to explore whether racism contributes to poorer physical health as well. Specifically, there has been an increased interest in the psychosocial correlates of hypertension since the prevalence of hypertension among some racial/ethnic groups (e.g., African Americans and Native Americans) is nearly 1.5 times that of their European American counterparts (Barnes, Adams, & Powell-Griner, 2005). For example, Lepore and colleagues (2006) investigated whether social situations that could be construed as racist (e.g., singled out of a crowd and accused of shoplifting), compared to social situations in which race is not a factor (e.g., one of many who experiences delays at an airport) had an impact on blood pressure levels for their female respondents. Their findings revealed that the social situation that could be attributed to racial bias resulted in greater and more prolonged physiological stress responses for the African Americans in their study, but not for the European American respondents. These findings suggest that the perceived racism evoked by certain social situations could put African Americans and other racial/ethnic minorities at heightened risk for intense and sustained elevations in blood pressure in their daily lives, which over time could contribute to an increased risk for cardiovascular disease (Lepore et al., 2006). However, while some studies have found a link between racism-related events and poorer health outcomes or reduced life satisfaction, other studies have demonstrated that this stress-distress relationship may be mitigated by the type of coping strategy employed. For example, Singleton and colleagues (2008) found that blood pressure levels were higher

for individuals reporting greater use of avoidance in response to perceived racism compared to those reporting less frequent use of avoidance.

Additionally, while the majority of the existing empirical literature looks at the impact of individual/interpersonal racism (Williams et al., 2003), there is a growing recognition that institutional racism (i.e., the differential access to goods, services and opportunities of society by race) may play an important role in the racism-related/health association. Specifically, researchers point to residential segregation as a primary institution-level factor in health outcomes (Constantine, 2006; Williams & Jackson, 2005). Racial segregation can have an effect on individual health via several pathways. First, these communities are predominantly poor and are less likely to have adequate health and social services, which creates a problem of access and timely use. Moreover, the physical environments in these neighborhoods are more likely to expose the residents to health hazards, such as noise, lead, dust, smog, as well as other toxins. Finally, the concentration of poverty and its related characteristics (e.g., exposure to crime, drugs, violence, substandard housing and schools, and lack of green space) often creates social environments that are not conducive to positive health behaviors (Robert, 1999; Roberts, 1997). For example, the literature indicates that perception of neighborhood safety is positively associated with physical exercise, and that this association is greater for racial/ethnic minority group members than it is for Caucasians (Williams & Jackson, 2005).

Although the mental and physical health sequelae of stress is not the focus of the present study, Cohen and colleague's (1995) integration of the social, psychological, and biological approaches to stress provides a useful framework for conceptualizing the

various pathways through which life events contribute to the stress experience, and potentially to disease. A heuristic model illustrating the role that racism may play in the stress process is discussed below.

A conceptual model of stress and coping

Figure 1 presents a conceptual model that illustrates the different pathways through which coping approaches may offset the effects of racism-related stress on mental and physical health. This model is in line with the conceptualizations of other researchers (e.g., Clark et al., 1999; Cohen et al., 1995) who have suggested a link between biopsychosocial factors and health outcomes. Although unique in that it is specific to race-related stress and highlights the cultural embeddedness of stress and coping, the model builds on the standard stress-coping model proposed by Lazarus and Folkman (1984).

Consistent with the Lazarus and Folkman (1984) model, the basic premise of the current effort is that the interpretation of an environmental stimulus as a race-related stressor, which itself is influenced by a number of contextual factors, triggers an appraisal process by which the individual assesses the availability of the resources needed to eliminate or reduce the impact of the stressor. As indicated in the model, if the event is not appraised as a race-related harm/loss, threat or challenge there will not be an affective and/or physiological stress response. On the other hand, if the event is thought to tax or exceed the individual's available personal and social coping resources, a physiological or affective stress response will occur. It is predicted that over time these responses will negatively influence health outcomes (Aldwin, 2007; Clark et al., 1999). This stress response-illness hypothesis is indicated in the model by the arrow linking physiological

and/or affective stress responses to negative mental and physical health outcomes.

However, and more germane to the focus of the present study, the negative health consequences of the stress response can be mediated or moderated by coping behavior.

Moderator variables specify the conditions under which the variable exerts its effects, whereas mediator variables may account, at least in part, for the relationship between the predictor and criterion (Baron & Kenny, 1986). In terms of the conceptual model presented, coping approaches that have a mediating effect would indirectly, rather than directly, impact health outcomes. For instance, a racism-related event such as being the target of racial harassment (e.g., being called derogatory names, or being subjected to racist jokes, etc.) at the workplace might cause co-workers to avoid contact with the individual experiencing this type of event or to respond in ways that are perceived to be unhelpful. More negative perceptions of social support could, in turn, increase symptoms of distress (e.g., anxiety, depression) and thus, increase the risk for negative health outcomes. The mediating effect of coping is demonstrated in the model by the arrows flowing from physiological/affective responses to coping behavior, and from coping behavior to mental and physical health outcomes.

On the other hand, coping strategies that have a moderating or buffering effect will impact health outcomes by reducing the negative effects of the stress. In contrast to the direct effects model of coping,¹ which proposes that coping will be associated with a

¹ Although a direct effect of coping is possible and even probable in some instances, it is not noted in the conceptual model primarily because it is thought that direct effects of coping are more indicative of personality-based coping and, thus, not as amenable to modification (Aldwin & Revenson, 1987). As such, since the focus of the current investigation is on trying to understand the behaviors and their underlying mechanisms that foster positive adaptation, mediating and moderating effects are a more appropriate focus of study since these can be easily implemented into treatment interventions (Aldwin, 2007).

² After extensive discussion, the research team decided not to include the notes from the non-taped interview in the analysis since the notes were a summary of the participant's responses rather than a direct account of lived experiences, and thus were likely to be influenced by such factors as interviewer bias,

given outcome *regardless* of the level of stress, the buffering effects model posits that coping has an effect on outcomes only to the extent that coping moderates the effects of stress on the outcome (Aldwin, 2007). For example, individuals reporting high levels of racism-related stress who also have well-developed and satisfying social relationships will be protected from the negative impact of this stress by virtue of their supportive social network. In the conceptual model, the arrow flowing from behaviors that intercepts the link between the physiological/affective response and health outcomes indicates a moderating effect of coping.

Additionally, as indicated in the model, coping is a dynamic and iterative process. Thus, individuals continuously reappraise the stressful situation and respond accordingly. As such, the initial coping effort may mitigate the situation to the extent that it is no longer perceived to be threatening, harmful or challenging. However, it is also possible that the event will require additional and/or different coping resources following the initial coping effort, which is indicated by the arrows looping coping behavior back to the reappraisal process.

In contrast to the Lazarus and Folkman (1984) standard model of stress and coping, the conceptual model guiding the current investigation is focused on a specific type of stress (i.e., race-related stress). There are several advantages to investigating a specific type of stress versus simply assessing a global measure of stress (e.g., stressful life events checklist). For one, race-related stress is a very general category that encompasses a variety of experiences; thus, by narrowing the focus to only this type of stress, it may be possible to gain a deeper understanding of this construct, including how race-related stress is characterized by those who experience it (Dohrenwend, 2006).

Additionally, empirical evidence suggests that the type of coping strategy employed is contingent upon the type of stressor encountered. As such, an understanding of how individuals cope with race-related stress may allow for the matching of specific coping behaviors to specific needs, which in turn, may lead to more effective interventions (Quittner, Glueckauf & Jackson, 1990). One final advantage is that by taking a more in-depth look at a specific stressor, it may be possible to understand the temporal and contextual aspects that affect positive adaptation. For example, the strategy that an individual employs to cope with a discrete, race-related event will likely differ from the strategy chosen to deal with a more chronic, race-related stressor (Wong, Reker & Peacock, 2006).

In addition to focusing on a particular type of stress, the conceptual model offered here endeavors to expand our understanding of the stress and coping process by investigating this process within a cultural context. The cultural-embeddedness of the stress and coping process is indicated in the model by the shaded oval that encloses these processes. Although the Lazarus and Folkman (1984) stress and coping model is essentially concerned with the effects of social and environmental forces on human functioning, the role that culture plays in this transactional process has largely been ignored. This is unfortunate given the research that points to the importance of culture in shaping the events that an individual (or group of people) deem stressful, the resources available to cope with the stressor, as well as the outcome the individual hopes to achieve upon resolving the stressful situation (Chun et al., 2006; Slavin, Rainer, McCreary & Gowda, 1991). By embedding the stress and coping process within a cultural context, which includes a consideration of the unique social and political histories of Native

American peoples, this model attempts to gain a more complete understanding of the factors that contribute to the experience of race-related stress, and potentially to negative health outcomes, in a sample of Native American older adults. More importantly, however, the present study hopes to highlight the processes, including those that appear to be culturally-specific that have helped individuals among this sample of Native American older adults cope with racism-related stress.

Coping with Racism-Related Stress

Although research that specifically addresses the coping strategies used to manage racism-related stressors is limited, there is evidence that individuals use fewer coping strategies to manage the stress related to racism compared to the strategies used to handle more general life stress (Krieger & Sidney, 1996). While researchers are not sure why this is, there is speculation that perhaps racism-related stress is more challenging to manage and that finding adequate coping strategies is difficult (Plummer & Slane, 1996). For instance, because of the ambiguous nature of modern racism (i.e., racial/ethnic minorities often find themselves in doubt about whether a particular event was racism-related or due to some other factor), individuals from racially disadvantaged groups may spend a great deal of emotional and cognitive energy addressing these types of stressors. However, there is also the possibility that individuals from racial/ethnic minority groups *expect* to experience race-related events, and as a result of this expectation, have learned to effectively cope with these types of stressors either through practice or the use of proactive strategies (Brown et al., 2000).

Other research in this area indicates that the type of coping employed will likely depend on the type of racial stressor encountered (Shorter-Gooden, 2004). In their

exploratory study aimed at examining racism-related coping behaviors used by African American college students, Utsey and colleagues (2000) found that the coping responses used by their female respondents, but not their male respondents, varied depending on the type of racism-related stressor experienced (i.e., individual, institutional, or cultural). For example, when encountering instances of individual racism, the women in their study were much more likely to use avoidance strategies than problem-solving or social support seeking strategies. Although an avoidance strategy has been linked to greater distress responses (e.g., Krieger & Sidney, 1996), Feagin (1991) maintains that racial/ethnic minorities' preference for avoidance in certain situations may stem from the fact that "the confrontation response is generally so costly in terms of time and energy that acquiescence or withdrawal are common options" (p. 106). However, Miller and Kaiser (2001) argue that avoidance often goes hand in hand with selective affiliation with other stigmatized individuals, and thus may be a starting point for other coping responses, such as more organized, collective efforts. As mentioned previously, it is also important to keep in mind that many racial/ethnic minority individuals may place the welfare of the group above that of the individual (Yeh et al., 2006). Thus, an individual may steer clear of directly confronting a racist incident in an effort to avoid perpetuating a negative stereotype of one's group (e.g., "all blacks are angry and aggressive").

Finally, while there is a large literature that generally describes the coping resources that play a significant role in adaptation and resilience in racial/ethnic minority populations (e.g., Daly, Jennings, Becket, & Leashore, 1995; Goodluck, 2002; Utsey, Bolden, Lanier, & Williams, 2007), less is known about the functional aspects of these strategies, particularly as they pertain to racism. A good example is social support

seeking. Although social support has played a prominent role in nearly every discussion of coping, it appears to serve a variety of functions. For example, some of the functions of social support include providing individuals with an outlet to vent their emotions, serving as a forum for exchanging and gathering information, or promoting a sense of security and connectedness (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001). Additionally, there is some indication in the literature that different types of support may be necessary at different points in time when coping with racism-related stressors. For example, Brondolo and colleagues (2009) suggest that concrete advice and emotional support may be needed at the time of a racist incident, whereas support focused on positive reappraisals or spiritual beliefs and experiences may be needed as individuals are faced with the possibility of more long-term exposure. Similarly, in an investigation of the coping strategies used by Native American older adults, Wallace and Swaney (2006) found that a consideration of the contextual effectiveness of coping strategies was a common theme among their respondents. In other words, participants were aware that a particular coping strategy might not be helpful in the long-run, but was the most useful strategy available for the short-run. This is consistent with Lazarus and Folkman's (1984) conceptualization of the coping process. That is, they view coping as a dynamic and iterative process and believe that people continuously reappraise the stressful situation and respond in flexible and multiple ways, which is also depicted in the conceptual model described above.

On the other hand, given that the effectiveness of a particular coping strategy is determined by the type of stressor encountered (see Wong, Reker & Peacock, 2006), Utsey and his colleagues (2000) point out that social support may not be a useful strategy

for managing racism-related stress. These researchers contend that racially-stigmatized individuals may experience an increase in distress when they discuss racism with members of their group because the experience of sharing accounts of race-related maltreatment may arouse anger and feelings of hopelessness and helplessness. As mentioned above, how one appraises a particular stressor changes over time and across contexts; therefore, it is possible that social support may be less helpful during the acute phase of a race-related stressor, but more helpful in addressing the chronic nature of this type of stressor, or vice versa. Thus, it is apparent that there needs to be further exploration into how particular coping responses help individuals negotiate experiences of racism.

A Qualitative Approach

One particular strength of the present study is that it employs a qualitative methodology. This approach is especially well-suited for work among understudied populations in that it allows participants to “tell their own story, define their own issues, and create their own solutions” (Wallace, 2006, p. 111). This is quite relevant to the current study given that the stress and coping literature has been criticized for its lack of sensitivity to cultural factors that contextualize how positive outcomes are defined by different populations (Wong, Wong, & Scott, 2006). For instance, this approach highlights the context in which participants live, thus elucidating the interconnectedness of the many factors that influence human functioning. Moreover, qualitative data can preserve the chronology of events, thus allowing for rich explanations as to which events led to which consequences (Miles & Huberman, 1994).

Additionally, qualitative data, with their emphasis on individuals' lived experiences, are especially helpful in understanding the *meanings* people give to the events, processes, and structures in their lives, and thus may be valuable in revealing the mechanisms that underlie constructs of interest (Folkman & Moskowitz, 2004). Likewise, qualitative methods allow researchers to uncover new variables and clarify unanticipated phenomena, which can then be used to inform future quantitative methodologies (House, Stiffman, & Brown, 2006; Wallace & Bergeman, 2002). Thus, the present study's analysis endeavored to illuminate how contextual factors (both current and historical) contribute to the experience of race-related stress. Moreover, this investigation allowed for an exploration of the types of race-related stressors experienced among a sample of Native American older adults, as well as the coping strategies used to manage these particular types of threats.

In summary, empirical research with racial/ethnic minority populations has linked racism-related stress to poorer physical and mental health indices, lower levels of life satisfaction, and diminished quality of life (Clark, Anderson, Clark, & Williams, 1999; Paradies, 2006; Williams, Neighbors, & Jackson, 2003). However, it has also been recognized that despite the pervasiveness of racism in contemporary society, most individuals from racially disadvantaged groups thrive (Williams, Neighbors, & Jackson, 2003). Using stress theory to conceptualize the ways racial/ethnic minorities manage their experiences with racism, researchers have revealed that individuals tend to employ fewer coping strategies when faced with racial stressors compared to those used for more generic stressors, and that the strategies employed may be dependent on the specific type of racial stressor (i.e., individual, institutional, cultural). Additionally, Native Americans

have been excluded from much of this research, which is problematic considering an investigation of their collective, as well as individual responses to experiences of racism will greatly further our knowledge of how racial/ethnic minorities manage this unique type of stressor. Thus, this study conducted a secondary analysis of qualitative data collected as part of a larger study investigating resilience in a sample of Native American older adults to delineate the types of race-related stressors encountered and explore the various ways individuals have coped with these historic and on-going threats. Taking into consideration the exploratory nature of this study, the primary research questions that guided the current study were: (1) How are race-related stressors characterized by respondents in this study? (2) What have been the ways respondents have coped with these race-related stressors? (3) In what ways were these coping strategies helpful?

Chapter II

Method

Participants

The data for this study were collected as part of the Native American Resilience (NAR; Wallace & Swaney, 2009) project. A convenience sample of 28 tribally enrolled, Native American older adults (18 females and 10 males) residing on a reservation was recruited through senior centers on the reservation, flyers, newsletters, local newspapers, powwows, and word of mouth. The mean age of the sample was 59 years ($sd=7.65$; range=50-79 years). Approximately 32% of the respondents were married, with the remaining 68% being either divorced (21%), widowed (18%), or single (29%). The majority (57%) of individuals lived with a spouse and/or other family member. Over 60% of the respondents earned less than \$25,000 per year, and about one-quarter of the respondents had a college or advanced degree. Table 1 provides a detailed demographic description of participants.

Procedure

Semi-structured interview. Semi-structured interviews were conducted in person by trained undergraduate and graduate research assistants. Interviews were carried out at the respondent's venue of choice (typically a home setting), and began with informal conversation, study background information, informed consent, and basic demographic information. The interviews then continued with a series of open-ended questions (see Appendix). These questions were used to guide the conversation and to tap into respondents' life histories and the types of challenges they have faced, as well as the factors they identified as being important in overcoming adversity. Given that the

interview questions were open-ended, the responses were audio-recorded and later transcribed verbatim. One participant was not comfortable with this procedure, so thorough notes were taken during the interview.² Interviews lasted from thirty five minutes to two and a half hours. Participants received \$30 for their participation in the interview.

² After extensive discussion, the research team decided not to include the notes from the non-taped interview in the analysis since the notes were a summary of the participant's responses rather than a direct account of lived experiences, and thus were likely to be influenced by such factors as interviewer bias, paraphrasing of answers, etc.

Chapter III

Analysis

A directed approach to content analysis was employed in the present study. While other qualitative methods (e.g., grounded theory, phenomenology) require the researcher to examine the data without preconceived theory and/or categories and are more suitable for developing theory (Strauss & Corbin, 1990), the goal of this approach is to “validate or extend conceptually a theoretical framework or theory” (Hsieh & Shannon, 2005, p. 1281). There are several general benefits to using existing research or theory. First, it can help focus the research question(s). Second, it can provide predictions about variables of interest or about the relationship among variables, which can aid in determining the initial coding categories (Hsieh & Shannon, 2005). The utilization of existing constructs to help inform the initial coding categories was important in the current study and is discussed in more detail below.

To start with, the analysis was conducted by a team of graduate and undergraduate research assistants. The reason for this was twofold. First, having multiple coders aided in clarifying categories and definitions (e.g., disagreement indicated that a definition needed to be expanded/amended). Second, it was believed that using multiple coders would help confirm the trustworthiness, or conceptual soundness of the investigation (Bowen, 2009). The assumption being, if two or more coders working separately used roughly the same codes for the same blocks of data, this would substantiate the reliability or consistency of the analysis (Miles & Huberman, 1994). The procedure for the current study was to examine how Native-American older adults characterize and cope with race-related stressors, and explore the ways these coping

strategies were helpful. Since the present study used an archival data set that did not specifically ask about race-related stressors, each participant's responses to the interview questions denoted in the Appendix was considered part of the analysis, which proceeded in a series of steps.

Using existing theory and prior research, the principal investigator operationally defined and identified key concepts to be used to guide the initial coding process and to tap into the research questions of interest. For example, in the present study, the general categories of individual racism, institutional racism, and cultural racism (Jones, 1997) served as a starting point to help identify the various types of race-related stressors experienced by the respondents. Additionally, the overarching coping domains that informed the preliminary stages of coding included: emotion-focused coping, problem-focused coping (Lazarus & Folkman, 1984), meaning-focused coping (Park & Folkman, 1997), proactive coping (Aspinwall & Taylor, 1997), collective coping and creative coping (Wong, 1993).³ As mentioned previously, research exploring race-related stress and coping behaviors has focused primarily on the experiences of African Americans, and to a lesser extent on Hispanic and Asian Americans. However, given the unique historical and sociopolitical experiences of Native Americans, race-related stressors and subsequent coping behaviors were expected to be expressed differently in this sample. Thus, categories of race-related stress and coping responses in this group of Native American older adults were described, analyzed and compared to previous research findings in an effort to expand the empirical literature with regard to how race-related stress is experienced and managed.

³ The preliminary coding scheme was used primarily to familiarize the research team with the general constructs and processes of interests (e.g., race-related stressors and types of coping) and did not necessarily denote predetermined categories for the final analysis.

Although a directed content analysis is guided by existing theory and research (i.e., coding may begin by using preexisting constructs derived from the empirical literature, etc.), procedurally it follows the same basic tenets of other qualitative methods in that it aims to make sense of the content of “language data” (Polkinghorne, 2005, p. 138) through the systematic classification process of coding and identifying themes/patterns (Hill, Thompson, & Williams, 1997). As such, the present study utilized a multi-phased coding procedure (Charmaz, 2006; Strauss & Corbin, 1990). In the first phase of analysis, open coding was conducted. Open coding consists of examining each word, line or segment of data and beginning the process of defining and labeling what is occurring. Charmaz (2006) recommends this initial coding process reflect actions (e.g., coding with gerunds), explaining that this will help the researcher stick close to the data and detect underlying processes. During open coding, text can be analyzed word by word, line by line, or incident by incident.

In the initial coding phase, the research team and faculty advisors for the present study collaboratively examined a randomly-selected transcript for text that made reference to emotions, thoughts or behaviors related to the respondent’s racial/ethnic identification or group membership. During this process, the research team read the entire transcript and highlighted the relevant text and then coded each line of this text in an effort to develop categories from the data that could be used to substantiate or refine the empirically-derived categories or used in place of those categories altogether. The text that could not be categorized with the preliminary coding scheme was given a new code or was assigned to an “other” category and coded at a later point in time when possible (i.e., when a category was identified that could account for the data). The team used the

same approach to code coping strategies and the respondents' experiences of how these coping strategies were helpful.

After revising the preliminary coding scheme to reflect the data, each coder then independently (i.e., not in the presence of the team) read through the next selected transcript and assigned the relevant data to one or more of the preliminary categories. The primary coding team met 1-2 times each week to discuss the coding for the transcript. During these weekly meetings, the category structure was continually reassessed and underwent subsequent revisions. Problems concerning the definitions of categories, coding rules, or categorization of specific cases were discussed and resolved by the research team. Discrepancies were discussed extensively and resolution was achieved through consensus. Additionally, the faculty advisors as well as a cultural consultant were available for consultation and to facilitate resolution in the few cases where the data were ambiguous or where there was a question pertaining to a cultural practice/value that was outside the knowledge of the research team.

Following the initial coding of each individual transcript, the team conducted a cross analysis to determine whether there were similarities among the cases in the sample and to ensure that consistent labels were being employed for text that captured a particular phenomenon. Once consensus was reached regarding the domains across cases, the team then moved to the second phase of analysis, axial coding (Charmaz, 2006; Strauss & Corbin, 1990). The aim of this second phase is to specify the "properties and dimensions of a category" (Charmaz, 2006, p. 60). During this stage, the team collaboratively sifted through the data from each individual transcript and developed subcategories of the particular categories. Once again, a cross analysis was conducted

following the axial coding at the case level in an effort to refine the categories and subcategories and to ensure consistency across cases. Although open coding and axial coding are described as two separate stages of analysis, the coding process is a recursive process and codes continued to emerge and be refined as the process progressed. As such, the team continually went back and re-checked earlier transcripts to make sure that consistent decision rules had been used in all cases and to ensure that relevant text was not missed (Bernard & Ryan, 1998).

The final stage of analysis, theoretical coding, involves making inferences and drawing conclusions by exploring the properties/dimensions of the categories that emerge, identifying the relationships between categories, uncovering patterns, and testing the categories against a full range of data (Schilling, 2006). The goal of this phase of analysis is to “tell an analytic story that has coherence” (Charmaz, 2006, p. 63). Through weekly team meetings and immersion meetings that included the faculty advisors and the cultural consultant, conceptual links were made between categories and subcategories in an effort to deepen our understanding of how Native American older adults characterize and cope with race-related stress.

In qualitative research, negative case analysis, or examining disconfirming data and refining working hypotheses to account for these data, enhances the credibility of the findings (Lincoln & Guba, 1985; Strauss & Corbin, 1990). In the current study, negative case analysis involved a re-examination of every case after the initial analysis was completed to determine whether the characteristics of the emergent themes were applicable to all cases. Four of the transcripts included instances of negative cases. These cases were accounted for in the analysis and discussed in more detail in the findings.

Additionally, while the present study did not conduct a member check to determine whether the categories that emerged are an accurate representation of the phenomena of interest, the research team comprised individuals from diverse backgrounds, including enrolled members from Native American tribes, who provided valuable insight via their personal experiences and knowledge. This study also sought input from a cultural consultant, who is an enrolled tribal member from the community in which the larger study was conducted. In addition to providing invaluable insight into historic and cultural issues, this individual is a fluent speaker of the tribe's native language and thus was available to provide a richer perspective into the nuances of language/terminology used by respondents.

Finally, an auditor was utilized to confirm the data analysis process and findings (Bowen, 2009; Hill et al., 1997; Lincoln & Guba, 1985). Essentially, this individual was asked to evaluate whether the findings from the data analysis process were logical, conceptually clear and grounded in the data. In the present study, the auditor was an undergraduate psychology student who was oriented to the study's purpose (e.g., conceptual framework, planned methods, expected results, etc.) and trained in qualitative data analysis. This individual worked independently of the research team and followed the audit trail used by the team to analyze the data. The audit trail consisted of memos that captured the connections between the raw data and emergent themes, as well as working definitions of categories, subcategories, and constructs. Figure 2 is an example of a portion of the audit trail illustrating the comparing and collapsing of Stage I and II codes for the construct of institutional race-related stress. The research team met with the auditor periodically to discuss patterns, themes, definitions and other issues related to the

analysis process (e.g., biases, reactions, etc.) and to address any discrepancies. Any differences were resolved by the entire group. Through this process, the auditor concluded that the findings were an accurate representation of the data.

Chapter IV

Findings

Although the investigation used previously published categories of the constructs of interest as a guide to draft a preliminary framework, during analysis data were broken down into discrete categories that fit the data rather than trying to “make the data fit” these preconceived categories. In the present study, data were analyzed using the constant comparative method (Charmaz, 2006; Lincoln & Guba, 1985) where each line from the transcribed interviews was reviewed to determine what themes the data reflected and to code the data. Each code was compared to all other codes and comparisons for similarities, differences and general patterns were made. The research team then generated larger categories from these original themes/codes (Charmaz, 2006). Using the first research question (i.e., *How are race-related stressors characterized by respondents in this study?*) to guide the analysis, four broad categories of race-related stress emerged: 1) Institutional, 2) Intergroup, 3) Bicultural, and 4) Intragroup.

The same coding procedure was employed to identify strategies used by respondents to cope with race-related stress and to explore how these strategies were helpful to the respondents. As such, eight general categories of race-related coping emerged: 1) Taking action, 2) Acceptance, 3) Escaping, 4) Collective coping, 5) Meaning making, 6) Affective coping, 7) “Returning to what Indians did before”, and 8) Creative coping.

During the axial and conceptual coding phases, links were made between categories and subcategories of the constructs of interest and comparisons of the emergent concepts were made with the existing literature as a way to summarize and

understand respondents' experiences of race-related stress and coping. A summary of these categories is provided at the end of this section, whereas comparisons to the existing race-related stress and coping literature are provided in the discussion section of this document.

Additionally, in reporting the results, the present study used respondents' own words in an effort to better capture their lived experiences. When presenting quoted material the principal investigator used editorial conventions to increase readability. For example, the original transcripts recorded pauses, interruptions, background noises (coughs and telephone rings), conversational phrases ("ums" and "ahs"), and expressions by the interviewer that were intended to encourage or affirm ("uh-huh", "right", "sure") what the respondent had said. When these features of the dialogue were not essential to the analysis, they were deleted. Ellipses indicate places where phrases, sentences, or other portions of the text have been deleted. Finally, to protect respondents' privacy, only gender, age and some de-identified background information were used, when appropriate, to contextualize the quoted material.

Race-Related Stress

Although respondents were not asked specifically about race and/or their experiences with racism, nearly 90% ($n = 24$) of respondents described experiences of racism when asked to talk about the major life challenges and day-to-day hassles they have faced. The fact that the majority of respondents in this study identified racism as a major source of stress without being prompted to do so speaks to the impact racism has in the lives of racial/ethnic minority individuals. Moreover, compared to other types of stressors, racism may be especially stressful because it poses some unique demands on

the individual (Brondolo et al., 2009; Harrell, 2000; Meyer, 2003; Utsey, et al., 2006). These demands are discussed in more detail below.

For the purposes of this study, race-related stress was defined as transactions between individuals and their environments that are appraised as harmful, threatening or challenging, and are deemed the consequence of racism (Harrell, 2000). Social scientists (e.g., Essed, 1991; Harrell, 2000; Jones, 1997; Neville & Pieterse, 2009) have long asserted that at the core of racism are those historical and contemporary systematic practices that have created a racially hierarchical society in which racial/ethnic minorities have been deemed inferior, deviant, or undesirable in comparison to their white counterparts, and have, consequently, been excluded from power, status, and/or equal access to societal resources. However, while there are many commonalities in the experiences of racism across racial/ethnic minority groups, there are also many important differences, which are related to each groups' unique sociopolitical histories (Harrell, 2000; Thompson & Neville, 1999; Ungar, 2008). In the present study, several broad dimensions of race-related stress emerged as demanding significant coping resources from the respondents: *Intergroup*, *Institutional*, *Intragroup*, and *Bicultural*. These dimensions of race-related stress stem from the situations in which the race-related event occurred and, for the most part, are consistent with the extant literature (Table 2 shows the four overarching categories of race-related stress and their related subcategories). For example, Jones (1997) has described three forms of racism that are commonly cited in the literature as the standard for capturing the multifaceted and structural nature of racism: individual, institutional, and cultural.

Individual racism develops from a belief in the superiority of a particular racial group over another and includes the personal acts designed to humiliate or degrade an individual based on his or her racial group membership, such as name-calling or physical attacks. In contrast, *institutional racism* goes beyond the level of the individual and generally refers to the policies, practices and norms that perpetuate, whether intentionally or not, inequality. Institutional racism tends to be more damaging to racial minorities in that it results in significant economic, legal, political and social restrictions. Finally, *cultural racism* can be characterized as the individual and institutional expression of the superiority of one group's cultural heritage over that of another group. For instance, in the United States, cultural racism is the belief that white cultural values are the norm and are superior to the cultural practices and values of racial minorities, which often results in limiting, pathologizing or entirely omitting the cultural practices or values and contributions of racial minorities (e.g., Essed, 1991; Jones, 1997; Memmi, 1965; Thompson & Neville, 1999).

Jones (1997) adds that when the so-called inferior cultural group is also defined as a racial group, the basis for bias is hard to distinguish. In other words, cultural differences become "bound up inextricably with racial differences" (p. 15). Moreover, while distinctions are drawn between these three levels of racism, Jones believes it is important to keep in mind that they are not conceptually separate but, in fact, "flow into and from each other in reciprocal currents of influence" (Jones, 1997, p. 413).

In the present study, the multiple experiences of racism reported by respondents functioned in an interconnecting, reinforcing fashion such that race-related stress in one context might actually stem from the consequences of race-related stress in a different

context. For instance, respondents not only had to cope with the matter of the racist event, such as being called derogatory names, social exclusion or blocked opportunities; they also had to cope with the emotional consequences, including painful feelings of sadness, shame, hopelessness, and anger. In addition to these more direct demands of racism, respondents also had to cope with the indirect effects, such as poverty or changes in the family structure.

Institutional Race-Related Stress

Throughout the history of federal government-Indian relations, federal policies have shifted between “annihilating tribes and preserving them” (Slaughter, 2000, p. 228). These historic policies, which were born out of a cultural ideology that viewed Native Americans and their cultural practices as “savagery,” and thus, inferior to European Americans and their ways of life, fostered a widespread belief in the need to “civilize” Native peoples (Adams, 1995; Bryan, 1996; Garrett & Pichette, 2000).

As with most efforts directed at social change, public institutions played a major role in the government’s endeavor to assimilate Native Americans into the broader society. As such, institutional race-related stress stemmed from the policies, procedures, laws and structures of society that hindered equal access and opportunity or created unfair disparities for the respondents in this study (Jones, 1997). This dimension of race-related stress was endorsed by 83% (n = 20) of the respondents and emerged in four domains: 1) boarding school/educational experiences, 2) encounters with the health care system, 3) policies and practices governing the custody of Native American children, and 4) the Relocation Program.

Boarding school/educational experiences. The Bureau of Indian Affairs (BIA) boarding school system was “established for the sole purpose of severing the child’s cultural and psychological connection to his [*sic*] native heritage” (Adams, 1995, p. x). As such, the off-reservation boarding schools were a crucial component of this plan since it was believed that by separating children from their families and tribal communities, they could be assimilated into the broader culture’s way of life more rapidly and thoroughly (Littlefield, 1989). In the current study, sixty-seven percent (n = 16) of respondents poignantly recounted their boarding school and early educational experiences when asked to talk about the major life stressors or challenges they have faced.

For the majority of the respondents, these experiences were remembered as a time of abuse and cultural desecration. For example, one respondent, who was removed from the care of her grandparents and placed in boarding school at the age of seven, recalled feeling “so small” at the time she was separated from her family and went on to share accounts of the mistreatment she endured:

I wasn’t allowed to see my grandparents but the nun would hold me up in the window and let me see them and then she would tell me how ugly I was—[and say] that’s how come my grandparents didn’t want to see me—or she would tell me that they didn’t love me and all these horrible things.

In conjunction with the psychological tormenting that occurred, respondents also reported being physically abused. For instance, the respondent mentioned above shared a memory of how the nuns tied her into her bed at night because they kept finding her “hiding” underneath her bed in the mornings out of fear that she would be the next victim of the

person who had” killed the girl who slept in the bed before [her]” (the story of the murdered girl was told to the respondent by the nuns when they gave her the bed assignment). She was then beaten for wetting the bed at night, even though she could not get up to use the restroom because they had strapped her to her bed.

Other respondents shared similar accounts of having their hair pulled, being hit, poked, pinched or having to kneel on hard, rough surfaces or sticks for long periods of time. As one respondent stated, “The nuns were pretty good at slapping you and hitting you with a ruler and calling you names.” Adding to the psychological and physical mistreatment that the respondents endured is the fact that for many of them, these types of ‘disciplinary tactics’ were not a part of their family’s or culture’s childrearing practices (Wallace, 1995). As such, several of the respondents remember how “shocked” they were the first time they were physically struck by a teacher. Moreover, the fear that the psychological and physical mistreatment evoked, ensured compliance not only from the target of the mistreatment, but from others as well. One woman, who was a frequent target of the nun’s mistreatment, explained how her mistreatment, which was painful in and of itself, led to an even more punishing consequence, ostracism from her peers. As she explained:

Nobody talked to me because they were scared of her (the nun). You could see it. Children know power—they know the people who have power. So they stayed away from me.

For others, the most difficult aspect of the boarding school experience was being sent away, often to out-of-state schools, and spending long periods of time separated from their families and tribal communities. For instance, one respondent reported that he

was sent away when he was 8 years old and did not see his family for the next 18 years, adding that it was difficult “being without [his] mom or dad [and having to be] with mean people.” Moreover, while respondents reported that they were allowed to leave school during holidays and summer break, given the impoverished circumstances in their families, going home was not an option for many of them. For instance, one woman shared that she was sent to an out-of-state boarding school and although she got “lonesome for [her] mom” and “wished [she] could have gone to school in [her] hometown,” she was also aware of another reality:

Our parents would send us off to boarding school because see there you got three meals a day, you know. You eat if you go to boarding school whereas at home we didn't have very much food—sometimes you ate, sometimes you didn't.

Although some respondents were not forced to go away to school, this was a fear that was always present. As one of the female respondents explained: “My grandmother told us to watch for cars coming down the hill because there will be some white people in a government car to take you kids away from me.”

It was evident from the respondents' recollections that the prevailing message they received from their encounters with the educational system was that there was something inherently wrong with Native American culture, and thus, with them. One respondent admitted to “not wanting to be Indian for a number of years,” because of her early experiences and explained:

We had five kids in our class and the kids in our class always wanted to play 'Cowboys and Indians' and I was the only Indian...I felt I couldn't change

because they said “You’re an Indian and there’s nothing you can do about it.” And I was going, “Well, gosh, I want to be the white cowgirl” so I could win once in awhile, you know.

One 53-year-old woman expressed a similar sentiment when she shared, “School was a big stressful situation with all of us in that little town because nothing was geared towards Native Americans. We couldn’t be involved in anything.” A 52-year-old male shared that he was one of the few Native American students in a predominantly white school and remembers not being allowed to ride the school bus because he was Indian.

Another respondent, whose parents were medicine people, talked about how she was no longer allowed to speak her native language or to talk about her family’s cultural and spiritual practices once she went to “that Catholic school.” For some, it was clear that no matter what they changed about themselves, they were never going to be treated with dignity. As one woman pointed out, even if you “cut off being Indian, they (the teachers and non-Indian students) still call[ed] you, ‘dirty old Indian’ or they still call[ed] you ‘poor.’”

As respondents recounted their personal experiences of mistreatment, many also voiced an awareness of the negative impact that these educational institutions have had on their families and, more generally, on their culture/spirituality. One woman became aware of this influence later in life when she sought therapy in an effort to heal the emotional wounds of her childhood:

My dad was a 3rd generation boarding schooler... [He] didn’t have parenting

skills. He didn't know how to be a good parent...See that's where the boarding school connection came in—the dysfunctional family—breaking up a part of the family.

Since Christianity was deemed to be essential to assimilating Native American children to the values of the broader culture, especially to the value of individualism, religious teachings constituted a principal part of the educational curriculum (Wallace, 1995). As such, several of the respondents acknowledged the spiritual alienation that resulted from their schooling experiences. For some of the respondents this sense of separation was born out of the fact that these Christian teachings ran counter to their traditional cultural teachings. As one woman explained:

We spent many hours on bended knees—it was cold—with our little beanies on, praying for our immortal souls. I didn't know who Jesus was until I went to school and then I had a fear of God rather than a love and respect for him. I feared him. I mean they really implanted that in your little mind.

For others, this sense of alienation appeared to be related to the fact that the respondents simply did what they were told to do out of fear of punishment, but never really understood the rationale for the religious rituals they were required to perform. One woman offered the following as an explanation:

[W]e had to pray—seems like all day. When you woke up, when you went to bed, when you ate, when you went to school, after school, before lunch, after lunch. We had to [pray]. We didn't learn why.

The general response to the constant proselytizing that occurred in the respondents' early educational years appeared to be one of resistance or, at the very least, ambivalence.

For instance, one woman reported that she is Catholic, but went on to add that she “doesn’t make a big fuss about it because [she] went to a Catholic boarding school and it was like a prison.” Similarly, one of the male respondents explained that he “left [his spirituality] for quite a while [because] they forced me to do it.”

Additionally, although the supposed purpose for the Indian schools was to provide Indian children with an education that would prepare them to be successful in the broader American culture, many of the respondents felt these schools did not live up to this purpose. As one of the female respondents shared, “The nuns didn’t teach me a thing except to hide when they came with their little switches.” One of the male respondents expressed a similar attitude, adding that despite eight years of boarding school, he did not feel prepared for “what life was on the outside.” In fact, the consequences of the boarding school system (and the education of Indian children, more generally) created problems long after the children returned home and were evident in the linkages that respondents made between their educational experiences and their “low self-esteem,” feelings of “powerlessness,” and “loss,” as well as their feelings of shame with regard to their racial/ethnic heritage.

Encounters with health care system. For thirty-eight percent (n = 9) of respondents, institutional race-related stress occurred in encounters with their health care providers and focused primarily on the inadequate and often times, inappropriate care they received. For example, one of the female respondents indicated that it was “really stressful being an Indian” during her adolescence and went on to share: “Whenever things would hurt emotionally, I’d just go to the doctor and they would give me pain shots or pain pills or tranquilizers.” Another respondent reported getting “hooked on” the

prescription medication her doctor had prescribed to her, adding that she did not realize she could get addicted to something that her doctor had given her.

Others mentioned not receiving information regarding their treatment options. For example, one woman shared:

I had cancer of the uterus. They removed my ovaries, tubes and uterus. At the time, they never gave me any estrogen or any hormones or anything to put a balance when they took everything away...I didn't know what [estrogen replacement therapy] was and they didn't tell me. They never even thought about it at the time—they just didn't, I guess.

Similarly, another female respondent reported that her doctor put her on an antidepressant and did not inform her of the potential hazards of abruptly quitting this medication.

Because she was not told otherwise, she thought she only needed to take the medication until her depressive symptoms went away. Once she started feeling better, she stopped the medication. These accounts are consistent with some of the empirical literature which indicates that racial/ethnic minorities are more likely to experience barriers to communication with their physicians as compared to their white counterparts (Peek, Odoms-Young, Quinn, Gorawara-Bhat, Wilson, & Chin, 2010).

Unfortunately, healthcare providers are not immune to the beliefs and misconceptions of the broader society, and often carry with them stereotypes about various groups. As such, some of the respondents shared accounts of the stereotypes they encountered when seeking health care. One of the women recalled an incident in which a doctor assumed that her husband abused alcohol and after being told that he was not a

“heavy drinker,” replied: “[Y]ou don’t have to be, you’re Native American and alcohol and Indians do not get along.” Another respondent shared the following account:

[My daughter] died three years ago. She didn’t drink. She didn’t abuse drugs. She didn’t do any of those things. All she ever did was go to school and go to work. She never even used Tylenol...She finally went to the hospital because she got so sick and when she got there they said she’s an alcoholic and her liver is gone. I couldn’t believe [they said that] because she wasn’t...Finally she got so bad they took her to [larger hospital in another town]. They could not figure out what was wrong with her so they flew her to [city] and she died there.

Others expressed frustration with the lack of sensitivity to, and knowledge of, the unique cultural needs of the Native American patient. For instance, one of the male respondents shared that he was uncertain whether his continued spiritual practice of using the sweathouse was acceptable given his chronic health conditions, but felt his doctor did not have the cultural knowledge to provide a recommendation with regard to this issue: “Your doctor can’t tell you [if it’s okay] because he doesn’t know what a sweathouse is.”

Policies and practices governing the custody of Native American children. An investigation conducted by Congress during the mid to late 1970s revealed that approximately 35% of all reservation Indian children had been removed from their families by state welfare agencies and state courts and placed in off-reservation (and typically non-Indian) foster or adoptive homes or institutions (Slaughter, 2000). This investigation by Congress revealed that the removal of Indian children from their homes and tribes was the result of several factors: 1) a lack of cultural knowledge regarding Indian child rearing practices on the part of many state social workers and judges (e.g.,

social workers judged the children to be abandoned because they were living with extended family rather than with the parents), 2) the prejudiced attitudes of state employees, and 3) for the simple reason that the family was poor (e.g., state workers characterized the impoverished conditions in which reservation Indians often lived as neglect; Pevar, 2004). As a result of this investigation, the Indian Child Welfare Act (ICWA) was passed in 1978. The main purpose of the ICWA was to protect the integrity of the tribes and the heritage of Indian children by limiting the state's ability to remove Indian children from their families and by giving tribal courts primary jurisdiction in most Indian custody cases (Canby, 2009).

In the present study, 21% ($n = 5$) of the respondents reported experiences with various state governments' social services with regard to child custody as a major source of distress for them. One woman called being forced to place her son up for adoption "the trauma of [her] life," adding that she "had no power" to prevent the state from taking her son. She went on to share that it still makes her sad that her son, whom she reconnected with later in life, was "raised in an all-white, German family—blonde haired, blue-eyed." Similarly, another respondent shared that a state social worker took her child from her (presumably because the respondent was a teenage mother) even though the respondent's family wanted to raise her child. The respondent remembered that she was afraid that the social worker would make things difficult for her family or "hurt [her] mother" so she told her to just take the child and leave.

The forced separations of Indian children from their families/tribes were often disastrous for the children involved. As one respondent, who was removed from his

family at the age of two and placed in a Catholic-sponsored orphanage because “there was alcohol in the home,” poignantly explained:

I was in an orphanage for a long time...it was a Catholic-based [orphanage] and I never really got to know the tribal and spiritual aspects of life on the reservation. I would have had that background inside of me [had it not been for being raised in the orphanage]. [The orphanage] booted me out and said, ‘okay, you’re on your own.’ ...But as far as they (members of his tribe) were concerned I was a white guy and that hurt me because I wanted to be them—I was one of them. I am one of them....So being kicked out of both people I never did get into the spirituality of my own tribe because, like I said, I wasn’t accepted.

Relocation program. Eight percent of the respondents (n = 2) talked about their challenges with the Relocation Program, which was a federal program aimed at assimilating Native Americans into the broader American culture by offering job training and housing assistance for those individuals who were willing to leave their reservation for the larger urban centers (Pevar, 2004).

One of the female respondents chose to go through the relocation program because, as a single parent, she needed to find a way to support her children and was told that the program would provide her with child care. She was first placed in a laundry mat where she learned to press clothes on a big steamer. When that job did not work out, she was hired to clean hotel rooms. Eventually she returned to her home reservation because she could not make ends meet on the pay she received.

Following her graduation from an industrial-type, boarding school, one woman was “relocated” to a large city in the northwest. She described the experience as “scary,”

adding that “[I]t was hard coming from a place like this [her home reservation] and going into a big city like that.” The following is her recollection of the many job placements she had in the short time she was in the city:

First they put me into a [clothing] factory because in school I had taken sewing and I knew how to use a power machine, but I didn't like that [job]. And so then they put me in a candy company—I went to work for them and started gaining weight. I kind of messed up there—that was a good job. Then I went to work in a rest home doing laundry and it was such low pay—I don't know how long I stayed there. And then I went to a motel and worked as a maid or whatever they call them. Then I started working for a new sewing factory...and all I had to do was bound button holes. And then you were on your own after you got on your own feet.

After about two and a half years in the relocation program, this respondent also decided to return home. Although she found employment working for one of the tribal programs, she almost turned this job down because it required some traveling (e.g., driving to the various communities on the reservation) and she did not know how to drive. As she explained: “I didn't even know how to drive yet. I didn't learn how to drive until I was 25 years old.”

Although well-intentioned and a response to the indisputably high unemployment rates on the reservations, the relocation program did little to improve Native Americans' disadvantaged status, and perhaps even perpetuated it by causing those who 'failed' to believe that they, rather than the system, were at fault. While acknowledging that some

Native Americans were successful in securing lasting employment through the relocation program, Canby (2009) adds:

All too often, however, the effect of the program was to create in the target cities a population of unemployed Indians who suffered all the usual problems of the urban poor along with the added trauma of dislocation (p. 28).

Intergroup Race-Related Stress

Fifty percent (n = 12) of respondents identified the prejudice and discrimination directed towards them personally, or towards members of their family or group by individuals outside of their racial/ethnic group, as stressors. Intergroup race-related stress emerged in two domains: 1) individual racism, and 2) feeling like an outsider.

Individual racism. Forty-two percent (n = 10) of respondents discussed experiences of individual racism in the form of personal or vicarious treatment by individuals outside of their racial/ethnic group that implied they (or their racial/ethnic group) are in some way inferior. For most of the respondents, this type of racism comprised being called derogatory names or being stared at. One of the female respondents recalled being called names because of the smell of sweet-grass on her buckskin clothing, but felt stuck because: “I couldn’t tell my mom I didn’t want to be smudged because it was instilled in me enough that ‘you respect your elders and listen to whatever they tell you.’”

Another female respondent remembered a Caucasian family moving to the reservation when she was in high school, and recalled that the children in this family were apparently told they could “be friends with the Indians but they couldn’t date the Indians.” She went on to share that she was “raped by one of them,” which resulted in a

pregnancy. Because of the child, she married this individual. Unfortunately, the denigration did not stop:

He was gone all the time, hanging out with his brothers and with other women and bringing back sexual diseases and stuff like that—forcing himself on me—and just treating me horribly because I wasn't a 'California girl.'

The respondent mentioned above also recalled her husband's friends and family members coming over to her home and "just looking at [her]" because they had "never seen an Indian or an Indian baby before."

Other respondents shared vicarious experiences with racism. For example, one woman recounted a situation that her granddaughter had endured:

They were unfair there [at her granddaughter's place of employment]. They wouldn't let her above bussing [tables]. The Indians they hire—they don't let them above bussing. They'll hire you and pretend they're going to put you up there [waiting tables], but when white people come in and apply for jobs they put them right up there...so there's discrimination.

Some respondents expressed anger and sadness with regard to how family members as well as Native Americans, in general, had been mistreated by the larger society. For example, one of the male respondents claimed that "one major stress that's been there all along in [his] life is the prejudice in this country against Native Americans."

Feeling like an outsider. Twenty-one percent (n = 5) of the respondents shared that they either did not feel accepted by the larger society because of their racial/ethnic heritage or claimed that it was challenging being a member of their marginalized,

racial/ethnic group. As one woman stated, “being an Indian just added on to everything else.” Another respondent shared the following:

My adolescence was really tough. We moved from where I had originally grown up to [town] and that’s where I went to school. And [town] at that time was a very prejudiced community. I was the only Indian in the high school. There were others but they were raised in foster care or in white homes and they didn’t identify with being Indian. Oh, it was really tough. I would go home in tears and beg my parents to send me to an Indian school...It was a rough, rough adolescence not being accepted.

One of the male respondents reported that the rejection and denigration of Indian people “first dawned on [him]” back in 1972 when a major hotel in the town he lived in burned down. He went on to explain that he and some of his friends had “risked [their] lives to help save quite a few people.” However, he was “shocked” the next day when the television and newspaper accounts of the event had referred to them as a “bunch of drunken Indians.” He admitted that this is when he realized, “Wow, this racism runs pretty deep.” It was clear from respondents’ accounts that nonacceptance and rejection were commonly occurring mechanisms of racism.

Bicultural Race-Related Stress

Bicultural race-related stress is the stress that results from being a member of a racial/ethnic subculture that is embedded within a broader culture that controls important resources and opportunities (Jones, 1997). This category of race-related stress was reported by 63% (n = 15) of the respondents and emerged in three general domains: 1)

acculturative issues, 2) distrust of the state and federal governments, and 3) bureaucracy on the reservation.

Acculturative issues. Challenges associated with being forced to negotiate the cultural practices, values and norms of the broader culture with one's own cultural heritage were reported by 46% (n = 11) of the respondents. For some, these challenges were additive to other types of race-related stress. One of the women recalled that her grandmother only spoke French: "So from birth to five that's all I heard. And so then at age six I found myself over there at that place [boarding school]." Since the Indian boarding and day schools were 'English only,' for many of the students this language barrier added to the trauma of being removed from their family and made adaptation to their new environment all the more challenging. For instance, many students received severe punishments simply because they were unable to comprehend and respond to commands given to them in a language that was still foreign to them (Wallace, 1995).

For others, however, these challenges were a consequence of other types of race-related stress. For example, the highly regimented or 'paramilitary' nature of the BIA boarding schools (Littlefield, 1989) made it difficult for some of the students to transition back home when on holiday or summer break. Given the different set of standards for the different environments in which many of the respondents were forced to negotiate, many of them had to find creative ways to cope with the stress of this bicultural context. One of the female respondents spoke to the challenges of this situation, sharing that because of the rigid structure at boarding school, she had a difficult time adjusting to her mother's "permissiveness" when she was home on breaks and, as a result would often stay with a relative who managed her household in a more structured fashion.

Some respondents talked about feeling pressured to be like their white counterparts. One of the respondents, who was raised by her grandmother and within her tribe's traditional culture, remembered being untruthful to her white classmates about her family:

I had one little white friend and she'd try to make me go stay with her and I didn't own pajamas and all this good stuff that she told me to bring. So I'd tell her my mom and dad didn't want me to go...I always said I had a mother and a father because I'd go home with white kids to play and they had mothers and fathers.

For a few of the respondents, the stress of trying (or being forced) to bridge two different worlds often left them feeling like they did not “belong anywhere.” One female respondent described “Being moved from one place to the other—grandparent white, grandparent Indian—Indian schools, white schools...I always felt like I was there because there wasn't any place else to put me.” One of the male respondents, who was removed from his family at an early age, talked about “looking Indian,” but being perceived as a “white guy” by the tribal members from his home community because of his early socialization within the broader culture.

For one of the male respondents, there appeared to be a sense of cultural dissonance with regard to his military experience in that he was fighting for a government that had historically taken so much away from his people. In the following quote the mention of the U. S. Army cutting off his hair, which is an important symbol in Native

American traditional culture⁴, speaks to the cultural disregard that this respondent still experiences within the broader culture:

I got my induction into the US Army. I was drafted and that was a huge shock to me because I never expected that. It just came out of the blue. So the next thing I know I am down there and they are cutting my hair off.

Distrust of the state and federal governments. For 17% (n = 4) of the respondents, knowledge about the historical mistreatment of Native Americans (and people of color, in general) by the US government, the government's perceived disregard for the natural environment, along with personal experiences of disadvantage and denigration have culminated into a general distrust of state and federal governments. For instance, one respondent admitted that he "lost [his] trust in our government" after he had been mistreated during his time in the military.

Another male respondent also admitted that he started losing trust in the government after he saw "how ugly Americans were in foreign lands too" when he was sent to fight in the Vietnam War. This distrust increased over the years after the federal government continued to deny that his chronic health issues were related to the chemical he was exposed to during this war. Although he would like some answers and is still in the process of trying to prove that his health conditions are a result of handling Agent Orange, this respondent is doubtful the government will ever acknowledge the truth, adding: "That's what the government does, they just throw up obstacles."

All four of the respondents mentioned their lack of trust in the government's ability to manage the natural environment. One of the female respondents called the

⁴ E.g., Many tribal religious traditions teach that men and boys are only to cut their hair when mourning the death of a close relative (Wallace, 1995).

Federal Emergency Management Agency's (FEMA) tree removal in her area an act of "racism." One of the male respondents explained it like this:

Our present-day president [George W. Bush] is logging the earth off—changing its climate—taking the lubricant out of the earth...Just all of these things that the present-day administration doesn't have an understanding of—the real workings of nature. I really don't believe they understand it or they just go about their way without any thought that there are consequences.

For some of the respondents, the policies that promoted and maintained the impoverished circumstances of Native Americans added to the distrust. For example, one respondent recalled that his family had to move off the reservation because his father, who was a teacher, could not find work. He went on to explain, "[Even though] there was not a law, they didn't want Indian teachers teaching Indians." Although it was unclear whether the respondent felt this practice stemmed from state or federal government policy, the not-so-distant, past abuses by state agencies, especially with regard to Indian child custody, have resulted in a pervasive distrust of state governments, as well.

Bureaucracy on the reservation. Seven respondents (29%) reported challenges related to the special circumstances (e.g., policies and practices) that govern the lives of Native Americans residing on the reservation. One female respondent, who has an abusive, non-Indian ex-husband, who still threatens her on occasions, acknowledged that it is "kind of a hassle to get a hold of the police" and went on to explain that because of "something with the housing" she has to call the county's law enforcement rather than the tribal police whenever she needs assistance even though she is tribally enrolled and resides on the reservation. Rather than a housing issue; however, this is likely a

jurisdictional issue based on the fact that her ex-husband is a non-Native American. Unfortunately, having to sort through these types of issues in the midst of a crisis could have dangerous consequences.

A couple of the respondents talked about the challenges of trying to finance a home on tribal land. For instance, one of the women reported that she and her husband could not use the trust land that they reside on as collateral for securing a loan to make improvements to their home because they did not want to go through the tribal credit program, which often charged higher interest rates. Although they had planned to use a parcel of land that was passed down to her husband to get financing from a local credit union, they ran into some difficulties. As she explained:

The title company found out that two generations before [husband] got the place that somebody didn't do the proper paperwork. We don't know how we're going to fix this—those people are dead now. Although my husband is still the benefactor it's now a matter of not being able to afford it.

This respondent went on to share that she and her husband postponed their plans for their house and are trying to find the money to hire a lawyer to figure out what can be done about their circumstances.

Another respondent also alluded to the frustrations of having to deal with tribal programs, but added that her recent difficulty with paying her bills has forced her to “deal with tribal credit to see if I can refinance my house.” One woman reported that she and her children decided to turn their home/property back over to the tribe because it became too much of a financial hardship for them. Because “life hasn't been easy,” for this respondent as well as other members of her tribe, she admitted that she wished tribal

council would “do something different...do more to help the Indian people.” Another respondent expressed a similar sentiment and directed her frustrations toward the council members by suggesting that that they were only looking out for their own best interests, rather than the tribe as a whole.

One of the male respondents summarized his challenges with negotiating the complexity of the reservation system in this way: “When you are faced with the bureaucracy here on the reservation or [with] people who are trying to put themselves in charge of you—you can’t get around them; you can’t do anything about it.”

Intragroup Race-Related Stress

Seventy-nine percent (n = 19) of respondents reported challenges associated with their in-group status. Intragroup race-related stress responses were noted in 1) internalized racist attitudes, 2) phenotypic and cultural variations within the group, 3) tribal self-determination practices, and 4) fear of the culture/language dying out.

Internalized racist attitudes. Eight percent (n = 2) of respondents discussed denying their racial/ethnic heritage or expressed negative attitudes toward members of their racial/ethnic group. One respondent, a 62-year-old female, who spent most of her life living off the reservation, shared that she once “got in trouble for saying [she] was Indian.” She further explained:

We had a project at school and we were supposed to write down our nationality and who we were. I went home and told [my aunt about the project] and she got really, really mad at me and said, “Don’t you ever say that. I don’t want you to tell people that you’re Indian.” She said, “You’re French.” So I went to school the next day and said that I made a mistake and told them that I’m really French.

This respondent went on to share that she is now trying to learn about her culture because she was “never allowed to even know [she] was Indian when [she] was younger.”

Unlike the individual mentioned above, this next example comes from a woman who grew up on the reservation, can speak her tribe’s language and is knowledgeable about the traditional cultural practices of her tribe. During her interview, she reported how she felt “ashamed of being an Indian” early in life because her grandmother who raised her could not speak English. Although she now claims to be proud of her cultural knowledge and Indian heritage, negative feelings about her tribe pervaded her account:

There’s no medicine men today—they’re phonies. In the old days, in my time, when I was a child they were the real old Indian men. And in those times, they [the men] didn’t sweat with the women. Now all those want-to-be Indian women go climb in there with all those studs—that’s bologna. Because they’re all phony. They live in their homes with TVs and they all probably have microwaves, and they have all the good stuff from the white people.

Although this respondent went on to condemn members of her tribe for becoming “assimilated,” and expressed some sadness regarding the fact that she is one of the only members of her tribe left who “talks fluent Indian” and is “full-blooded,” she indicated that she turned down an offer to teach her traditional knowledge because she “hates them all.”

Phenotypic and cultural variations within the group. For twenty-five percent (n = 6) of the respondents, intragroup race-related stress emerged in the form of phenotypic variations within families/across tribal members and differences in cultural knowledge.

For instance, after one woman's mother died, she was approached by her mother's best friend, who wanted to raise her and who also happened to be a white woman. This respondent remembered this woman telling her, "Since you can pass for white, you don't have to live with *those* people [her Indian relatives]." Although being able to "pass for white" afforded this individual opportunities that others who looked more visibly Native American (e.g., darker skin and hair, etc.) were denied, she often felt like an outsider and was teased about her white skin by members of her family and community. Similarly, one of the male respondents described himself as a "non-Indian, Indian" and admitted that he struggled with feeling like an outcast because he was a "white-looking Indian kid."

One respondent expressed regret in how her life choices have affected her descendants' in-group status, as well as the tribe as a whole:

They (her grandchildren) are descendants but they are not on the rolls or anything. Because my life choices have been white men, and my sons' life choices have been white women, our blood lineage has gone down. But I tell my grandchildren, "If you guys marry Indians, your kids could be on the rolls. You're not on the rolls, but you have enough blood in you, that we could keep our tribe going."

Another respondent, on the other hand, questioned the authenticity of some of the tribally-enrolled members:

All these people look white—completely white—and when I was in school as a child, they were completely white. None of them were Indian. They wouldn't even say 'hi' to you if you were Native American or if you had a brown face. But today they're all on the rolls. All those people that discriminated against the

Indians are all on the rolls.

Other respondents talked about how their lack of traditional knowledge or ability to speak their tribal language made them feel somewhat like an outsider within their own group. One of the men discussed at length how his removal from his family resulted in him “never really getting to know [his] tribal culture or the spiritual aspects of life on the reservation.” He went on to talk about how he should be in the process of becoming an elder, but has “nothing to give, except [his] life and how it was” because he was “institutionalized.”

Tribal self-determination. Tribal self-determination is the right granted to federally-recognized tribes to maintain control (i.e., self-government) over their internal affairs, such as healthcare, law and order, tribal membership, education, and social service programs (Pevar, 2004). Although reservations provide a physical boundary for tribal jurisdiction, they serve more than a political/jurisdictional purpose (Bryan, 1996; Slaughter, 2000). For tribal nations, the reservation is an integral part of their distinct cultural traditions, values and beliefs (Choney et al., 1995). As such, much of the tribe’s self-governance is geared toward protecting and enhancing the interests and well-being of its tribally-enrolled members, which means that individuals who are not members of the governing tribe (including non-Native American individuals and individuals from other Native American tribes) will not be able to qualify for tribal jobs or access certain tribal resources on the reservation.

In the present study, four of the respondents (17%) reported stress associated with some aspect of this domain. While there were differences based on insider/outsider status, the primary source of stress stemmed from tribal hiring preferences. For instance, even

though one of the respondents was a tribally-enrolled member, she felt that the tribe should have higher standards for their hiring practices and expressed anger that the tribe keeps putting “the same, uneducated idiots” and “nobodies” in the good jobs. This appeared to be especially distressing for this respondent and may have been related to the fact that she viewed herself to be “one of the last full-bloods around” (which perhaps should have afforded her and her family a special status) and, yet, her children were struggling to find employment.

For other respondents, this stress appeared to stem from the fact that they were not residing on their home reservations, but were, nonetheless, ‘visible’ members of the larger racial/ethnic in-group (i.e., Native American). As such, not qualifying for tribal hiring preference was stressful, in and of itself, for these respondents; however, their distress was exacerbated by the fact that the non-Native American employers on the reservation were unaware of their unique circumstances. As one woman explained:

If you are not from this tribe it puts you in a different category. You have to be ready for it because you are not going to get certain benefits just because you are Native American—if you are not from this tribe. And then you have the other community, like the Caucasian community, thinking that the tribe should help you out and in reality they (the tribe) weren't. So you are caught in the middle of two different worlds.

Fear of culture/language dying out. Fifty-eight percent (n = 14) of the respondents expressed as sense of loss or fear about losing their native culture and language. Some of the respondents reported that those who know the “old ways” are a “dying breed.” One of the respondents offered the following: “Native Americans do not

live like they use to. They don't subscribe to those kinds of things. We've become, what's the word—assimilated.” Another talked about the old ways in the past tense, while one of the women spoke of the personal consequences of living in a bicultural context and her predictions for the future:

I'm everybody. I'm the white culture and I'm the native culture and I don't have a distinction between them. But then again that makes me sad because there is a thing about being Native that is really very, very special and unique and it's going to make me sad for that to be lost. But I think it's going to be lost.

Unfortunately, for many of these elders, the aggressive governmental assimilation practices disrupted the learning and transmission of their traditional knowledge. For instance, Native American elderly have traditionally been the ‘cultural conservators’ of their tribe’s and family’s traditional knowledge and practices (Jackson, 2002). In fact, it was not uncommon for grandmothers to be the primary caretakers of first and second grandchildren, and then, in turn, be cared for by the family in the late stages of life (Weibel-Orlando, 1990). Thus, the assimilation strategies (e.g., boarding school) not only took away the traditional language and knowledge, it also completely disrupted the family structure, which was essential to the transgenerational transmission of Native American culture (Weibel-Orlando, 1990). One respondent explained it the way her mother had explained it to her:

One thing that my mother told me was that wisdom doesn't come [with age]. There are many people who are called elders, but they're elderly. They don't walk in that wisdom because they haven't been taught to walk in different ways. Yeah, they are elderly, but they are not wise.

Even for those respondents who had been raised in the traditional ways and still spoke their native language, there was concern about what to teach the younger generation and anxiety about whether they were “doing it right.” However, many of these individuals were sharing their knowledge and teaching their language in various classroom settings (e.g., local tribal college, etc.). Thus, when one considers the structural changes that have taken place within these individuals’ culture, it is conceivable that this anxiety is related more to the fact that they are unsure of how to carry out their traditional roles in this new context than to whether they are “doing it right.”

Other respondents talked about the loss that is occurring with the natural environment. As one woman stated,

The racism that’s happening now isn’t coming from the people that have lived on our reservation for generations, it’s coming from the people that haven’t lived here very long. They’re coming and they’re changing the land like you wouldn’t believe.

One of the male respondents talked about “getting back with nature before all that’s gone too.” He went on to explain that the local college had to “cool it down” with their classes that taught people about the medicinal uses of native plants because people were improperly cultivating the plants: “[T]hat’s another thing when you go do it, you have to make an offering and you can’t take everything, you have to leave some.”

Summary of Race-Related Stress

Race-related stress emerged as a complex and multifaceted concept related to, and stemming from the long history of denigration of Native American peoples and the criminalization of their cultures by the broader American public. In the present study, this

marginalization was reinforced through negative, interpersonal interactions with individuals from other racial/ethnic groups as well as by institutional practices and laws that systematically denied respondents the rights and opportunities afforded to their European-American counterparts.

Some respondents described “not wanting to be Indian” or admitted to being “ashamed” of their Native American heritage when they were younger and attributed these negative feelings to the teasing/name calling they endured because of their race/ethnicity. Consequently, these experiences of individual racism cultivated a sense of rejection, which made adaptation difficult and mentally and emotionally stressful.

While interpersonal experiences with racism were reportedly painful for the respondents, these experiences became much more problematic when they occurred within the institutions of the larger society because these institutions had the power to promote racial inequality and disadvantage in outcomes. For instance, some respondents recalled how they were “powerless” to prevent the state from taking their children and placing them into the care of white families. Additionally, within the educational institutions, respondents were socialized to believe that their language, culture and people were inferior to their white counterparts. While this alleged inferiority was maintained and reinforced through psychological tormenting and physical punishment, it was “verified” in institutional practices that provided inadequate education for Indian children that amounted to little more than preparing them for entry into manual-labor/factory positions.

Respondents also reported discriminatory experiences within the health care system. While some of their challenges stemmed from systemic issues, such as

inadequate federal funding for Indian Health Services (IHS), which manifested into limited access to appropriate care (e.g., diagnostic and treatment services) even when IHS facilities were located in the area, most of the challenges reported were related to the racial and/or cultural biases of respondents' providers. Although none of the respondents explicitly stated that they felt their providers were racist, many of their accounts implied that they felt their health care providers' stereotypes/biases about Indian people may have hindered their care.

Respondents' race-related interpersonal and institutional encounters in combination with the current and historical paternalistic and racist policies of the United States government have generated stress within the group. Many of the respondents expressed strong, negative emotions regarding the loss of their native language and traditional culture, which was a direct result of the aggressive assimilation policies imposed by the federal government. Some of the respondents internalized the stereotypes of their group and expressed negative views about members of their group, whereas others spoke about the stress of trying to "bridge two worlds" and having to navigate both the bureaucracy of the U.S. state and federal governments and the bureaucracy of the tribal government.

Race-Related Coping

Research, to date, has revealed that racial/ethnic minorities generally use different strategies to cope with racism-related stress in comparison to the strategies they use to cope with more general-types of stress (Brondolo et al., 2009; Shorter-Gooden, 2004). Thus, understanding the strategies that individuals use to cope with a specific type of stressor, such as racism, is important in minimizing the deleterious consequences related

to this social problem. For this analysis, race-related coping strategies were defined as the behavioral, emotional and cognitive efforts used by individuals to manage the stress resulting from racial prejudice and discrimination (Clark et al., 1999; Lazarus & Folkman, 1984; Shorter-Gooden, 2004). In the present study, there were situations in which respondents took direct action and confronted the source of their distress or acted directly in support of the group. At other times, respondents were more indirect with their actions. For example, they chose to simply not comply with a particular policy or rule that denigrated the self or group. Respondents also engaged in both physical and/or psychological forms of escape behaviors as a way to address their race-related stress. When respondents could not escape or alter a challenging situation, they often employed cognitive or affective strategies in an effort to make sense of their negative experience or to provide an outlet for their painful emotions. For some stressors, respondents sought out the support and wisdom of others or they returned to the cultural and spiritual teachings of their ancestors to help get them through difficult situations. Finally, a few of the respondents used creative strategies to circumvent the race-related challenges they encountered. Table 3 lists the eight general categories of race-related coping and their related subcategories.

In addition to exploring the strategies respondents used to cope with their race-related stress, the current study also investigated the ways in which these strategies helped respondents adapt to this specific type of stress. Although the original study, from which data for the current analysis were drawn, asked about the ways in which respondents' coping strategies helped them overcome general life challenges and daily hassles, this line of inquiry did not occur for all of the coping strategies mentioned. As

such, data are limited and do not necessarily reveal how certain coping strategies helped respondents overcome racism-related stress. However, this information, where it is available, will be discussed in this section.

Taking Action

Taking action involved the direct or indirect, individual or collective efforts aimed at reducing and/or eliminating the race-related stress experienced by the individual, close others or the group, more generally. This strategy was used by 63% (n = 15) of respondents and emerged in two domains: 1) standing up for self/group, and 2) doing what was needed to survive.

Standing up for self/group. Fourteen (58%) respondents took action by asserting their individual and/or collective rights and beliefs. For some respondents, this meant standing up to a medical provider and asking for alternative treatments, choosing not to comply with the recommended treatment, or seeking to learn more about their health concerns in order to make informed choices regarding their treatment. However, for many of the respondents this meant “standing up for being Indian” by either directly confronting racism or by defying the rules that perpetuated the racism. For example, one respondent remembered resisting the assimilation pressures of boarding school by “keeping quiet” about her parents taking her to participate in her tribe’s traditional ceremonies. Another respondent, on the other hand, recalled taking a more direct course of action and shared the following childhood incident:

[T]he teacher just went over there and back handed her [respondents’s twin sister]. She slapped her so hard that she fell off the chair. So I jumped up and went over there and I was going to push her and I didn’t because she was

pregnant, and I just told her, 'You can't hit us, you can't be hitting us.' And she just made a remark about Indians and I just grabbed my sister's hand and we left the school.

This respondent went on to share that her mother made her and her sister return to the school and report the teacher's behavior to the principal, which resulted in the teacher being fired.

In addition to individual assertiveness responses, respondents also recalled collective efforts that challenged the racial prejudice and discrimination directed at Indian people. One woman acknowledged that even though she and others were punished by their teachers and called derogatory names by the white students for speaking their native language or talking about cultural foods, “[they]’d still go off in [their] little corner at recess and talk [their] language.” Perhaps one of the most symbolic challenges to racism reported by two of the respondents was the demolition of the local boarding school. As one respondent recalled: “They took it down brick by brick and the people my age applauded.”

Finally, while some respondents verbally or physically defended themselves or took some other direct course of individual or collective action to confront a racist incident, others stood up for themselves by relying only on themselves. As one of the female respondents explained, “I felt I always had to prove I could do something myself.”

Doing what was needed to survive. For 21% (n = 5) of respondents, taking action meant essentially doing what was needed to survive or to make it through their difficult circumstances. For example, one of the female respondents, who is an enrolled member of a Native American tribe, but “in a different category” because she was not residing on

her home reservation (and thus, not an enrolled member of the reservation's tribal nation), struggled to find employment, explaining that she did not qualify for tribal hiring preference and was discriminated against by the Caucasian-owned businesses who told her to "go talk to the tribe." Although this individual used a combination of cognitive and behavioral strategies to cope with this situation, one of the ways she got through was to "work two or three small, part-time jobs to keep [herself] going" and "not wait until a big job came along," adding that she "just stuck it out until [she] finally got a job with the credit union."

One of the male respondents shared how he and his other six siblings "all took care of each other" when they were removed from their family and recalled having to do whatever was necessary to help each other cope with the mistreatment they endured: "I'd hold him [his little brother] and tell him that things don't have to be so bad. In other words, you played the fatherly role when you were little babies yourself..."

Although many of the respondents could not identify specific coping strategies that helped them cope with the racism they endured, they recognized that they must have done *something* to get through their difficult circumstances. For instance, a frequent response was, "I don't know how I coped, I just did." Others stated, "You just did (i.e., coped)...you didn't have a choice." Part of the struggle that respondents may have had in identifying specific coping responses is that race-related stress is pervasive and affects not only the individual, but the entire group. Thus, respondents had to cope with multiple stressors, simultaneously (e.g., being removed from the home, forced to use a foreign language and engage in foreign rituals, being called derogatory names, etc.). As one female respondent, who had been moved on multiple occasions from "one family

member to another [and from] white schools to Indian schools and back” throughout her early childhood explained, “I survived as things came.”

Ways in Which Taking Action Helped Respondents Cope with Race-Related Stress

While only five respondents provided additional details regarding how taking action helped them cope with their various experiences of racism, one of the apparent benefits of this strategy was that it facilitated some sort of change in the respondent’s situation. For example, one woman stated that “demanding that something be done [medically]” for her “changed [her] life” after she had suffered for three years with severe physical and psychological symptoms following a hysterectomy to treat her uterine cancer.

For others, standing up for themselves and/or doing whatever was needed at the time, increased their sense of self-mastery, which in turn reduced feelings of helplessness. As one respondent stated, “I learned I could rely on my own skills.” For another, realizing at an early age that her actions can bring about positive changes left an indelible impression on her, which she now shares with others: “That stuck in my mind for years and I’ve told my kids and grandkids about it...I said, ‘don’t ever let a teacher mishandle you like that—you don’t have to [put up with that].’”

Acceptance

Fifty percent (n = 12) of respondents coped by accepting and enduring their challenging circumstances. Acceptance was noted in 1) recognizing one’s limits, 2) letting go and letting life happen, and 3) being compliant.

Recognizing one’s limits. Twenty-one percent (n = 5) of respondents coped with race-related stress by recognizing the extent to which they could change their

circumstances. For example, one respondent remembered feeling powerless to prevent the state from taking her infant child and stated, “There was nothing I could do...I didn’t really have that much power.” Another respondent also recognized that “[she] had no power, had no strength” to change her circumstances at boarding school. Wong and colleagues (2006) assert that the benefit of recognizing one’s limits is that it frees individuals emotionally so that they can then focus on constructing positive meanings from the negative, unchangeable situation. In other words, it appears that more adaptive types of coping cannot occur until there is this level of acceptance.

Letting go and letting life happen. Seven of the respondents (29%) managed their difficult, race-related experiences by waiting things out; letting life happen, and essentially trusting that things will work out. For example, after having her infant son taken from her, the respondent mentioned in the above section got through her painful experience by “knowing someday he [would] find [her].” Another respondent shared that his “faith that things are going to be alright” has helped him realize that he can “really face a lot of darkness.” Others reminded themselves that the challenges they were enduring were “only for a season,” as a way to accept their circumstances.

Being compliant. Twenty-five percent ($n = 6$) of the respondents accepted their difficult or painful circumstances by being compliant. One respondent, like others, explained that being sent to boarding school was “just something [she] had to do.” Another came to the same conclusion in regard to his “Induction to the U.S. military” after he “went AWOL” for a couple of weeks: “I thought and I thought and I said, ‘I have got to serve my country and I have got to do my duty.’”

Although one of the male respondents recognized that he had little control over his situation and complied with being sent away to boarding school, he did exert what little power he had. As he explained:

I went home only once for a two week vacation. After that I didn't want to go home if I was going to have to go back there [to boarding school]. It was too hard...so I just stayed at school. I wasn't going to leave that place unless it was for good.

Ways in Which Acceptance Helped Respondents Cope with Race-Related Stress

Three respondents reported that accepting their race-related challenges, especially those that could not be changed immediately, if at all (e.g., institutional race-related stressors), helped them not only to focus on what they did have control over, but served other functions as well. For example, for one woman, accepting her difficult circumstances rather than dwelling on how unfair they were, motivated her to “strive harder” to make the best of her situation. In her situation, acceptance appeared to serve a motivating function.

For another respondent, the knowledge that he has “face[d] a lot of darkness” and has repeatedly proven to himself that he has the ability to accept his painful experiences rather than trying to escape or avoid them has not only improved his sense of self-efficacy, but has actually helped him face his challenges more skillfully (i.e., not resorting to harmful coping strategies). He went on to share that he “probably would have started drinking and using drugs again” had he not learned to accept life as it is.

Similarly, one of the other respondents acknowledged that by deciding to “just get [boarding school] over with” helped him to not only “grow up” but helped him to develop the skills to face other difficult circumstances.

Escape

Sixty-three percent ($n = 15$) of respondents endorsed using escape strategies that were aimed at either removing the respondent from the negative situation or providing the respondent with a means to deny or minimize the seriousness of the event or its consequences. At the core of this type of strategy is an effort to not have to confront the racist event or to not have to face the painful emotions triggered by the event. Escape emerged as two domains: 1) physical, and 2) psychological.

Physical escape. Eleven respondents (46%) coped with race-related stress by physically distancing or removing themselves from the source of their distress. Several of the respondents used this strategy when confronted with interpersonal acts of racism. As one man stated, “It’s so easy to just walk away. I don’t need the fight. I don’t need the trouble.” Another respondent reported that her mother always told her and her siblings to “just get away” from racist situations, adding: “She’d always remind us that Indians do not act like that...and she’d say, ‘Just because *they* act like that doesn’t mean you have to.’” One woman shared that both her granddaughter and her son quit their jobs to get away from the racism and unfair treatment that they encountered in their places of employment.

A few of the respondents indicated that they tried to run away from boarding school only to be brought back or as one man remembered: “I ran away sometimes, but I

was running away to nothing because I didn't know where the hell I was going in the first place.”

Other respondents reported that they “escape to the mountains” to get away from the stress of racism and oppression. One woman referred to this strategy as her “spiritual trips to the mountain” and explained that one of the reasons she takes these trips is to get away from the destruction that the federal government has inflicted upon the natural environment.

Psychological escape. Fifty percent ($n = 12$) of the respondents endorsed escape strategies that allowed them to avoid, minimize or deny the impact of the race-related event. In the current study, these strategies included avoidance, alcohol or other substances, or fantasy. For example, one woman remembered not wanting to be at boarding school and imagined that she was “up in the sky on a star” when things got really difficult for her. Another woman, on the other hand, used avoidance to cope with racism when she was in school, and explained, “If you did not talk about being Indian or white, you could get along.”

Several of the respondents reported using drugs and alcohol to cope with their challenges. One of the female respondents remembers that she started drinking when she was sent to the relocation program, adding that she and the others “did more drinking than anything else.” Others used psychological distancing. For example, one respondent explained that she coped with her situation by not allowing herself to “get close ties to anybody in [her] family” while she was growing up.

Ways in Which Escape Helped Respondents Cope with Race-Related Stress

Respondents who employed escape as a way to cope with race-related stress indicated that this strategy helped by either getting them away from the problem or by “making things easier” or more tolerable for a while. As one of the respondents explained: “When I get [to the mountains] I’m away from reality in the sense that the problems that are down here aren’t there.”

A couple of the respondents reported that escaping through using alcohol or other drugs helped them cope by either “numbing” their pain or by allowing them to “forget” about their pain. For example, one man reported that several of the acute racist incidents that he encountered occurred “in [his] drinking years” so “it didn’t bother [him].”

Others used escape to seek out more positive environments. For instance, a couple of the respondents took “spiritual trips” to the mountains as a way to get away from “the negativity” and to have a place where they could “talk to the Creator.” One of these individuals also used these trips as a way to make sure her struggles did not affect those close to her. As she explained: “It’s easier for me to be by myself because no one likes a sad sag.”

Collective Coping

Collective coping, which involved a sense of connection to the group as well as utilizing the resources/strengths of the group as a way to help respondents cope with race-related stress, was employed by 83% (n = 20) of respondents and emerged as 1) support seeking, 2) reciprocity, and 3) drawing strength from one’s heritage.

Support seeking. Seventeen (71%) of the respondents sought out emotional, social, and tangible support from others to help manage the challenges related to racism.

For example, several of the respondents reported that it was the friendships with other students, as well as the knowledge that they were not alone in their struggles, that helped them cope with being separated from their families and communities while away at boarding school. One of the male respondents indicated that he “did alright up there because there was so many homeboys,” whereas one of the females explained that she was able to adjust because she “went away with girls that [she] knew.” The fact that so many others were in the same predicament helped some of the respondents. As one man shared: “It wasn’t just me, it was a couple hundred kids that had to cope with that stuff.”

Respondents also acknowledged the role that certain family members or close others played in helping to offset the prejudice and discrimination they encountered in the educational institutions. One respondent remembered how her mother was instrumental in “getting rid of one of the teachers that was really bad to us.” Another respondent reported that her mother encouraged her to “come home and talk about it,” adding that her mother would try to help her “change [her] attitude” so that the racism would not have such a negative impact. One of the males, on the other hand, explained that at the time, the discrimination he experienced was “too far above [him] to understand,” and went on to explain that it was his parents who had to “run interference” for him and his siblings when they were not allowed to ride the bus or were mistreated in other ways at school because they were Native American.

One woman managed the “stress of being an Indian” by hanging out with her cousins and nieces and “just sticking together.” One of the male respondents also sought the security and camaraderie of others, including his relationship with his Creator, to help

him cope with the “shock” of being in the military and the distrust he started feeling for the United States government. As he explained:

I think it was my friends over there [Korea] that really got me through it...you know, being able to talk with them...and relying on your faith in the Great Spirit—knowing that’s going to be your protection—that somehow God is going to protect you.

Reciprocity. Twenty-one percent ($n = 5$) of the respondents coped with race-related stress through reciprocity, or the relational expectation to give and receive (O’Neill, 1996). In the present study, reciprocity emerged as more than just a system of exchange. In fact, reciprocity appeared to be a relational ideology and social mechanism that maintained the larger group. For example, since her own mother’s reassurance and wisdom was so essential in helping her cope when the state removed her newborn son from her care, one of the female respondents now makes sure she is available to do the same for others. As she explained: “That’s why now-a-days, I keep telling all of these young people, ‘If you want to talk, come over and see me.’” Similarly, the support and wisdom of her elders not only helped one woman cope with the forced adoption of her son, but was also what “prompted [her] to start helping other young girls.”

A few of the respondents shared that one of the ways they coped with their fears about losing their culture was by making an effort to share the knowledge they have. One respondent explained that because her mother was “always about the culture and language,” she would “hate for that all to be lost.” To honor her mother and her tribe, she now not only continues to learn more about the “old ways,” but also passes on the

knowledge that her mother gave to her by instructing others at the local cultural center and community college.

Another respondent also reported that he continues to learn as much about his tribe's traditional practices as he can in an effort to make up for the cultural and spiritual development that he missed out on when he was removed from his tribe at an early age. His hope is that he can then share this knowledge with others, especially young Native American males, so that they do not turn to a life of crime like he did. As he explained:

[We] need to go back to [our] traditional elders—use them. There are all kinds of things that [we] can learn from them...Use them while they are still living and become one of them because someday [we] will be one of them.

Drawing strength from one's heritage. Seven (29%) of the respondents coped with race-related stress by deriving strength from their cultural heritage. One woman, for instance, remembered how frightened she was at being separated from her family and placed in boarding school when she was six years old, and went on to explain that she made it through this experience by knowing that her grandfather's prayers would keep her safe.

Another respondent, on the other hand, recalled "begging [her] parents to send [her] to an Indian school" because of the racial prejudice and discrimination she encountered in her small, local school. Although her parents made her remain in the local school, she learned to cope with her circumstances by developing positive feelings about her Indian identity by learning more about the heritage of her people. As she explained:

I studied and talked to my parents a lot about being Indian and how to be Indian—I guess I was checking to make sure it was alright to be Indian...They

gave me a lot of history about our people, about our tribe and about what happened when white people came... They said you have to learn to live in both worlds, so I did.

Similarly, one of the male respondents shared that his father used to “motivate” him to “never give up” when he became discouraged by the racial prejudice and discrimination he encountered by reminding him that he came from “royalty on both sides—from chiefs and leaders.”

Ways in Which Collective Coping Helped Respondents Cope with Race-Related Stress

Many of the respondents claimed that they “would not have survived” had it not been for the emotional and practical support they received from others. One woman claimed that having her cousins with her at boarding school “kept [her] from getting really lonely for [her] mom.” Another indicated that “[boarding school] wasn’t too bad” because she had friends from home there with her. One man commented that there was just something comforting about “being around people who came from the same background,” whereas, one of the female respondents relied on her friends and relatives to be a “distraction from [her] problems.”

Some of the respondents reported that sharing cultural knowledge or being able to give support to others made them feel good about themselves and provided them with a sense of purpose or belonging. For instance, one woman indicated that it makes “less stress for [her]” knowing that she is able to pass on her traditional knowledge to her kids and grandkids. Similarly, the male respondent who spent many years of his adulthood trying to acquire the cultural knowledge and practices that had been denied to him as a

result of the state removing him from his family/tribe added that it makes him feel “honorable” to be able to help others through sharing his life experiences.

Others indicated that applying their elders’ wisdom, or drawing from the strength of their cultural heritage, not only helped them cope with racial oppression, but gave them wisdom. As one woman shared, “My wisdom came from listening to those old people saying that life has its ups and downs,” adding that when she “went up against tough things, [she] listened to the wisdom of others.”

Meaning Making

Ninety-two percent ($n = 22$) of respondents coped with their race-related challenges by trying to derive some sort of meaning from these experiences or at the very least, reevaluating these experiences in a positive way in an effort to reduce their negative impact. Meaning making emerged in two domains: 1) reframing the experience and 2) finding benefit from the experience.

Reframing experience. Twenty (83%) respondents attempted to reinterpret or restructure their race-related experience to find something positive (or *less* negative) about the experience or to find a palatable explanation for why the event occurred (Moos & Schaefer, 1993). In more vernacular terms, this is “putting a positive spin” on a negative situation. For example, one of the respondents managed his distress of feeling like an outsider within his own racial/ethnic group by recognizing that he was not the only “white-looking Indian.” As he explained: “We probably have 70 percent Indians that look like me, skin-color wise, and 30 percent that have more blood and darker color.” For one of the women, realizing that “these days people would pay five bucks for fry bread, even though you couldn’t have it for lunch as a kid,” has helped her come to terms with

the teasing she endured during her childhood. Another respondent, on the other hand, copes with race-related stress by thinking “it’s going to be wonderful in a hundred years where people are everything and they’re just people.”

Some respondents used cognitive strategies to cope with their fears about the culture dying out. One woman, for example, feels good about the knowledge she passed on to her children:

They know what to do. They know how to practice their religion. They know their history. They know a little bit of their language and they know their family strength.

While declaring that the “old ways were damn good,” one of the male respondents acknowledged the changes that had occurred and even went so far as to say that the changes “were necessary.” This reframing appeared to be a way he coped with and/or accepted the changes that he has witnessed and experienced across his lifetime. As he reasoned,

If you don’t bend with the wind, you’re going to break. You can’t go through life beading moccasins and blaming others for your downfall. If you don’t realize that you’ve got to move forward, you’re going to be in a rut that condemns you to ignorance—you’re going to be a welfare society all your life instead of just trying to get out of it.

Several of the respondents used cognitive reframing and reinterpretation in an effort to make sense of their boarding school experiences. For instance, one respondent thought that perhaps her folks “needed a break,” whereas another thought the nuns “probably had a lot of stress” that the students were not aware of. One woman also

reinterpreted her mistreatment by attributing it to the fact that the nuns and priests “didn’t want children,” adding that this is why “they chose the other road and then they got stuck with not one or two, but dozens of children.”

Two of the respondents recognized the impact that boarding school had had on their families, which helped them make sense of their own difficult circumstances. Both of these respondents came to understand later in life that the reason their parents did not know how to be good parents was because they did not learn parenting skills as a result of being raised in boarding schools. As one of them concluded, “They didn’t come from solid parenting situations.”

Respondents also used cognitive reframing to make sense of other race-related situations, as well. For example, one woman now understands that one of the reasons she stayed with her racist partner was because she was “just so, so, so whipped down that [she] couldn’t fend for [herself] or do anything.” Another woman explained that the “only answer [she] can see” as to why she was forced to give up her child is because she “never wanted [her] kids to be raised violently,” adding that her parents “were brutal at times” and went on to reason that if she would have been able to keep her son, “that would have been the end—[she] never would have had any more kids.”

Finding benefit from experience. Eleven (46%) respondents coped with race-related stress by focusing on the positive aspects of these challenges. For example, in light of the impoverished conditions within their families, a few respondents considered what would have happened to them had it not been for the schools or the government. One respondent recalled that the “reason they [their families] sent us to boarding school was because they were poor and could not feed us.” Another praised the nuns for being

“good people,” adding that if it “weren’t for the priests or those nuns, what would we Indian kids have done in those days.” Likewise, one woman, whose grandmother sold her “80 acres of prime land with wheat and running water on it for two thousand dollars” because they could not afford to eat, expressed a similar sentiment: “These Indians say they hate the government. I like the government. If they hadn’t stepped in, we wouldn’t have this [land]. Us Indians, we’d have sold it all.”

Other respondents shared that boarding school made them “tough” or taught them how to care for themselves. One woman believes that boarding school “had a lot to do with [her] inner strength” because the nuns taught her discipline and how to “stay away from certain kinds of people.”

Interestingly, during the negative case analysis, the above mentioned examples came to light. Although, initially, it appeared as if these respondents’ positive messages regarding different domains of institutional racism seemed out of place, once viewed within the stress and coping framework that guided the present analysis, these cases made conceptual sense. It is important to note that while these respondents recognized that aspects of their experiences were beneficial to them in some way, this is not to say that their experiences were entirely positive. In fact, in the four cases that contained contradictory data, the respondents’ overall attitudes toward the various institutional practices that targeted Native Americans were negative. For example, the above-mentioned, female respondent who reported that her inner strength came from her boarding school experiences explicitly stated that she “Hated going to boarding school and being raised by nuns and priests.” For this reason, it appeared that these respondents’

efforts to find something positive from their difficult circumstances were a coping/survival response that helped reduce the negative impact of these experiences.⁵

Other respondents derived meaning from their boarding school experiences by using it as an example of how not to treat others. For example, because she felt so uncared for by the nuns, one respondent makes sure that she “gives all [her] love to [her] niece” and other family members. Another woman explained that one of the benefits that came out of her experiences of being mistreated at school is that she now makes certain that her children know that they do not have to put up with being mistreated by their teachers.

One of the male respondents, who reported some current challenges associated with caring for his aging parents, reasoned that because he was separated from his parents for many years and did not get to be “as close to them as [he] should be,” it will not be “as painful” when he is separated from his parents again (i.e., when his parents died).

Ways in Which Meaning Making Helped Respondents Cope with Race-Related Stress

Many of the respondents attempted to make sense of, or derive some sort of benefit from, the racial oppression they endured. For some of the respondents, making sense of their experience seemed to help them work through their emotional pain. Other respondents gained new perspectives or increased insight into their own behaviors as well as the behaviors of others. For instance, one respondent indicated that making the link between her traumatic childhood and the intergenerational consequences of boarding

⁵ Similar to the findings in the present study, Littlefield (1989), in her case study of a BIA boarding school located in the Midwest noted that many of the elders she interviewed “spoke positively” (p. 429) of their boarding school experiences. In trying to understand her findings in light of the prevailing criticisms of the BIA boarding school system, Littlefield concluded that the positive feelings that many of these respondents expressed had to do with material considerations (e.g., students were better fed, clothed and sheltered at school than they were at home and that they were taught skills that allowed them to get jobs and live considerably better than their parents).

school (i.e., that her parents never learned parenting skills because they grew up in boarding schools) helped her to heal because it “verified what had happened” to her.

In other instances, meaning making seems to have helped some respondents gain a sense of control over their experiences. One woman, for example, realized that had she had someone to confide in when she became pregnant at age 14, things may have been different for her, which is why she now volunteers her time to talk with young girls who may be having similar struggles. Others gained control by recognizing the benefits that came out of their stressful experiences. As one of the male respondents reasoned, “I went to that technical school out of grade school...so I was fortunate there because I got to learn all the trades.”

Affective Coping

Affective coping was used by 42% (n = 10) of the respondents and entailed: 1) releasing painful emotions, and 2) using humor or laughter.

Releasing painful emotions. Nine (38%) respondents coped with their experiences of racism by expressing their painful emotions or by finding an outlet for their emotions. For example, one of the female respondents reported that she used to cry for the son that was taken from her, whereas one of the male respondents expressed anger and complained to others about the unfairness of the “bureaucracy on the reservation.” Another respondent, on the other hand, attributed her artistic ability to the fact that she “did a lot of drawing” while she was at boarding school as a way to cope with the pain of missing her family.

Three of the male respondents reported that they “acted out” and found physical outlets for their anger/resentment. As one of them shared: “I started committing crimes—

hate crimes...I'd steal cars and do everything that was against the law.” Two of them reported that they got into a lot of physical fights as well as used sports as a way to manage their strong, negative emotions associated with their experiences of racism.

Using humor or laughter. Two (8%) of the respondents mentioned using humor or laughter to help cope with their race-related stress. For instance, one of the female respondents commented that she just “laughs about all those whiteys trying to be Indian” as a way to cope with the fact that many of the individuals who used to discriminate against her when she was a child are now enrolled members of her tribe. For this respondent, humor appeared to help her gain some psychological distance from this painful experience, while offering a “safe” outlet for emotional release.

On the other hand, humor can bring people together and increase a sense of closeness with others. For example, one of the male respondents shared that “a sense of humor” is what helped him get through the challenges of his military/war experience. As he explained:

When we were over there—I don't know how we did it—but all the Indians would get together and even though the war wasn't funny and we didn't laugh at that, we could really laugh right when bad things were coming down.

Ways in Which Affective Coping Helped Respondents Cope with Race-Related Stress

Affective coping strategies, such as expressing/releasing emotions or using laughter or humor, appeared to help respondents cope with race-related stress by either providing an outlet for pent-up emotions or by reducing emotional pain by promoting positive feelings. Moreover, even though releasing emotions did not necessarily directly change respondents' circumstances, it did seem to give some of the respondents a sense

of control. As one man explained, “[S]ome probably think [crying] is a weak thing to do but sometimes when there is nothing else left, that’s just what you have to do.”

While humor and laughter helped respondents cope by providing them with a way to release emotional tension and/or promote positive emotions, it also appeared to reduce stress by serving as a mechanism for connecting with, and providing support for others who may also be struggling; thereby tapping into and reinforcing a culturally-congruent value (e.g., reciprocity). As one respondent explained:

People are not going to be in a good mood everyday and you’ve got to bring a smile their way to help them along. We all have to help each other along... because without that help, we are kind of lost as a civilization, as a human race.

Three of the male respondents reported that they coped with race-related stress by “acting out” or finding some sort of physical outlet for their sadness and anger. One of them explained that fighting helped “relieve [his] stress because it somehow just feels good when you beat the hell out of someone.” Additionally, the consequences of his acting-out behaviors, such as being imprisoned, provided other benefits. He went on to explain,

I’d get out [of jail] and do everything that was against the law [to return]...not because I was a big bad person [but because] there’s a jail and they feed me and I can talk to people there...and get free prayers.

Another of the male respondents, on the other hand, played sports as a way to release his painful emotions and indicated that this strategy helped because it “got [his] mind off other bad stuff” and provided him with an opportunity to “succeed in something.”

“Returning to what Indians did before”

Fifty percent (n = 12) of respondents returned to the traditional practices of their ancestors as a way to cope with race-related challenges. Two domains emerged: 1) returning to or learning traditional cultural practices, and 2) returning to or incorporating traditional spiritual practices/beliefs.

Traditional cultural practices. Thirty-eight percent (n = 9) of the respondents either returned to the traditional beliefs/practices of their tribe or were in the process of gaining this knowledge as a way to cope with their race-related stressors. For example, two of the respondents started learning about their tribe’s traditions/practices later in life as a way to feel connected to their Native American heritage that both felt was denied to them when they were younger. As one of them explained, “It wasn’t until I moved here [back to the reservation] that I could be Indian.”

For other respondents, returning to the “wisdom of the elders” and sharing this wisdom with others, was one of the ways they coped with their fears about losing their culture, language and the physical environment. One man shared the following:

My faith is that there is going to be a United Tribes of America and their strength is going to come from within the knowledge of the elders and [from their] wisdom and will save the earth from the destruction that is upon it...The change is going to come from passing that knowledge on down.

Traditional spiritual practices/beliefs. Four (17%) of the respondents coped with race-related stress by either returning to the traditional spiritual practices/beliefs of their tribe or by incorporating traditional spiritual elements into their current practices/beliefs. Three of these respondents returned to their spiritual beliefs/practices after many years of

“not being religious” or spiritual and linked their spiritual alienation to their boarding school experiences. For instance, one of the female respondents, who referred to herself as a “Catholic defect,” coped with the fear she had been taught to have for God by later returning to her traditional beliefs that cultivated a love and respect for God. The following description of her spiritual beliefs also alludes to how she was able to come to terms with the influence that boarding school had on her spirituality:

[God] is a man of many colors I'm sure—a spirit of many colors—and he gave us Jesus—that's the amazing thing. So I do love the Lord and believe that Jesus is real. And Natives love Jesus, they do, and I think Catholicism really appealed to a lot of Natives because of the ritual. Ritual is really important in Native American religion.

Others stated that they believe in God, but made it a point to state that they are “not Catholic.” Another respondent stated her beliefs quite simply: “I know there is a Creator and I know there is somebody to answer to in our afterlife, so I just pray on my own because I figured that’s what we Indians did before” (i.e., prior to contact with Europeans).

Ways in Which “Returning to what Indians did before” Helped Respondents Cope with Race-Related Stress

Getting back into their traditional cultural and spiritual practices appeared to help respondents cope with race-related in a number of ways. For some of the respondents who had felt spiritually alienated as a result of their early life experiences, returning to the spiritual practices and beliefs of their ancestors helped them feel secure in their relationship with their Creator. As one woman asserted:

I know that He's my Father in Heaven and that He loves me. He knows me—He knows who I am and I know His voice...I have the ear of God, which is an amazing thing because He created the universe. I'm just a little tiny speck, but we're each important in the eyes of God.

Another respondent reported that being able to “throw [her] burdens on Him” gives her a sense of relief and direction. One of the male respondents expressed a similar sentiment and shared that going back to his spiritual beliefs have given him “a calmness,” adding that if he didn't have his spirituality, he would “probably start drinking and using drugs again.”

Other respondents found that “Returning to what Indians did before” reduced their concerns about the survival of their language and culture. As one man shared, he is “getting to the age where [he] should be a teacher of [his] culture to the younger generations,” which is why “getting back into [his] culture” has relieved a lot of “stress and tension” for him.

While another respondent indicated that her primary motivation for getting back to her culture and sharing the knowledge that her mother imparted to her was because she would “hate to see [her tribe's culture] lost,” she also shared that this coping strategy was helpful in that it gave her a sense of belonging and improved her self-esteem because she is able to do something that honors her mother and her people by “trying to keep our language alive.”

Similarly, returning to the cultural practices of his ancestors helped one of the male respondents feel cared for and connected to his Native American heritage. Moreover, the stories that the elders shared with him about the tribe seemed to instill in

him a sense of pride: “So it plays a lot in my life. Even when I’m not doing anything, I’m thinking the people of my tribe have a long history of being strong medicine people and other people sought them out for help.”

Creative Coping

Twenty-one percent ($n = 5$) of respondents used unconventional means, or creative coping strategies to mitigate their race-related stress. Two of the respondents remembered resisting the denigration of their culture by continuing to “secretly” practice their traditions and speak their tribal language.

Other respondents circumvented the institutional-level barriers by figuring out how to work within the constraints of the system. For example, one woman stock-piled her asthma medication so that she would not be left in a bind (or end up in the hospital, which happened on one occasion) when there was no longer funds available through Indian Health Services to pay for her medication. One of the men, on the other hand, got a job working for the fire crew so that he would still have access to the mountains and his “spiritual places” when the federal government closed the roads in the summertime because of fire danger.

Ways in Which Creative Coping Helped Respondents Cope with Race-Related Stress

Although only one respondent elaborated on how creative coping functioned, it seemed evident that this type of coping was preventive in nature for all of the respondents. In other words, while this type of coping typically stems from a past, stress-related experience, it often takes place in the absence of a specific stressful encounter (Wong et al., 2006). For example, by knowing the “rules” of the system, respondents were able to prevent a loss of one type or another. Similarly, by taking their cultural

practices “underground,” and continuing these practices under the guise of “playing” during their recesses at school, respondents were able to prevent the loss of their language and other cultural knowledge.

Summary of Race-Related Coping Strategies

Respondents reported using a variety of strategies in their efforts to resolve, endure, and/or alleviate race-related stress. Because racism is a complex, multifaceted construct and occurs across a broad range of contexts, respondents often had to employ a combination of coping strategies. For example, many of the respondents not only had to cope with the actual racist event, such as being called a derogatory name or being punished for engaging in traditional cultural practices, but they also had the additional challenge of managing the emotional consequences of the event.

Over half of the respondents engaged in some form of active coping (e.g., “taking action,” “active escape” or “Returning to what Indians did before”) in response to a particular racist incident. This strategy was employed when there was something that could be changed about the situation. For example, several respondents indicated that they “walked away” from racist encounters rather than using direct confrontation. Additionally, some respondents discussed returning to or learning about their traditional practices to manage the stress they have about their culture and language dying out. This strategy not only reduced the stress brought on by this concern, but also promoted a sense of belonging/connection to both the ingroup and the Creator and facilitated ethnic pride.

In situations where the respondents had less control or power to effect change, cognitive and emotional strategies were employed. In some instances, respondents sought the instrumental and/or emotional support of others. For example, a few of the

respondents recalled that their parents “ran interference” or took action on their behalf when they encountered racism within the school system. Other respondents reported that simply being around “others from the same background” helped them cope with their negative, life experiences. For some respondents, coping involved finding an outlet to channel their painful emotions or simply releasing these emotions through tears or venting.

At other times, respondents reported that they engaged in more philosophical types of coping, which included accepting and/or constructing meaning from their negative, unchangeable situations. For several of the respondents this entailed accepting their “powerlessness” and trusting that things were going to work out. Others attempted to derive some sort of meaning or benefit from their challenging experiences as a way to work through their emotional pain or to gain a sense of control over their experiences. Moreover, finding meaning or benefit was a strategy used by over 90% of respondents and was used, predominantly, to cope with the more chronic and institutionally-embedded race-related events.

Finally, a few of the respondents engaged in creative coping strategies that reduced the likelihood of race-related stress. In a sense, these were more preventive measures that were not necessarily triggered by a specific race-related encounter, but stemmed rather from personal and/or vicarious experiences of racism that had happened in the past.

Chapter V

Discussion

In the present study, the majority of the sample reflects a cohort of adults born in the mid 1940s. As such, this particular generation of Native American older adults grew up during an era that was marked by extreme discrimination towards people of color, in general, as well as a time of aggressive federal policies aimed at assimilating Native Americans into the broader sociopolitical culture. The respondents' extensive histories with discrimination, cultural denigration and exploitation, as well as a denial of their civil rights indicate that this cohort had to negotiate individual, institutional and cultural barriers that likely shaped the manner in which they learned to cope with racial stressors during their lifetimes. As such, the aim of the present study was to explore the current and historical race-related stressors experienced by Native American older adults, and to investigate the strategies respondents used to cope with these stressors.

Although much of the racism research has explored the racism-related experiences of African Americans, and to a lesser extent, Hispanic and Asian Americans, there is a dearth of literature attesting to these types of experiences in Native American populations. The literature that does exist has primarily focused on how historical trauma, or the "cumulative wounding across generations," (p. 22) has influenced Native American identity (Weaver & Brave Heart, 1999). While it is reasonable to assume that this "cumulative wounding" is the result of racism-related experiences, the present study is one of the first investigations of how Native Americans describe and experience race-related stress.

This work has important implications given the evidence that suggests that racism is a unique source of stress that contributes to reduced quality of life for racial/ethnic minorities as well as to race/ethnicity-based disparities in mental and physical health (Clark et al., 1999; Paradies, 2006; Williams et al., 2003). Using a sample of Native American older adults, age 50 and older, the primary research questions addressed in the present study were: (1) How are race-related stressors characterized by respondents? (2) What are the ways respondents coped with these race-related stressors? and (3) In what ways were these coping strategies helpful?

How are Race-Related Stressors Characterized by Respondents?

A transactional stress and coping model was used as the conceptual framework for the present study (see figure 1). One of the primary strengths of this model is the importance it gives to context. In this study, the cultural context, which has been described as “fundamental” in helping to shape both the person and environment (Chun et al., 2006, p. 29), served as the overarching context used by the research team to explore and make inferences about respondents’ lived experiences. For example, within the Native American cultures, connectedness/relatedness to the family, community, tribe and creation are emphasized and stem from a sense of *belonging to* one’s relationships (Hill, 2006). A poignant illustration of this from the interviews involved one respondent’s recollection of how she chose, as a young girl, to withstand the interpersonal mistreatment she encountered from her white peers for smelling like sweet grass (her mother smudged her every morning before school) rather than risk causing her mother emotional pain by telling her she did not want to be smudged. As she stated: “It was instilled in me enough that you respect your elders and you listen to whatever they tell

you.” This relational worldview, in which respondents put the needs of others above their own, was pervasive throughout the narratives and served as one of the guiding principles in helping the research team understand respondents’ appraisals of race-related stress as well as their choices about ways of coping with this type of stress.

As mentioned previously, race-related stress, which is the transactions between individuals and their environments that are appraised as harmful, threatening or challenging, and deemed the consequence of racism (Harrell, 2000), emerged as a complex, multifaceted construct and stemmed from various forms and manifestations of racism. Jones (1997) described three principal forms of racism: *individual* or the belief in the inferiority of a racial/ethnic group; *institutional*, which is the systematic oppression and exploitation of a racial/ethnic group; and finally, *cultural*, which is the belief in the inferiority of the racial/ethnic group’s cultural heritage. In the present study, these forms of racism mutually influenced each other in complex ways and manifested into four general contexts in which specific experiences of race-related stress occurred, namely the intergroup, bicultural, institutional and intragroup contexts.

At the intergroup level, race-related stress stemmed from respondents’ experiences of individual racism, which included being threatened or assaulted, called derogatory names, such as “dirty Indian,” and stereotyped as a “drunken Indian.” However, in addition to these individual occurrences of racism, another source of intergroup race-related stress that emerged was feeling like an outsider because of one’s racial/ethnic background. Despite the fact that many individuals from *all* racially-marginalized groups may experience a sense of “not belonging” or “feeling like an outsider” as a result of the socialization practices in this country that have historically

devalued and excluded people of color based on the visible signs of their ‘race,’ it is likely that this type of intergroup racism is especially distressing for Native Americans residing on reservations for a couple of reasons. To begin, the rejection and devaluation respondents experienced by members of the broader society conflicted with respondents’ cultural worldview of ‘belonging’ and ‘interconnectedness.’ Second, these racist incidents occurred on the respondents’ homelands (i.e., the reservation), which were understood to be a place where “the Indian can live his or her own way, follow customs and traditions and not be judged by cultural standards that conflict with communal Indian values” (Bryan, 1996, p. 20). As a result, these intergroup experiences with racism may leave these individuals with a sense that there is no “safe place” in which to escape marginalization.⁶

Within the intragroup context, race-related stress also differed somewhat from the typical conceptualizations of in-group race-related stress found in the literature. For the most part, researchers (e.g., Neville & Pieterse, 2009; Williams & Williams-Morris, 2000) have focused on how individuals from racial/ethnic minority groups have internalized or accepted the negative societal beliefs and stereotypes about themselves and/or their group and have not necessarily explored other aspects of within-group race-related stress. Although there was evidence of internalized negative beliefs and feelings about the group in the present study, for the majority of respondents (e.g., almost 60%),

⁶ In the first half of the 1800s, Native Americans were removed from their traditional lands and relocated to areas thought to be of little interest to the European settlers. Although reservations were originally intended to “keep distance and peace” (Canby, 2009, p. 20) between Native Americans and whites, they later became an instrument for assimilation. The reservation in the present study consists of a land base of approximately 1,244,000 acres (Office of Management and Budget, 2004). The Allotment Act of 1887 and the subsequent Homestead Act (1910) resulted in the tribe becoming the minority landowner on their own reservation (Montana Office of Public Instruction, 2007). As of 2000, the population comprised 26% Native Americans, 69% Caucasians, with the other 5% representing individuals of mixed/other racial heritage (U. S. Census of the Bureau, 2000).

intragroup race-related stress was expressed as psychological anguish over the loss of their group's language and traditional culture and the consequent stressors that emerged from these losses.

This pervasive sense of loss expressed by the respondents has been described elsewhere in the literature as “historical trauma” or “historical unresolved grief” (e.g., Brave Heart, 1998; Brave Heart & DeBruyn, 1998; Weaver & Brave Heart, 1999). Brave Heart and her colleagues have theorized that colonization/forced assimilation, and the consequent loss of tribal languages and the loss and confusion regarding traditional practices have resulted in an altered sense of identity for Native Americans. Later researchers (e.g., Whitbeck et al., 2004) set out to test Brave Heart's historical trauma theory and established a link between symptoms of distress, such as anger, anxiety and depression and perceptions of historical loss. The findings of this study support the historical grief literature, in that many respondents linked cultural losses (e.g., land, language, traditional knowledge, and spiritual practices) to indicators of psychological distress (e.g., feeling powerless, low self-esteem, anger, sadness) and to concerns about the survival of the group. Moreover, given that tribal elders are seen as “critical in maintaining the culture of the tribe” (Bryan, 1996, p. 26), it is possible that this sense of loss may be even more distressing for the older Native American adults in this study since they are reaching an age in which they may be expected to counsel other tribal members or become teachers of the tribe's language and traditional culture. In fact, several respondents expressed anxiety about becoming an elder, with one respondent stating, “I can't teach it [his culture], if I don't know it.”

Within the bicultural context, race-related stress stemmed from challenges and distress in regard to “living in two different worlds.” Although some of the respondents’ struggles were related to trying to negotiating the two different cultural influences that impact their lives, the majority of stress appeared to stem from not being able to trust the state or federal governments because of current and past abuses. Moreover, the experience of cultural racism within this sample was characteristically different than that found in the literature. While this likely has a lot to do with the relational/interconnected worldview of most Indian tribes, Pevar (2004) offered an additional consideration: “An overarching problem that reservation Indians face today is the confusing pattern of federal laws that regulate so many of their activities... [In fact,] no other ethnic or cultural group is so heavily regulated” (p. 4).

As pointed out previously, Native Americans are not like other ethnic/racial minority groups; rather they are members of sovereign political entities who signed treaties with the United States government (Pevar, 2004). Although tribes are considered to be sovereign nations, their sovereign powers are ‘internal,’ and under the supervision of the Bureau of Indian Affairs (BIA), which is an agency of the federal government within the Department of the Interior and is responsible for the administration and management of land held in trust by the United States for Native American Tribes and Alaskan Natives (Canby, 2009). Thus, tribes retain the right to regulate their internal affairs, such as law enforcement, education, health care and social services programs, but the federal government still retains substantial control over tribal affairs via its trust obligations.

As is evident from this present-day structural arrangement, the practices of the federal government are still quite paternalistic in nature. While Brave Heart and DeBruyn (1998) were talking specifically about the impact the Indian boarding school policy had on the psyche of Native peoples, their words seem to fit this current arrangement as well given that the federal governments' continued practice of 'supervising' tribes sends a "destructive and shaming message" that American Indian tribes are not capable of managing their own resources, which in turn, may imply that "American Indians are culturally and racially inferior" (Brave Heart & DeBruyn, 1998, p. 63). In other words, the mechanisms through which Native Americans were marginalized in the past remain very much in place.

The institutional race-related context that emerged within this study reflects the fact that institutions have, over the centuries, maintained a racialized (i.e., group differences based on race) view of racial/ethnic minorities that imposes disadvantage on them and denies them opportunity. Moreover, institutions do the work of culture by transmitting racialized cultural beliefs and producing racial outcomes that reinforce these beliefs (Jones, 1997). Consequently, it is through racial socialization within society's institutions that individuals come to think as they do about race and to act as they do toward members of different races.

This interplay between the prevailing cultural ethos of the time and societal institutions resulted in significant stress in a variety of life contexts for the respondents in this study. For instance, in addition to the more blatant race-related policies aimed toward "civilizing" Native Americans (e.g., BIA boarding schools), other forms of institutional racism experienced by respondents were more subtle and occurred with the intention of

“protecting” Native Americans (Adams, 1995; Canby, 2009), which can be very objectifying/dehumanizing, in and of itself (e.g., our government “protects” national parks through legislative acts, etc.). As such, part of this protection took the form of services, such as health care (Bryan, 1996). Although some of the race-related stress respondents experienced within the health care system stemmed from racist beliefs or negative stereotypes on the part of their health care providers, the majority of the stress reported appeared to be the result of structural influences. For example, unlike Medicaid or Medicare programs, Indian Health Services (IHS) is not an entitlement program. Moreover, funds for IHS are obtained through an annual appropriation by the U. S. Congress and with the exception of a special supplemental appropriation, which is extremely rare; no additional funds are available in a given year if more money is needed for health services. As a result, IHS appropriations have been historically inadequate, which has produced significant health care challenges for Native Americans. As expressed by the respondents, the implications of inadequate IHS funding include: limited access to specialized treatment, a postponing or denial of treatment, and lack of well-trained providers (Noren, Kindig, & Sprenger, 1998). Viewed within a historical context, these current, institutional-level experiences may lead Native American individuals to feel that they are not valued members of the American society, thus potentially triggering health-damaging emotional and physiological responses. Moreover, medical providers might ignore these structural barriers and blame the individual for his or her poor health, thus potentially perpetuating negative stereotypes about the group.

As the above discussion suggests, race-related stress is not simply the result of an isolated event, but rather the consequence of circumstances that accumulate and evolve

over time (Hatch, 2005). Moreover, regardless of the societal level in which the race-related event occurred (e.g., individual, institutional, cultural), race-related stress appeared, for the most part, to manifest as a shared or collective stressor for this sample. This was evidenced by the types of race-related situations that were endorsed by the majority of respondents. For instance, institutional race-related stress was a context in which over 80% of respondents reported some domain of race-related stress. Institutional racism, by its very nature, is a group-level phenomenon in that it systematically affects individuals based on their group membership. As such, it makes sense that intragroup race-related stress (endorsed by 79% of respondents) would be the second-most endorsed context of race-related stress given that, in this study, this category of stress was a consequence of and/or reaction to the institutional oppression that this group of individuals endured.

In addition to culture-specific factors, such as respondents' interconnected/relational worldview, other processes may account for race-related stress being characterized more as a collective-type of stress rather than an individual problem in this study. For instance, theorists have long held that when a group's identity is threatened or harmed, issues pertaining to the group's needs assume primacy over the individual's needs, with the main task becoming one of maintaining, protecting and repairing group identity (Volkan, 2001). Moreover, it has been recognized that group-level policies/practices that systematically target, and negatively impact the group actually strengthen the group's collective identity since it is during times of collective stress that group identity takes on a much greater importance to the individual group

members (Volkan, 2001). It is likely that this sense of shared or collective stress will have important implications for how respondents cope with this type of unique stress.

What are the Ways Respondents Coped with these Race-Related Stressors?

Coping with race-related stress involves cognitive, emotional and behavioral efforts aimed at reducing and/or managing the distress stemming from racism (Harrell, 2000). Previous studies investigating how racial/ethnic minorities cope with racism have found that the type of racism encountered determined the type of coping response employed (e.g., Shorter-Gooden, 2004; Utsey et al., 2000). While a similar pattern emerged in the present study, it appeared to be based on *controllability* rather than the type of race-related stressor. That is, when respondents had some sort of control over the situation or had the power to effect change, they typically employed a direct, more problem-focused approach to coping, such as physically removing oneself from the situation, taking some form of action or standing up for oneself or one's group. However, when respondents had less ability to control the stressor, emotion-focused, existential/religious and/or collective coping strategies were employed.

These findings are consistent with P. T. P. Wong and colleagues' *Resource-Congruence Model* (e.g., Peacock & Wong, 1996; Wong, 1993; Wong et al., 2006), which proposes that coping strategies utilized for particular stressors will match the control appraisals of the stressors (e.g., stressor is either perceived as controllable-by-self, controllable-by-others or uncontrollable-by-anyone). These researchers posit that stressors perceived as controllable by the self would be predictive of more problem-focused coping strategies, whereas those stressors perceived to be controllable by others

or uncontrollable by anyone would be associated with support seeking or existential and/or religious coping, respectively.

Given that Native Americans have been subjected to “one of the most systematic and successful programs of ethnic cleansing the world has seen” (Whitbeck et al., 2004, p. 121), it is not surprising that respondents’ coping responses were directed at making sense of, and coming to terms with the federal government’s historic policies that have oppressed Native peoples for centuries, as well as focused on how to counteract the current policies that continue this oppression.

The fact that Native Americans’ experiences of racism are not limited to a single, catastrophic period of time, but are in fact ongoing and present, demonstrates the challenges associated with trying to cope with these types of stressors. L. C. J. Wong (2006) explains that when a negative event “shatters individuals’ assumptions or overwhelms their coping resources,” it is adaptive to “accept and endure what cannot be changed [or try to] make something positive out of a negative event” (p. 378). Consistent with this hypothesis, respondents used acceptance as a way to cope with their race-related experiences. Acceptance emerged in the form of recognizing one’s limits or powerlessness, letting go, and/or being compliant. While some theorists (e.g., Jones, 2000; Constantine, 2006) have associated these types of behaviors with internalized racism, this was not the case with this sample. In this study, acceptance was more akin to endurance or forbearance and was not necessarily an acceptance of the racist attitudes or stereotypes that others may hold of one’s group, which seems to be the basis for internalized racism.

Ninety-two percent of respondents coped with their experiences of race-related stress by trying to derive some sort of benefit or meaning from these experiences. Although all of the respondents talked about how painful or challenging these experiences were as they were going through them, many of them found some sort of benefit or positive meaning from these experiences later in life. For example, a couple of the respondents were able to assign responsibility of their difficult childhoods to the institutional practices, rather than to some deficit of their family or group. Some took the perspective of others, such as the nuns at their boarding schools, in an effort to understand why these people would have mistreated them. Others were able to accept both the positive and negative aspects of their experience and derive some sort of benefit from it.

Finally, while seeking practical and emotional support from others as well as drawing strength from one's racial/ethnic heritage were evident in the present study and components of collective coping, one aspect of collective coping that emerged which has not received attention in the coping literature is the notion of *reciprocity*. Reciprocity involved the mutual exchange of practical and/or emotional support from family, friends and other members of the group. While the practical aspects of reciprocity are important for the transmission of traditional culture and perhaps reduced race-related stress through this function, in Native American culture, reciprocity goes beyond an exchange of resources and is, in fact, an "ideology of belonging" (O'Neil, 1996, p. 77) that perhaps reduces stress by providing one with the knowledge that others will come to their aid in times of need.

In What Ways were these Coping Strategies Helpful?

Although race-related stress and coping researchers have sought to investigate the ways in which racial/ethnic minority members cope with racism (e.g., Lewis-Coles & Constantine, 2006; Shorter-Gooden, 2004), they have not explored how these coping strategies help respondents manage the challenges brought on by their experiences of racism. Understanding the underlying mechanisms of race-related coping is important for several reasons. First, coping strategies, like any other behavior, are shaped by cultural context (Chun et al., 2006; Hall, 2003; Lam & Zane, 2004). Thus, there are likely to be differences in the way these strategies function between different cultural groups. Secondly, an understanding of how specific coping strategies help reduce respondents' race-related distress could facilitate more appropriate therapeutic interventions.

With regard to the first point, the ways in which certain coping strategies functioned for respondents appeared to reflect and/or reinforce the cultural values, attitudes and customs of a Native American worldview. Given the importance of social connections (e.g., extended family and fictive kinship networks) within most Native American cultures, it was not surprising that many of the coping responses employed functioned as a way to increase/maintain positive connections to important others and/or the group. For example, while escape strategies were a means to gain distance from a negative situation, respondents also reported that escape allowed them to maintain positive relationships with others in that it prevented their own distress from becoming a source of stress to others. Collective coping was another culturally-congruent method that reduced distress by providing practical and emotional support, increasing a sense of belonging and connection to one's group, and by providing a mechanism through which

cultural wisdom (including survival strategies) can be passed from one generation to the next.

Although the extant literature indicates that depression is one of the most prevalent mental health problems among elderly Native Americans (e.g., Grandbois & Yurkovich, 2003), few studies have investigated the most effective ways to address this mental health need among this population. Moreover, recent findings indicate that perceptions of historical loss lead to emotional responses typically associated with depressive symptomatology (Whitbeck et al., 2004). Given that a sense of loss and/or fear about one's cultural language and customs dying out was a significant source of race-related stress identified by the respondents in this study, understanding the mechanisms that help reduce the distress related to perceptions of historical loss may greatly enhance mental health and social interventions within this population.

Chun and colleagues (2006) have asserted that in order to understand how specific coping strategies help individuals cope with stress, it is necessary to understand the desired outcome of the coping effort (i.e., coping goal). These researchers observed that past investigations on stress and coping have been based on the Eurocentric assumption that individuals set coping goals that address their own needs, specifically the need for immediate symptom reduction. Consequently, such an assumption ignores the fact that an immediate reduction of distress may not be the desired outcome for the individual nor an indication that one's coping goal has been met (Chun et al., 2006). Furthermore, coping goals, just like coping strategies, are shaped by cultural values and beliefs. Thus, it is expected that individuals who are more collectively-oriented will have goals that make the welfare of the in-group a central determinant of the welfare of the self. As such, these

individuals may have an increase in their own personal distress and appear to be using ineffective coping strategies when symptom relief is used as a measure of successful outcome (Chun et al., 2006; Lam & Zane, 2004).

Although the present study did not specifically ask about respondents' coping goals, it was apparent from their responses that the welfare of the group and maintaining a sense of belonging to the group were important. Respondents used a variety of coping strategies that ranged from efforts to counter the cultural losses that have been experienced by the group to those that increased their sense of connectedness to the group and creation. Most of the strategies employed have been described elsewhere in the literature and appear to tap into cultural strengths that are common across Native American tribes: extended family, spirituality, social connectedness, cultural/tribal identity, and mutual assistance (Goodluck, 2002; HeavyRunner & Morris, 1997). In general, the strategies that appeared to focus on group-level goals helped respondents by: 1) providing comfort and support to the members, 2) increasing their sense of connection to the group and the creator 3) providing a mechanism for passing down cultural knowledge and practices, 5) increasing pride in racial/ethnic heritage 6) alleviating fears about the culture dying out.

As the above discussion suggests, appropriate (and effective) interventions for this population should draw on the cultural strengths that have allowed Native American older adults to survive and overcome incredible challenges to reach the later stages of life. Moreover, these interventions need to be culturally-congruent in that they should take into account the values, attitudes, and customs of a Native American worldview that recognizes the central importance of belongingness/interconnectedness. It is likely that

the coping goals for these individuals will be focused on the welfare/survival of the group and traditional customs/knowledge. This may be especially true for elderly Native Americans given their role as ‘cultural conservators’ within the in-group.

Limitations and Future Directions

One limitation of the present study is that it relied on participants’ ability to recall experiences that have occurred over their lifetimes. While this methodology is informative, it could also be plagued with inaccuracy due to the decreased salience of events that happened years ago, or lapses in memory. Moreover, as mentioned previously, the literature suggests that it is the more ambiguous and chronic, everyday occurrences of racism that appear to be more predictive of mental health outcomes (Clark et al., 1999; Williams et al., 1997). Because of this ambiguity, these types of racism-related stressors may not be as easily recalled with this type of methodology. Future research in this area would benefit from a methodology that records participants’ daily experiences (e.g., daily diary; Swim, Hyers, Cohen, Fitzgerald, & Bylsma, 2003).

Additionally, the present study did not ask specifically about racism-related stressors, and instead asked more general questions pertaining to respondents’ major life challenges and daily hassles. As such, an important avenue for future research with this population will be to ask specifically about experiences with racism, since it is quite possible that a more direct line of questioning could lead to different and/or more complete responses. However, the fact that respondents identified experiences of racism as stressful without being prompted to do so is quite informative and provides empirical support for conceptualizing racism as a unique type of stressor.

In fact, a strength of the present study is that it conceptualized racism within a stress and coping perspective. As Miller and Kaiser (2001) mention, one of the criticisms of the general stress and coping literature is the broad categories of stressors under investigation. The present study added to the coping literature by looking at one specific type of stress (i.e., racism-related stress). This perspective allowed for the identification of both historic and contemporary racial threats, as well as an exploration of the strategies used to address them. Additionally, the majority of the existing stress and coping literature is based on theories developed from a Western perspective, which tends to assume that individuals cope to enhance their own well-being (Chun et al., 2006). However, recent findings indicate that the primary goal in some cultures (i.e., collectivistic cultures) may not be the reduction of one's own distress, but rather the improvement of another's well-being or the maintenance of important relationships (Lam & Zane, 2004). The present study added to the cross-cultural literature by outlining the coping methods used by a sample of Native American older adults to cope with race-related stress and by clarifying the ways in which these strategies were helpful. Several culturally-congruent coping themes emerged, including collective coping/reciprocity and returning to traditional cultural and spiritual practices. Moreover, there was also evidence that one's connection to the group could be both a source of stress (e.g., concern for the well-being/survival of tribe) as well as a source of support. Given that the present study was a secondary analysis of existing data, and thus exploratory in nature, it will be important to further explicate these group-level experiences of race-related stress and subsequent coping responses in future research.

Additionally, while the existing literature acknowledges the importance of considering the unique contextual histories of different racial/ethnic groups in order to understand their experiences of racism (e.g., Jones, 1997; Neville & Pieterse, 2009), this literature focuses almost exclusively on African Americans and often assumes that the findings will be similar across groups, hence the use of the term, “People of Color.” As the present study demonstrated, there are commonalities in the experiences of racism between Native Americans and other racial/ethnic minority groups (e.g., being called derogatory names, being denied access to services/goods, etc.). However, there are also important historical and contemporary differences.

For instance, federal policies directed toward African Americans have focused historically on segregating African Americans from the broader society, whereas policies directed toward Native Americans were aimed at assimilation. Consequently, efforts to address institutional and cultural forms of racism on the part of African Americans have concentrated on gaining social equality with their European American counterparts (Jones, 1997). Although the empirical literature is scarce, it is reasonable to assume that efforts to address these forms of racism within the Native American population will focus on regaining their separate tribal/cultural identities. While this supposition appeared to be supported in the present study in that respondents reported returning to their traditional cultural and spiritual practices as well as passing these practices on to the younger generations in response to their fears regarding the loss of this cultural knowledge, these accounts spoke to the individual-level efforts and did not necessarily elucidate collective efforts to counter racism. Thus, further research is needed to understand how Native Americans collectively cope with the different types of racism.

Finally, this work has important social and clinical implications given the considerable body of research indicating that experiences of racism are part of everyday life for many racial/ethnic minority individuals (e.g., Kessler et al., 1999; Landrine & Klonoff, 1996). An understanding of the racism-related stressors encountered, as well as an empirical knowledge base of the coping strategies that alleviate or reduce the distress related to these experiences will allow for more effective interventions and social policy planning. For instance, there is recent literature that has linked historical grief/loss (i.e., transgenerational transmission of racism) to poorer physical and mental health outcomes among Native Americans (see Brave Heart & DeBruyn, 1998; Evans-Campbell, 2008; Whitbeck et al., 2004). However, because this literature has focused on deficits and pathology, we do not know what factors and/or mechanisms contribute to healthy functioning in the face of these types of challenges. The present study was an important step in advancing our understanding of adaptation among a sample of Native American older adults by explicating the strategies that have helped respondents overcome the challenges of racism.

Although the present study focused on how respondents “bounced back” from adversity, there was clear evidence that some of the individuals experienced positive outcomes or growth as a result of their coping experience. In fact, some respondents indicated that they would not change a thing about their experiences, even if they could, adding that “those experiences made me who I am” or “those [challenges] were part of my journey and got me where I am today.” Others recognized that through their trials they became stronger, more capable individuals (“I learned I could face a lot of darkness”). Moreover, recent studies have found a link between stress-related growth and

specific coping resources and behaviors, including spirituality and religiousness (Tedeschi & Calhoun, 1996) and meaning making or cognitive reframing (Park, 1998), all of which were evident in the present study. Unfortunately, the research on thriving or post-stress growth has not focused on race-related stress, which appears to be different than other types of stress in that the individual is potentially exposed to this stress for his or her entire lifespan. As such, this will be an important avenue for future investigations.

References

- Adams, D. W. (1995). *Education for extinction: American Indians and the boarding school experience 1875-1928*. Lawrence, KS: University Press of Kansas.
- Aldwin, C. M. (2007). *Stress, coping, and development: An integrative perspective* (2nd ed). New York: Guilford Press.
- Aldwin, C. M., & Revenson, T. A. (1987). Does coping help? A reexamination of the relation between coping and mental health. *Journal of Personality and Social Psychology, 53*, 337-348.
- Allison, K. W. (1998). Stress and oppressed social category membership. In J. Swim & C. Stangor (Eds.), *Prejudice: The target's perspective* (pp. 243-266). New York: Academic Press.
- Anderson, J. D. (1988). *The education of blacks in the south, 1860-1935*. Raleigh, NC: Chapel Hill Press.
- Aspinwall, L. G., & Taylor, S. E. (1997). A stitch in time: Self-regulation and proactive coping. *Psychological Bulletin, 121*, 417-436.
- Barnes, P. M., Adams, P. F., & Powell-Griner, E. (2005). Health characteristics of the American Indian and Alaska Native adult population: United States, 1999-2003. *Advance Data from Vital and Health Statistics; no 356*. Hyattsville, MD: National Center for Health Statistics.
- Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology, 51*, 1173-1182.
- Bernard, H. R., & Ryan, G. W. (1998). *Text analysis: Qualitative and quantitative*

- methods. In H. R. Bernard (Ed.), *Handbook of methods in cultural Anthropology*. (pp. 595-646). New York, NY: Altamira Press.
- Billow, R. H. (2007). *Perceived discrimination and depressive symptomatology among Native American older adults*. Unpublished mater's thesis, The University of Montana, Missoula, Montana.
- Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, 59, 20-28.
- Bowen, G. A. (2009). Supporting a grounded theory with an audit trail: An illustration. *International Journal of Social Research Methodology*, 12, 305-316.
- Branscombe, N., & Ellemers, N. (1998). Coping with group-based discrimination: Individualistic versus group-level strategies. In J. Swim & C. Stangor (Eds.), *Prejudice: The target's perspective* (pp. 243-266). New York: Academic Press.
- Brave Heart, M. Y. H. (1998). The return to the sacred path: Healing historical trauma and historical unresolved grief response among the Lakota through a psychoeducational group intervention. *Smith College Studies in Social Work*, 68, 287-305.
- Brave Heart, M. Y. H., & DeBruyn, L. M. (1998). The American Indian holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research*, 8, 56-78.
- Brondolo, E., Brady ver Halen, N., Pencille, M., Beatty, D., & Contrada, R. J. (2009). Coping with racism: A selective review of the literature and a theoretical and methodological critique. *Journal of Behavioral Medicine*, 32, 64-88.

- Brown, T. N., Williams, D. R., Neighbors, H. W., Torres, M., Sellers, S. L., & et al. (2000). "Being black and feeling blue": The mental health consequences of racial discrimination. *Race and Society*, 2, 117-131.
- Bryan, W. L. (1996). *Montana's Indians: Yesterday and today* (2nd ed.). Helena, MT: American & World Geographic Publishing.
- Canby, W. C. (2009). *American Indian law in a nut shell* (5th ed.). St. Paul, MN: West Publishing.
- Carson, D. K., & Hand, C. (1999). Dilemmas surrounding elder abuse and neglect in Native American communities. In T. Tatara (Ed.), *Understanding elder abuse in minority populations* (pp. 161-184). Philadelphia, PA: Taylor & Francis.
- Castro, F. G., Garfinkle, J., Naranjo, D., Rollins, M., Brook, J., & Brook, D. (2007). Cultural traditions as "protective factors" among Latino children of illicit drug users. *Substance Use & Misuse*, 42, 621-642.
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, CA: Sage.
- Choney, S. K., Berryhill-Paapke, E., & Robbins, R. R. (1995). The acculturation of American Indians: Developing frameworks for research and practice. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 73-92). Thousand Oaks, CA: Sage.
- Chun, C., Moos, R. H., & Cronkite, R. C. (2006). CULTURE: A fundamental context for the stress and coping paradigm. In P. T. P. Wong & L. C. J. Wong (Eds.), *Handbook of multicultural perspectives on stress and coping* (pp.29-53). Dallas, TX: Springer.

- Clark, R., Anderson, N., Clark, V., & Williams, D. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American Psychologist, 54*, 805-816.
- Cohen, A. B. (2009). Many forms of culture. *American Psychologist, 64*, 194-204.
- Cohen, S., Kessler, R. C., & Underwood-Gordon, L. (1995). Strategies for measuring stress in studies of psychiatric and physical disorders. In S. Cohen, R. C. Kessler, & L. Underwood-Gordon (Eds.), *Measuring stress: A guide for health and social scientists*. New York: Oxford University Press.
- Compas, B. E., Connor-Smith, J. K., Saltzman, H., Thomsen, A. H., & Wadsworth, M. E. (2001). Coping with stress during childhood and adolescence: Measurement of coping and involuntary stress responses. *Journal of Consulting and Clinical Psychology, 68*, 976-992.
- Constantine, M. G. (2006). Institutional racism against African Americans: Physical and mental health implications. In M. G. Constantine & D. W. Sue (Eds.), *Addressing Racism: Facilitating cultural competence in mental health and educational settings*. Hoboken, NJ: Wiley & Sons, Inc.
- Daly, A., Jennings, J., Beckett, J. O., & Leashore, B. R. (1995). Effective coping strategies of African Americans. *Social Work, 40*, 240-248.
- Davis, J. (2001). American Indian boarding school experiences: Recent studies from native perspectives. *OAH Magazine of History, 15*, 20-22.
- Dillard, D. A., & Manson, S. M. (2000). Assessing and treating American Indians and Alaska Natives. In I. Cuellar & F. A. Paniagua (Eds.), *Handbook of Multicultural Mental Health: Assessment and treatment of diverse populations* (pp. 225-248).

- New York: Academic Press.
- Dohrenwend, B. P. (2006). Inventorying stressful life events as risk factors for psychopathology: Toward resolution of the problem of intracategory variability. *Psychological Bulletin, 132*, 477-495.
- Essed, P. (1991). Understanding everyday racism: An interdisciplinary theory. *Sage series on race and ethnic relations: Vol. 2*. Newbury Park, CA: Sage.
- Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence, 23*, 316-338.
- Feagin, J. R. (1991). The continuing significance of race: Antiblack discrimination in public places. *American Sociological Review, 56*, 101-116.
- Finch, B. K., Kolody, B., & Vega, W. A. (2000). Perceived discrimination and depression among Mexican-origin adults in California. *Journal of Health and Social Behavior, 41*, 295-313.
- Fischer, A. R., & Shaw, C. M. (1999). African Americans' mental health and perceptions of racist discrimination: The moderating effects of racial socialization experiences and self-esteem. *Journal of Counseling Psychology, 46*, 395-407.
- Folkman, S., & Lazarus, R. S. (1980). An analysis of coping in a middle-aged community sample. *Journal of Health and Social Behavior, 21*, 219-239.
- Folkman, S., Lazarus, R. S., Gruen, R., & DeLongis, A. (1986b). Appraisal, coping, health status, and psychological symptoms. *Journal of Personality and Social Psychology, 50*, 571-579.
- Folkman, S., & Moskowitz, J. T. (2004). Coping: Pitfalls and promise. *Annual Review*

- of Psychology, 55, 745-774.*
- French, L. A. (2003). *Native American justice*. Chicago: Burnham, Inc.
- Gamble, V. N. (1997). Under the shadow of Tuskegee: African Americans and health care. *American Journal of Public Health, 87, 1773-1778.*
- Garrett, J. T., & Garrett, M. T. (1994). The path of good medicine: Understanding and counseling Native American Indians. *Journal of Multicultural Counseling and Development, 22, 134-144.*
- Garrett, M. T., & Herring, R. D. (2001). Honoring the power of relations: Counseling Native adults. *Journal of Humanistic Counseling, Education and Development, 40, 139-160.*
- Garrett, M. T., & Pichette, E. F. (2000). Red as an apple: Native American acculturation and counseling with or without reservation. *Journal of Counseling and Development, 78, 3-13.*
- Goodluck, C. (2002). *Native American children and youth well-being indicators: A strengths perspective*. Seattle, WA: National Indian Child Welfare Association. Casey Family Programs.
- Grandbois, D. M., & Sanders, G. F. (2009). The resilience of Native American elders. *Issues in Mental Health Nursing, 30, 569-580.*
- Hall, G. C. N. (2003). The self in context: Implications for psychopathology and psychotherapy. *Journal of Psychotherapy Integration, 13, 66-82.*
- Harrell, S. P. (2000). A multidimensional conceptualization of racism-related stress: Implications for the well-being of people of color. *American Journal of Orthopsychiatry, 70, 42-57.*

- Hatch, S. L. (2005). Conceptualizing and identifying cumulative adversity and protective resources: Implications for understanding health inequalities. *Journal of Gerontology, 60B*, 130-134.
- HeavyRunner, I., & Morris, J. S. (1997). Traditional Native culture and resilience. *CAREI Research/Practice Newsletter, 5*(1).
- Hill, C. E., Thompson, B. J., & Williams, E. N. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist, 25*, 517-572.
- Hill, D. L. (2006). Sense of belonging as connectedness, American Indian worldview, and mental health. *Archives of Psychiatric Nursing, 20*, 210-216.
- Hobfoll, S. E. (2001). The influence of culture, community, and the nested-self in the stress process: Advancing conservation of resources theory. *Applied Psychology: An International Review, 50*, 337-421.
- Hobfoll, S. E., Jackson, A., Hobfoll, I., Pierce, C. A., & Young, S. (2002). The impact of communal-mastery versus self-mastery on emotional outcomes during stressful conditions: A prospective study of Native American women. *American Journal of Community Psychology, 30*, 853-871.
- House, L. E., Stiffman, A. R., & Brown, E. (2006). Unraveling cultural threads: A qualitative study of culture and ethnic identity among urban southwestern American Indian youth parents and elders. *Journal of Child and Family Studies, 15*, 393-407.
- Hsieh, H., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research, 15*, 1277-1288.
- Jackson, D. D. (2002). *Our elders lived it: American Indian identity in the city*.

- DeKalb, IL: Northern Illinois University Press.
- Jessor, R. (1993). Successful adolescent development among youth in high-risk settings. *American Psychologist, 48*, 117-126.
- Jones, J. (1997). *Prejudice and racism* (2nd ed.). New York: McGraw-Hill.
- Kessler, R. C. (1979). Stress, social status, and psychological distress. *Journal of Health and Social Behavior, 20*, 259-272.
- Kessler, R. C., Michelson, K. D., & Williams, D. R. (1999). The prevalence, distribution, and mental health correlates of perceived discrimination in the U. S. *Journal of Health and Social Behavior, 40*, 208-230.
- Kim, B. S. K. (2007). Adherence to Asian and European American cultural values and attitudes toward seeking professional psychological help among Asian American college students. *Journal of Counseling Psychology, 54*, 474-480.
- Kim, H. S., Sherman, D. K., & Taylor, S. E. (2008). Culture and Social Support. *American Psychologist, 63*, 518-526.
- Krieger, N., & Sidney, S. (1996). Racial discrimination and blood pressure: The CARDIA study of young black and white adults. *American Journal of Public Health, 86*, 1370-1378.
- Lam, A. G., & Zane, N. W. S. (2004). Ethnic differences in coping with interpersonal stressors: A test of self-construals as cultural mediators. *Journal of Cross-Cultural Psychology, 35*, 446-459.
- Landrine, H., & Klonoff, E. A. (1996). The schedule of racist events: A measure of racial discrimination and a study of its negative physical and mental health consequences. *Journal of Black Psychology, 22*, 144-168.

- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.
- Lepore, S. J., Revenson, T. A., Weinberger, S. L., Weston, P., Frisina, P. G., & Robertson, R., et al., (2006). Effects of social stressors on cardiovascular reactivity in black and white women. *Annals of Behavior Medicine, 31*, 120-127.
- Lewis-Coles, M. E. L., & Constantine, M. G. (2006). Racism-related stress, Africultural coping, and religious problem-solving among African Americans. *Cultural Diversity and Ethnic Minority Psychology, 12*, 433-443.
- LexisNexis. (2005). *Cohen's handbook of federal Indian law*. Newark, NJ: Matthew Bender.
- Liang, C., Alvarez, A., Juang, L., & Liang, M. (2007). The role of coping in the relationship between perceived racism and racism-related stress for Asian Americans: Gender differences. *Journal of Counseling Psychology, 54*(2), 132-141.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage.
- Littlefield, A. (1989). The B.I.A. boarding school: Theories of resistance and social reproduction. *Humanity & Society, 13*, 428-441.
- Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review, 98*, 224-253.
- Masten, A. S. (1994). Resilience in individual development: Successful adaptation despite risk and adversity. In M. C. Wang & E. W. Gordon (Eds.), *Educational resilience in inner-city America: Challenges and prospects* (pp. 3-25). Hillsdale,

- NJ: Lawrence Erlbaum Associates.
- Masten, A. S. (2001). Ordinary Magic: Resilience processes in development. *American Psychologist, 56*, 227-238.
- McCormick, R., & Wong, P. T. P. (2006). Adjustment and coping in Aboriginal people. In P. T. P. Wong & L. C. J. Wong (Eds.), *Handbook of multicultural perspectives on stress and coping*, (pp. 515-531). Dallas, TX: Springer.
- McEwen, B. S. (1998). Protective and damaging effects of stress mediators. *New England Journal of Medicine, 338*, 171-179.
- McEwen, B. S. (2000). Allostasis and allostatic load: Implications for neuropsychopharmacology. *Neuropsychopharmacology, 22*, 108-124.
- Memmi, A. (1965). *The colonized and the colonizer*. Boston, MA: Beacon Press.
- Meyer, I. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674-697.
- Miller, C. T., & Kaiser, C. R. (2001). A theoretical perspective on coping with stigma. *Journal of Social Issues, 57*, 73-92.
- Miles, M., & Huberman, A. M. (1994). *Qualitative data analysis*. Thousand Oaks, CA: Sage Publications.
- Montana Office of Public Instruction (2007). *Montana Indians: Their history and location*. Helena, MT: Division of Indian education. www.opi.mt.gov/IndianEd.
- Moos, R. H., & Holahan, C. J. (2003). Dispositional and contextual perspectives on coping: Toward an integrative framework. *Journal of Clinical Psychology, 59*, 1387-1403.

- Moos, R. H., & Schaefer, J. A. (1993). Coping resources and processes: Current concepts and measures. In L. Goldberger & S. Breznitz (Eds.), *Handbook of stress* (2nd ed., pp. 40-55). New York, NY: Maxwell Macmillian.
- Nagata, D. (1990). The Japanese American internment: Exploring the transgenerational consequences of traumatic stress. *Journal of Traumatic Stress, 3*, 47-69.
- Neville, H. A., & Pieterse, A. L. (2009). Racism, white supremacy, and resistance: Contextualizing black American experiences. In H. A. Neville, B. M. Tynes, & S. O. Utsey (Eds.), *Handbook of African American psychology* (pp. 159-172). Thousand Oaks, CA: Sage.
- Noh, S., & Kaspar, V. (2003). Perceived discrimination and depression: Moderating effects of coping, acculturation, and ethnic support. *American Journal of Public Health, 93*(2), 232-238.
- Noren, J., Kindig, D., & Sprenger, A. (1998). Challenges to Native American health care. *Public Health Reports, 113*, 22-33.
- Office of Management and Budget. (2004). *Revised Definitions of Metropolitan Statistical Areas, New Definitions of Micropolitan Statistical Areas and Combined Statistical Areas, and Guidance on Uses of the Statistical Definitions of these Areas*. Bulletin No. 03-04. Washington, DC: Executive Office of the President. <http://www.whitehouse.gov/omb/bulletins/b03-04.html> .
- O'Neil, T. D. (1996). *Disciplined hearts: History, identity, and depression in an American Indian community*. Los Angeles, CA: University of California Press.
- Paradies, Y. (2006). A systematic review of empirical research on self-reported racism and health. *International Journal of Epidemiology, 35*, 888-901.

- Park, C. L. (1998). Stress-related growth and thriving through coping: The roles of personality and cognitive processes. *Journal of Social Issues, 54*, 267-277.
- Park, C. L., & Folkman, S. (1997). Meaning in the context of stress and coping. *Review of General Psychology, 1*, 115-144.
- Peacock, E. J., & Wong, P. T. P. (1996). Anticipatory stress: The relation of locus of control, optimism, and control appraisals to coping. *Journal of Research in Personality, 30*, 204-222.
- Peek, M. E., Odoms-Young, A., Quinn, M. T., Gorawara-Bhat, R., Wilson, S. C., & Chin, M. H. (2010). Race and shared decision-making: Perspectives of African-Americans with diabetes. *Social Science & Medicine, 71*, 1-9.
- Pevar, S. L. (2004). *The rights of Indians and tribes: An American Civil Liberties Union handbook* (3rd ed.). New York: New York University Press.
- Phinney, J. S., & Chavira, V. (1995). Parental ethnic socialization and adolescent coping with problems related to ethnicity. *Journal of Research on Adolescence, 5*, 31-54.
- Plummer, D. L., & Slane, S. (1996). Patterns of coping in racially stressful situations. *Journal of Black Psychology, 22*, 302-315.
- Polkinghorne, D. E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counseling Psychology, 52*, 137-145.
- Quittner, A. L., Glueckauf, R. L., & Jackson, D. N. (1990). Chronic parenting stress: Moderating versus mediating effects of social support. *Journal of Personality and Social Psychology, 59*, 1266-1278.
- Robert, S. A. (1999). Socioeconomic position and health: The independent contribution of community socioeconomic context. *Annual Review of Sociology, 25*, 489-516.

- Roberts, E. M. (1997). Neighborhood social environments and the distribution of low birthweight in Chicago. *American Journal of Public Health, 87*, 597-603.
- Ruggiero, K. M., & Taylor, D. M. (1995). Coping with discrimination: How disadvantaged group members perceive the discrimination that confronts them. *Journal of Personality and Social Psychology, 68*, 826-838.
- Ruggiero, K. M., & Taylor, D. M. (1997). Why minority group members perceive or do not perceive the discrimination that confronts them: The role of self-esteem and perceived control. *Journal of Personality and Social Psychology, 72*, 373-389.
- Schilling, J. (2006). On the pragmatics of qualitative assessment: Designing the process for content analysis. *European Journal of Psychological Assessment, 22*, 28-37.
- Scott, L. D. (2003). The relation of racial identity and racial socialization to coping with discrimination among African Americans. *Journal of Black Studies, 33*, 520-538.
- Seligman, M. E. P., & Csikszentmihalyi, M. (Eds.). (2000). Positive psychology [special issue]. *American Psychologist, 55*, 5-14.
- Sellers, R. M., & Shelton, J. N. (2003). The role of racial identity in perceived discrimination. *Journal of Personality and Social Psychology, 84*, 1079-1092.
- Shelton, J. N., & Sellers, R. M. (2000). Situational stability and variability in African American racial identity. *Journal of Black Psychology, 26*, 27-50.
- Shorter-Gooden, K. (2004). Multiple resistance strategies: How African American women cope with racism and sexism. *Journal of Black Psychology, 30*, 406-425.
- Singleton, G. J., Robertson, J., Robinson, J. C., Austin, C., & Edochie, V. (2008). Perceived racism and coping: Joint predictors of blood pressure in black

- Americans. *The Negro Educational Review*, 59, 93-113.
- Slaughter, M. M. (2000). Contested identities: The adoption of American Indian children and the liberal state. *Social & Legal Studies*, 9, 227-248.
- Slavin, L. A., Rainer, K. L., McCreary, M. L., & Gowda, K. K. (1991). Toward a multicultural model of the stress process. *Journal of Counseling and Development*, 70, 156-163.
- Smedley, A., & Smedley, B. D. (2005). Race as biology is fiction, race as a social problem is real. *American Psychologist*, 60, 16-26.
- Sterling, P., & Eyer, J. (1988). Allostasis: A new paradigm to explain arousal pathology. In S. Fisher, & J. Reason (Eds.), *Handbook of life stress, cognition and health*. Hoboken, NJ: Wiley & Sons.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.
- Sue, D. W. (2005). Racism and the conspiracy of silence: Presidential address. *The Counseling Psychologist*, 33, 100-114.
- Swim, J. K., Cohen, L. L., & Hyers, L. L. (1998). Experiencing everyday prejudice and discrimination. In J. Swim & C. Stangor (Eds.), *Prejudice: The target's perspective* (pp. 243-266). New York: Academic Press.
- Swim, J. K., Hyers, L. L., Cohen, L. L., Fitzgerald, D. C., & Bylsma, W. H. (2003). African American college students' experiences with everyday racism: Characteristics of and responses to these incidents. *The Journal of Black Psychology*, 29, 38-67.
- Taylor, S. E., Sherman, D. K., Kim, H. S., Jarcho, J., Takagi, K., & Dunagan, M. S.

- (2004). Culture and social support: Who seeks it and why? *Journal of Personality and Social Psychology*, *87*, 354-362.
- Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, *9*, 455-471.
- Thompson, C. E., & Neville, H. A. (1999). Racism, mental health, and mental health practice. *The Counseling Psychologist*, *27*, 155-223.
- Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work*, *38*, 218-235.
- U. S. Bureau of the Census. (2000). *Population profile of the United States*. Washington, DC: U. S. Government Printing Office.
- Utsey, S. O. (1999). Development and validation of a short form of the Index of Race-Related Stress-Brief Version. *Measurement and Evaluation in Counseling and Development*, *32*, 149-166.
- Utsey, S. O., Bolden, M. A., Lanier, Y., & Williams, O. (2007). Examining the role of culture-specific coping as a predictor of resilient outcomes in African Americans from high-risk urban communities. *Journal of Black Psychology*, *33*, 75-93.
- Utsey, S. O., Giesbrecht, N., Hook, J., & Stanard, P. M. (2008). Cultural, sociofamilial, and psychological resources that inhibit psychological distress in African Americans exposed to stressful life events and race-related stress. *Journal of Counseling Psychology*, *55*, 49-62.
- Utsey, S. O., Lanier, Y., Williams, O., Bolden, M., & Lee, A. (2006). Moderator effects of cognitive ability and social support on the relation between race-related stress and quality of life in a community sample of black Americans. *Cultural Diversity*

- and Ethnic Minority Psychology, 12, 334-346.*
- Utsey, S. O., Ponterotto, J. G., Reynolds, A. L., & Cancelli, A. A. (2000). Racial discrimination, coping, life satisfaction, and self-esteem among African Americans. *Journal of Counseling and Development, 78, 72-80.*
- Volkan, V. D. (2001). Transgenerational transmission and chosen traumas: An aspect of large group identity. *Group Analysis, 34, 79-97.*
- Wallace, B. C. (2006). Healing collective wounds from racism: The community forum model. In M. G. Constantine & D. W. Sue (Eds.), *Addressing Racism* (pp. 105-123). Hoboken, NJ: Wiley.
- Wallace, K. A., & Bergeman, C. S. (2002). Spirituality and religiosity in a sample of African American elders: A life story approach. *Journal of Adult Development, 9, 141-154.*
- Wallace, K. A., & Swaney, G. I. (2006, August). Coping strategies identified by Native American older adults. Poster presented at the annual meeting of the American Psychological Association, New Orleans, LA.
- Wallace, K. A., & Swaney, G. I. (2009). Native American resilience project. Ongoing qualitative research project.
- Weaver, H. N., & Brave Heart, M. Y. H. (1999). Examining two facets of American Indian identity: Exposure to other cultures and the influence of historical trauma. *Journal of Human Behavior in the Social Environment, 2, 19-33.*
- Weber, R. P. (1990). *Basic content analysis*. Beverly Hills, CA: Sage.
- Weibel-Orlando, J. (1990). Grandparenting styles: Native American perspectives. In J. Sokolovsky (Ed.), *The cultural context of aging: World perspective* (pp. 109-

- 125). Westport, CT: Greenwood Publishing Group.
- Whitbeck, L. B., Adams, G. W., Hoyt, D. R., & Chen, X. (2004). Conceptualizing and measuring historical trauma among American Indian people. *American Journal of Community Psychology, 33*, 119-130.
- Williams, D. R., & Jackson, P. B. (2005). Social sources of racial disparities in health. *Health Affairs, 24*, 325-334.
- Williams, D. R., Neighbors, H. W., & Jackson, J. S. (2003). Racial/ethnic discrimination and health: Findings from community studies. *American Journal of Public Health, 93*(2), 200-208.
- Williams, D. R., Yu, Y., Jackson, J. S., & Anderson, N. B. (1997). Racial differences in physical and mental health: Socio-economic status, stress and discrimination. *Journal of Health Psychology, 2*, 335-351.
- Wong, L. C. J. (2006). How visible minority students cope with supervision stress. In P. T. P. Wong & L. C. J. Wong (Eds.), *Handbook of multicultural perspectives on stress and coping* (pp.361-386). Dallas, TX: Springer.
- Wong, P. T. P. (1993). Effective management of life stress: The resource-congruence model. *Stress Medicine, 9*, 51-60.
- Wong, P. T. P., Reker, G. T., & Peacock, E. J. (2006). A resource-congruence model of coping and the development of the coping schemas inventory. In P. T. P. Wong & L. C. J. Wong (Eds.), *Handbook of multicultural perspectives on stress and coping* (pp.223-283). Dallas, TX: Springer.
- Wong, P. T. P., Wong, L. C. J., & Scott, C. (2006). Beyond stress and coping: The positive psychology of transformation. In P. T. P. Wong & L. C. J. Wong (Eds.),

Handbook of multicultural perspectives on stress and coping (pp.1-26).

Dallas, TX: Springer.

Wright, S. C., Taylor, D. M., & Moghaddam, F. M. (1990). Responding to membership in a disadvantaged group: From acceptance to collective protest. *Journal of Personality and Social Psychology*, 58, 994-1003.

Yeh, C. J., Arora, A. K., & Wu, K. A. (2006). A new theoretical model of collectivistic coping. In P. T. P. Wong & L. C. J. Wong (Eds.), *Handbook of multicultural perspectives on stress and coping* (pp.55-72). Dallas, TX: Springer.

APPENDIX

Semi-structured Interview Schedule

-
1. **What would you say have been the major stressors in your life?**
 - a. **How have you coped with them? That is, what have you done in order to make it through the tough times?**
 - b. **Was this a successful coping strategy?**
 - c. **Is there anything that you would do differently?**
 2. **What would you say have been the minor, everyday hassles that you deal with?**
 - a. **How do you cope with these types of hassles?**
 3. What gives you your inner strength?
 - a. Which of these is most important?
 4. How have your sources of strength changed over your lifespan?
 - a. Why do you think this has changed? (Interview: if applicable)
 5. **Some people identify certain factors as being important in overcoming stress. From your answers to my questions, it seems that _____ has been very important to you. Is this correct? (Interviewer: identify a factor explicitly mentioned in previous responses)**
 6. **How does _____ help you deal with stress? That is, how does _____ work for you? (Interviewer: use the factor mentioned in the previous question. Repeat questions above for each factor previously identified)**

Note: The specific interview questions of interest are set in bold print.

TABLE 1
Demographic Description of Participants (N = 28)

Characteristic	<u>n</u>	%
Age		
50-60	17	61
61-70	7	25
71-80	4	14
Marital Status		
Married	9	32
Divorced	6	21
Widowed	5	18
Single	8	29
Highest education level completed		
Middle school	2	7
High school	6	21
Vocational training	2	7
Some college	11	40
College degree	6	21
Graduate, Medical, or Law degree	1	4
Annual household income (\$)		
Did not report an income	2	7.1
Less than 7,500	6	21.4
7,500 – 14,999	7	25.0
15,000 – 24,999	4	14.4
25,000 – 40,000	7	25.0
More than 40,000	2	7.1
Living status		
Lived alone	9	32
Lived w/ spouse	4	14
Lived w/ child(ren)	8	29
Lived w/ spouse & child(ren)	4	14
Other living arrangements	3	11

TABLE 2
Categories of Race-Related Stress

-
-
1. Institutional
 - Boarding school/educational experiences
 - Encounters with health care system
 - Policies/practices governing the custody of Native American children
 - Relocation program
 2. Intergroup
 - Individual racism
 - Feeling like an outsider
 3. Bicultural
 - Acculturative issues
 - Distrust of the state and federal governments
 - Bureaucracy on the reservation
 4. Intragroup
 - Internalized racist attitudes
 - Phenotypic and cultural variations within the group
 - Tribal self-determination
 - Fear of the culture/language dying out
-
-

*The categories of race-related stress are numbered and the subcategories are bulleted

TABLE 3
Categories of Race-Related Coping Strategies

-
-
1. Taking Action
 - Standing up for self/group
 - Doing what was needed to survive
 2. Acceptance
 - Recognizing one's limits
 - Letting go and letting life happen
 - Being compliant
 3. Escape
 - Physical escape
 - Psychological escape
 4. Collective Coping
 - Seeking support
 - Reciprocity
 - Drawing strength from one's heritage
 5. Meaning Making
 - Reframing the experience
 - Finding benefit from the experience
 6. Affective Coping
 - Releasing painful emotions
 - Using humor or laughter
 7. "Returning to what Indians did before"
 - Traditional cultural practices
 - Traditional spiritual practices
 8. Creative Coping
-
-

*The categories of race-related coping strategies are numbered and the subcategories are bulleted

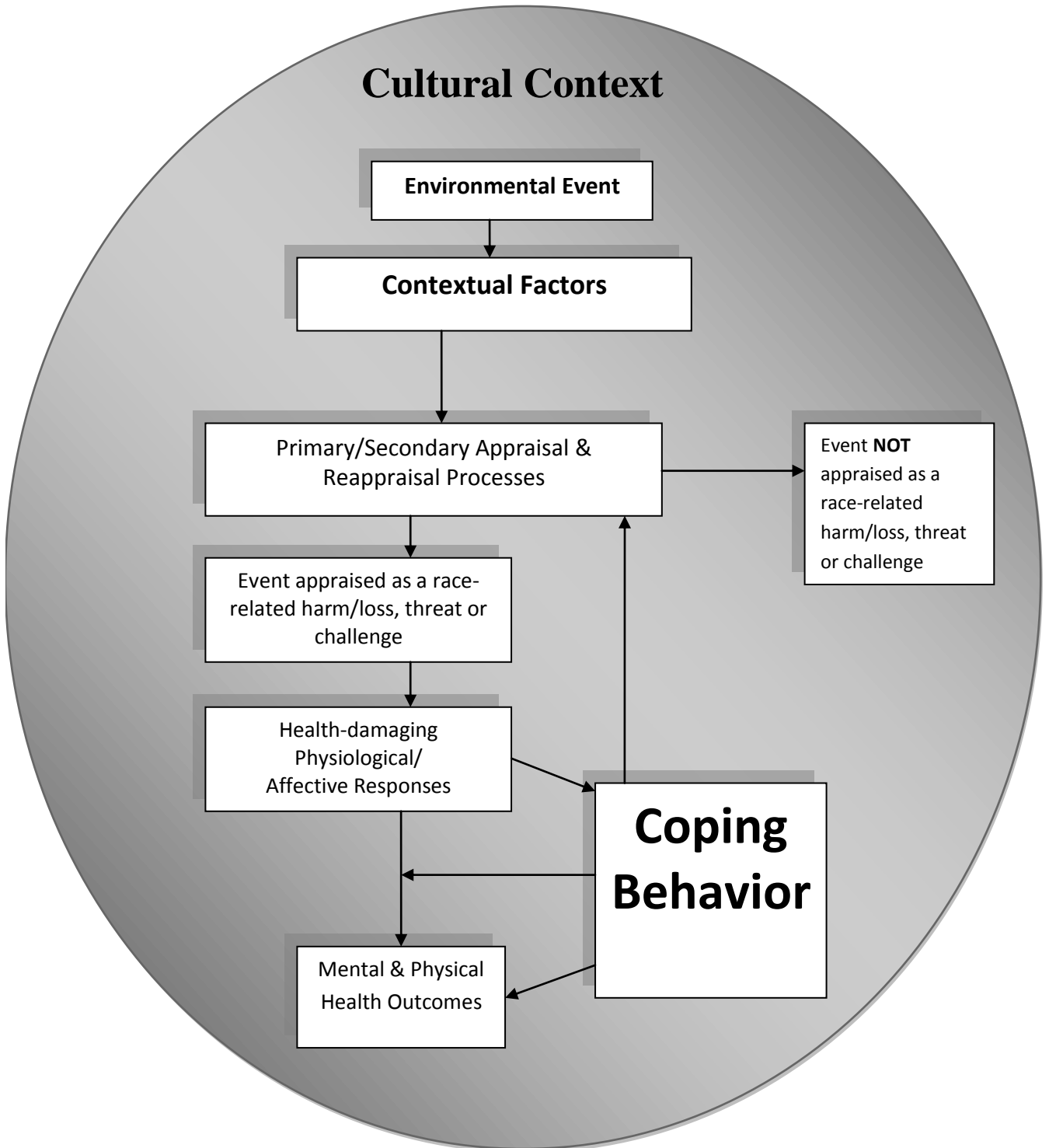


Figure 1. A culturally-embedded conceptual model of the race-related stress and coping process

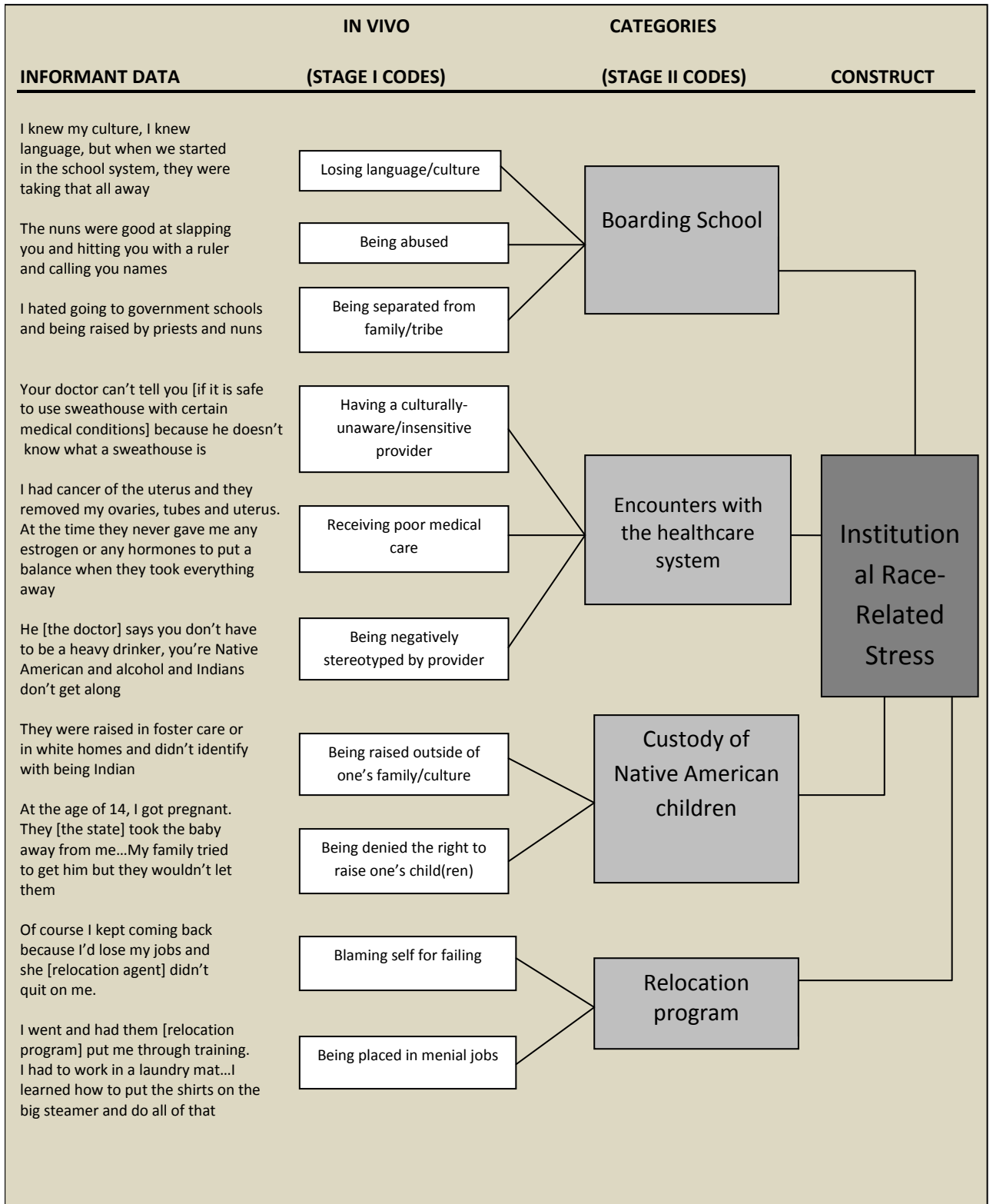


Figure 2. A partial audit trail for the construct Institutional Race-Related Stress.