Coping With the Death of a Family Member: An Exploration of American Indian People's Experience

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AN EXPLORATION OF AMERICAN INDIAN
PEOPLE’S EXPERIENCE

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Coping with the Death of a Family Member: An Exploration of American Indian People's Experiences

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Many studies exploring bereavement and grief have focused upon the U.S. majority culture. These studies have been established in the existing bereavement theories regarding grief and coping, by providing broad and general information to researchers and clinicians. Previous research has found that an individual’s experience of grief and ability to cope with death is affected by a combination of psychological factors (e.g., sociocultural, social support, personal factors, etc.) and sociocultural factors (e.g., availability of social support). The literature suggests that understanding cultural differences among Indian people, who experience grief and coping with death in unique ways, is important.

The current study utilized a qualitative methodology approach to identify and explore the coping strategies utilized by participants who experienced the death of a loved one within their family. This study sought to understand the coping strategies of American Indian people who experienced the death of a family member. The study focused on the following themes: (a) the impact of the death on the participant's life, (b) the participant's feelings about the loss, (c) the participant's support system, and (d) the participant's coping strategies.

The findings indicated that the participants utilized a variety of coping strategies, which included seeking support from family, friends, and community members. The participants also utilized religious and spiritual practices as a means of coping with their grief. The study concluded that understanding the coping strategies utilized by American Indian people is important in providing effective support and intervention.

William Henry Shunkamolah

2009

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Most studies exploring bereavement/grief have focused upon the US’s majority culture. These study findings have contributed to the existing bereavement theories regarding grief and coping by providing broad and general information to researchers and clinicians. Previous research has found that an individual’s experience of grief and ability to cope with death is affected by a combination of situational factors (e.g., anticipated death vs. sudden death), personal factors (e.g., age), and interpersonal factors (e.g., availability of social support). The literature suggests that understanding cultural differences among bereaved clients should be considered by clinicians. Despite such cautions few studies without theoretical preconception have attempted to identify and understand details of American Indian (AI) peoples’ experience of bereavement or grief.

The current study utilized a qualitative, grounded-theory approach to identify and explore the coping strategies used by 12 adult AI people living in or near Missoula, MT, who experienced the death of a family member within a 1-5 year time period. Participants’ coping behaviors were relational (i.e., spiritual, family, physical/psychological health, place, work/school, and community), and were components of cultural coping, the core category. Three factors were identified as important in determining the depth of grief experienced by participants, which influenced their use of cultural coping: a) experiencing the anticipated death of a family member versus the sudden death of a family member, b) physical distance from the dying or deceased family member (i.e., proximity); and c) the participants’ age/generation compared to their deceased family member’s age/generation.

With the exception of specific behaviors/rituals, coping (i.e., spiritual, family, physical/psychological health, and community, place and work/school) used by participants was similar to coping found in other studies. However, the connection between coping used by participants and the traditional significance their culture places upon other people and their environment uniquely highlight this study. Further utilization of qualitative methods to explore bereavement/grief could provide AI and scientific communities with practical information free of preconceived concepts. Suggestions for future research include: AIs communication of bereavement tradition; AI views regarding non-AI cultural coping behaviors; AI interaction with the healthcare system/health care workers; and AIs use of humor during bereavement.
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Introduction
To fear death, my friends, is only to think ourselves wise, without being wise: for it is to think that we know what we do not know. For anything that men can tell, death may be the greatest good that can happen to them: but they fear it as if they know quite well that it was the greatest of evils. And what is this but that shameful ignorance of thinking that we know what we do not know? *Socrates*

*from Plato's Apology*

The thoughts and emotions that arise when an individual experiences a death can range from fear and disbelief to joy and happiness. Our understanding of death is continuously shaped by our personal experience as well as factors such as culture and religion (Braun & Nichols, 1997; Catlin, 1992; Clarke, Hayslip, Edmondson, & Guarnaccia, 2003; Eyetsemitan, 2002; Gire, 2002; Mantala-Bozos, 2003; McGoldrick, 1991; Rubin & Yasien-Esmael, 2004; Weaver, Flannelly, Garbarino, Figley, & Flannelly, 2003). The sense of loss that accompanies the death of a family member or loved one can be experienced in a variety of ways, which may or may not “complicate” the grief process (Prigerson, n.d.; Shapiro, 1994; Worden, 1982).

The death of a family member or loved one triggers the beginning of a process that causes the bereaved individual to examine their loss in a cognitive and emotional manner. Based on their findings Muller and Thompson (2003) suggested that the grief experienced after bereavement might be described as:

Someone I cared about died.... This is the kind of person they were.... Our relationship was like this.... This is what happened and how they died.... This is
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how I felt... This is how I coped with their death.... Their death changed me in these ways.” (p. 187)

Grief and Bereavement

The terms bereavement and grief have been commonly used to describe the process in which an individual engages after a death has occurred. Bereavement is defined as an event (i.e. suffering the death of a loved one) and grief is defined as the emotion caused by bereavement (Merriam-Webster, 1994).

Kastenbaum and Costa (1977) stated that the term bereavement is simply used to indicate survivorship status. They noted that the term bereavement does not reveal any information about the survivor’s actual response to the loss, but that the term grief is used to describe the distressed state commonly experienced by survivors. Finally, the term mourning refers to “the culturally patterned manner of expressing the response to death” (Kastenbaum & Costa, 1977, p. 243).

Further, Stroebe, Hansson, Stroebe, and Schut (2001) acknowledged the difficulty of distinguishing between the terms bereavement, mourning, and grief and have defined each in the following manner. “The term bereavement is understood to refer to the objective situation of having lost someone significant” (p. 6), and is commonly accompanied by an intense emotional reaction. Despite the intense distress experienced by individuals as a result of losing someone significant, most individuals learn to manage their feelings and emotions over time.

Stroebe, Hansson, Stroebe, and Schut (2001) noted that an individual’s reaction to bereavement is termed grief, which is defined as: “a primarily emotional (affective) reaction to the loss of a loved one through death” (p. 6). In addition, they noted that
diverse psychological (cognitive, social-behavioral) and physical (physiological-somatic) manifestations are incorporated into the grief reactions of bereaved individuals. Finally, Stroebe, Hansson, Stroebe, and Schut defined mourning as “the social expressions or acts expressive of grief that are shaped by the practices of a given society or cultural group” (p. 6).

Although agreement regarding the definitions of these terms may be lacking among the general public, the scientific community, and mental health professionals, the terms as defined by Stroebe et al. will help guide the current study.

**Western Bereavement Theory**

Historically, bereavement theory has reflected the view of mainstream Western (i.e. Caucasian American) society. Bereavement has often been thought of as a meaning-making process in which a “return-to-baseline” was the primary goal. Rothaupt and Becker (2007) outlined and compared several theories which were illustrative of the evolution of bereavement theory. They noted that many people identified Sigmund Freud as the first to theorize about the bereavement process. Freud postulated that for the bereaved the goal of grief work was to emotionally detach from and accept the fact that the future of the relationship with the deceased was no longer possible. Rothaupt and Becker (2007) also identified Bowlby and Parkes’ (1970) stage model theory, Kubler-Ross’ (1969) stage model theory, Worden’s (1982, 2002) task model theory, Marrone’s (1999) phase model theory, and Walsh and McGoldrick’s (2004) task model theory as influential to the evolution of and current direction of the field. In addition to including the ideas of these theorists who had been influential in the area of bereavement they
included descriptions of model structure, theoretical characteristics, and goals which were believed to be important to the experience of bereaved individuals.

As a result of challenges to the psychoanalytic and stress and coping origin and orientation of bereavement theories, the focus of theory has moved from viewing the grief and mourning process as a series of stages, tasks, or phases through which the bereaved individual must navigate to a growth model theory. Although movement toward a growth-oriented paradigm appears logical given the research that has been conducted in mainstream society, it is not clear how any of the previous research applies to the experience of American Indian (AI) people.

Diagnostic considerations

The DSM-IV-TR (American Psychiatric Association, 2000) listed bereavement under the category “Additional Conditions That May Be a Focus of Clinical Attention,” and states that the bereaved individual may present with symptoms that resemble Major Depressive Episode. Although the DSM-IV-TR acknowledged the possibility that individual and cultural differences may exist and recommended exercising caution regarding diagnosis, the guidelines regarding the use of the bereavement code/category are general and vague (p. 740). Academic problems, occupational problems, identity problems, religious or spiritual problems, and acculturation problems were also listed in the “Additional Conditions That May Be a Focus of Clinical Attention” section of the DSM-IV-TR that may deserve additional attention when considering American Indian peoples experience of death. The possibility of misdiagnosis and/or the overestimation of pathology may be increased by the DSM-IV-TR’s lack of guidelines regarding the use of the aforementioned codes/categories.
Despite the DSM-IV-TR view that bereavement is an additional factor that should receive attention during clinical evaluation, the point at which culture affects the mood and behavior of a bereaved individual differently from that of mainstream Western society may be unclear and confusing to mental health professionals. Rosenblatt (1993) notes that: “the difference between grief and other dysphorias of Americans in the dominant culture and those of people in many other cultures is that the dominant American dysphoria is psychologized whereas in many other cultures it is somatized” (p.15). He felt that Americans were ignoring and overlooking the underlying meanings of somatic symptoms experienced by individuals from non-Western cultures. For example, medical anthropologist T. D. O’Neill (1996) gave an account of an interview with an elder of the Salish tribe in which the elder described her feelings or grief reaction using the Salish language. The tribal elder translated several Salish words (i.e., lonesome, lost, grieving or brokenhearted, feeling pitiful, wanting to give up) and stated that most applied to bereavement (p. 112). A clinician may correctly or incorrectly interpret such a translation as indicative of a significant level of depression. Rosenblatt (1993) also noted that it was important to avoid the adoption of a superficially helpful but nonetheless ethnocentric stance that implies, “Of course, our understandings are the right ones, but we will communicate with you in your own terms while still remaining assured that our way of thinking is correct.” (p.14)

The inclusion of culture-bound syndromes such as ghost sickness in the DSM-IV-TR (see “Outline for Cultural Formulation and Glossary of Culture-Bound Syndromes,”
Appendix 1, p. 897) could be viewed as an example of how the major culture has become conscious of historically ethnocentric literature and research.

Being unable to refer to a base of research/literature regarding AI peoples’ experience of bereavement, many clinicians may be unclear about what general and specific questions to ask a grieving AI individual to help guide treatment or make differential diagnoses which also requires consultation from multiple sources (i.e., clinicians, tribal members, elders, and spiritual leaders).

**Death rates**

According to the 2002 National Center for Health Statistics (NCHS) National Vital Statistics Report (2005) there were 2,443,387 total deaths in the US. The NCHS death rate statistics by race indicate that there were 2,102,589 deaths among Caucasian American (CA) people, which accounted for approximately 86% of the total number of deaths in the US. Among African American (AA) people there were 290,051, which accounted for approximately 11% of the total number of deaths in the US. Asian/Pacific Island (A/PI) peoples accounted for 38,332 or approximately 1.5% deaths in the US. In comparison, the NCHS (2005) reported that AIs accounted for 12,415 or 0.5% of the total deaths in the United States (US).

Despite the relatively low actual number of deaths reported by the NCHS (2005) the death rate varied among race, age, and sex. The Indian Health Service reported that the age-specific death rate for AIs and Alaska Natives (AN) was more than double that of the US for the ages 1-4 and 15-24, and equal to or more than 1.5 times higher than the US for the all other age groups except children under 1 and adults 85+ (IHS, 1999).
Although CAs had a higher death rate for all age groups and both sexes (895.7), compared to AAs (768.4), Als (403.6), and A/PIs (299.5), AAs had the highest death rate (both sexes) of all races for the ages less than 1 year to 10-14 years and 20-24 years to 80-84 years (NCHS, 2005). The death rate among Al (both sexes) aged less than 1 year to 60-64 years was the second highest compared to all other races (AA have highest rate), and was highest for all races for the age group of 15-19 years. Al males had the second highest death rate for the age groups less than 1 year to 5-9 years, and 10-14 years to 55-59 years, and Al females had the highest death rate (all races) for the age groups less than 1 year to 20-24 years (NCHS, 2005).

The US Census Bureau (2005) estimated that there were approximately 4.4 million Als/ANs (1.5% of the US population) residing in the US, and although they did not account for a staggering number of deaths among the US population (12,415 or 0.5%) they possessed the second highest rate of death in the US (both sexes) in several age groups compared to other races (CAs, AAs, and A/PIs).

Causes of death

Cause of death, as reported in the National Vital Statistics Report (USDHHS, 2005), was divided into two groups; natural (i.e., heart disease, HIV, diabetes mellitus, malignant neoplasms, cerebrovascular diseases, chronic lower respiratory diseases, influenza/pneumonia, Alzheimer’s disease, nephritis/nephritic syndrome/nephrosis, septicemia, chronic liver disease/cirrhosis) and unnatural (e.g., accidental, suicide, homicide). The leading causes of death among AI individuals, heart disease and malignant neoplasm, appeared to be equivalent to that of the total US population, but the leading causes of death differed between Al males and females. Al males were more
likely to die from heart disease and accidents, while AI women were more likely to die from heart disease and malignant neoplasm (USDHHS-IHS, 1999).

The percentage of death rates among AIs in the Billings Area\(^1\) was above both US national (all races) rates and all IHS service area rates. Examples concerning disparities among AI people and non-AI people existed among two causes of death: suicide, and injury and poisoning. The rate of suicide among Billings Area AIs was 117% percent above the US rate for all races, and 26% above the suicide rate for AIs in all IHS service areas in the US. The rate of death among Billings Area AIs caused by injury and poisoning was 316% above the US rate for all races (Andersen, Belcourt, & Langwell, 2005).

**Determinants of grief experience**

Stroebe & Schut (2001; as cited in Genevro, 2004) found that three factors increased the likelihood of individuals experiencing poor bereavement outcomes: “situational factors related to the death, such as whether the death was sudden or anticipated,” “personal factors such as gender and characteristics prior to the death such as emotional stability, religious beliefs and practices and self-esteem,” and “interpersonal factors such as the availability of social and emotional support from family and friends” (p. 34).

Parkes (1972; as cited in Worden, 1982) found that most determinants of how an individual would respond to a death were a consequence of six factors: identity of the deceased, nature of the attachment (the strength of the attachment, the security of the attachment, and the ambivalence of the relationship), mode of death (unexpected, traumatic, etc.), historical antecedents, personality variables (resilience, etc.), and social

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\(^1\) The Billings Area Office includes Montana and Wyoming.
variables (social support, cultural context, etc.). Shapiro (1994) highlighted a related point that may be particularly important to the discussion of the AI individuals’ bereavement experience considering the importance/significance many AI people place upon family. She stated that clinicians who worked with bereaved family members should attempt to identify the resources available to families to “counter-balance the stresses that accompany a particular way of death” (p. 254).

Although the aforementioned researchers had identified factors and determinants which appear to be important when an individual experiences a death, they did not mention how a bereaved individuals’ ability to cope was affected. Given these determinants, how do individuals from a culture other than White-American cope with the death of a family member?

**Health care of American Indians**

A national study conducted by the Centers for Disease Control and Prevention (CDC) examined the self-reported mental distress among a large representative sample of adults and found that AIs/ANs experienced a higher and more frequent level of distress than the general population (Centers for Disease Control and Prevention; CDC, 1998). In addition, the CDC also reported that little was known about the utilization of mental health services among AIs/ANs with an established need, because representative community studies had not been published (USDHHS, 2001).

Joseph Shunkamolah, an Osage tribe of Oklahoma elder/leader/historian, noted that historical changes have disrupted the practice and utilization of the Osage and other American Indian people’s traditional health care services, which may have led to much confusion about how to manage distress and who was capable of helping an individual in
need of mental health assistance (Osage tribe of Oklahoma elder/leader/historian, J. Shunkamolah, personal communication, 2006). Although there are many reasons why AI people experience distress, understanding the process of coping may provide useful information regarding what is observed within the AI population.

Traditionally, AI people relied upon an individual or group of individuals within their tribal group who provided physical and/or mental health care. Although these individuals were sometimes generically referred to as medicine people or shamans the care provided by these individuals was comparable to that of modern day physicians, psychologists, and pharmacists. These individuals provided counseling and advisement regarding spiritual and emotional/psychological difficulties, and used various remedies to treat physical ailments. Although many AI people continue to primarily utilize traditional health care services, a large number of AIs primarily utilize Western medical services while some use a combination of the two forms of health services.

AI peoples’ reliance upon the government’s provision of health care is primarily the result of Supreme Court decisions, Executive orders, and treaty agreements between the US government and various AI tribal groups. The US Department of Health and Human Services (USDHHS) provides health care for AI/ANs through the Indian Health Service (IHS). There are twelve IHS service areas in the US, most of which cover several states: Aberdeen (North Dakota, South Dakota, Iowa, and Nebraska), Alaska (Alaska), Albuquerque (New Mexico, Colorado, and Texas), Bemidji (Indiana, Minnesota, Michigan, and Wisconsin), Billings (Montana and Wyoming), California (California and Hawaii), Nashville (Eastern US), Navajo (Arizona, New Mexico, and Utah), Oklahoma City (Oklahoma, Kansas, and Texas), Phoenix (Arizona, California, and Nevada),
Portland (Idaho, Oregon, and Washington), and Tucson (Southern Arizona). Despite such coverage the surgeon general’s 2001 Mental Health report (USDHHS, 2001) stated that only about 20 percent of AIs reported accessing Indian Health Service services (p.91).

Figure 1. Indian Health Service Area Offices

Although the Billings Area covers both Montana and Wyoming, the death rate among Montana AI people is more applicable to the current research. The following information is important considering that data for the current study will be collected in Missoula, MT. The death rate among AIs in the Billings Area for all causes of death is 83% above the US death rate of all races, and 34% above all IHS areas. The average life expectancy of AIs in the Billings Area is 67.2 years, which is 3.9 years shorter than the average life expectancy of all US AI/ANs. The life expectancy of AIs in the Billings Area
is also 8.6 years shorter than the total US average of all races (Andersen, Belcourt, & Langwell, 2005).

**American Indian population of Billings Area**

Although national similarities are present among AI peoples’ experience of death (i.e., rate, frequency, and cause) state and regional differences do exist and are extremely important considering the diversity of the AI population in the US.

For example, in the Billings Area (Montana and Wyoming) there are eighteen tribal groups and seven reservations, including one (i.e. the Little Shell Tribe of Chippewa) that is not recognized by the federal government. Several reservations in Montana are home to more than one tribal group: Fort Belknap (Assiniboine and Gros Ventre), Rocky Boy (Chippewa Cree), Flathead (Kootenai, Salish, and Pend d’Orielles), Northern Cheyenne (Northern Cheyenne), Crow (Crow), Blackfeet (Blackfeet), and Fort Peck (Sisseton Sioux, Wahpeton Sioux, Canoe Paddler Assiniboine, and Red Bottom Assiniboine). The Wind River reservation of Wyoming is home to both the Arapahoe tribe and the Shoshone tribe.

**Figure 2. Billings Area Office**

(http://www.easternshoshone.net/)
How Americans experience death

Although general or stereotypical statements regarding the beliefs and behaviors of cultural groups and their members should not be perpetuated, American culture is commonly viewed as being Christian and White (Irish, 1993). Cable (1998) with regard to grief in the American culture stated:

Contemporary American culture glorifies youth, beauty, and health. In so doing, it tends to deny the reality of death and thus, the human experience of grief. On the whole, American culture provides little in the way of support to those who are grieving. We are expected to hide our feelings and emotions, to grieve alone and in silence. We are encouraged to replace our loss as soon as possible. (p. 61)

Cable (1998) stated that as American culture has changed the American view and experience of grief has “de-emphasized” the grief process and the importance of support for the bereaved, which has left bereaved and grieving individuals “alone with their emotions, in a society that does not provide guidance and help” (p. 69). Cable suggested that changes over the past century (i.e., science and medicine, geographic mobility, ritual, and location of death) have contributed to the change in the American view and experience of grief and bereavement. For example, medical science has led to the cures for various infections/diseases which means that more people will not die until they are older in age. In turn, very few family members and friends will experience grief and bereavement at a young age. Fewer Americans live and die in the same geographical region (i.e., town, county, state) in which they were born, which affects the impact (i.e., experience of grief, availability of support) of a death upon the community, family, and
friends of the deceased. Cable stated that over the past century many of the “standard sets of responses” to death (e.g. wearing black arm band) have become less common among many Americans, which may affect the availability or identification of support from others. Finally, very few Americans die in their own home or the home of a family member. Family members and friends were “more a part of the death experience” because they helped care for the deceased and helped prepare the body for burial.

How American Indian people experience death

Although the differences and similarities may vary from tribe to tribe, clan to clan, family to family, and individual to individual, AI people do appear to experience death in a different manner than CAAs. There are several examples of differences and similarities between the AI and the CA experience of life and death that deserve mention considering how the two cultures have evolved since colonization of the US.

The importance of the grief process in AI culture does not appear to be as de-emphasized as Cable (1998) suggests it is in CA culture. Many AI tribes and families continue to emphasize the importance of bereavement traditions. As a result, AI individuals may appear to be less isolated as they grieve compared to CA individuals, because they are provided with additional forms of support and guidance; i.e., extended family members, fellow tribal members, adopted family members from other tribes.

Markstrom, B. Stamm, H. Stamm, Berthold, and Running Wolf (2003) highlighted four factors that deserve some consideration, because these factors may serve as barriers and/or contribute to the resiliency of various populations of people, including AIs. First, compared to many CAAs many AI individuals have limited access to the highest level of medical advances and care. Limited access to quality medical care may result in
more deaths of younger AI individuals, which may increase the number AI family members and friends who experience grief and bereavement. Second, many AI individuals are born, live, and die in the region of their tribe's land/origin. The impact to the bereaved individual, family, and community may be greater, but the support and guidance available to the bereaved may compensate for the loss. Third, the “standard sets of responses to death” that Cable (1998, p. 62) spoke of do not appear to be absent from most AI peoples experience of death. Although many tribes may have experienced changes in bereavement traditions/rituals (i.e., songs, dances, burial/body preparation) many traditions still exist and are practiced in modern form. The practice of bereavement traditions/rituals by individuals and families ensures that the community will be able to identify grief/bereavement and provide support. Fourth, compared to CA's more AI individuals may die in their home or the home of a family member. For example, many AI individuals do not believe in placing elder family/tribal members in nursing homes or palliative care. In addition to maintaining grief/bereavement traditions and an overall “way of life,” dying at home or in the home of family members may provide many AI individuals with a sense of comfort and support that could not be provided in a hospital.

**Trauma/Historical Trauma**

In addition to the aforementioned causes of death, many AI individuals and families experience causes of death which are very traumatic. Shapiro (1994) noted that deaths which were the result of violent, abrupt, or unexpected disaster introduced an additional dimension of stress and may require the bereaved individual to exercise more serious coping mechanisms.
Although the National Institute of Mental Health (NIMH) estimated that AIs/ANs generally experience a higher level of distress than the general population, distress levels may also be disproportionately heightened by everyday life experiences. For example, individuals may experience a heightened amount of distress in the form of grief after the death of a family member. Although several authors (Brave Heart & DeBruyn, 1998; Duran & Duran, 1995) have speculated about how trauma, and more specifically historical trauma, has affected AI people, few researchers have contributed to the area of bereavement/grief and coping.

Coping with bereavement

Until recently, the mental health field literature regarding adult bereavement has mirrored the assumption that grief is a “time-limited process” (Shapiro, 1994). Shapiro stated that longitudinal research has found that the bereavement recovery process is longer than has been traditionally accepted, and may be a lifelong process for some individuals. Given this shift in perspective regarding the grief/bereavement process, coping strategies, and behaviors may be particularly important.

Stroebe et al. (2001) referred to coping as the “processes, strategies, or styles of managing (reducing, mastering, tolerating) the situation in which bereavement places the individual” (p. 8). They also emphasized the importance of distinguishing between coping with bereavement and symptomatology, and learning about the “cognitive processes underlying adaptation to loss” (p. 9). Stroebe et al. (2001) stated that the outcome and the level of symptomatology (mental and physical) experienced by an individual are not simply dependent upon the strategy/strategies that the individual used.
to cope with a death, and that effective coping should reduce symptomatology and increase the likelihood of a positive outcome as defined by the major culture.

Muller and Thompson (2003) found that five prominent themes (i.e., coping, affect, change, details, and relationship) emerged from the interviews of nine bereaved individuals, and noted that participants made more statements regarding coping than any other of the five themes. Coping behaviors may be created and affected by all three of the aforementioned factors (i.e., situational, personal, and interpersonal factors) in response to bereavement related to grief. Individuals often develop and use such behaviors as a result of their exposure to varying degrees of each factor when a death is experienced (Frantz, Trolley, & Farrell, 1998; Gentry & Goodwin, 1995; Gowensmith, 1999; McGoldrick, Almeida, Hines, Rosen, Garcia-Preto, & Lee, 1991; Nagel, 1988; Pietropinto, 1985, Stone, 1998).

Muller and Thompson (2003) found that participants of their phenomenological study described two types of coping strategies: cognitive (i.e., optimism, intellectualization, positive self-talk, compartmentalization, and avoidance) and behavioral (i.e., reading, remembering the good times, getting back into a routine, attending the funeral, physical exercise, being alone, and talking about the deceased). In addition to endorsing both cognitive and behavioral strategies, several participants stated that “individual therapy, support groups, and psychotropic medication. Spiritual resources such as beliefs, prayer, and Bible verses” were helpful (p.188).

Similar to Muller and Thompson (2003), Balk (1997) found that many college students coped with death by:
Coping with Bereavement

... crying, talking about the death, remembering good points about the deceased, not thinking about the person, honoring the person on special occasions, working on grief by oneself, focusing on other things, reading, keeping belongings of the deceased, rationalizing about the death, participating in self-help groups, engaging in religious practices, keeping busy, consulting professional help, and taking prescribed medication. (p.214)

The literature and research regarding bereavement and grief indicated that regardless of culture, individuals often coped with a death by engaging in mourning rituals that provided some sense of psychological precautions for participants (Imber-Black, 1991; Balk, 1997). Previous studies (Brokenleg & Middleton, 1993; Garrouette, Goldberg, Beals, Harrell, Manson, & the AI-SUPERPFP Team, 2003; Grossman, Putsch, & Inui, 1993; Nagel, 1988; Putsch, 1988; Stone, 1998) have focused on the practices, rituals, and meaning surrounding the experience of grief and bereavement for AIs. However, the individual AI perspective and experience of effective coping behavior has not been extensively explored.

Only a small number of studies and publications examining grief and bereavement (Baydala, Hampton, Kinunwa, Kinunwa, & Kinunwa, 2006; Braun & Nichols, 1997; Catlin, 1992; Eyetsemitan, 2002; Gire, 2002; Hsu et al, 2004; Kaufert, Putsch, & Lavallee, 1999; McGoldrick, 1991; Putsch, 1988; Shapiro, 1996; Stone, 1998) made any mention of cross-cultural differences among individuals. This lack of exploration and understanding, in combination with the unique history and culture of AI peoples, does not provide a sufficient foundation on which to build appropriate diagnosis and effective treatment of psychological distress and dysfunction. The current research...
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project will focus upon the coping behaviors/strategies that are used by AI people in
Montana who have experienced the death of a family member.

*How American Indians cope with death*

When AI beliefs and practices are compared to the beliefs and practices of
dominant western culture two very different conceptualizations of what is considered
adaptive or maladaptive grief/bereavement may appear. Shapiro (1994) notes that
although different cultures approach bereavement issues (e.g., defining the relationship
between the living and the deceased, afterlife, and reconstruction of ruptured
family/community relationships) differently, the fit between prescribed social roles and
the grief experience depend upon the family.

In addition to cultural traditions/practices, a family’s history, emotional style, and
structural organization may affect an individual’s experience of grief. For example, it
may be more common for an AI individual to “be strong at all times in order to protect
others” from their own pain, which may interfere with what a non-AI therapist may
consider normal expression of emotion (Swinomish Tribal Mental Health Project, 2002).
Such confusion may be further complicated by the fact that AIs experience a higher
frequency of losses. Medical anthropologist T. D. O’Nell, who has published a book of
her exploration of depression among the Confederated Salish and Kootenai tribe of
Montana, estimated that AIs experience 1-2 losses per year compared to 1-2 losses every
9-13 years among non-AIs (T. D. O’Nell, personal communication, 1994). A shorter
period of time between losses may increase the level of difficulty many AIs experience
readjusting to, recovering from, or resolving grief. The importance of the mental health
professional’s familiarity and sensitivity to client/patient cultural beliefs and practices has
been found to be an important factor for diagnosis and positive treatment outcome (Lu, Lim, & Mezzich, 1995).

In a qualitative study of the Lakota, Stone (1998) explored the beliefs surrounding the loss of life (death, dying, grief, and bereavement). His findings were documented and summarized, and were then compared with mental health/substance abuse worker beliefs. In general, a rather significant difference was found to exist between mental health/substance abuse workers and Lakota tribal members’ beliefs regarding the importance of traditional beliefs/practices involved in the bereavement process. Lakota tribal members were more likely to place a high value on the aspects of ceremonies that integrated “the bereaved, the family, the community, and the tribe into a group working to resolve grief” (p.121). Stone (1998) reported two main clinical findings; “a careful clinical assessment of the bereaved Lakota client’s level of acculturation is required as a prerequisite to treatment planning,” and “intervention with grieving Lakota clients should include informed attention to both ‘western’ bereavement treatment methods and traditional Lakota family, community, and social bereavement practices” (p. iv). Stone’s study (1998) also found several key clinical, tribal, and theoretical results. For example, Stone found that elder Lakota tribal members preferred bereavement interventions that “included family, social, community, tribal, and ceremonial activities” (p. iv). Although many Lakota ceremonies have changed over time, many of these ceremonies or rituals used to cope with grief and bereavement are still used in contemporary forms (Stone, 1998).

Imber-Black (1991) has written about the importance of using rituals to assist in the healing process. Hanson (1978), Linderman (1944), Rees (1971), and Steele (as cited
in Stone, 1998) have documented experiences such as “hallucination” and suicidal behaviors of several bereaved AI individuals. These individuals experienced improved physical and mental functioning upon completion of appropriate ceremonies or rituals. However, individuals from other cultures may view the experiences of visual and/or auditory hallucinations, somatic symptom, and the existence of ghosts or spirits as being indicative of additional problems.

The prolonged or difficult grief process experienced by an individual during bereavement is thought to be attributable to psychological factors such as depression and social factors such as culture (Catlin, 1992; Shapiro, 1996). The term “complicated grief” has been used to describe the added difficulty experienced by an individual who is in the process of dealing with loss, and is viewed as psychopathology (Kersting, 2004). The terms “muted grief” and “excessive grief” are also examples of labels that have been used to describe an individual’s attempt to suppress or amplify their experience of grief, as warranted or prescribed by the individual’s culture, which could also be viewed as psychopathological (Rosenblatt, 1993).

Although much of the bereavement research has focused on identifying the negative and impeding aspects of an individual’s bereavement experience, several researchers have focused on the positive aspects of grief. Frantz, Trolley, and Farrell (1998) found that grieving individuals exercised two seemingly paradoxical coping behaviors. They found that individuals who were able to cope best with the loss were those individuals who alternatively embraced and avoided their grief by sometimes allowing themselves to feel pain and finding ways not to feel the pain at other times. Differences in an AI individual’s ability to both embrace and avoid their grief may be
complicated by cultural and traditional factors. For example, individuals from tribes that
grieve the death of a family member by only publicly expressing emotional feelings (e.g.,
crying) for a traditionally significant number of days (e.g., no more than three days) may
struggle with conflicting thoughts and feelings (e.g., incompetence, ability to be
respectful) regarding their desire and need to express such emotions after this time
period. Such thoughts and feelings are not intended to be the focus of grief after the
traditional number of days has passed, and many young AI individuals may be left
feeling more distressed than their older counterparts because they are more acculturated
to mainstream society (Osage tribe of Oklahoma elder/leader/historian, J. Shunkamolah,
personal communication, 2004). For many tribes there is also a danger of placing family
members (living and deceased), relatives, and other tribal members at risk of harm if
emotion (i.e., crying) is not expressed during culturally accepted times (Confederated
Salish and Kootenai Tribes of Montana elder/leader Johnny Arlee, personal
communication, 2006).

As mentioned, American Indian people have frequently experienced death in very
traumatic ways and have relied upon both their individual and family’s ability to maintain
stability in the face of adversity. Briefly mentioning resiliency at this point in the
discussion of positive aspects surrounding bereavement may be helpful to understanding
coping behavior. In his review of literature Bonanno (2004) stated:

Resilience to loss and trauma...pertains to the ability of adults in otherwise
normal circumstances who are exposed to an isolated and potentially highly
disruptive event, such as the death of a close relation or a violent or life-
threatening situation, to maintain relatively stable, healthy levels of psychological
and physical functioning. (p. 20)

Much of AI people’s resilience to adversity may be attributed to the use of
traditional thought and practice surrounding experiences such as bereavement. For
example, many AI people believe that life is circular and view death as part of the whole
or an “extension of life.” Stone (1998) notes that LaFromboise and Bigfoot (1998),
Putsch (1998), Krache (1984), Mazur-Bullis (1984), and Grant (1985) have identified and
documented tribal/indigenous beliefs (e.g., spirits or “ghosts,” moving of spirit to another
location) and practices (e.g., songs, dressing/burial of the loved one, prayers). The
importance of practices or rituals (e.g., making a trip, feeding/eating, singing, burning or
giving away clothing/possessions) in the process of bereavement is thought to facilitate a
positive adjustment to an individual’s bereavement experience, but these practices may
impede the individual’s ability to appropriately balance embracing and avoiding their
grief.

A study by Gowensmith (1999) found that post-funeral rituals “needed to be
personally meaningful to the participants in order for them to be beneficial” (p.19).
Gowensmith also stated that the three main reasons that individuals perform rituals were
“for the facilitation of their grief tasks, for remembrance, and for their children and
families” (p.17). The finding that appeared to be most relevant to the current study is that
77% of the participants reported feeling more confident and empowered after performing
their ritual. Most participants reported being more committed to actively dealing with
their grief after performing their rituals. Gowensmith’s findings suggested that the current
study might find that AI individuals who are less connected to their culture will
experience difficulty finding and utilizing strategies (i.e., personal, social, and spiritual/religious) to cope with their grief. Conversely, individuals who are more connected to their culture are likely to benefit from tribal and communal coping strategies and experience less difficulty throughout the grief process.

It is important to note that although AIs experience a higher and more frequent level of distress, which may indicate a need for more western mental health care than the general public, many AIs continue to utilize and benefit from traditional forms of mental health care. Atkinson, Lowe, and Matthews (1995) and Suinn, Ahuna, and Khoo (1992) found that ethnic minority’s (e.g., AIs, A/PIs) decisions to seek tribal/traditional or western physical/mental health services may be influenced by their level of acculturation. Stone (1998) reported two important clinical results in his study. He states that “a careful clinical assessment of the bereaved Lakota client’s level of acculturation is required as a prerequisite to treatment planning” and “intervention with grieving Lakota clients should include informed attention to both ‘western’ bereavement treatment methods and traditional Lakota family, community, and social bereavement practices” (p. iv). The use of tribal traditional and/or mainstream societal coping behavior and individual factors (e.g., acculturation) may create an imbalance between embracing grief (i.e., feeling pain) and avoiding grief (i.e., finding ways to not feel pain; Frantz, Trolley, & Farrell, 1998).

This study will explore the AI experience of bereavement, and attempt to discover the elements of AI life and culture that contribute to the view of helpful coping behavior. The questions that will guide this study are:

1. How have American Indians coped with the deaths that they have experienced?
2. With regard to the coping strategies that they used, were there helpful and unhelpful coping strategies?

3. What guides or influences American Indian coping behaviors in response to a death?
Methods

Procedure

After receiving approval to begin research from The University of Montana Institutional Review Board, recruitment flyers (Appendix B) were posted at the Missoula Indian Center, various sites around The University of Montana campus, and distributed to American Indian people via The University of Montana Native American Studies email listserv. Individuals who were interested in participating in the study contacted the researcher by calling and leaving a message on the InPsych Research laboratory answering machine. Information (i.e., name, telephone number, and eligibility) was gathered from individuals interested in participating in the study, an appointment was scheduled, and they were provided with directions to the research facility. Participant interviews were conducted and information was gathered by the principle investigator at the Clinical Psychology Center at The University of Montana. Upon their arrival at the Clinical Psychology Center the principle investigator explained to each participant, the purpose of the study, research procedures (e.g. digital recording of interview), possible effects of participation, and asked each participant to sign an informed consent form. Participants were given the opportunity to ask any questions regarding participation, procedure, etc. before being asked to sign the informed consent form (Appendix C). Upon signing the informed consent, participants were asked to complete a demographic/personal information questionnaire (Appendix D). The demographic/personal information questionnaire asked participants a number of standard questions regarding demographic information, and took approximately 10 minutes to complete. Participants were asked questions about their age, tribal affiliation, where they
were born and raised, who raised the participant, and education. The researcher then interviewed participants using the semi-structured focused interview which consisted of six questions. The interview explored and documented the participant’s bereavement experience and lasted between 20 minutes to 1.5 hours (average time for 12 interviews was 42 minutes). The interview was open-ended and questions focused upon the participant’s personal experience regarding bereavement and their use of coping behaviors/strategies following the death of a family member (Appendix E).

Given the nature of the research topic, hesitation to participate may have been a factor in many individuals decision to contact the researcher. The researcher exercised caution, ethical and traditional, when explaining the purpose and possible benefit of the study results to potential participants (Catlin, 1992; DiCicco-Bloom & Crabtree, 2006; Fischer, 1994; Grossman, Putsch, & Inui, 1993; McGoldrick et al., 1991; Nagel, 1985; Parkes, 1995; Putsch, 1988). Parkes (1995) provides numerous guidelines for conducting bereavement research, which helped guide the researcher. These guidelines included preventing possible harm to respondents, obtaining informed consent, and minimization of stress during interviewing. When debriefed, the participants were given the opportunity to discuss their thoughts and feelings regarding their participation and were provided with contact information regarding psychological services (Appendix A).

In addition to offering participants the opportunity to process any immediate thoughts or feelings regarding their experience, participants were given debriefing information regarding cultural resources and psychological services (Appendix A); including the names of InPsych students and the InPsych supervisor should they feel the need to seek services for difficulty that arose upon completion of the interview. Finally,
participants were presented with a traditional gift and $15.00 upon completion of debriefing.

Qualitative approach

Although the existing theories regarding coping with the death of a family member were informing, they were general and not very helpful for understanding the experience of AI people. A qualitative approach was utilized because this study is an effort to provide depth to our understanding and conceptualization of AI individuals’ experience of coping with bereavement. Exploring the differences of coping with bereavement that exist between the experience of mainstream culture and the experience of the AI calls for a less fixed and more open approach. Flick, Von Kardorff, and Steinke (2004) stated that qualitative research offers an individual familiar with the phenomena of interest the opportunity to describe their “life world” by providing “cultural snapshots” of their own unique view as a participant. As a result, an understanding of social realities, the process, meaning, and structure of the experience in question can be gained. Utilizing qualitative techniques to gather data for the current study allowed the researcher to build a base of knowledge that will shape and guide future quantitative research.

Grounded Theory approach

Although the purpose of the current research did not include construction of a new theory, a grounded theory approach was utilized to further inform the widely accepted modern theories regarding grief and bereavement that already exist (see Western bereavement theory section).

Grounded theory is an approach in which hypotheses are generated by systematically analyzing observational or interview data (e.g. semi-structured interview)
to explain social or psychological process, thus “grounding” explanation in empirical data. This approach is optimal for several reasons: few studies have focused upon or attempted to understand the AI experience of bereavement; the information gathered is not based upon one specific theory regarding bereavement (Strauss & Corbin, 1998). Dey (1999) stated that Glaser and Strauss argued that when initiating research, the researcher should: avoid theoretical preconception and ignore literature in the area of interest, and rely upon theoretical insight and initial observations to conceptualize data.

In addition to the aforementioned, a grounded theory approach is very useful for the purposes of conducting qualitative research because as Strauss and Corbin (1998) stated:

As we examine other cases and compare incident against incident, we are more likely to recognize both sameness and variation in categories and to see how what applied in one case also might be relevant in the next case and where the two cases differ. (p. 89)

Strauss and Corbin (1998) stated that as a result of this theory building process the researcher is able to “move from description to conceptualization” (p.88). This approach to research may be particularly useful for exploring AI people’s experience, because knowledge regarding the bereavement coping behaviors of AIs is limited.

Analysis of the 12 interviews followed the initial, focused, and axial coding phases described by Charmaz before research was concluded to ensure that theory had emerged from the data. Collected data was manually transcribed, coded, and analyzed by the principle investigator and the InPsych research lab team. In addition to manual analysis, several researchers (Welsh, 2002; DiCicco-Bloom & Crabtree, 2006) have
advocated the use of qualitative data analysis software to add accuracy, rigor, and validity to qualitative research. The principle investigator utilized QSR NVivo 7 and NVivo 8 to further code and analyze the data.

*Grounded Theory coding*

Charmaz (2006) described coding as the process of “categorizing segments of data with a short name that summarizes and accounts for each piece of data” (p.43). Further she stated that qualitative researchers avoid applying preconceived categories to the data, and that grounded theorists create codes by defining what is observed in the data. As a result, the codes are emergent and develop as the researcher studies the data (p.186).

Charmaz stated that the two most significant phases of the grounded theory coding process are the initial coding phase and the focused/selective coding phase. Initial coding involves closely reading and differentiating data for the purposes of generating further data collection and analysis. Charmaz stated that during the initial coding phase the researcher should ask the following questions: “What is this data a study of?” “What does the data suggest? Pronounce?” “From whose point of view?” and “What theoretical category does this specific datum indicate?” Additionally, Charmaz emphasized that researchers should remain open to all theoretical possibilities contained within the data, and remain as “close” as possible to the data by attempting to see and preserve actions within the data instead of imposing preexisting or biased labels/categories upon the data during the initial coding phase.

The most significant and frequently coded data identified are used to analyze larger amounts of the data during the focused/selective coding phase. Charmaz stated that
decisions regarding the utility of codes generated during the initial phase are made during the focused/selective phase for categorization purposes. Focused/selective codes are developed by comparing data to data (i.e., interview to interview) and additional data is compared to the resulting code, which results in refinement of the code. Strauss and Corbin (1990) described selective coding as the process of selecting a core category, finding its relation to other categories, and validating the relationships found or observed while filling in categories that need further refinement/development.

In addition to the two main phases (i.e., initial coding and focused/selective coding), Charmaz further described the grounded theory process for coding as including axial and theoretical as the third and fourth types of coding. Axial coding is a strategy used by Strauss and Corbin (1998) in which text is converted to concept. The purpose of the axial coding phase is to relate categories to subcategories, delineate category dimensions and properties, and reconstruct, synthesize, and organize data “fractured” during the initial coding phase. Strauss and Corbin applied terms to categories and generated an organizational scheme or frame in order to answer various questions (i.e., why, where, when, etc.). Charmaz noted that the application of the organization scheme or frame provided by Strauss and Corbin for doing axial coding may or may not be useful depending upon the subject matter, and researcher preference and tolerance for ambiguity. She stated that although she had not utilized the axial coding procedures used by Strauss and Corbin, she developed subcategories and showed links to a category upon learning about the experiences within the category. The current study followed this more flexible example of focused/selective and axial coding provided by Charmaz because it is the principle investigators’ belief that the subject matter will provide categories,
subcategories, and links which could be altered by the application of an organizing scheme restricting the construction of codes.

The principle investigator also took a flexible approach to these coding phases for two reasons. First, theorists have differences of opinion regarding core category properties (e.g., number of core categories) and whether or not the chosen core category is grounded in the data or selected by the theorist. Second, considering the lack of literature and knowledge regarding the current study subject matter an overestimation of the importance of one category may have limited opportunity to discover and explore a variety of possibilities.

Charmaz explained that theoretical codes specify the relationship that may exist between categories developed during the focused coding phase, and how as hypotheses they may be “integrated into a theory” (p.63). As the depth of the current study is limited and no attempt was made to integrate the findings into a new or existing theory a theoretical coding phase was not conducted.

Analysis

Initial coding

Charmaz (2006) described three types of coding: word-by-word, line-by-line, and incident-to-incident. Although coding word-by-word moves the researchers’ attention to images and meanings, Charmaz added that this approach was more helpful when working with ephemeral data (e.g., internet data). She stated that line-by-line coding was typically the first step in coding for most researchers, and added that the attention given to the data was increased compared to a general reading of the data. Coding in a line-by-line fashion prompts the researcher to maintain openness to the data while observing the nuances that
arise. Additionally, the likelihood of a researcher superimposing their preconceived notions upon the data is reduced by such analysis.

The InPsych research lab team comprised of AI and non-AI undergraduate psychology students Karla Bird, Charlene Burns, Velden Calica, Kelsey Conner, David Haxton, Maegan Hopkins, Kristin Kipp, Jake Lapke, Emily Lund, Gabriella Many Shots, Kimberli Patrick, Kimberly Paul, and Ennis Vaile transcribed, checked, and re-checked interviews as completed by the principle investigator.

The principle investigator and research lab team began coding interviews line-by-line following the strategy provided by Charmaz (i.e., breaking data into component parts/properties, defining actions, searching for tacit assumptions, explicating implicit actions/meanings, crystallization of significance of the points, comparing data to data, and identifying data gaps). Additionally, Charmaz suggested constructing codes which were short/simple/precise while moving through the data at a quick pace.

Although the interview questions followed a specific order, participants provided information addressing various questions at varying points throughout the interview. The data was first broken into six component parts based upon the six interview questions (i.e., family member deaths, ways of coping, helpful coping, not helpful coping, guidance/influence, and suggestions to others). Moving at a quick pace the research lab team read through interviews and identified words, sentences, and paragraphs which coincided with each interview question and used a colored highlighter to indicate under which category the passage belonged. As suggested by Charmaz, questions regarding the data were frequently and continually raised by the principle investigator and research lab
team members in an attempt to account for significant actions and process being communicated in the passages.

Upon completion of passage identification the larger passages were reduced to shorter and simple codes and grouped under the six categories. The principle investigator and research lab team further discussed emerging themes, tacit assumptions, implicit actions/meanings, and the significance of the points within the interview and the six categories. The relation to six factors (i.e., identity of the deceased, nature of the attachment, mode of death, historical antecedents, personality variables, and social variables) thought to determine an individuals' grief (Parkes, 1972); situational (related to the death); personal (e.g., gender, emotional stability, religious beliefs/practices and self-esteem); and interpersonal (availability of social and emotional support from family/friends) factors found to be associated with “poor” bereavement outcomes (Stroebe and Schut, 2001) were discussed while attempting to determine meaning and significance within the data.

Additionally, the principle investigator and the research lab team discussed possible answers to questions regarding the process present, definition/development of the process, action during the process, participants’ thoughts/feelings during process, what is indicated by participants’ observed behavior, changes in the process (i.e., when, how, etc.), and consequences of the process within the data as suggested by Charmaz (2006).

Based upon the above discussions and the data, the principle investigator and the research lab team decided that the data should be categorized into four additional groups (i.e., nature of the attachment, mode of death, emotional/cognitive/physical experience,
and previous grieving/bereavement). The resulting ten categories (i.e., identity of the deceased, nature of the attachment, mode of death, emotional/cognitive/physical experience, helpful coping, not helpful coping, coping (unspecified), previous grieving, guidance/influence, and suggestions) led to further discussion among the principle investigator and the research team.

After organizing the interview data into the ten categories the research lab team also discussed emerging similarities and differences between the personality and social variables among participants, as well as the personality and social similarities and differences between AI and non-AI people. Similarities and differences among AI and non-AI people were discussed to help ensure that data unique to the AI bereavement experience would not be overlooked, forced to fit into a misleading code, or placed in a semi-related pre-existing category.

Numerous interviews had been transcribed and coded at this point in the initial coding, which allowed for comparison between data sets. Emerging similarities and gaps within the data further aided the principle investigator and the research lab team in identifying and developing additional categories which extended our conceptualization of how AI individuals use a coping behavior/strategy or set of behaviors/strategies to cope with bereavement. The principle investigator utilized the emerging similarities and gaps identified within the interviews, which had been initially coded, to increase the focus of the interview and gain additional information from future interviews. For example, earlier participants discussed various ways of coping (e.g., remembering and walking) that were organized into categories (i.e., cognitive coping and physical coping) by the research team, which the principle investigator was able to inquire about during later interviews.
Upon completion of the initial coding of the interviews, additional coding and analysis using the QSR NVivo 7 qualitative data analysis computer program was conducted by the principle investigator. Although the QSR NVivo 7 qualitative data analysis program version was primarily used by the principle investigator, NVivo 8 was used to search for text because NVivo 7 did not include a word frequency search function. A word frequency search was conducted to identify words within the interviews that could be used in combination with other words used by participants to code passages with similar meaning which may have been overlooked by the research lab team. The word search generated no new codes or categories in this step.

**Focused coding**

The initial coding phase produced many codes which the principle investigator and the research team organized under numerous categories. Charmaz (2006) stated that the next step required evaluating and refining the codes developed in the initial phase. Comparison of additional data to the codes developed in the initial phase, and comparison of data to the resulting code led the team to more focused codes, categories, and subcategories. Although some discussion regarding the adequacy of the existing codes took place at the end of the initial phase, the research lab team discussed the importance of the ten categories and decided that three categories (i.e., coping-unspecified, helpful coping, and unhelpful coping) and the codes under these categories took precedence over the other seven categories (i.e., identity of the deceased, nature of the attachment, mode of death, historical antecedents/previous grieving, emotional/cognitive/physical experience, guidance/influence, and suggestions) and their codes.
As the focus of study was to identify the coping behaviors/strategies utilized by bereaved American Indian people, the three categories pertaining to coping (i.e., helpful, unhelpful, and coping-unspecified) were given the most attention. The most relevant interview data was generated by the three questions directly addressing coping, and the research lab team observed that many of the emerging codes formed several groups. The research lab team compared the data and initial codes from several interviews and held discussions about establishing agreement regarding useful and adequate codes. Additionally, the most frequent and significant codes were identified by the principle investigator from summaries created by the research lab team.

The principle investigator identified and developed more focused codes by comparing the within interview data (e.g., regarding the use of the sweat lodge to data regarding avoidance of sweat lodge use during bereavement) using the initial codes from the summary. Comparison of additional data (i.e., interview to interview) led to the development of additional focused codes (e.g., spiritual, physical, etc.). Categories (e.g., deceased, bereaved, etc.) and subcategories (e.g., beliefs and actions) were further developed from the more focused codes regarding spiritual coping.

Based upon the data, the research lab team organized the focused codes into the following categories: religious coping, alternative coping, use of place, emotional coping, tribal/cultural coping, physical coping, behavioral coping, use of time, family coping, community coping, Western coping, anticipatory coping, cognitive coping, and spiritual coping. The codes grouped under these categories for each interview were then compared to each other to help refine the codes. Refinement of the resulting codes led to the beginning of connections between the categories under which they were grouped.
Axial coding

Learning further about the experiences represented by the fourteen categories led to the development of additional categories or subcategories. For example, three groups or subcategories (i.e., co-workers, friends, and others) were generated from the data regarding the community coping category, because bereaved individuals utilized coping behaviors which included these three groups of individuals.

Additional subcategories included: Creator, deceased, bereaved, and place (spiritual coping); at home and out of home (anticipatory coping); individual and group (Western coping); individual and others (behavioral coping); individual, group, place, and time (family coping); individual, others, and place (physical coping); individual and group (cultural coping); action and reaction (cognitive coping); (emotional coping); (alternative coping); (religious coping); (place); and (time). The coping behaviors/strategies, which were summarized and reduced to words or short phrases, were then organized under the (14) categories and the (24) subcategories to which links were hypothesized and explored.

Although the point at which theoretical saturation is reached is debatable, it is a mistake to assume that the answer is “when nothing new is happening” or upon repeatedly “finding the same pattern.” Despite the inability of the principle investigator to be certain that additional interviews would not produce new perspective or provide further saturation of the categories, the decision to end data collection was made by the principle investigator at this point because no new codes, theoretical insight, or information regarding properties and dimensions of the categories were generated from the eleventh and twelfth interviews. The principle investigator based his decision to end
data collection upon a thorough coding and analysis process (Dey, 2006), and the fact that the current study was only intended to inform the existing bereavement literature and not produce theory (Charmaz, 2006).

Links between categories and subcategories, developed from the focusing of codes, were observed and explored by the principle investigator through reassembly of the data during this phase. The principle investigator attempted to show the links between the fourteen categories and the aforementioned subcategories using the QSR NVivo 7 program to construct visual models of the connections. Additionally, the identification of several core categories and their relationship to the aforementioned categories and subcategories was the focus of the selective phase of coding.

Selective coding

Glaser and Strauss stated that theory is generated around the core category and that it conceptualizes the process, in this case bereavement, by providing a framework for the development of analysis. Dey (1999) stated that the development of and focus upon a core category allows the researcher to reach a “resolution to inquiry” by establishing the boundaries of analysis. He posited that Glaser’s and Strauss’ belief that one category alone can serve as the “fulcrum” of a theory is arguable, and that choosing one core category among several possibilities is not in accordance with grounded theory tenets. Dey also found their attempts to define the properties of the core category less than sufficient. The principle investigator attempted to avoid “fitting” the data, but used the emerging information to determine the number of core categories and their importance to the subject.
Briefly summarized, information from participant interviews (i.e., sentences, passages, and paragraphs) relevant to coping was identified and highlighted. The information was then converted into smaller units and labeled with representative words or phrases (i.e., nodes/codes). The nodes/codes which clustered together were categorized by groups (i.e., tree nodes/tree codes), which contained “branches” or connections to other nodes/codes and other categories of nodes/codes. For example, belief in the afterlife, praying, and seeing the angelic form of the deceased family member clustered together and were placed in the spiritual category. Additionally, the spiritual category and the nodes/codes contained within it were connected to the family category and the nodes/codes it contained. The core category components were derived from the tree nodes/tree codes and led to the core category. Finally, quotes from the interview were selected and used to support the core category and core components.
Results

Demographics

All 12 of the AI individuals who met participation requirements completed interviews for the current study. A greater number of females (n = 10) participated in the study compared to males (n = 2). Participants ranged from 21-60 years of age. The 12 participants identified themselves as single (n = 4); married (n = 3); divorced (n = 3); widowed (n = 1); and partnered (n = 1). The majority of participants (n = 11) had graduated from college or had attended college at some point in their life. Five participants were employed, 4 were currently students (3 undergraduate students, and 1 graduate student), and 1 participant was unemployed at the time of the interview.

Although all participants were enrolled members of one federally recognized tribe, most were descendants of more than one tribe. Most (11) participants were members of Northern Plains tribes and were born in Canada (1) or a Northern US border state (i.e., Montana, South Dakota, or Washington). Tribes represented by participants included: Assiniboine, Blackfeet, Chippewa/Cree, Salish, Kootenai, Crow, Oglala Lakota Sioux, Minniconjou Sioux, Nez Perce, Peigan/Blackfoot, Pend d’Oreille, and Paiute.

The 12 participants experienced a total of 40 family member deaths, but discussed only 39 in the completed interviews. Participants reported experiencing 1-6 family member deaths within the time for participation in study, and the average number of family member deaths experienced by the 12 participants was 3.

Identity of deceased

Collectively, the 12 participants experienced the deaths of: 13 grandparent’s (paternal and maternal); 11 parent’s siblings (aunts and uncles); 4 siblings; 3 parent’s
siblings’ children (cousins); 2 children; 1 spouse; 1 parent; and 3 non-biological relations (i.e., stepfather, grandmother-in-law, and ex-mother-in-law). All participants, with the exception of 2, experienced the death of a family member from more than one generation or relationship (biological or non-biological). Many participants discussed bereavement experiences outside of the study participation parameters. For example, several participants discussed their experience of family members’ deaths less than one year and/or more than five years prior to participation in the study. Participants also discussed how the deaths of non-family members (e.g., co-workers’ family members and friends) helped them cope with the death of their family member.

**Nature of attachment**

Most participants described the majority of their relationships with the deceased as close or really/very close. Participants’ viewed their relationship with the deceased as close based upon: age, being an only child, birth order, childhood relationship, closeness of the bereaved to one side of the family (maternal or paternal), identification with individual, affinity or dislike of the deceased individuals’ personality or physical appearance, living with deceased, possessing extensive knowledge of each other, proximity, relationship to another family member, substance use by deceased, the role of the deceased (e.g., parental role, caretaker, etc.), the deceased’s life (i.e., behavior, attitude, etc.), and time spent with deceased.

Some participants described several relationships as having evolved over time (negatively or positively) for various reasons. For example, participants’ attempted to improve their relationship with the deceased after achieving sobriety, after experiencing another individual’s death, upon reaching a certain age or maturity level, and upon
learning of the deceased’s need for care. Conversely, the relationship between participants and the deceased declined with lack of time spent with individual or family, maltreatment (e.g., being used), participant’s age/maturity, and substance use/addiction.

The few participants who described their relationship with a deceased family member as not close experienced negativity from the deceased (i.e., felt used), had minimal contact with the deceased (i.e., in and out of participant’s life), had no contact with the deceased (e.g., death before participant’s birth), or did not provide a reason.

Mode of death

The deaths of the participants’ family members were the result of various causes, and in some cases their deaths were due to several factors. First, a majority of the deaths experienced by participants were the result of complications due to health problems related to: cancer (i.e., lung); diabetes (e.g., kidney failure); exposure to Agent Orange; heart disease/failure; hepatitis C; pneumonia; and substance misuse/abuse (e.g., cirrhosis). Additionally, several participants reported that their family members died of natural causes (i.e., age). Third, several of the participants’ family members died as a result of an accident related to substance use (i.e., vehicular accident, asphyxiation). Finally, two participants reported that the death of their family members were the result of murder, and one participant’s spouse committed suicide.

The deaths of family members under the age of 40 years old were most often the result of substance related accidents, murder and suicide. Whereas, the deaths of family members over the age of 40 years old were the result of health problems, complications due to substance use/abuse, and natural causes. Several of the family members over the
age of 40 years old spent some time in the hospital, family care, or professional care prior to their death.

Although most were aware of their family member(s) cause of death, several participants did indicate some confusion about the exact cause. For example, one participant stated that their family member lapsed into a coma but did not disclose knowledge of the diagnosis. Additionally, a participant stated that she did not know whether someone could die as a result of being diagnosed with Alzheimer’s disease.

It is worth noting that several participants reported being aware of the impending death of a family member, because of health issues or medical prognosis. The anticipatory grief experienced by these participants will be further discussed in the following sections.

Coping

Participants provided many examples of coping behavior which they felt were helpful or not helpful. Additional examples of coping (unspecified) were also provided by the participants. Examples of helpful coping behaviors or strategies utilized by the 12 participants are summarized in Appendix G. Participants also provided examples of behaviors they felt were unhelpful to their coping (Appendix H). Although some participants stated that they would have liked to do have exercised better judgment regarding the use of coping behaviors (i.e., duration, timing of use, etc.) most felt that the coping behaviors they used were not unhelpful. Finally, the 12 participants provided many examples of coping behaviors or strategies which were not label as helpful or unhelpful.
American Indian Bereavement Grief Determinants

*Anticipated death vs. sudden death*

The bereavement process appeared to vary between participants as well as between each of the participant’s experiences. First, participants experienced two types of family member deaths (i.e., sudden and anticipated). Anticipated deaths were often caused by illness or problems related to medical/health issues. Additionally, participants who reported that their family members died of natural causes or old age viewed these deaths as somewhat anticipated. Despite the death being “anticipated,” participants experienced these types of deaths with varying degrees of surprise, acceptance, and emotion.

The majority of anticipated deaths were due to illnesses or problems related to physical health (i.e., cancer, heart disease, diabetes, cirrhosis, and pneumonia). The degree to which participants were aware of their family members’ diagnosis, prognosis, or general health varied greatly. Although it is not clear how obtaining or possessing such knowledge might affect or influence participant coping and bereavement experience, being aware of a diagnosed illness or problem related to physical health appeared to mark the beginning of coping for some of the participants.

Participant 9-I reflected upon how her coping was affected by the knowledge that her mother-in-law, after being diagnosed with cancer, had a limited amount of time to live.

We would go home you know, when we could, and then when it was finally, you know when we knew that it was close, we just went home and stayed with her.
In addition to individual coping, participants also helped other family members cope (community and family coping) in anticipation of a family members’ death. For example, participant 4-D related that she spent “every evening at the hospital” to support her cousin whose mother was dying.

Participants often engaged in anticipatory coping behavior of some type prior to a family member’s death. Their actions were often influenced by their possessing knowledge of a family member’s declining health, previous bereavement experience, and location relative to their ill family member or their home. The two latter influences, previous bereavement experience and location, will be discussed in a latter section.

Confusion or lack of knowledge regarding diagnosis and/or prognosis given to their family member, or lack of awareness regarding problems with a family member’s general health also appeared to influence how participants coped. For example, participant 9-I stated

I guess I didn’t even realize how sick he was until I went back (home). I spent the last couple weeks with my grandmother as well and so I didn’t even realize how old he was getting and how more fragile he was getting. Oh my gosh, I mean it was a reality check for me that my grandfather was old. I guess he was in and out of the hospital with pneumonia...my aunt was taking care of him at the time...his health issues were kinda kept secret...I didn’t even really know how, you know, what his health was like.

As illustrated above, the lack of participant’s knowledge regarding a family member can be due to the lack of communication, purposefully or non-purposefully, between family members. Participants’ and healthcare workers’ (e.g., physicians) role in
obtaining or providing knowledge of a family members’ health also influence participant coping and bereavement experience, and will be discussed later.

Although obtaining or possessing knowledge regarding a family members’ health allowed some participants with the opportunity to cope prior to a death, knowledge of a family member’s declining age appeared to influence how participants coped after their death. For example, participant 8-H stated “my great grandmother and my grandpa…both passed away of natural causes, so there wasn’t any regrets or any hard feelings towards that.”

Sudden deaths were the second most common cause of death reported by participants (i.e., accidental, homicide, and suicide). The use of alcohol, by the deceased or another individual involved, was a contributing factor in a majority of the instances reported by participants. Although both sudden and anticipated deaths can be considered traumatic, participants of the current study who experienced the sudden death of a family member were more likely to experience additional grief. As a result, participants who experienced the sudden death of a family member utilized coping behaviors or strategies which alleviated shock prior to using coping behaviors to deal with their grief. Although most participants used coping behaviors to lessen their shock some participants immediately began coping and helping others cope. Participant 6-F described the following:

I didn’t get to really grieve my son’s death because my other son was in the, in the same car wreck…. But I remember being (at the hospital) and one of my son’s friend’s was there, and I rode back to the mortuary where (my son) was and she was really crying, and I was trying to comfort her.
On the other hand, participants who experienced the anticipated death of a family member were more likely to focus upon the impact or meaning of the loss. Upon the death of her great aunt, participant 6-F described the following:

Even though she was old and I was thinking it was okay for her to die, it was like, “Who, who’s going to look out for me?” She was the only one that would look out for me and I thought maybe it’s the Creator’s way of saying, “You don’t need her anymore to, to, to get through things.” And so I just kind of accepted that.

Although the proceeding section briefly summarizes how cause of death influenced some of the participants coping behavior and bereavement experience, it highlights the complexity of the bereavement process. The following sections will similarly provide examples and summarization of examples provided by participants.

**Proximity**

Participants’ experience and coping varied as a result of their physical location and their family members’ location prior to and upon the death of their family member. Although a majority of the participants lived in or were in close proximity to their family member’s location prior to and upon their death, some participants were living a considerable distance away. Participants not close in proximity to the deceased family member were faced with decisions and tasks which required additional coping behaviors/strategies (e.g., communication with family/professors/bosses, travel arrangements, financial planning, etc.) compared to participants who were in closer proximity. Participants in closer proximity more quickly experienced coping benefits being around family and community, and were more readily able to contribute to the
coping of the family and the community. Participants not close in proximity experienced
guilt regarding their absence or unavailability, which appeared to influence their
decisions regarding other losses. For example, one participant decided to withdraw from
school to care for a dying family member after experiencing the loss of three family
members while away at school.

Prior to their family members’ death, some participants made the decision to go
home and be with the dying family member or bring them to their home. Only in the
instances in which participants were aware of or anticipated their family members’ death
was this possible. The participants who were able to go and be with or bring their family
member to their home prior to their death utilized coping behaviors/strategies, before and
after the death, not commonly used by participants who experienced the sudden death of
a family member. After taking his father out of a nursing home and moving him into his
home, participant 7-G was able to begin coping in anticipation of his father’s death.

I brought him home, and he actually got better, you know? I mean for three and a
half years he was able to become a normal part of the family.... But you know it
was the least I could do to help him out.

Some participants chose to not be present or were unable to be present at the time
of their family members’ death, which influenced their coping with the death and their
decisions regarding other deaths. Participants’ not able to be present at the time of their
family member’s death were influenced by various responsibilities (e.g., school, work,
etc.), previous experience regarding the family member’s health, the family members’
location (e.g., hospital or hospice), or a negative history/experience with family). Finally,
participants who were not in close proximity often stayed for several days after the funeral or made the decision to move back to be in closer proximity to family.

*Generation*

I would have to say the way the wake is held is important all children come to the funeral; I mean they come to the wake. And the little kids maybe 7, 8, up to maybe 12, they have a role in that they wait on people. So, as a child at that age you felt like you were doing something for the good of everyone. They come by and they serve you coffee, “Do you want a roll?” or “Can I get you a sandwich?” Especially if you’re an elder like I am, they want to wait on you all the time. That’s their place, that’s their role. And then the teenagers are actually like the clowns. They’re silly, and that’s acceptable. As a young adult you begin to understand your responsibility, you have to start preparing food. You have to be there to clean up. You have to mop the floors, you have to pick up the chairs, after everybody, the majority of the people leave, then you start sweeping and cleaning up and wiping things off and putting food away, things like that. The young adults, that’s their part. Middle age, you just visit. I’d say middle to older, you’re role is to talk about the things, talk about that person. Funny stories, humorous things that happened, things that they did for you while they were living that really helped you in your life. Yeah those are the kinds of things. The stories, the stories are important so the elders and the middle aged people that’s kinda their responsibility. So I feel like in my steps, that’s how I went along and now, I’m the one who gets served coffee.
As the above quote by participant 12-L reflects, the age and generation of the deceased and the bereaved is very important when considering coping behaviors or strategies utilized by some AI people. The age and generation of the deceased family member influenced how participants viewed their death, and led to the use of coping behaviors unique to that particular loss.

During the 4 year time period under consideration, participants experienced the deaths of family members from four generations. The oldest generation, consisting of grandparents and grandparent in-laws, accounted for a little more than 1/3 ($n = 14$) of the total deaths experienced by the 12 participants. The next older generation consisted of parents, aunts, uncles, step-parents, and an ex-mother-in-law. This generation also accounted for 14 deaths, or a little more than 1/3 of the total family member deaths experienced by participants. The third group of deceased family members belonged to the same generation as participants, and consisted of brothers, sisters, spouses, and cousins. Deaths of family members from this generation accounted for 8 of the 39 deaths experienced by participants. Finally, the fourth grouped consisted of family members of a younger generation than the participants. This group was comprised of children (sons and daughters) and accounted for 2 of the 39 deaths experienced by participants.

Generational differences between participants and deceased family members led to differences and similarities in coping behavior among participants and their experiences. While participants who experienced the death of an older family member utilized coping behaviors or strategies similar to other participants experiencing the death of an older family member or when they experienced multiple deaths of older family members, participants who had experienced the loss of a family member from their
generation or the younger generation utilized different coping behaviors or strategies. Examples of some of the participants' experiences will be presented in three groups: older generation, same generation, and younger generation.

When divided into three age groups, the number of family member deaths experienced by participants illustrates several trends worth noting. As shown in Table 1, older participants (41-60 years old) experienced the same number of family member deaths from the older generation and the younger generation. The death of older family members represents one type of loss (e.g., knowledge, guidance, etc.), while the death of younger family members represents another type of loss (e.g., future generations, etc.). Participants of this age group may possess a high level of experience and/or knowledge which may lessen the depth of the grief experienced, and provide beneficial coping insight after the death of a family member.

Finally, the other two groups of participants (31-45 years old and 21-30 years old) experienced a greater number of older generation family member deaths compared to the other generations (i.e., same generation, and younger generation) and older participants. Unlike older participants, the participants of these two age groups may not possess or feel like they possess the experience and/or knowledge needed to cope with the death of their family member or other life issues. Further, the loss of resources (e.g., guidance, financial, etc.) which were provided by their older deceased family member may increase the depth of grief they experience.
Table 1.

*Differences in Participant Family Member Deaths*

<table>
<thead>
<tr>
<th>Participants' ages in years</th>
<th>Older generation deaths (#)</th>
<th>Same generation deaths (#)</th>
<th>Younger generation deaths (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td>41-60</td>
<td>3</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>31-45</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>21-30</td>
<td>5</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

*Older generation.* First, although differences exist within and among cultural groups, the role of an elder family member is to provide life, knowledge, care/support, and guidance to family members of younger generations. Participant 12-L described how her ex-mother-in-law contributed to her life before her death.

I went to live with her when I was a junior in high school...And even though I was divorced from (her) son...we were able to maintain a real strong friendship. I learned so much from her; she taught me how to cook.

Participant 11-K also described the contributions their grandfather made to their life, and how she was affected by his death.

He was such a big part of my life and he knew...he accepted me. ‘Cause I used to see things and I used to hear things (culturally gifted). And he was just really accepting...he was always there for me ‘cause my dad was an alcoholic and um, he used to do drugs and run around on my mom and um, abuse her and stuff and he was kind of my outlet... when he died it kinda took a part of me.
Similarly, participant 9-I described the impact of losing several older family members in the following quote.

They’re such a foundation in our family. I just take all of that for granted. It was weird ‘cause I’ve gone my whole life with my grandparents and then within a year, two years I lost three of them. So that was hard for me.

Participant 1-A described how she and her children have been impacted by the death of her father in the following passage.

My dad did everything for me. Financially. He did everything for me... every aspect in my life affects my relationship with my dad.... My children ask about where their grandfather is, constantly. That relationship of calling my dad, and my dad calling me every day [shaky voice]... disappeared.

The loss of an elder family member may create a loss of or gap in knowledge and guidance, which left some bereaved family members with questions regarding their own actions, abilities, or competency. Participant 1-A explains that her parents’ death resulted in the loss of spiritual support and guidance, which affected her desire to continue practicing/participating in spiritual activities.

I’m into the Native American Church, all of that is gone now, now that my dad is gone. It’s just nothing that I want to practice or do, just because my dad isn’t there to guide me.

The loss of an older family member also emphasized the importance of the participant’s role within the family. Participant 3-C reflected upon his relationship with his uncles, and his own role as an uncle.
The uncle—is like the Dad—for my niece, I’m there for her…I try to be there for her. I try to help her out. She’s 13, we go to movies and we talk about her boyfriends. I’m a male role model for her. And my uncles were that for me, but my relationship with them was mixed. They were in and out of jail, they were in and out of bar fights, they were in and out of Vietnam, all of these things. And now he’s gone. So it’s kind of like a generational rift with uncles who wanted to be there, but for some reason couldn’t be there.

Participant 2-B described how the loss of a grandparent led to concern regarding the future.

He actually served as a dad for me ‘cause my mom was a single parent raising six of us and I was the second oldest. So I was always really close to him and he raised us pretty traditionally; and so when he left, I just felt like, “What am I supposed to do now? Huh?”

Similarly, participant 2-B also experienced the thoughts and questions regarding the future after the death of her grandfather.

My kids aren’t going to have a grandparent. Yeah, I just thought when I have kids, my kids aren’t going to have a grandfather around ‘cause I don’t even have a dad and then I thought, I guess just the girl kind of things, you know? I’m not going to have someone to walk me down the aisle when I get married. Or, who’s going to raise the kids that they are raising right now? ‘Cause they raise my cousins’ kids.

The loss an older family member may also lead to the development and use of coping behaviors which are in accordance with the wishes or participants’ perceived
wishes of the deceased family member. For example, after the death of her grandfather participant 2-B stated:

You’re where you need to be. You’re in school and I want you to be there.” You know? “I’m [pause] not always going to be here, you know? When the day comes....That’s what’s going to happen.

Same generation. The death of a family member from the same generation as the bereaved also influences coping and bereavement experience, but such an experience differs from the loss of a family member from an older generation. Participants who experienced the death a family member from the same generation attempted to be available to and comfort other bereaved family members and friends of the same generation. For example, participant 4-D provided the following account of the death of a cousin.

I just tried to be there, ‘cause I’m really close with her older sister, we grew up together, ‘cause (she was) a little bit younger than we are. So I just tried to be there for my cousin...and I just try to be there for her family too...I went to the wake and I always give my cousins hugs and stuff when I see ‘em. I just try to be there like that.

Compared to the other two generational groups, multiple relationships were more common in this group because of differences in age and relationship between participants and the deceased. Participants who experienced the loss of a younger family member from the same generation utilized coping behaviors or strategies associated with the responsibility of surviving family members and group/society. Participant 4-D stated:
I feel I dealt with those deaths (cousin and cousins’ friend) also by still staying sober, because I think a lot of kids need that example set for them, that they don’t have to turn to drugs and alcohol.

Similarly, after the death of her cousin participant 5-E stated:

She died from drinking and driving...it was just offering that support for my cousin, my sister. Just being there and I guess that helped me. I don’t know. It helped me to just be there for her. I keep a picture of (her) in my office and it’s a reminder to me you know? Although we lost her, the importance of prevention...and using her death as that lesson.

Participant 7-G described his thoughts regarding the death of a sibling after caring for them during their illness.

As a brother with a sense of obligation to my family, you know? I mean I tried to do what my obligations were. Not out of a sense of obligation but out of a sense of love I had for them. But you know when you’re the oldest male in the family you have obligations; you know you have to ensure certain things are happening.... I tried to fulfill that role the best that I could.

Similarly, participant 12-L discussed her responsibility as a sister prior to the death of her brother. She also described her responsibility to the deceased and surviving family members after the death of another sibling.

I would often invite my oldest brother, who passed away, to come and stay with me but it was just too hard because he drank so heavily. While he was in the nursing home, I had gone to visit him a few times, and he was cranky so it was hard to visit with him...my second brother, my younger brother, when he passed
...the ability to cope with his death was more just being around family and at that point, trying to put aside any animosities with other family members was helpful too.

*Younger generation.* Finally, the two participants who discussed the death of a family member from a younger generation both experienced the death of children (teenagers). Although the participants’ coping behavior and experience was influenced by their roles as parents and the type of death (i.e., murder and automobile accident), coping with the death of a family member from a younger generation differs from the aforementioned. Participant 6-F describes the experience of losing her child.

I cry every single day. And I’m waiting for the day that I don’t cry (sniffs) and I never carry Kleenex, you’d think if I cry every day I would carry Kleenex. (laughs) But I don’t and I wear make-up thinking, “Oh, you won’t cry today and mess up your make up” (laughs)...I don’t know how people cope with losing a child (trembling, snifles). My son was everything to me and I thought, “You can take anybody, but not my kids. You can take my mom, you can take my dad, you can take my brothers, you can take my sisters, you can take my husband. (hesitates) I don’t know how people cope with losing their kids.

Individuals from younger generations are often seen as responsible for learning and carrying on tradition. Additionally, they represent and become responsible for the future of their family’s legacy. Evidence of such importance can be seen in many of the oral traditions of AI people. Participants who had experienced the death of a child utilized coping behaviors which memorialized their family member, and allowed them to
continue their relationship with the family member past death. For example, participant 6-F described how a discussion with her nephew led to coping with the death of her son.

I said, “One of these days (nephew), I’m gonna have a basketball court at the Powwow grounds and it’s gonna have lights on it that are on twenty-four hours a day.” And (nephew) said, “But Auntie, why do you want to do that? They’d be playing basketball all night long.” I said “That’s right, (nephew), I’d rather have kids playing basketball than up in the hills partying.” I called up my sister and I said, “I want you to put an ad in the paper, and I want you to say that I’m gonna build a basketball court, at (home town) in my son’s name.” So then everybody kinda started getting on the band wagon and we built this basketball court. And I wanted it ready by July 4th. But anyway I got that all done and I realized it wasn’t going to be ready by the first powwow. And, and I used to be very...wanting to know what’s gonna happen next. Okay and then what? And who’s gonna do this? And then what? And why does, why does this happen? And why does that happen? And I started to realize (laugh) hey, when it happens, it happens. When I’m ready, I’ll be ready. You know, when it’s time, it’s time. And I started being like that.

Similarly, participant 10-J described how she and her family coped with death of her daughter.

We have a drum group, and she was a member of that drum group so we just left her an empty chair there. And that of course we all agreed with, I have a lot of kids and that’s our drum group and family. So we just left her an empty chair and
a drum stick there for her. And when the traditional dancers would dance by, they would honor her in a good way with their eagle staffs and stuff. Further, participant 10-J coped with the death of her daughter by memorializing her in other ways and in other environments.

Telling stories to my grandkids about their auntie, she’s gonna be a legend. She’ll probably go down in history; her memory lives the way we do it. Some kids I talked to in the community, “Get the community together, we’re going to put a round dance on and a pow-wow in her honor, like a memorial thing.” Maybe yearly, this will be for kids.

The previously mentioned participants utilized coping behaviors that were privately beneficial, but also included efforts to protect or benefit their families, their community, and the younger generation. For example, participants attempted to prevent the deaths of others by educating family members and community members about risks associated with various behaviors (e.g., drinking and driving). They also served as role models by providing family members and community members with advice and guidance. Finally, they also provided a place for family members and community members to participate (e.g., drum group, construction of basketball court).

Core category

Culture

As the principle investigator continued the coding process similarities emerged between the aforementioned subcategories (i.e., spirituality, community, family, and place). The term that best encompassed the subcategories of coping behavior discussed by participants was culture. Culture refers to “a set of attitudes, behaviors, and symbols
shared by a large group of people and usually communicated from one generation to the next” (Levy & Shiraev, 2001). Levy & Shiraev add that attitudes includes political, ideological, religious, moral, and other beliefs; empirical and theoretical knowledge; opinions; superstitions, and stereotypes. They also note that norms, roles, customs, traditions, habits, practices, and fashions are the behaviors included in the definition. Finally, symbols “represent things or ideas, the meaning of which is bestowed on them by people. A symbol may have the form of a material object, a color, a sound, a slogan, a building, or anything else” (Levy & Shiraev, 2001).

Cultural coping is characterized as the core category because the coping behaviors utilized by the participants cluster around several categories (i.e., spiritual, communal, family, and place) which are components of the participant’s culture. These components were connected to one another and the core category (i.e., cultural coping) utilizing participant’s descriptions. Participant interviews revealed how the components of their culture provided structure and resilience prior to and after their family member’s death.

Participants indicated that their use of cultural coping benefited themselves (the bereaved); the community; family; and the deceased. Participants also discussed the coping benefits associated with the reciprocity that exists between themselves and the components of their culture. Additionally, participants discussed using cognitively and behaviorally actualized cultural coping behaviors.

The following quote from participant 4-D demonstrates how her concept of culture incorporates and connects race, religion, and family.
I think turning to your culture and your people is one really good thing to do. That’s what really helps me, going to the Wake and just being there grieving, spending time with my family, stayin’ up late and all that stuff.

Upon experiencing the death of her family member, participant 6-F chose to honor cultural tradition, which was beneficial to both the surviving family member and the deceased family member. “My people believe that if they die fast, you need to bury ‘em fast and get ‘em on their way. And so I... I honored that.”

Participants often moved from actively (i.e., physically) coping to cognitively coping with the death of their family member. They often arrived at or received relief from the thoughts generated upon or after utilizing cultural coping behaviors. Participant 8-H related the following. “The sweats and peyote meetings and stuff that my family does, along with teachings, like the way we live and stuff, that part of it just helps me realize that things happen for a reason.”

Participant 7-G described how his attempt to adhere to cultural tradition, and belief in what his culture has taught him provided him with relief throughout the bereavement process.

Sweating and praying for their safe journey, that the burdens that they carry be lightened. And doing what I would feel comfortable with in keeping in line with our traditional beliefs and practices... I tried my best to even though my, my step father was (non-AI), I made sure that he had all of the things necessary to be with my mother. In our traditional way and beliefs...we tried to ensure that tradition was followed...doing the things that your traditions call for, all provide a piece of coping with the loss. I mean otherwise it would have been too overwhelming you
know? That traditional concept is really powerful; I can’t say that I follow that a
hundred percent. But that is the grounded belief that I have. Without
being….educated in a traditional sense, I don’t know how I would’ve handled all
of the deaths, because I had to believe that there’s something better for them…I
don’t like using the term “happy hunting ground,” but they’re going to a place
where suffering is no longer a part of their daily existence. They’ll be with friends
and relatives. Remember that even when they’re gone you can call upon them for
help in your prayers.

Despite a departure from cultural tradition, participant 11-K discussed her return
to tribal traditions which provided her with direction and tools (e.g., rituals) to cope with
the death family members.

Going back to my (tribal) ways helped me processing my grandpa’s death and my
dad’s death, and also my uncles. It made it a little bit easier to let my grandma
go…In our ways, after somebody dies you go get cleansed, you go get painted.
It’s good for somebody to go and talk to somebody, whether it be counseling or
whether it be a bundle-holder or you know somebody that they respect, somebody
that’s going to help them through it and point them in the directions.

Upon the death of two family members, participant 9-I honored cultural tradition
after being advised by elder family members despite experiencing some conflicting
feelings

I didn’t wear black ‘cause culturally if you lose two people that close you’re not
suppose to mourn. So I didn’t wear black and with my grandmother I just wore it
for a week and I couldn’t do it anymore…I felt guilty that I wasn’t wearing black
'cause growing up that’s what you did when you lost somebody close to you. And it’s like, “Oh you’re not supposed to do that.” My mother still did. My, my dad still did. My in-laws told my husband, “Tell your wife when you lose two people that close together, that close...not to wear black. It’s not good.”

Participant 3-C shared his experience of being unable to receive closure after being unable to culturally grieve the death of another family member. He also discussed how being able to culturally cope with the death of another family member affected his bereavement.

I don’t know that I grieved for my grandmother, in some ways I don’t see her as really dead because I didn’t have this closure going through the sort of evolved mourning practices of the tribe. I don’t know that I have closure. I don’t really see her as gone...and I think I haven’t let her go.... With my uncle...grieving for him was done physically in the Longhouse, in the funeral home before the Longhouse, at the graveyard—there was a geographic connection, a place I could go. And there was family there; my other uncles there and my cousins and his kids, and so I feel like the ritual of what the family required you to do: now eat sheet cake and drink coffee, and they smoke cigarettes, and listen to the prayers, the (tribal) singing of the, the songs helped...I think that that was a ritualistic thing, just to be in the same room, and even if I wasn’t openly grieving, there were moments when I could feel that group, tribal grieving, and that was a kind of a catharsis...to just be there...There’s the whole physical richness of it and it started in the funeral home and it was in, getting photographs and preparing things and getting his blanket, his Pendleton and getting his Vietnam veteran’s cap, and running errands,
and preparing food. I think going to the Longhouse and doing that on a bigger scale and then sitting with and talking to people. Of course they say this about wakes, “You go in crying and come out laughing....” And even just hearing the (tribal) songs...just to be around that, they’re such sad songs, they have this very mournful tone to them, was a kind of release for me.

Similarly, participant 5-E acknowledged the importance of coping with the death of her family member in a cultural manner. She also discussed how her culture has allowed her to cope with the deaths of other family members as well as various life issues. She also discussed how her coping extended beyond the death of her family member.

It’s important that I do something ceremonial, for my uncle.... With my uncle we did have a sweat. And that was really good...that was my first sweat. I went in there with my three daughters. That was healing for me. Culturally...that’s been really benefiting me.... I did have a dream about him and it was a pretty powerful dream. He showed me in my dream that he was okay, but he also showed me that he was worried about all the kids in our family, it was like everybody was lined up behind one another. But in the front of the row was all the kids in our family. And he said they need our prayers. They need our prayers and that’s where his heart was that he’s passed on. That’s where his heart is, with all those kids and he was telling me that he’s okay, but he’s worried about the kids.... I did kinda get closure from that dream.... I did talk to an elder, about that dream. And he said that it was a vision and it was a directional dream.
Participant 1-A described her ability to cope with the death of her father by ignoring cultural protocol. Additionally, she discussed how the death of her father has affected her coping and the cultural future of others.

In our culture...we don’t keep any items of theirs, we either burn their clothing or bury their clothing with them. But I kept a shirt [voice wavers]. I’m into the Native American Church, all of that is gone now that my dad is gone. It’s just nothing that I want to practice or do, because my dad isn’t there to guide me. So, I feel like I lost a part of my culture as well as my family.... And then I look at my kids and (heavy sigh), how do I teach them to respect their culture when I’m not practicing it at all?

Although she experienced some difficulty coping with the death of her grandfather, participant 2-B discussed how her knowledge of cultural tradition has importance beyond bereavement.

I used to sing with him, ‘cause he taught us and we would travel around with him. When I hear those songs, memories were coming back...so just hearing those songs or being around people who are telling us, “Yeah, I remember your grandpa, he was a good person.” I don’t even want to hear this. Same with some other warrior songs. I ended up getting into this program, teaching the youth some traditional songs and they just so happened to be singing some of my grandpa’s songs and I couldn’t handle it... I just felt like, “Wow, I don’t want to be here right now.” So I left the gym and I told the other instructor “I can’t do this right now. I’m not even ready to even sing these songs again.” And I feel bad because I know that if I don’t teach the younger generation, then who is going to teach
them? The language and stuff is already being lost and when we lose our elders like him who are fluent speakers and who aren’t afraid to speak it, then it’s just going to be lost if we don’t teach our younger people.

Although not a homogenous group, the AI participants of the current study similarly discussed culture in a somewhat inclusive manner. The types of coping behavior discussed under the core category of culture are numerous, but the type of coping discussed most frequently and with the most detail will be discussed in the following section.

Core category components

The following core category components have been divided into three groups (i.e., people oriented, environmental oriented, and both). The three groups of coping behaviors provide an illustration of the participants’ conceptualization of culture. Participants utilized the coping behaviors in the three groups individually, in a group, and/or both. Additionally, the following coping behaviors utilized by participants were physically, behaviorally, and/or cognitively enacted.

People oriented

Spiritual

A majority of the participants discussed coping behaviors related to spirituality. Spiritual coping, which may or may not be linked to the belief system of an organized religion, refers to coping in which the participant utilizes thoughts and behaviors of a sacred nature to cope with the death of a family member. The term sacred is used to characterize the thoughts/beliefs (e.g., belief in a creator or higher being, life after death,
supernatural phenomena/experience), and behaviors (e.g., prayer, etc.) possessed by participants.

Most participants used the terms God, Creator, pray, prayer, praying, and spiritual while discussing their spiritual coping, but rarely were these terms used in association with religion. An association between spirituality, cultural/tribal beliefs, and family was demonstrated in several of the participant’s experiences. Most participants utilized their spirituality to cope with their grief/bereavement, some participants felt that they lost their spirituality or were not ready to return to practicing spiritual practices. For example, participant 1-A related the following.

I can’t just say, “Okay, they’re in a better place, it’s God’s destiny.” I just can’t get to that point yet, because I’m suppressing it.... I’m a very spiritual person, but that part of me I feel like is gone, so I would try to pray...and spiritually cope with it, but it just was difficult because my religion was based on the guidance of my father, through the Native American Church. Now that was gone, I felt like that didn’t work. Sometimes I feel lost. I feel like I need some kind of spiritual guidance to help me through this time.... I’m into the Native American Church, all of that is gone now, now that my dad is gone. It’s just nothing that I want to practice or do, just because my dad isn’t there to guide me. So, I feel like I lost a part of my culture as well as my family...as close as a family that you have, and then all of a sudden it’s gone, it’s practically culture shock. All of your elders that you go to all of it’s gone. You might as well...I don’t know...go to church? (laughter) I’m an active participant in the Sun Dance, I fasted for four days when I was sixteen years old; I was one of the youngest ones of my tribe...all of these
things that I did when my dad was alive, and my grandparents were alive, it
doesn’t happen anymore. It’s not happening. So, I guess I feel a loss of identity.
So that has a lot to do with it.

Although participant 1-A experienced the loss of a family member, spirituality,
culture, and ties to surviving family members she was able to begin coping in a manner
which addressed several of these areas. “Now I find myself pregnant... I’m having a baby
for my brother and his wife. I don’t know why, but I feel like if I do this I’ll be blessed.”

Participant 3-C also described the connection between spirituality, family,
culture/tribe, and religion of which he experienced.

I feel like just the ritual of what the family required you to do: now eat sheet cake
and drink coffee, smoke cigarettes, and listen to the prayers, the singing, the songs
helped... I think there’s a kind of genius in a funeral if it’s done right, like I
experienced with my uncle. Because people spoke, and a nun spoke, there was a
religious, which was part of the background from my family, Catholic,
Catholicism. And just hearing the (tribal) songs, I don’t know the (tribal) songs,
grieving songs, or religious songs, I know what they sound like, but I don’t know
them. But just to be around that was a kind of release for me.

Many participants’ acknowledgement of and faith in a greater being and design
provided them with several benefits. For example, participant 7-G discussed how his
belief in a higher power provided him with comfort.

I firmly believe that the Creator is going to call you when it’s your time. There’s
nothing you can do to prevent it, nothing you can do hasten it. If it’s your time,
it’s your time. When you leave this plane, you’re carrying around your burdens
with you. So that’s why you try to live a good life, so that in your final journey you’re not having to be burdened with all of this baggage, as you go to meet the Creator, and your relatives…. No matter what you do, you can neither hasten nor put it off, when your number comes up, you might say, it’s your time to go.

Participants’ also discussed how their use of actions (i.e., prayer) provided relieve and comfort during the bereavement process. For example, participant 4-D related the following.

I believe that God, or Creator, whatever you want to call Him, is there all the time…guiding us. I mean that’s the reason why I was able to make it through everything and do what I did, you know to get through it…. Praying also, ‘cause I pray every night when I go to bed and I think that really helps.

Participant 8-H also discussed her use of spiritual coping behavior. She also indicted that her parents were influential in her use of such coping behavior.

Things happen for a reason. The Creator has a reason for everything helps me let go of everything (laughs)…of control and wanting to not accept it and the need to like feel sad, it just helps me, let go of that and trust in the Creator that things are gonna be okay…. I’m like a “mini-me” of my Mom. Everything she does, like turning into our spirituality and stuff that’s something that my mom really instilled in me.

Participant 9-I also utilized spiritual coping behaviors and was influenced to do so by her deceased family member prior to their death. Participant 9-I also attests to the power of spiritual coping.
Those first few months I prayed a lot like, “Watch over our families and keep us strong,” I think that’s one thing that I know my grandpa always told us. Anytime you were confused or hurt or you didn’t know what to do you know “pray about it.” And so I’ve done that my whole life and I know I did it a lot when they passed. So that was kind of how I coped with it…prayer is strong and I believe it and I’ve seen it. That’s what’s gonna help heal me… I guess the strongest thing for me is just to pray and be thankful.

Participant 6-F discussed how her plan to leave her family member’s funeral early was not under her own control.

I remember at (son’s) funeral I was trying to comfort everybody else. I don’t know, there was two or three thousand people there. And it took forever. And I was trying to hurry up and get out of there (laughs). I just told (husband), “Well, God has other plans for me today. You’re not getting out of here this easy.” And I thought, we were just gonna say, “hi” and “bye” at the feast, and head to (town). We were the last ones out of there (laugh). I thought, “Somebody has plans.”

Additionally, participant 6-F discussed experiencing the death of her great aunt earlier in her life in which she also utilized spiritual coping behaviors.

I was thinking it was okay for her to die, it was like who’s going to look out for me, because she was the only one that would look out for me and I thought well, maybe its um the Creator’s way of saying…I always try to be positive about things, that it’s the Creator’s way of saying, “Okay you don’t need her anymore to get through things.”
Participant 11-K stated that communication from her deceased family member was spiritually important because she was able to move her focus from the deceased to herself.

I can always talk to her. I just can’t hear what she says unless she comes to me in my dreams. Which she did, she came and told me goodbye. Her and my grandpa came to me in a dream, and I thought it was their way of telling me that everything’s okay and that they’re happy and they’re together. So it...helped me a lot.

Similar to participant 11-K, participant 10-J coped by spiritually continuing her relationship with a deceased family member. Additionally, participant 10-J coped through prayer, maintaining faith in a higher power, and finding purpose in the death of her daughter.

Praying a lot, I prayed. I pray everyday and I talked to the Creator and asked him to help me to be strong.... The Creator, the prayers to God and having the belief that there is a Creator of us all that made us, that will listen to you when you talk. No matter what you do you can always ask the Creator for help and guidance and, and it will come true. It will, it’s a given. You don’t even have to worry about it. I don’t have any worries.... Say prayers, the prayers are important, to make their journey faster, and more adequate. We also have a gift now because they (deceased) are able to communicate with the Creator. So they are right there with the Creator...there’s a lot of things we don’t understand on this earth. It’s a mystery but, there’s a Creator of us all that tries to show us things. And she’s right up there with the Creator.
Similar to participant 11-K, participant 10-J described how her continuation of a relationship (i.e., communication through metaphysical signs) between her and her daughter helped her and her family cope.

When I was sitting there, at that chair this little tiny bird, was peeping behind me. And all of a sudden I knew. That’s her, it’s her message... That little bird, we called him Beaky. I called it a...him because my daughter when she was younger, she always wanted to be a boy. She kinda dressed like a boy. And this little Beaky came up bouncing behind my chair. I thought to myself, ‘If I can raise him, and he’ll fly. (voice breaking) I’ve given her the strength to fly too.’ I wrote her a poem. I’m a writer and the poem says that she sent me that bird to raise. So I fed him and I raised him and he flew away. He kept wanting to come back to me, but I told him, “You got to go. Your day with me is done now.” So, I knew that she was giving me strength, too. I’ll show you what it is on my phone, that’s why I brought my phone. It’s a picture of Beaky and her (deceased) form is in the background of him.... Yeah, there are several of her in a like angelic form. She left me proof that she’s still around.... Yeah, it was me, or maybe her (deceased) sister. She’ll probably take the credit. (laugh) Yeah, I think her sister, older sister took that. Then she was also in the courtroom with her brother.... You can see her angelic form. So that’s how we know there’s things that happen. And it’s gonna be like that, too. I’m told she’ll appear in a lot of different ways.... She can do stuff, for us too... so if we need special favors from the Creator, we just got to talk to her and she’ll get right in there.... So that’s how we cope with it.
Despite her use of the aforementioned coping behaviors, participant 10-J noted that she was unable to participate in some spiritual coping behaviors at this point in her bereavement for fear of disrupting the spirituality of the activity.

Takin’ sweats, I don’t know why I’m not doing it. I’m holding back because I know I’m gonna cry in there. I don’t want to cry in there. And mess with the spirituality of that. But I got to go pretty soon. I will.

Several participants suggested that others (e.g., family members, friends, etc.) pray or utilize spiritual coping. For example, participant 10-J stated that she coped by suggesting the family of the individual that murdered her family member also utilize spiritual coping behaviors.

I feel sorry for the person (deceased’s murderer). His mother called me and she cried on the phone for about a half hour. I just told her to pray. “You just got to pray,” I said. “Pray for him, he needs a lot of prayers.”

Participant 5-E also coped by suggesting the same coping behavior to family members. Additionally, participant 5-E described praying for self-guidance, guidance for the deceased, and guidance for surviving family.

Praying for them. Prayers are really important to me. It helps…it does. I think that’s about it…. And I have told my sister, told my husband, talked to my brother, told my kids, “if you have to cry, cry. You can feel sad, you can miss them, but you also need to pray for them too.”

When asked what she would suggest to an individual who recently experienced the death of a family member, participant 12-L related the following.
If it were somebody from my community and I knew their circumstances and I knew the people then, I would know more about telling them, “well you know maybe you should go talk to one of the spiritual leaders,” or in some cases a priest, depending on what I know about them.

Additionally, participant 12-L discussed the importance of ensuring that others (e.g., community members, family, etc.) are not negatively affected by the spiritual coping or lack thereof.

One of my cousins lost his son, he froze to death...he was by this corral and barns and stuff and he went to sleep on the side of that barn and he froze to death. A few months later we had someone come to our house to tell us that they had horses there. And they said that boys’ spirit is still hanging around there, the horses are really acting strange so you need to come out and tell him to go on. You need to have a ceremony. So that was helpful to have somebody do that when the family came back together, help that ceremony along, to help him along.

Finally, one participant found spiritual coping behavior (i.e., prayer and faith) helpful prior to a family member’s death, but later felt that the nature of his prayers negatively affected him after the death of his family member. Regarding his use of spiritual coping behavior (i.e., prayer) prior to two family members’ deaths, participant 7-G stated.

I myself personally found myself praying to the Creator that they would be taken, that their suffering would end...the one thing that bothered me the most, that I can remember...was the fact that my own prayers were to not let them live, but to take 'em. It was kind of like I was second guessing the Creator...and in coping with it,
I found myself at odds within, internally. Who am I to question the Creator, you know? I never got, you know, like, “Damn you God,” or anything like that. But I just wonder why the suffering had to be so prolonged...when you see them in their final days...you just wish it to be over. You just wish that the Creator will take their spirit, and leave this pain and anguish and suffering behind, you know? And that caused me some internal strife.

*Family*

Family coping refers to the participant’s use of one or more of their surviving family members’ and/or their assistance to coping with bereavement and grief. Such coping was often characterized by mutual support and reciprocity, because the participant and the participants’ family member were often aware of the others’ grief and were both actively engaged in coping. However, participants also used family members to cope with their grief without their family members’ knowledge and/or engagement in the coping process. Participants used their family members’ and/or their assistance to cope with their grief in several ways (i.e., physically, emotionally, and psychologically).

Most participants described using coping behaviors which involved physical care/interaction (i.e., talking, teaching, playing, etc.) with other surviving family members. Additionally, participants coped by providing emotional/psychological attention to surviving family members. Participant 12-L stated: “I feel the most important thing is to remain in contact with the people, the family members, and letting go of grievances you might have with them.” Being available to other surviving family members was also important to other participants. Participant 5-E stated: “Offering that support for my cousin, my sister. Just being there and I guess that helped me. I don’t
know. It helped me to just be there for her.” Participant 4-D related that she coped with the death of her aunt by providing support to relatives who were more closely related to the deceased.

I tried to be there for my cousin and be at the hospital with her...spending every evening at the hospital, as much as I could...I just tried to be there for my cousin...and I always give my cousins hugs and stuff when I see ‘em. I just try to be there like that.

Although the use coping behaviors involving family were often described as beneficial and positive, some participants also experienced difficulty coping with the death of a family member because of issues within and between the families of which they belonged. Participants’ experience with family members (deceased and surviving) influenced their actions and coping behavior.

Participant 1-A discussed how family was both helpful and unhelpful after the deaths of several family members and how concern for her family influenced her coping behavior. First, participant 1-A coped with the death of a family member by providing support to other surviving family members. “I came back home and I felt like I needed to go back and just visit my Mom and Dad because they both lost their mothers. So, I went back home for the weekend.”

Participant 1-A family’s coping behavior also influenced her emotional expression of her grief.

I haven’t really sat down with anybody and talked about it...I try not to bring it up with my kids, or my family, because they see how it affects my behavior. I get mad. You know I get angry...I didn’t want to show my children or my boyfriend
any emotions that I had, I tried to pretend that, “Oh, it’s okay.” Everything’s okay. I had to be the strong one...my children, I look at them and they don’t have anybody else except me and their dad...so that guides me to come home, to be happy, because they see me when I’m sad or mad or frustrated. They feel the feeling and then it shows in their behavior. So, I try not to take it home.... But that’s what influences me, or guides me is my children... there was certain things that I tried to protect my family from. So, just the emotion of feeling sad and grieving, it guided me to try to protect, and in the long run I think it’s actually affecting me by suppressing my feelings.

Further, participant 1-A related that a lack of support from her mother complicated her coping and led to additional feelings of loss.

I can’t grieve in front of my mom. On Mother’s Day, I was cooking for my mom, and I looked outside...and it was terrible...it was just awful. So I quit cooking, and I went outside and I started doing what my dad would be doing. And my mom got mad at me and she said, “What are you doing? I thought you should be done cooking?” Kind of criticizing, getting mad at me. And I said, “Well, look at it out here, it’s ridiculous, if dad was here....” And she said, “Your dad’s not here. Your dad is dead.” So many things (with emotional/painful emphasis) I want to say to her, but (with anguish) I can never say it. I would never (very pained) be able to say it to her because she’s (crying) my mom.... I can’t say what I feel or think to her, because...if I do, no matter what, I’m wrong.... But that doesn’t work, talking to my mom does not work at all. I can’t call her and say, “Hey, I’m
feeling lonely today (crying), could you just maybe give me some inspiring advice to make me feel better today?” It’s not like that at all.

In addition to experiencing the loss of support and family, participant 1-A experienced a lack of balance between emotion, spirituality/religion, family, community, and place (e.g., work/school, etc).

I have two brothers...my older brother, I feel like the way he copes is he’s just disconnected all ties with us, and it’s funny because it’s like we need him the most to be here for us, emotionally, spiritually, and, and in our culture, our religion.

Finally, feeling as if she had lost her family which was a major source of support, participant 1-A also made a decision to distance herself from family members who were not contributing to her coping.

I can’t go to a family member to talk, I can’t talk to my mom, I can’t talk to anybody. So, I don’t really have that emotional support of my family...so I’m on my own, trying to deal with it. So it’s a huge challenge... that doesn’t (wiping nose) work, talking to family members does not work [slight giggle], especially my dad’s side of the family. (sniffle) I cut all ties with them, too. I just feel like, what’s the point of even being involved in their lives when (heavy sigh) I have no reason to. So I just stopped talking to every single member of my dad’s family. I don’t know if that works or not (laughter). I feel alone actually...I’d wanted to talk to my aunt, who was my dad’s sister.... I felt like they would brush me off. Like, they would run away from me. You know, like if I wanted to talk to them,
because I missed my dad, they didn’t want to talk to me. So, I think that’s where I kind of cut off the ties with them.

Similar to participant 1-A, participant 2-B experienced some benefit and difficulty utilizing family to cope with a family member’s death. Participant 2-B described how differences between her and her mother’s coping behavior ‘caused her to experience pressure which was magnified by uncertainty regarding her own coping.

My mom was taking it really hard ‘cause she was the second youngest in the family and she was there when it happened. And so it was hard for me to be around her and be able to cope with it because I was trying to get over it and move on. But it was so hard ‘cause she was taking it really bad and so I just.... I just need to get away from everything and everyone...if my mom needed someone to talk to again. And the holidays ended up being, when the time would be, when we would talk about things again. And she was just like, “this is the first year without grandpa,” and then it was like, “Oh God, here we go. I don’t want to talk about it.” I guess that I never wanted to talk about it and she did. I think my older brother was the same way. He didn’t really want to talk about it either. We didn’t know how to comfort her but maybe that was ‘cause we didn’t know how to comfort ourselves.

Participant 2-B also stated that she was influenced to cope in very helpful ways by several family members including her mother, her uncle, and her brother.

I think with the going up to see his grave, my mom kind of influenced me to do that…my uncle goes to school out here and he was like the second dad, I guess, because he was always there helping my mom and he kinda told me about the
school and stuff...my brother does music, my older brother, and he wrote a song about my grandpa. Like I said, my brother didn’t show a lot of emotion, he didn’t really cry or anything and I don’t think that that’s wrong that he didn’t do that. I think that he was showing his emotions in a different way then the rest of us. Finally being able to hear it through his music was also another way that helped me; because I was, like, “Okay, I know my brother is okay,” ‘cause at first I didn’t know how the whole family was feeling about things. And him being the older one it was like, “I just want to know how you feel, maybe because I look up to you, but I just wanted to know how you feel about things.” He just came out with the CD and I got to hear that song, and it made me cry. I was like, “Wow, I’m glad you feel that way, or, I’m glad I know you feel that way, now. You see how the rest of us feel, too.” So that’s been another way, every time I get sad or homesick, I can just listen to that song and be like, “Okay, I know my family is there.”

Although participants coped by talking to or caring for surviving family members, simply being in the presence of family members can be a helpful coping behavior. Participant 3-C described his experience of reconnecting with relatives after the death of a family member.

To meet all the cousins again, which I hadn’t seen for a long time, to see how in some ways we’re better off and some ways we’re worse off. We’re definitely hurting, we’re definitely real. Some of them I hadn’t seen for such a long time. And to realize in many ways they’re like me. I mean the connection is that their parents, are all brothers and sisters, and how we’ve gone different directions.
Some are blonde and blue-eyed and some are just, you know, definitely Indian looking and yet we’re all from the same tree.

Participant 3-C related that he coped with his feelings regarding his absence at a family member’s funeral by discussing and comparing his experience with his siblings’ experience.

My brother didn’t come to the funeral, I was there, everybody was there, of course, it was grandpa. But he couldn’t come, I don’t remember where he was or what happened, but we’ve spoken about it since and he really regrets not being there, because there just wasn’t the experience.

Additionally, participant 3-C was also able to cope with the death another family member by discussing his perspective on negativity within the family with his parent, and refusing to follow the same pattern.

I remember being on a road trip, I think it was when my aunt had died and we were at the Longhouse or we were driving up there and I was talking with Mom about some of the traditions in our family with drinking, abuse, physical abuse, and I said, “You know, this is a circle, a wheel, and it’s passed on and I’m not going to do that.”

Participant 4-D stated that her responsibility as a parent influenced her to cope with the death of a family member, and added that interaction with her child has been helpful to her coping.

I have my daughter to take care of I can’t just, life can’t stop ‘cause (laughs), she needs to go on with life, too. And so I think that’s been a really helpful thing...I think spending time with my daughter and doing fun things with her really helps.
She just makes me laugh...kids are just so crazy...everything’s so simple to them, but it’s good.... So that really helps me, she just makes me laugh about stuff, and she says, “Why are you sad mommy?” And she understands, too.

Participant 5-E described how her coping was enhanced by the participation of her children. “We did have a sweat...that was my first (emphasis) sweat. And I went in there with my three daughters. So, I guess that was for me.”

Participant 5-E reflected upon her concern for her mother’s coping and how it has affected her own coping. She added that it has been helpful for her to cope by teaching her children helpful coping behavior.

My concerns have mostly been with my mom. I haven’t really been focused on myself, focusing on my mom and my aunt, because that was their baby (emphasis) brother...And I guess just not a talking about it. Because (clears throat) I was raised not to talk about your feelings. I know that I have to. And I have told my sister, told my husband, talked to my brother, told my kids if you have to cry, cry. You can feel sad, but you also need to pray for them too. You also need to remember why they’re important to you. So I make sure that I teach that to my kids, you can feel, it’s okay to feel, because that wasn’t a very good teaching (laughs) growing up from my, my parents.

Although most of the participants discussed their experience of coping with a family members’ death with other biological family members, partners of participants were also represented. Participant 6-F discussed how her partners’ concern contributed to her personal coping. She also discusses how her partner’s concern and reliance upon her influences her coping.
I told myself, “I wonder if he truly, really (pause) understands what I’m going through? And I’m gonna just tell him what I think, and we’ll see.” I woke up and I said, “Ah shit I’m awake!” And he goes, “What?” And I said, “I’m awake.” And he goes, “What do you mean by that?” I said, “Well. I just woke up today, I was hoping I didn’t.” And he said, “What is that supposed to mean, what do you mean thinking stuff like that?” And I said, “Why? You think it’s wrong?” “You need to talk to somebody,” is what he said. And I said, um, “I thought I was.” And he goes, “No, you need to talk to a professional.” I said, “Well I thought I was talking to you.” “No I mean a professional... you need to see a professional.” I said, “So you think I need help dealing with this?” And he said, “Yeah, you shouldn’t be thinking thoughts that you don’t want to be here.” I’ve always thought about it, but never... thought of how I would do it so I’m... I’m not at a risk of anything like that.” So I went to work and it was crazy ‘cause within that one day I ran into all these people that had lost children. The woman whose daughter was burned, I ran into to her and I hadn’t seen her in a couple of years. And I just went right up to ‘em and I said, “I have to ask you a question, my husband thinks I need help. But I want to know if you ever have thoughts of... not wanting to wake up in the morning?” And everyone one of ‘em told me, “Every single day... every single minute... every single hour, whatever.” So my boss goes, “Why are asking me that?” And I said, “Oh (partner) thinks I’m crazy,” and she said, “Nope, I think about it all the time.” And I said, “Okay.” So I went and told (partner), “You know what, we’re perfectly normal, I think we’re all reacting to
the loss the same way and therefore I don’t think we’re crazy.” (laughs) “I don’t think we need help. I think that’s coping.

Participant 6-F also discussed how including family members in decisions regarding remembrance of the deceased was helpful to her coping.

On the (anniversary) of the accident my sister wanted to have this dinner. And I was just against it, and my son said, “Why are we having a dinner to celebrate the accident? That doesn’t make sense mom, why are we celebrating that? We should be celebrating his birthday...not his death.” I’m like, “Holy cow son, that’s really good. I’m ok with that.” So I called (sister) and said, “We’re not having a dinner.” She said “Okay,” So then for (deceased son’s) birthday...we had the dinner.

Finally, participant 6-F coped with the death a family member by traveling with her sibling and discovered helpful coping behavior.

“Going to the Bahamas for a week.” Oh Christ, what do I want to go anywhere with her for.... Next thing you know we’re in Florida trying to figure out how to get to our hotel.... We got to the Bahamas, there was hardly any people there, and we slept 12 hour days. And all we did was sleep and eat and lay on the beach.

Participants often described being motivated or influenced to cope or cope in a specific manner based upon their feelings of obligation as a parent, sibling, etc. For example, participant 7-G discussed how his own coping and coping within the family are influenced by elders within the family.

When you’re the oldest male in the family you have obligations, you have to ensure certain things are happening and things like that. I tried to fulfill that role the best that I could without interrupting the other family, I mean her children.
You know because that’s their mother, and understanding that I needed to step back, and just guide them through this, so that they’ll learn it and won’t feel like “Oh, (participant 7-G) just kind of took over everything,” that type of political bullshit that sometimes occur, at the worst times...following and doing the things that I have in terms of my obligations, and again I say obligations ‘cause I don’t really know another word that defines it. You have things that have to be done and you do ‘em. I have relatives, and when they don’t know what they’re doing they come to me and say, “What are we supposed to do?” They view me as an Elder, they would come to me. You know I would assist. So, that’s how and why, and what gets me through it.

Unlike participants whose parents had died (usually participants older than 40 years old), younger participants whose parents were still living often relied upon the family coping behaviors provided and initiated by their parents. Participation 8-H discussed how she was influenced by her parents.

My parent’s encouragement and my grandparent’s encouragement, they said (deceased) would have wanted me to go to school and finish, and stuff, ‘cause I was on the verge of dropping out of school and stuff over that. But after they said that, I kind of got myself back up and forced myself into daily activities and continuing on...my stepdad really pushed us into going into the sweat and those ways kind of helped a lot, too. And I think, it just doesn’t apply just to mourning and how I deal with death. It helps me get through day-to-day life. It just kind of played into dealing with the deaths along with everyday life, I guess...encouragement from family that kinda ties into the spirituality part. My
family’s really big on that. If I bring it up or bring up the topic of my Grandma or my Grandpa or stuff, my Mom or my Dad or my Grandparents that are still alive, they’ll just tell me, “Well this is what they wanted you to do, they wanted you to continue on,” and so that kind of encouragement just helps me put my own emotions and feelings aside and realize that there’s a bigger goal...how I was raised and being around them. Everything I know and understand about things is just—I guess a mirror image of what they do. And so that’s where I got most of them; that’s what led me and my family and how they deal with things.

Despite being taught to rely upon her family and feeling unable to cope with other family members, participant 9-I was able to discuss her experience with her parent.

Just keeping close with my family. That’s the other thing they instilled in us, family. Regardless of what happens in your life, what you’ve done your family’s gonna be the people that are there for you. So just try to keep what they’ve told us, just practice what they’ve told us and shared with us...Yeah, with my mother-in-law...I would talk about her a lot and I talked to my girls about her...and say, “This is what your grandma would do.” And you know I just talked about her a lot with them...I talk with my mom a lot about it just because, I can talk with my mom about everything. I just know that I have to talk about it. I know for me that’s healthy.

In addition to coping by talking to her parent, participant 9-I also received advice regarding coping with the death of several family members from her parent-in-laws and her partner.
M y in-law s told m y husband, “Tell your wife not to wear black. It’s not good.” I was told by my in-laws that I wasn’t suppose to do that...my husband would share with me. You know things that helped him...and he tells me stuff. I’d try it and some of it works. Some of it doesn’t. So, yeah, I guess my main little support people they’re who I listened to.

Similar to other participants, participant 10-J described how more balance among various life areas can positively influence the use of a cultural coping behavior, in this case bringing surviving family members closer emotionally and physically. Additionally, like other participants over the age of 40 years old she utilized what she was taught by her deceased elders.

We burned all her stuff. We each cut our hair and we burned it (voice breaking) at the spot where she was laying (crying). I didn’t cut mine too short because I have so many kids, and if anyone dies I have to have hair for them. ‘Cause if you put your hair all together, and it’s a good way to do it, you’re like one. And we just did it...trying to bring the rest of them together because they’re all in their bereaved way. I have to teach them how to cope and I know I have to do it because they are younger and they don’t understand...my upbringing because of my (grandmother) and my (great grandmother)...watching them and how they cope. And even when I was married to my sons’ dad, (in-laws) watching how they wake up and they do everything right. And they do things just for the sake of harmony.

Most participants were able to use family coping behavior utilizing part of their surviving family, but when participants experienced difficulty it was generally due to
problems originating in the past. For example, although participant 11-K experienced some negative feelings about various family members she was able to cope while receiving support from her partner. Additionally, she was able to help another family member cope.

My aunties always made me feel like I wasn’t welcome, and I was kind of an outsider to their family. So I didn’t go around too much. When my grandma was in the nursing home I’d call and check every now and then, see how she was doing, and they would let us know if she was sick or something. So she went in the hospital on a Wednesday, I didn’t find out until Thursday, and I told them I’d go over on Friday ‘cause it was already too late to drive here. I still had to talk to my boyfriend ‘cause I have two kids, we have one together, about the situation. I wanted to go by myself…. I stayed with my cousin and it was kind of a good thing for me because we had grown up together and his perception and my sister’s perception of growing up, being around my aunts and uncles in my grandpa’s house and my grandma’s house was a lot different than mine. My aunts and a couple of my uncles really gave me a hard time growing up. I think I took all of what they dished out and my sister and my cousin didn’t. And we had a long talk and he (cousin) was having a hard time dealing with my gram because he had remembered the last time she was sick she came out of it. I was trying to tell him, “No you need to tell her bye because if you hang on to her, she’s just gonna keep hanging on.” I said, “You need to tell her bye because there’s no way she can live a life if she comes back from this one.” I said, “She misses grandpa so much that she’d be better off if you could just tell her bye.” I think that was one main thing I
had went there for was to help him deal with it. My kids weren’t there and I didn’t
have to worry about them, I didn’t want them treated (badly). Anyway…I came
back and told my boyfriend I was going and he kept our daughter and I took my
son ‘cause he wanted to go. I would have rather not had my daughter there
because she looks more like her dad’s family, and he’s really light complected,
and my aunts and uncles always treated me really funny ‘cause I was so light and
I didn’t want her to deal with that. I know that would have just totally put me over
the edge.

*Physical/Psychological Health*

Physical health and psychological health were concerns for most participants.
Physical coping refers to the utilization of behaviors (e.g., exercise) which helped
participants maintain or improve physical health (e.g., steady weight) and aided in coping
with grief. Similarly, psychological coping refers to the utilization of behaviors (e.g.,
medication adherence) or services (e.g., therapy) which helped participants maintain or
improve psychological health and helped them cope with their grief. Coping behaviors
that improved or maintained participants’ physical/psychological health during
bereavement were numerous.

Some participants provided examples of coping behaviors related to maintaining
or improving physical health which they found helpful at various points in the
bereavement process. Additionally, several participants discussed their efforts to cope
with the death of a family member by maintaining or improving their mental or
psychological health.
Participant 10-J related that she coped with the death of a family member by maintaining a healthy diet and watching her weight.

I’m trying to eat (healthy). I decided not so much pop, but I’m gonna drink cranberry juice and I’m gonna drink every kind of juice, tomato juice and just over do it, the juice and soup, warm soup, drink coffee, not coffee, tea. Forget the coffee that makes you jittery.... This walk across campus I did it on purpose so I could get some air...I can actually run. (laughs) I was really fat for a while. But I’m losing weight. (laughs) I was like, “Aw man, I can hardly walk.” ‘Cause my knee hurt. But now I can walk up the steps two at a time, jokes, not that good. (laughs)

Participant 8-H coped with the death of a family member by exercising, which was something that she had done before experiencing the loss. Participant 8-H also noted how being unable to utilize exercise as a coping behavior affects her response to stress.

I like to run, I really like to run, that’s something I did all through high school to deal with problems and stuff. So I just start going to the gym and running every single day and exercising. I think that was the biggest thing that helped me was exercising and running...running’s primary. When I run I think about a lot of things so it just kinda helps me go through the process of actually thinking about what happened, just realizing the reality of it I guess. So running, just helps me think about things and think through situations and just deal with them better.... And exercising, that’s really good for me and I know I’m just overall more healthy when I exercise; but with school, sometimes things just get too chaotic and you just don’t have time. Like now with finals, like even though I know if I
went and exercised during finals, I’d feel way better and probably be more motivated and stuff, but there’s just no time. And so that’s a disadvantage. Participants were often self-motivated and coped independently regarding their efforts to maintain or improve their physical health. For example, participant 1-A related the following.

Sometimes I would just get in my car, driving, and just scream... I would just scream, and I would cry, and I’d bawl my head off, and I would just say, “Why?” (with anger) and cuss and just let all that built up energy out and then by the time I got home I felt better.

Most participants stated that they avoided using substances that negatively impacted their mind, mood, and body (i.e., prescription medications, illegal drugs and alcohol). Participant 9-I stated “I’m not drinking or doing drugs or whatever.” Other participants discussed how their quitting and abstaining from using has led to opportunities for coping. For example, participant 4-D stated “I dealt with those guys’ deaths by staying sober...I go to (Alcoholics Anonymous) and (Narcotics Anonymous)” Participant 5-E noted, “My dreams have been pretty powerful since I quit drinking.”

Participant 6-F described her experience regarding her personal history of substance use, and how her family’s alcohol use after the death of her child negatively affected her bereavement.

I quit smoking 9 years ago in August and had no desire to pick up a cigarette, through any of it. I dream of smoking, and I enjoy the hell out of it when I’m in my dream. It’s weird. It’s like I know I’m dreaming, and at first I used to freak out about it when I’d smoke in my dream, “Oh shit, gotta start all over now and it
was so hard to quit.” But then, “Oh you dummy, it’s a dream and you can enjoy it.” And I quit drinking. 7 and one-half years, I’m not sure of the day. And haven’t had the desire to drink—at all. I’m not worried about it, where I am worried is if I ever decide to (drink) my husband will be right behind me. I said, “If I said let’s go have a beer, right now, would you go?” He said, “Yeah.” And I’m like, “Oh shit! That’s not good.” We always had fun, we weren’t the mean kind of drinkers or anything like that, but we realized we wasted a lot of time and money drinking. And I’m glad we didn’t do that. Had our son not been in the hospital, would I have drank? I don’t know, that isn’t how it went and so we didn’t. The day we left...getting life-flighted, we’re going out of the hospital into the elevator and people are lined up saying good bye ‘cause we found out within a hour we had to go.... I called my my sister, it was like one o’clock in the morning, she answers the phone and I could hear noise...she was at the bar. I hung up the phone and I thought, “Why is my sister at the bar? I’m trying to keep my son alive, her nephew, and she’s at the bar!” I thought, “Well, that must’ve been her way of coping.” But she apologized for it later, ‘cause we were sweatin’ one time and I brought it up, that it really bothered me and, she said she didn’t know why. That’s just what she did at the time...I’m just glad I was sober and all of that through all of it.

Finally, a small number of participants who did use illegal drugs and/or alcohol (usually one incident) to cope with the death of a family member discontinued their use upon experiencing negativity within themselves or problems with family.
Environment oriented

Place

Historically, the place or location from which a group of AI people originate or call home has held significant meaning. Place or location is incorporated into the entire life cycle from birth to death, and can be a source of strength and resilience for AI people. As participant 10-J stated about a place, “its my original homeland around (town). That’s where my ancestors came from.”

The term place broadly refers to more specific words such as setting, environment and location. For the purposes of the current discussion, place is used because it encompasses the various depictions described by participants. Participants described using thoughts, feelings, and behaviors regarding various places to cope with the death of a family member. Thinking about a place (e.g., deceased family members’ home) provided some participants with respite from their grief, while others experienced additional grief. Additionally, participants experienced various emotions (e.g., happiness, sadness, etc.) when they visited various places. Some participants experienced positive emotions in places in which they felt connected to their deceased family member, while others experienced negative emotions in places in which their family member suffered or lived. Finally, some participants moved to or away from various places to cope with their grief.

Many participants discussed how various locations (e.g., family home, forest, etc.) influenced their coping or not coping. For example, participant 1-A stated “my paternal grandfather was put in the hospital. He had some kind of heart problem. I went to the hospital; I was there for a week.”
In addition to traveling to the place where their family member died for the funeral, which was often the tribal reservation land, participants often returned or thought about returning for various reasons. After the death of her grandfather, participant 1-A’s father was diagnosed with cancer. She said, “So I just quit school…I withdrew, I went home.” Some participants found that leaving certain locations/areas could be both helpful and difficult at various times. For example, participant 1-A discussed her experience after the death of a grandparent.

I don’t (sigh) plan to go back…. I have this feeling I need to move on and move away, far away, and I realize that I’m just trying to run away from the whole situation, which is actually a good thing…. My way is actually running away from it, you know instead of being there at home dealing with it. They (family) live in the house that my dad lived in, they get up in the morning and he’s not there. I can pretend that he’s there, and wake up and say, “Oh yeah, they’re home. They’re okay.” That’s my only way of actually coping or keeping the sanity part of it…for me not to be there at home makes it a lot easier. The hardest part for me, is when I go home (voice falters), to actually hit reality that they’re not there anymore. And then I go through that whole process over and over again.

Participant 1-A also described how returning to her parent’s home led to her use a particular coping behavior.

I went home and (sniffle) my dad was always constantly working, he wasn’t the type of person to sit in the house and watch TV. He was always constantly doing something, if he wasn’t working, he was outside picking up trash or cleaning, fixing a fence, feeding the horses. He was doing something all the time, and when
I got home, there’s trash everywhere. They (family) didn’t pick anything up, the
dogs had gotten into the dumpster, nobody made an effort to even go outside and
even clean the mess up… so I quit cooking, and I went outside and I did what my
dad would be doing.

Similar to participant 1-A, participant 2-B found it helpful to be away from the
place her deceased family member had lived. She also experienced some difficulty upon
returning home, which led to her cope in a different manner.

I kind of ran from it, I guess. I moved out here right after that. It was kind of a
spur of the moment thing…. I just need to get away from everything and
everyone…never been out here before, but I just moved out here and it’s kind of
made it easier for me ‘cause I’m not around everyone and around things that
remind me of him, so that’s kind of how I’ve been coping with it so far…. ‘Cause
no one knew about things, I just didn’t have to talk about it…I didn’t have to
think about it; but then at the same time when I would go home and people would
bring it up it was hard again for me. Whereas I guess if I would have stayed and
dealt with it instead of running from it then it might have been easier, to go back
and be able to talk about it with people who were asking about him and stuff.

Although some participants found it helpful to leave the area or place their
deceased family member lived for long periods of time, some participants found it helpful
to leave the area for short periods of time. For example, participant 6-F discovered the
benefits of “getting away” from her home, which was also were her deceased family
member lived.
Getting away from the things that remind me. I went to Hawaii a couple of weeks ago, for a week, and because I didn’t see anybody or anything that reminded me of anything, it was okay. I didn’t feel as heavy...so now I take off a lot...I take off a lot. I have no care about anything (laugh), I just take off. That’s probably one thing that’s not a good coping that’s helpful for me.

Participant 2-B discussed how being present in an area, which is close to the final resting place of her family member, where she spent time with her deceased family member was helpful to her coping.

I think going to his grave every time I go home has been helpful for me ‘cause that’s what I used to do anyway. I would go and see him every time I was home and visit. I would go and talk to him and see how he was doing...see how everyone was doing. And he would ask me about school and stuff and so I still do that, when I go home. I’ll go to the grave and I’ll just go sit up there and talk to him. I’ll (laugh) tell him about things...it makes me think that he’s still around me, and he’s still there listening, and so it helps to just be there in that environment, where there’s other family members, I guess, who have already passed that I may’ve not have known, but know that they are there for him, and he’s in a better place. So, that all helps me...where our graveyard is on our rez is in this place that is close to the mountains and the mountains remind me of him, because he used to take us up there to go pick pine nuts, or go wooding, and he used to take the boys up there to go hunting and stuff. I guess just every time I’m home and could be there in the mountains it helps, because I could feel him there with us. So that’s another way, I guess, and I know every time we are somewhere
like that, someone else will bring it up, too. So I know that they’re thinking that, too. And maybe that they feel the same, you know the same power that I’m feeling there at that place.

Participant 3-C was living in another state when his family member died and was unable to return to his tribes’ reservation and unable to take advantage of the coping behaviors specific to the area. His experience also influenced him to return to the area so he would be able to utilize the coping behaviors which are only locally accessible.

I wasn’t able to come back and I think for me not being able to attend her funeral, and she’s (tribal affiliation). They went through (tribal group) a 4-day wake, and you’re there the whole time. I think it helps you get used to the idea that this person you’re so close to is gone. I wasn’t able to have that closure. So for me with my grandmother, in particular, it’s like she’s still there. So when I drive to the rez, I pass by her house. I still think Grandma’s there. I’m not necessarily going to stop, but I could, and of course I can’t, she’s not there. I have been to the cemetery where she’s buried and I go by there sometimes. It’s kind of a nice little area, there are these huge mountains…and then there’s the cemetery, all my families in there…there’s no cars or anything passing, and you’re just there in the cemetery, at the foot of the mountains, and it’s like you don’t see anything else but those people in the cemetery. So I go and visit with her. I wouldn’t describe my relationship with her as great, yet it would have been nice to have been able to come back. And one of the reasons that I’m back in Montana is because a lot of my family is getting older. And a lot of them have passed away and I want to be here for that if I can be.
Participant 3-C discussed how his ability to cope with the death of another family member, while living in the area, differed from his experience when living out of the state.

My uncle died just a month ago while I was here in school. And I did go to his funeral and I did go to his wake and I helped cook in the kitchen at the Longhouse. And I helped put earth into his grave and that was more helpful for me to see him actually go off. And I go to the graveyard and see my grandmother and he’s there, too.... My relationship with him is more limited. And the grieving for him was done physically in the Longhouse, in the funeral home before the Longhouse, at the graveyard... there was a geographic connection, a place I could go.

Further, participant 3-C elaborated upon the significance of the place to which other tribal members and family members eventually return upon their death, which serves as a coping resource for him and others.

It’s sort of like this place, especially if you’re from there, it’s such a tremendous resource in the sense that everybody goes through there. It’s the gate. And you know you might come into the world in (town) hospital or we used to have a hospital up in (another town), or I was born in (hospital), or anywhere else, but you’re always going to go out through the funeral home up there, (mortuary) and whatever they’re called. You’re definitely going to go through the Longhouse. Everybody I know has gone through there.

As participant 3-C alluded to, many coping behaviors and rituals specific to bereavement are closely tied to the homeland of most AI people. Participant 4-D
discussed how visiting the place where her family is located provides her with comfort which facilitated her coping.

I’ve lived here for the past year. When I go home on the weekends and see them (family), that really makes me feel better, spending time with those guys. It makes me feel a connection to home. Just being away is way different than living on the rez even though it’s not very far.

Participant 8-H related that she missed the funeral of her family member and had still been unable to visit the gravesite, which she feels has affected her coping with the loss.

I was in Basic Training and my grandpa passed away…. I was gone so I never really got to deal with it, I didn’t go to the funeral because I was at Basic Training across country, I couldn’t afford to fly home and then turn around to fly back. So that was hard, and that’s the one that probably still bothers me the most now…I think it’d be easier for me to accept if I’d actually seen his grave, ‘cause I haven’t been to his grave or anything since that happened.

Further, participant 8-H described how being away from her family and her tribes’ reservation forces her to cope in a more independent and less comforting manner.

Being so far from home… going into sweats and peyote meetings and stuff is fine but I’m all the way up here, I’m six hours from (reservation town), from my Mom. But I’m eleven, twelve hours away from (different reservation) where I grew up, and where the base of my family is. And so being so far from home, it’s like I don’t have access to going into the Sweat, I don’t have access to talking to my parents as much as I want to. And so even though those are good things, and
they help and stuff, ultimately day to day, I’m the one that has to force myself into remembering what they say, and to listening to them…. Going to school way over here, and then when I was at Basic Training was hard because you’re just so far from everything you know.

After the death of an ill family member whom he had brought to his home in an effort to make the end of their life comfortable, participant 7-G coped with the loss by changing part of his home environment.

I remember, for my father, going up to his room, just without thinking, “I’m going to see what he needs,” and then you walk in and the room’s empty. I actually finally had to tear the room down and re-do it…. I couldn’t have it be a single room anymore. I just tore the walls down and just made it a part of another room. I think I didn’t want to be reminded.

Participant 9-I described how living in “different worlds” (i.e., scholastic, majority/minority culture, residence) allowed her to cope by providing respite from her bereavement.

I think what I’ve not done to cope with it is let myself get wrapped up in this… I don’t know, this other world. It’s like this other place…. Sometimes when it’s hard to think about it or hard to deal with what’s going on back home, I just wrap myself up in this place and then I don’t have to deal with it. (crying) I’ve actually been pretty good at that.

Finally, participant 12-L described coping with the death of a family member by remembering their perspective and adopting their vision.
She wanted her ashes, part of her ashes spread over the beautiful city of (city) Montana. So, although I’ve never seen (city) as a beautiful city, whenever I drive back there now, soon as I come across that hill, I think, “There’s the beautiful city of (city) Montana.” Because of her spirit, and hoping that at some point I’ll really be able to see it as that.

Work/School

Most participants described their use of coping behaviors related to work or school. Participants coped with the death of family members by being at or away from work/school. While at work or school, participants were able to focus their attention away from their grief, utilize co-workers or supervisors support, and fulfill their deceased family members’ expectations. Conversely, some participants experienced difficulty coping with the death of their family member while at work/school.

Participant 3-C provided an example of how his education provided him with an opportunity to develop coping behaviors which he incorporated into his bereavement.

I remember reading in an undergraduate course a book by Ghandi, *The Story of My Experiments and Truth.* It’s his autobiography and he talks about the circle of violence and that really resonated with me... he basically sacrificed himself. That resonated with me. And I think then, even though I was just starting my drinking career and some other unfortunate ways of coping, I did at that point decide not to pass on the circle of violence and I think I’ve done an okay job with that.

Other participants discussed their experienced of utilizing or being unable to utilize various coping behaviors at work and/or school. For example, some stated that they were unable to take time off from work or school. On the other hand, a small
number noted that they received support from their employers or academic institution during their bereavement. A few participants stated that they coped at work or school by having reminders available or talking to co-workers/supervisors. Finally, some participants coped by quitting/not working or withdrawing from school, while others coped by going back to work as soon as possible.

Participant 4-D discussed how returning to and focusing her attention on work was a helpful coping behavior. Although participant 4-D felt that she may have avoided her grief she notes the importance of maintaining or continuing her own personal functioning.

Well, I’ve just had a full-time job in the past couple years so, I think in some ways that’s kinda how I coped. It almost felt like I kinda (laughs) ran from it a little bit... just went back to work and tried to, oh I don’t know, I tried not to get all wrapped up in it.... I think that’s a good thing ‘cause then you don’t get really depressed by just sittin’ at home. Not doing anything about it, just sittin’ there thinking about it? So I guess on the other hand that is a good thing, keep going to work and to keep doing everything you’re supposed to.

Additionally, participant 4-D described how her supervisor’s lack of empathy created difficulty coping in anticipation of and after a family members’ death which led to feelings of resentment.

Spending every evening at the hospital, when my Aunt died three years ago, that was kinda hard ‘cause I was doing shift work for the tribes, and I had a really stressful job, and my boss was a jerk so he didn’t, I tried to be there as much as I could but it was hard to get time off. I don’t know, that was kinda a crazy
time...I’m kinda resentful towards my boss, because he really put all this pressure on me and I did end up getting physically sick over it. So, because of being up late at the wake and then I was working graveyard, I just wasn’t getting enough sleep. He let me have one day off, for the funeral...to go to the last night of the wake and the funeral and that was it... I guess that’s the only thing that I regret, not standing up for myself and saying, “I need, I need at least two days off.” (laughs) Or you know even just two days off would’ve been a lot better. So, I guess that is one thing that was a learning experience in itself.

As a result of her experience, participant 4-D made an effort to avoid missing other opportunities to cope with her family and community. Participant 4-D also described how having understanding and empathy from her current supervisor has made her bereavement experience easier.

This time (to) my boss (different supervisor), I’m like, “my family comes first, and I’m gonna be at the hospital, and I’m gonna be at the wake and the funeral.” And so it was a lot different and my new boss was way (laughs) more understanding. I think that’s all (laughs) I regret about that...at my current job, my bosses are really understanding, I have like a couple different bosses, and I’ll just go to work and...I mean it’s nice, I can be real honest and I’ll just say, “Can I talk to you?” We’ll go in their office and I’ll just say, “I’m havin’ a rough day,” or “This is really hard for me right now.” And that’s been really helpful, to be honest with my bosses. I think when you tell somebody that, it kinda takes the power away from that emotion. I mean you don’t have to hold it inside. There’s been times when I’ll just sit in her office and cry, and then I’ll just go regroup and
go back to my job, and the rest of the day goes really good. But at least I’m able
to let it out, just let it go. So I think that really helps... they were like really
supportive, and when (Aunt) died they actually gave me a whole week off of
work. So that was really helpful. I got to spend all that time with my family and
be at the wake and stuff without worrying about having to be at work the next
day. We were at the hospital every night. And I just feel like that’s really how I
coped with her death.

Participant 6-F related that she experienced understanding from her employer and
was able to have some flexibility during her bereavement. She also discussed her possible
reaction to being questioned by her employer about her ability to cope with her
bereavement.

I can just tell my boss, “I don’t feel like coming in,” or “I’m not going to come
in.” (laughs) And she said, “Okay.” But I’m not too bad like that. I bury myself in
my work and so...that’s alright. I just try to do my job the best I can, and (laughs)
I start thinking, “Would people say anything to me?” You know, would somebody
come up and say, “I don’t think you’re dealing with this very well and I think you
need to quit your job.” I’d probably do that, I’d probably quit if somebody came
and told me that. But that would have to come from my boss and my boss is going
through the same thing I am. So would she tell me something like that? Probably
not. (laughs)

Participants who were in school were often influenced to enter and complete their
educations by family members prior to their deaths. Upon the death of their family
member, participants used the wishes, encouragement, and example of the deceased
family member to continue their education. Although some participants found returning to school helpful, some participants experienced barriers (e.g., other family losses and grief) which led to difficulty. Participant 5-E discussed how she was influenced by her recently deceased uncle.

He was a big influence in my life. And he was always pushing me to go further in my education, so that was a huge loss... he really put a hold on his (emphasis) life, because he was studying, he was going to school... he just had like a year left to graduate with his Social Work degree.... And he said, “No.” So he put his school on hold and he went home to take care of her.

A number of participants described feeling that they were unable to cope with the deaths of three family members because of they were away at school or work. A participant described her experience of being away from home and immediately beginning school upon her return. She also discussed how the demands or expectations of armed service training led to her inability to grieve for her family member.

With my grandpa that just passed away, I was at Basic Training so there was no way for me to deal with it, I just had to continue on ‘cause you can’t really show your weakness and you can’t show your emotional side or anything, so that kind of forced me into… “He passed away, okay, deal with it, now move on.” It forced me to do that within a matter of days. There was so much that I had to do, from the moment I woke up and from the moment I went to sleep, there was so much in our days that I didn’t have time to think about it…. But I was gone so I never really got to deal with it or anything. I didn’t go to the funeral because I was at Basic Training across country, I couldn’t afford to fly home and then turn around
to fly back. So that was hard, and that’s the one that probably still bothers me the most now.... He (uncle) passed away in a car wreck...in the hospital, and after that everyone just kinda noticed my grandma giving up and so everyone knew it was coming, but it was kind of a shock when it did finally happen. I was in school up here when it happened, so I ended up missing 3 weeks of school during that time.

Participant 8-H was encouraged to return to school by surviving family members as well as influenced by the hopes of deceased family members. Participant 8-H also reflects upon how educational pursuits may interfere with her coping.

I was here in school whenever she got put in the hospital, and when I first found out I kind of went into a slump. I just didn’t want to see anyone or deal with anything or go to class or anything, and then my parent’s encouragement and my grandparent’s encouragement, they just said, “She would have wanted (me) to go to school and finish.” I was on the verge of dropping out of school over that but after they said that I kind of got myself back up and forced myself into daily activities and just continuing on.... Now that I’m back I think that’s something I’m still dealing with, since I’ve been back it’s been really busy. I got back right before school started, so...I had to find an apartment right away. I was just staying with a friend, so right away I jumped back into the school routine: studying, being up late, classes every day.... And now finals are here and it’s winter so I don’t think I’ve dealt with it too much. I kind of accepted it, but I think it’d be easier for me to accept if I actually seen his grave or stuff, ‘cause I haven’t been to his grave or anything since that happened.
Participant 2-B discussed how the loss of her family member increased the difficulty she was experiencing being away at school.

He passed away my first year in college. I was going to school (University), I was having a hard time there, being away from my family and knowing that he was sick. I just felt like I should have been home helping. So it made it a lot harder on me when he finally did pass away. I actually had just left home the day before he passed...when he was sick and he knew what was coming, I guess he was like, “Nope, you’re where you need to be. You’re in school and I want you to be there. I’m...not always going to be here, when the day comes...” So, I guess, he was kind of preparing me for it beforehand...with me going back to school, I think my grandpa guided me to do that just because before he died he kept telling me, “Don’t worry about me, I’m fine, there’s people here helping me. You’re where you’re supposed to be to help the family. You’re getting an education.” So I think after he died and I was feeling like I should stay home and help my grandma, I still had his voice in my head telling me, “No, go back to school, you’re fine, everyone’s fine...go back to school.” My uncle kept telling me to come up here, so I was like, “Well shoot, I guess I’m gonna go back to school then.” You know, like I have this support, and I have these people telling me to go, so I’m just gonna go and do it.

Participant 9-1 stated that she experienced difficulty expressing her thoughts and feelings regarding the deaths of her family members in her educational setting. “You know when your in grad school and you see these people everyday, so I talked a lot more
with my friends about my grandparents.” Participant 9-I also described the difficulty she experienced coping with the responsibility of school and her bereavement.

I just wrap myself up in this place and then I don’t have to deal with it. (crying) I’ve actually been pretty good at that. (laughing) And I’m not drinking or doing drugs or whatever. So my family’s not like, “Oh you need you need to be doing this, you need to be doing this.” It’s like, “Oh she’s focusing on school and so just leave her, let her be.” Which, you know, I mean it’s good in many ways but in other ways, too, it’s kinda scary and it’s sad that you have to give up so much of your culture to survive here. I don’t know, I think about that a lot. I don’t think I even thought about it before my grandparents passing. ‘Cause it was a cycle. “Go do it.” You know. “Go do what you need to do.” And here, it’s like, “Whoa, what do you mean? I need to do other things too?”

Participant 2-B also reflected upon their decision to leave home and continue their education.

I think if I did stay home that would have been a negative thing, because if I would’ve stayed, then I wouldn’t have went back to school. I wouldn’t have continued on doing what I wanted to do for myself. I would’ve stayed and just helped my family, or done what I thought was helping them. I think leaving didn’t have them rely on me so much and was able to let them continue on with their lives as well. ‘Cause if I would have stayed there they would have probably relied on me to do a lot of things for them and it would have taken them longer to step back up into their lives, so I kind of think it was a good thing that I left.
Participant 1-A related that she left school for one week after the death of a family member, and again a month later after the death of another family member. Participant 1-A recalled being in disbelief after the death of the second family member and attempted to return to school.

I just couldn’t believe that I was down there for another funeral. I was determined to come back to school, and I wasn’t gonna go back to (reservation). I was just gonna focus on my schooling and finish, and then I knew they would be proud of me wherever they were.... I stayed for a week and then I came back home and I felt like I needed to go back and just visit my Mom and Dad because they both lost their mothers. So, I went back home for the weekend and my paternal grandfather was put in the hospital, he had some kind of heart problem. I went to the hospital, I was there for a week. I was planning to leave...the day I was leaving he died of heart failure. So I lost all my grandparents, within just one month (surprise in voice). Just one month, almost two months, I lost all my grandparents, the people I was closest to. I didn’t realize that they were gone, because I’m away from home. What really hit me the hardest was, during the day of my grandfather’s funeral, my dad had to have a biopsy, so we went to the hospital. He (heavy sigh) took the biopsy and we got the results back and he had cancer. He had a tumor in his brain, a tumor in his lung, and a tumor in his liver. So we were told that my dad would probably have eighteen months to live...so I just quit school. I withdrew, I went home. After the guilt that I felt with my grandparents, not being there, I knew I needed to be there for my dad. So I went
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home and I took care of him. I was there until the day he died. Every single day I
took care of my dad.

People and Environment oriented

Community

Many participants utilized coping behaviors or strategies which involved the
participation of their community. Community coping refers to participant’s use of a
variety of community resources (i.e., members, activities, groups, and organizations) to
cope with the death of a family member. Participants benefited physically (e.g., hugs),
emotionally/psychologically (e.g. encouragement, verbal support) from the utilization of
the community resources. Additionally, participants coped by reciprocally contributing
their time and energy to the various communities of which they chose or belonged.

Participants often belonged to several groups (e.g., familial, religious, tribal,
traditional) and utilized coping behaviors prescribed by one or more of those groups. For
example, participants often followed or utilized coping behaviors similar to those used by
their family, which may have been similar to those used by their tribe, and in
combination with coping behaviors used by the Native American church.

Communal coping behaviors were used early in the bereavement process by
several of the participants. For example, participant 12-L described the following.

The way that we handle the funeral, the wake, the whole community comes
around. Usually we’ll go do the arrangement with the funeral home, selecting a
funeral home, and making those arrangements. Once that’s done then the
community comes in and everyone brings food. That is a tremendous help, was a
tremendous help to me. It was really helpful to me. I hadn’t seen many of the
people for a long time. Generally family members and people who are fairly close to the family stay up all night with the body. And they either play cards, or at the (tribal community center) they have a couch where people who want to lay down for a while can do that. So it really helped me to cope during that time. With my family it was mainly like the visits from the Catholic priest. The whole ritual I think. Having people come and bring whatever it is that they have. People put up Pendeltons (blankets). And some people decorate, they decorate the room so that it’s comfortable and there’s some beauty about it. Those things were the most helpful. And then remaining afterwards in contact with people.

Communal coping was also used later in the bereavement process. Participant 12-L described the following.

My younger brother, when he passed, we were able to do some things in his name, community things because he was well known and liked by everyone in the community. One of his favorite things was rodeo. So my sister put on the rodeo, but the family helped out with it. So that was another way of a gathering a lot of people that you could visit with and would continue to tell you stories about, about that person. Or we would go around and visit about my brother. That was really helpful…. Community gatherings beyond the funeral and the wake. It’s people coming back together or making you feel good when you’re lonely. Just talking about them is helpful, or hearing things you didn’t know. So largely I think its community.
Finally, participant 12-L discussed how the participation of community members during the bereavement period influences interaction with other community members beyond a death and funeral.

People that were at the funeral, who came to the funeral, it’s a huge. I think you lose face if you don’t go to someone’s funeral. It’s very important to show up. I heard just this past summer, someone made a comment at a community gathering that they weren’t talking to someone because they hadn’t showed up for their grandma’s funeral. So they were having hard feelings toward that person. I think, I’m not sure if that’s part of coping, but just having the people there is important.

Participant 3-C also utilized a form of structured communal coping behavior early in the bereavement process. Participant 3-C described participating as both mourner and caretaker in the following passage.

I feel like the ritual of what the family required you to do…now eat sheet cake and drink coffee, and smoke cigarettes, and listen to the prayers, the (tribal) singing, the songs helped. Just to be in the room even if I didn’t get to say my goodbyes to him in some ways…I described the ways of going to the Longhouse for my uncle. I think that was a ritualistic thing, to be in the same room, and even if I wasn’t openly grieving, there were moments when I could feel that sort of group, tribal grieving, and that was a kind of a catharsis. My uncle, my other uncle, his brother, sat out in his van, outside the Longhouse. He’s sort of anxious around people, slightly claustrophobic, agoraphobic, paranoid. But just for him to be there, I think was helpful. It would be better than if he stayed home or if he was back where I was (major city) when my grandma died. Just to be physically
proximate. Also to meet all the cousins again I hadn’t seen for a long time. To see how in some ways we’re better off and some ways we’re worse off. We’re definitely hurting, we’re definitely real. Some of them I hadn’t seen for such a long time. And to realize in many ways, they’re like me. I mean the connection is that their parents are all brothers and sisters. We’ve gone different directions. Some are blonde and blue-eyed and some are definitely Indian looking and yet we’re all from the same tree, grandma and grandpa, and then their dad and my parents…. I think there’s a kind of genius in a funeral, if it’s done right, like I experienced with my uncle. Because people spoke, and a nun spoke, there was a religious, which was part of the background from my family, Catholic. The Mission Indians, missionized by the Jesuits. The family speaking and being in the Longhouse and having the hymns sung in (tribe name omitted) and just going through the whole process, seeing all of this family, just the whole thing. You get up and you’re up all day, and you stay there until really late and you never leave the body, you never leave the person alone. There’s various reasons for that, but somebody’s always there. You’re comforting people and you realize that some people are better off and some people are worse, a lot of people are worse. Somehow you feel you can share that, almost like a hormone, or a pheromone released, at least in that room with all of these people gathered and comforting each other. You could tune in through a webcam, you just wouldn’t get it. You could sit there the whole time and you could interact somewhat and you could hear the songs and see it, but it just wouldn’t be real. There’s the whole physical richness of it and it starts in the funeral home. It was in getting photographs and
preparing things and getting his blanket, his Pendleton and getting his Vietnam veteran’s cap, and running errands, and preparing food. I think going to the Longhouse and doing that on a bigger scale and then sitting with and talking to people. They say this about wakes, “You go in crying and come out laughing.” There’s some truth to that. There were kids that got a couple of deer and made dry meat, so there were like three deer of dry meat. Just the whole, something to do, something to keep you occupied, comforting people, caring for people, and being there for them helps me. Even the chore of taking out the trash, setting up the little banquet tables, running and doing things, and being around everybody.

Similarly, participant 4-D described their use of communal coping behaviors. Participant 4-D also notes how their experience differs from an individual from another culture.

White people are so serious. I mean like, at their funerals, you don’t laugh or whatever. I guess some times, but at a lot of wakes I go to we’re just sitting, waiting, where you eat and stuff, and people are just laughing all the time. I mean but we’re crying too; and it’s always good to laugh again ‘cause that’s what’s good for you. I always try to make my friends laugh, too. And I just tease ‘em and make fun of myself or make fun of them (laughs), or whatever. And you know we can just joke like that so that’s one good thing, I think, is to remember to laugh...after you cry, you have to laugh, too.

Participant 10-J also discussed their use of communal coping behaviors and the importance of community members’ roles.
The way we cope with it is we have a wake service. We pray for everybody that’s living and for the dead one’s to return to the Creator in a good way. Everybody gets together, we have a feed and we eat, and we have our drum and we send them home to the Great Spirit in a fast way. The best way we know how. We know when they leave us that there not really gone. But they’re still with us in a different sense, because their spirit has left their body. They’re now with the Creator. The Creator called them home. So we just have to cope with how the ones left are feeling, the younger ones who don’t understand. Some that are more bereaved than others and you just have to be strong for them and help them to feel good in their heart.

Participant 10-J further discussed their utilization of communal coping behaviors later in the bereavement process. Additionally, participant 10-J discussed her plan to share gifts with the community after one year of grieving.

I went all the way to (another tribes’ reservation) last weekend and I did a round dance ceremony with the (tribe name omitted) people, they are (tribe name omitted). It was a two day round dance. So that was good, singing and round dancing is a therapy. We also put on a little round dance here in Arlee and we are going to put on some more. After a year goes by, approximately a year, we’re going to have a big give away. When you give away things whatever you give away it comes back to you. When you give it away it will come back to you in a good way. So I give away, we’re going to give away star quilts and shawls, ribbon shirts, all the stuff, a lot of things that are traditional, but there’ll be toys in it for kids too. ’Cause we are thanking everybody that helped out at the wake, and then
foods that you know they (deceased) loved in their life. Then you know that every space in that room is filled by a departed one. Someone you’ve lost or someone that has gone on before you, are all coming to share in that food. Doing that was an important aspect of dealing with grief, ‘cause you know that they’ve started on that final leg, that final journey, and the food that you’re giving is sustenance that they’ll need for that journey. It’s also a hailing to our relatives, you know that she’s coming, or he’s coming. We haven’t forgot about the ones that have gone on before, because we always say “Let none of them go hungry, even though we may not know who they are, or they are not our family.”

Although the type of community differed, participant 4-D also used communal coping behaviors similar to those utilized by participants later in the bereavement process.

One thing that helped me with (family member’s) death, well with all of them actually, is I go to A.A. and N.A. I have lots of friends in recovery, so I go to the meetings and just kind of vent there about what I’m going through. So I guess that is coping, that’s a big (laughs) coping thing that I forgot to mention. Support groups. I have a lot of friends who are in recovery and I can call them anytime I want...when I’m feelin’ like I’m gonna lose it or something, so that’s a big thing I need to mention.

Participant 8-H discussed how the use of coping behaviors specific to a community is not limited to the bereavement process.

My stepdad really pushed us into going into the sweat lodge. Going into the sweat and those ways kind of helped a lot. And that’s something, I think, doesn’t apply
just to mourning and how I deal with death. I think that more helps me get through day-to-day life. It just kind of played into dealing with the deaths along with like every day life, I guess.

Additionally, participant 8-H discussed the difficulty she experiences being unable to utilize various coping behaviors because she currently lives away from her community.

Being so far from home, going into Sweats and Peyote Meetings and stuff is fine but I’m all the way up here. I’m six hours from (community), from my Mom. But I’m eleven, twelve hours away from (town) where like I grew up, and where the base of my family is. So being so far from home, I don’t have access to going into the Sweat. I don’t have access to talking to my parents as much as I want to. So even though those are good things, and they help, ultimately day to day, I’m the one that has to force myself into remembering what they say, and to listening to them, or make a conscious effort to call home and talk about something.... although there’s other Natives here, I think a lot of them just don’t understand what you’re going through. I guess just being raised in different ways is a disadvantage too, ‘cause there’s a lot of Native Americans that just weren’t raised in a really traditional family. There’s other Native Americans that I hang out with, but they weren’t raised like that, so they can’t give me that same support that my family and those ways can, and my tribe can. So that’s another disadvantage.

Although she was living out of state and away from the communities to which she belonged, participant 2-B was able to communally cope with the death of a family member by helping a friend.
One of my really good friends here... one of her friends just shot himself this week. And then the next morning she got another phone call and one of her good friends just got into an accident. They were mad about the other boy getting hurt; and so they went out and drank and got into a car accident. Then just this Sunday, she called me and was crying, and I think it made it easier for me to help her cope with it because I’ve gone through it. Her boyfriend, couldn’t cope with her at all, because he’s never experienced it. I just told her, “I know you’re stressed out because you feel like you have to be here for school, because you have tests and stuff. I felt the same way when that happened to me. I think the best thing is just to be with your family, just to go home and be with those loved ones who can share and listen to you.” So that’s what I did and told her. I took her home because I know how hard it is to drive many hours alone, ‘cause that’s what happened to me and my brother. We were so far away from home, we had to drive home right away and it’s hard to do that. I told her, “You know what, I’m going to take you, ‘cause I don’t want you to drive, because then you are sitting there crying, thinking about all those things, and all these memories are going through your head.” “No, this isn’t true, I don’t believe it.” It does take a while, you do have to see it to believe it, I guess, be there for it to be reality. So I know she was dealing with that, like, “This isn’t true. I don’t believe it yet.” I’m like, “Yeah, I know, I understand.” I pretty much was able to explain the same things I was going through and it sounded to me like it was the same things were going through her head. So it was easier, but if I didn’t experience a death I don’t know how I would have helped her.
Conversely, participant 2-B experienced difficulty coping with the death of a family member prior to moving away from her home community.

I guess if I would have stayed and dealt with it instead of running from it then it might have been easier to go back and be able to talk about it with people who were asking about him. He (deceased) plays hand game and we were all raised to play hand game, and when I went home, this year was the first year I’ve been home in a long time for Indian Days. They have a big celebration where I live, and they asked our family to come and participate in it, me and my brother, and I’m like “I don’t know if I could do that.” Just hearing those songs or singing those songs again, that he taught us, or that I always remember him singing, was really hard for me. So I don’t know if the way I tried to cope with it was a good thing.

As a result of leaving her home community, participant 2-B experienced difficulty coping with her grief and was concerned her actions would have a negative affect upon her life and her home community.

I used to sing with him, ‘cause he taught us, and we would travel around with him. So when I hear those songs, those memories were coming back, of me being this little girl, falling asleep, next to those hand game tournaments, late at night, or being at certain ceremonies, or things, with him and my grandma. So just hearing those songs or being around people who are telling us, “Yeah, I remember your grandpa, he was a good person.” I was like, “I don’t even want to hear this.” Same with some other warrior songs. I ended up getting into this program, teaching the youth traditional songs and stuff. They just so happened to be singing some of my
grandpa’s songs and I couldn’t handle it. I was the female teacher in the program, so I was supposed to be helping the girls. Those girls started singing, and it’s just like another flashback of being young and having my grandpa teach us. I just felt like, “Wow, I don’t want to be here right now.” I left the gym and told the other instructor, “I can’t do this right now. I’m not even ready to even sing these songs again.” I feel bad because I know that if I don’t teach the younger generation, then who is going to teach them? The language and stuff is already being lost and when we lose our elders like him who are fluent speakers and who aren’t afraid to speak it then it’s just going to be lost.
Discussion

Conclusion

Highly reflective of the majority culture, grief and bereavement research has been driven in various directions based upon end of life issues such as palliative care, disease (e.g., AIDS), and suicide to name a few. Although culture has also become a factor which has received some attention regarding the grief and bereavement experience of individuals, a limited amount of research/literature which represents the experience of people from some minority cultures exists.

Despite the exploration of various groups of individuals who have experienced and coped with the death of a family member (e.g., family members of cancer patients, family members of AIDS patients, etc.) no study has specifically explored the AI bereavement experience. Several themes which have emerged in previous studies were observed, but the details and meanings of these themes as they pertain to AI life appear to vary from those of majority culture in several ways.

Parkes (1972) identified six factors important in determining an individual’s grief experience (i.e., identity of deceased, nature of attachment, historical antecedents, personality variables, social variables, and mode of death). The importance of each of these six factors, with respect to an individual’s experience of grief, varies among all individuals but it appears that many similarities exist and influence the coping behaviors/strategies among AI people.

Although the six factors identified by Parkes appeared to account for a great deal of the grief experienced by the participants, three factors related to those found by Parkes were important for exploring coping in the current study. The three factors that emerged
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as important in determining the grief experienced by most of the participants in the current study were: whether the death of a family member was sudden or anticipated; the proximity of the participant to the deceased family member; and the generation of which the deceased belonged. These three factors influenced how participants experienced and coped before, during, and after the death of their family member.

The three factors identified in the current study provided valuable insight regarding the depth of grief experienced by individuals after the death of a family member. When examined in combination with other factors (i.e., death rates, cause of death, socioeconomic status, health care coverage, etc.), the three factors identified in the current study likely result in greater grief among AI people. Additionally, the three factors identified in the current study helped highlight the importance of the values and beliefs of the AI participants.

The grief stemming from the aforementioned determinants often led participants to explore their cultural values and/or access available cultural resources. Participants greatly benefited from having access to and utilizing various coping behaviors that were components of their culture. Hence, participants most often utilized cultural coping which incorporated people (i.e., family, friends, community/tribal members, etc.) and environment (i.e., personal/family home, land, work, etc.) or a combination of both.

When examined at the code level, with the exception of “rituals” and practices unique to some AI people, most of the coping behaviors discussed by participants appear similar to the coping behaviors utilized by most bereaved individuals (e.g., actions/behavior, emotions, thoughts, etc.). However, upon reassembly of the narratives
and further analysis of these codes it is apparent that the AI participants of the current study heavily relied upon cultural coping.

Exploration of the coping behaviors identified in the current study provide several significant implications, regarding life and death, that have likely been a part of American Indian peoples lives for many generations. For example, the fact that most participants sought out and/or relied upon physical, psychological, and spiritual coping behaviors independently or with the guidance of others suggests a historical reliance upon such practices exists among tribes/groups/families.

Although the participants of the current study primarily relied upon cultural coping, most possessed an openness to or engagement in coping behaviors outside of their culture. For example, some participants discussed seeking out and utilizing coping behaviors which originated from or were based outside of AI culture and components (i.e., alternative healing, therapy, etc.). Additionally, participants often sought help from professionals regarding maintenance or improvement of psychological health. However, participants who had attended therapy or counseling were often dissatisfied and unconvinced they had been helped.

Participant 10-J described her experience of attending therapy, which she found unhelpful for coping with her bereavement.

I did go to a therapist, but she started crying when I told her the story. And she didn’t call me back. She didn’t want me back. (laughs) ‘Cause it was too hard for her to take. She couldn’t listen, it was too hard. It made me feel bad, and I said, “I can’t go.” You know I’m talking to you, you sound strong; but she wasn’t strong. She was crying. I had to comfort her. I told people, “You want me to see a
therapist. I’m gonna have to counsel my therapist.” It’s hard. I’m a strong one…I keep away from any kind of drugs. When I went to the doctor, “Oh this pill, that pill,” I said, “I don’t want your pills.” I said, “I want advice. Give me advice.” Sometimes they don’t know what to say, they’re in shock. ‘Cause all they want to do is give you pill, pill, pill. “I don’t want your pill.” They gave me was some kind of Ibuprofen, or something, I didn’t even pick ‘em up. They’re still sitting there. I don’t know what they did. Maybe they threw them away. Just as well.

Pills are not the answer. Pills are not the answer for anything. (laughs) It’s better to just do natural.

Similarly, participant 11-K found that coping behaviors unique to alternative healing (i.e., body talk) were more helpful than psychological, medical, and mainstream societal bereavement coping behaviors.

I’ve counseling and it kind of helped, for awhile. I don’t think it really helped. I mean it let me express myself and say how I felt and stuff like that but it didn’t really take care of the root of my problem…. I can always talk to her, I just can’t hear what she says unless she comes to me in my dreams, which she did; she came and told me goodbye. Both my grandpa and her, came to me in a dream. I thought it was their way of telling me that they’re, everything’s okay and that they’re happy and they’re together. So it helped me a lot…when I was going to counseling they were always wanting to put me on antidepressants but I didn’t like how I felt, I didn’t like all the side effects.
Participant 3-C described his experience with therapy or counseling as helpful. Additionally, participant 3-C viewed therapy or counseling as a luxury past generations were not provided.

There (are) more things that we know about now, counseling. I’ve been in counseling off and on since I was 18 years old. I don’t think my parents, her grandparents, ever went to counseling. I don’t think they ever will. Of course, for my grandparents it was not available. Hi-tech was the TB sanitarium…. Another good way of coping, for me, is to feel my feelings. It’s to not drink. It’s to go to counseling, it’s to go to groups, support groups, it’s to continue to take my antidepressant.

Finally, a number of participants stated that they had not been to counseling or therapy but were open to utilizing such help. For example, although not opposed to attending counseling participant 1-A neutrally stated “I never went to counseling so I don’t know if that would work.”

The openness to seek out or engage in coping behaviors which do not originate from or that differ from those from within their own culture illustrates a willingness to search for and do what is necessary to “continue on.” Historically, possessing a willingness to seek out and adopt new or alternative behaviors has resulted in both individual and group survival and prosperity for many groups of AI people.

Finally, although most participants had numerous culturally prescribed and appropriate coping behaviors to choose from after the death of a family member most utilized the behaviors that provided the greatest positive benefit or provided more balance in their life (i.e., between self, people, and environment). For example, some participants
sought, utilized, and/or endorsed therapy/counseling; while others viewed the coping behaviors provided by their culture (i.e., components of the core category) were sufficient or had a bad experience with healthcare professionals and did not utilize or endorse such coping. Further, participants’ use of coping behaviors from within and outside their culture and the ways in which their environment influences their use of such behaviors illustrates AI peoples’ proficiency to live in more than one world.

Limitations

Examination of the bereavement experiences of participants in the current study only provides a “snap shot” of a process that is experienced and reacted to differently across instances and throughout the lifetime of an individual. The numerous historical and experiential differences that exist among AI individuals and groups of AI people provide little room for comparison to other groups. The results of the current study cannot be generalized beyond the current study and has several limitations.

First, the homogeneity of the participants (i.e., AI people living in or near Missoula, MT) provides a limited view of the experiences of a greater population in which vast differences exist. Although participants were usually enrolled in one tribe they were often affiliated with more than one tribal group or other racial/ethnic group. Some groups of AI people were underrepresented (e.g., more women participated in the study than men), while some groups were not at all represented. There were no young (pre-adolescence, adolescence) AIs and few elderly (65+) AI people participated in the study; which means that the sample may not represent the full distribution and range of the ages of AIs in Montana. Despite the above limitation the sample does closely compare to the AI population of Missoula and Montana. Additionally, the amount of time that had
passed between the family member deaths they experienced, as well as the number of
deaths they experienced also varied among participants.

Second, researcher and research team bias could have led to misinterpretation or
misrepresentation of participants’ experience despite the principle investigators’ efforts to
minimize such weaknesses by adhering to qualitative/grounded theory guidelines.
Therefore, the optimal goal of the current study was to capture and analyze the reality of
the participants and provide suggestions for future inquiry.

Implications

Suggestions for future research and implications for exploration or expansion of
knowledge regarding bereavement for AI individuals, tribes, and communities are
provided in the following section.

Future Research

The questions that arose from the current study are numerous and provide paths to
many areas of exploration, but only a few of these areas will be discussed in this section.

First, AI peoples’ views regarding coping behaviors or strategies originating from
within and outside of their culture may provide further insight regarding use of such
behaviors. Although differentiating tribal or traditional bereavement practices from the
bereavement practices influenced by other cultures may be difficult, the importance of
providing future generations with the most helpful coping behaviors available implied
and resonates throughout the current study.

Second, many participants described various examples of interaction with health
care professionals (e.g., physicians, nurses, Hospice workers). Many participants utilized
anticipatory coping upon being told their family member was ill. An important question
to pose is how does knowledge regarding diagnosis, prognosis, and general health affect or influence bereavement experience and coping?

Third, future research exploring the ways in which knowledge regarding bereavement is transferred in AI families and communities could provide individuals/tribes with insight regarding preservation of bereavement tradition. Although participants often stated that they were influenced and taught to cope in various ways by family members, they did not discuss when and how such information was given to them. Such research may be difficult to access by non-AI people because of the nature of the subject and the value of the knowledge, but research conducted by tribal members/government/healthcare workers may provide other tribal members with a great resource for coping with bereavement and other experiences.

Forth, future research regarding the role of humor in coping with bereavement may help to further the exploration of the positive and beneficial aspects surrounding death held by AI people. Many participants briefly discussed their use of humor and throughout their bereavement experience, and described it as an important part of grief.

Finally, participants’ responses to a question regarding suggestions to bereaved individuals offer additional insight regarding future research (Appendix I). Two types of suggestions were provided by participants: Actions or behaviors bereaved individuals “should do;” and actions or behaviors bereaved individuals should avoid. The actions or behaviors which participants suggested bereaved individuals “should do” are grouped into five categories (i.e., help seeking/talking, family, culture/tradition, cognitions, and actions). The actions or behaviors which participants suggested bereaved individuals
avoid can be categorized into three groups: Mental health concerns (e.g., emotion); physical health concerns (e.g., substance use), and truthfulness.
References


APPENDIX A
Debriefing Sheet

If you have any questions or concerns, please feel free to contact us:

William Shunkamolah, B.S. or Gyda Swaney, Ph.D. Faculty Advisor
Clinical Psychology Graduate Student University of Montana,
Dept. of Psychology Department of Psychology
(406) 243-4523 (406) 243-5630
william.shunkamolah@umontana.edu gyda.swaney@umontana.edu

In the event you should need to talk with a professional, information regarding counseling services is provided below.

Thank you for your participation in this study.

Referrals

Counseling Services:

UM Clinical Psychology Center 243-4523
Faculty member:
Gyda Swaney

American Indian Clinical Trainees:
Aaron Morsette
William Shunkamolah
Laura John

UM Counseling and Psychological Services (CAPS) 243-4711
Curry Health Center

Missoula Indian Center 829-9515
Coping with the Death of a Family Member: An American Indian Perspective

You are invited to participate in a research study exploring the individual experience of death and coping within American Indian/Native American families. If you are of American Indian/Native American heritage, and have experienced the death of a family member between 1 and 5 years prior to participation please contact me, William Shunkamolah, at 243-6298.

Participation in the research study will involve the completion of a personal/demographic information questionnaire, and a face-to-face interview consisting of 6 questions related to coping with the loss/losses of a family member. Participation in the current research study is voluntary, and you are free to withdraw at any time. Participants will be presented with a traditional gift and $15.00 upon completion of participation.

Sample question:

I am interested in knowing what guided/influenced you to use the coping behaviors you have discussed.
TITLE: Coping with the death of a family member: An exploration of American Indian people’s experience.

PROJECT DIRECTORS:

William Shunkamolah, B.S.                      Gyda Swaney, Ph.D.
Clinical Psychology Trainee                  Department of Psychology
Department of Psychology                  The University of Montana
The University of Montana                  Missoula, MT 59812
Missoula, MT 59812                          (406) 243-5630
(406) 243-2367

Special Instructions: This consent form may contain words or concepts that are new or unclear to you. Please ask the person who gave you this form to explain any words or information that you do not clearly understand.

Purpose: The purpose of this research study is to explore how American Indian people cope with the deaths of family members.

Procedures: If you decide to participate in this study, you will be asked to fill out a 2-page personal information/demographic questionnaire which consist of 14 questions. You will also be asked to share your experience during an audio taped interview in which you will be asked six (6) questions regarding your experience of coping with the deaths of your family members. It should take approximately 1-2 hours and will take place at the Clinical Psychology Center at The University of Montana.

Payment for Participation: For your participation in this study you will receive $15.00 and a traditional gift (i.e., tobacco or sweet grass) as a token of appreciation of your time. You will receive both at the end of the interview or when you discontinue participation in the study.

Risks/Discomforts: Some mild to moderate discomfort may arise as a result of your participation in this research project. Answering personal information questions, demographic questions and sharing your thoughts about coping with the deaths of family members may cause you to think about or experience an increase in feelings of sadness. You will be given the opportunity to discuss your thoughts and/or feelings at the end of the interview. Additionally, I will provide you with information regarding available psychological services before we begin the interview should you feel the need to seek such assistance. You may withdraw at any time during the study without penalty and you will still receive payment for participation.

Benefits: Although you may not benefit directly from this study, your participation will assist human service professionals, researchers, and other American Indians in understanding how American Indians cope with the deaths of family members.
Participant's Statement of Consent: I have read the above description of this research study. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions I may have will be answered by a member of the research team. I voluntarily agree to take part in this study, and I understand that I will receive a copy of this consent form.

Printed Name of Participant

Signature of Participant Date

Signature of Investigator Date

I agree to have my interview audio tape recorded. Initials

ID CODE
Participant’s Statement of Consent: I have read the above description of this research study. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions I may have will be answered by a member of the research team. I voluntarily agree to take part in this study, and I understand that I will receive a copy of this consent form.

Printed Name of Participant

Signature of Participant

Date

Signature of Investigator

Date

I agree to have my interview audio tape recorded.

Initials

ID CODE ________________________________
APPENDIX D

Demographic/Personal Information Questionnaire

INSTRUCTIONS: Please fill in the blanks with your answers or place a check (✓) in the blank that best describes you.

1) How old are you? ___________ years

2) Gender:  ___ Female  
             ___ Male

3) Current marital status: ___ Single  
                                ___ Married  
                                ___ Divorced  
                                ___ Widowed  
                                ___ Separated

4) In what tribe are you an enrolled member?___________________________________________

5) Other tribal affiliation(s) (please list all if more than one):_________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

6) List your father’s tribal affiliation(s):
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

   a. List your paternal grandmother’s tribal affiliation(s):
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

   b. List your paternal grandfather’s tribal affiliation(s):
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

7) List your mother’s tribal affiliation(s):
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
a. List your maternal grandmother’s tribal affiliation:
________________________________________
________________________________________

b. List your maternal grandfather’s tribal affiliation:
________________________________________
________________________________________

7) Where were you born? __________________________

8) Where were you raised? _________________________

9) List all places you have lived
________________________________________
________________________________________
________________________________________

10) Who raised you? _____________________________

11) Education (type of school/name/location)
________________________________________
________________________________________
________________________________________
________________________________________

12) What is your current occupation? __________________________

   a. Previous employment __________________________
      _______________________________________
      _______________________________________

13) Military service (location/duration):
________________________________________
________________________________________
________________________________________
14) Please list the **first name**, your **relationship**, and **cause of death** of family member(s) who have died within the past 5 years.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________


Thank you.
APPENDIX E

Grief/Bereavement Interview Questions

1. Please tell me about the deaths of family members you have experienced in the last five years.

2. I am interested in how you coped with these deaths could you please tell me about your experience.

3. I am wondering about how the ways of coping that you just described were helpful to you.

4. Please tell me about how the ways of coping that you described were not helpful to you.

5. I am interested in knowing what guided/influenced you to use the coping behaviors you have discussed.

6. What would you suggest to someone who has experienced a death?
APPENDIX F

Helpful coping

Participant 1-A:
- Went home (after death)
- Stayed for one week
- Returned the following weekend to be with parents (who both lost their mothers)
- Went to funeral
- Thinking “what would grandparent expect”
- Determined to not leave school, and to finish
- Spent week at the hospital
- Withdrew from school
- Went home (anticipatory)
- Took care of father until the day he died
- Has not yet grieved
- Not yet grieving
- Pretending “none of this is going on”
- “Running away”
- Realizing she can take time to “deal with it” (grieve)

Participant 2-B:
- Listen to brother’s song for grandfather
- Hearing her brother’s feelings through his music
- Knowing brother sees how the rest of the family feels
- Running (moved to another state)
- Went to school in another state
- Not around reminders
- Having nobody know about things
- Not having to think about it
- Not having to talk about it
- Not around everyone
- Not staying home and helping family because they would have relied on her
- Being in the mountains at home
- Going to his grave when home (environment)
- Sit at grave site
- Talk to grandfather at grave site
- Thoughts that other family members are in the cemetery
- Thoughts that he is in a better place
- Reminders that “he was here and he was doing this, and it’s my turn to do that”

Participant 3-C:
- Peace that she’s not suffering
- Not seeing family member suffer
• Imagine her in thoughts as “maybe younger, happier, vital.”
• Going to counseling
• Went to funeral and wake
• Going to Longhouse and graveyard
• Writing poetry
• Being there for the niece
• Hearing songs
• Thoughts that family member is in less pain, and better off
• Views self as good uncle
• Niece is comfort
• Seeing that things are not getting worse
• Tribal grieving, ritualism
• Meeting cousins again
• Going through it with family
• Feeling my feelings, going to counseling, going to support groups
• Sharing grief
• Gathered comforting people
• Keeping occupied
• Being around tribal songs: grieving/religious songs
• Dealing with it

Participant 4-D:
• Laughing and joking with family
• Going to A.A. and N.A.
• Having friends in recovery to vent to
• Jumping back into work (not sitting at home)
• Going on with life, job.
• Taking care of daughter
• Keeping routine and structure, balance
• Being honest with bosses, talking with them
• Crying, regrouping at office
• Spending time with daughter, doing fun things, laughing
• Knowing it’s going to be ok
• Crying
• Accepting the deaths
• Using a different perspective, seeing it as a blessing
• Praying
• Changed attitude to be very positive
• Going to the wake, grieving there with family
• Not sitting at home getting depressed
• Receiving a week off from work

Participant 5-E:
• Prayers
• Just being there
• Acknowledging loved ones and the love deceased had for them
Coping with Bereavement

- Pursuing education
- Having a sweat
- Sweating w/ daughters
- Having daughters around
- Ceremony/Culture
- Received some closure from dream
- Talking about it
- Sought out an elder because of dream

Participant 6-F:
- Sold house
- Husband moved in with sister
- Planned dinner w/ sister for deceased
- Changing date of dinner to deceased’s b-day instead of anniversary of death
- Being asked how she was by people
- Going to Bahamas for a week
- Eating, sleeping, and laying on beach during vacation
- “Taking off” (but not for long periods)
- Not drinking
- Being around Grandson

Participant 7-G:
- Belief that deceased will be reunited with loved ones in death
- Digging deep into religion
- Writing (poetry or stories)
- Keeping in line with traditional beliefs
- Taking part in day of feast
- Seeing pride in dignified death
- Traditional beliefs
- Writing poetry helped to channel thoughts

Participant 8-H:
- Keeping busy
- Exercising and running
- Going to sweat lodge (helps day-to-day)
- Receiving encouragement from family
- Remembering traditional teachings regarding the way to live
- Realizing things happen for a reason, trusting the Creator

Participant 9-I:
- Staying positive
- Talking about deceased
- Remembering and sharing stories
- Practicing what was taught to them by deceased
- Keeping pictures and memories
- Keeping close with family
Participant 10-J:
- Praying
- Looking at pictures of deceased on cell phone
- Raising a bird believed to be connected to deceased
- Raising/taming horses
- Picketing for justice
- Planning a give-away of deceased’s possessions
- Planning an anti-hate workshop for children in the community
- Intends to go to sweat
- Writing poems
- Doing crosswords
- Believing everything has meaning
- Watching a documentary on serial killers to better understand deceased’s killer
- Singing

Participant 11-K:
- Staying with cousin when visited grandmother in hospital
- Children were not present at hospital before death
- Not having to worry about children or how they would be treated by aunts and uncles
- Alternative healing (body talk)
- Tribal ways
- Knowing they can always talk to deceased
- Knowing that deceased spirit is going to be around
- Knowledge of acceptance by deceased

Participant 12-L:
- Hearing stories about deceased’s life
- Seeing a lot of supportive people
- People bringing food
- Decorating for funeral, putting up Pendleton blankets
- Walking around and visiting about the deceased
- Remaining in contact with people
- Doing things in the community in deceased’s name. (e.g. rodeo)
- Put aside animosities with other family members, and just coping with the loss
APPENDIX G

Unhelpful coping

Participant 1-A:
- Trying to get partner to understand
- Grieving in front of or talking to mother
- Hearing mother’s comments about deceased being “dead”
- Pretending
- Talking to family members from deceased’s side of the family
- Drinking
- Losing spirituality (felt that part of self was gone with deceased)
- Realizing can take the time to “deal with it” (grieve)
- Not dealing with emotion/suppressing feelings

Participant 2-B:
- Being around mother and coping with the loss
- Talking to mother around the holidays and “This is the first year without (deceased)"
- Talking about it
- Singing or hearing songs deceased taught her
- Nothing (was unhelpful)

Participant 3-C:
- Being far away
- Drinking, “freezing out feelings”
- Holding in the feelings
- Not talking about it
- Not seeing a counselor
- Being intellectual (intellectualizing)
- Not mourning
- Trying to cope
- Not really crying
- Thinking of the missed opportunities or care and nurturing that didn’t happen

Participant 4-D:
- Pressure at work (only 1 day off) led to resentment toward boss
- Not standing up for self, and need for days off
- Lots of things not helpful for coping with parents and brother’s deaths (did not specify)
Participant 5-E:
- Carrying and internalizing grief
- Self medicating with alcohol
- Substance use
- Not talking about it
- Parents not teaching much

Participant 6-F:
- Burying deceased instead of cremating
- Not talking about it
- Not allowing self to grieve

Participant 7-G:
- Prayers to ask creator to take family member (before death)

Participant 8-H:
- Didn’t go to the funeral for deceased due to basic training
- Has not been to deceased’s grave
- Being far from home
- No access to going into sweat lodge
- No time
- Keeping self busy

Participant 9-I:
- I.H.S. hospital was 75 miles away and roads were bad
- Made excuses not to go visit while alive
- Hard losing 3 grandparents within 2 years
- Trying to avoid situations with family, or certain people

Participant 10-J:
- Drinking (DUI)
- Gambling
- Ignoring other children
- Not bathing; wanting to feel “ugly”
- Being shunned by other wives
- Avoiding sweats

Participant 11-K:
- Counseling (did not work after passing of parent, did not work any other time, and did not take care of the root of the problem, they were always trying to get me on antidepressants)
- American or mainstream ways of coping
- Not talking about deceased’s death, trying to keep it all in
- Prescribed medication (was not taking care of it, it was masking the problem)
Participant 12-L:

- Other’s bad behavior at funeral or wake, like a fist fight or argument
- Showing up drunk
- Pallbearers passing drink around at gravesite
- Other’s sneaking alcohol into the wake

Participant 24:

- Try to forget about it
- Try not to focus on it and “move on”

Participant 34:

- Go over the memories
- Study the details
- Family history of mourning, death, family, grief, funeral
- Return to the memories, often, in detail, and for years
- Remembrance, looking over photos
- Go to church
- Going to school
- Going to the cemetery and graveyard
- Writing poetry

Participant 40A:

- Spending time with friends
- Having a fun time
- Dress part to get wrapped up in the fun
- Accepted it
- Verbal family member via text (un Samp), wrote potty with her
- Did not have it done too emotional
APPENDIX H

Unspecified coping

Participant 1-A:
- Not being at home
- Being alone
- Driving
- Screaming
- Crying
- Saying “why?”
- Cursing
- Releasing built up energy before getting home to family
- Thinking of what deceased would think of bereaved
- Thinking of what deceased would expect of bereaved
- Thinking about deceased’s expectations as an offspring, parent, sibling, or person
- Thinking of what deceased would do
- Thinking of advice deceased had given
- Kept deceased’s shirt
- Having a child for sibling and his spouse
- Went outside and cleaned up the yard
- “Running away” from the whole thing

Participant 2-B:
- Trying to forget about it
- Trying to get over it and “move on”

Participant 3-C:
- Unable to attend funeral
- Going to visit deceased at cemetery
- Family rituals of eating sheet cake, smoking, tribal singing, prayers
- Being in the room (i.e., wake, funeral, and/or feast)
- Becoming adult, dealing with feelings
- Going to funeral
- Going to wake
- Being in the Longhouse and graveyard
- Writing poetry

Participant 4-D:
- Spending extra time in hospital
- Having a full time job
- Tried not to get wrapped up in the loss
- Accepted it
- Visited family member a lot (before death), have peace with her
- Did not turn to drugs and alcohol
• Tried to be there for the family, and cousin
• Spending time with family
• Not regretting anything
• Staying sober
• Being there deceased’s sibling
• Being there for family of deceased’s friend involved in the same car accident
• Went to wake, lots of hugs
• Comparing current experience to the hurt felt when parents and sibling died
• Had to jump back into life
• Being at the wake with family
• Being at the hospital every night
• Attended a conference entitled “Breaking the cycle of violence”

Participant 5-E:
• Using deceased’s death as a lesson
• Offering support to cousin
• Keeping a picture of deceased
• Sweating with children
• Having a sweat
• Trying to get over loses
• Does not feel like done much to grieve
• Crying about deceased’s death and reflecting about their alcohol use
• Saying “its ok to cry” to family

Participant 6-F:
• “We just get through it”
• Did not remember attending funeral
• Accepting that deceased were old
• Believing that “life goes on”
• Remembering that “life goes on”
• Believing the Creator gave her autonomy by taking her aunt
• Waiting for the day when Kleenex is not needed because of crying
• Thinking about people who are “worse off”
• Knowing that there wasn’t anything that was not said to deceased
• Not really getting a chance to grieve
• Not bringing aunt flowers when she died (as a tribute)
• Having a grandchild who is very similar to deceased
• Having grandchild with her
• Having people ask how she is
• Showing surviving sibling the coroners report about the chances of living through the accident in which he was involved with deceased
• Choosing to go to hospital to be with surviving child instead of with deceased child
• Watching everyone at work who have lost children
• Has not filed taxes since child died
• Trying to do the best job possible on board which they serve
• Building a basketball court in memory of deceased
• Trying to comfort everyone at funeral
• Not telling anyone “I know how you feel”

Participant 7-G:
• Providing dignified death
• Praying to the creator
• Bringing dying sibling home
• Making sibling comfortable
• Contemplated specialized care for dying sibling (hospice)
• Prayed for dying family member’s freedom from suffering
• Belief that Creator has control
• Writing poetry
• Regretting not praying for dying sibling’s life
• Did not damn God
• Brought ill parent home
• Thinking of mother
• Believing in creator
• Making sure parent was buried traditionally
• Feeling happy that deceased’s pain is over
• Writing about things
• Sweating and praying for deceased’s safe journey
• Wishing the creator would take their spirit

Participant 8-H:
• Accepted it, but still maybe dealing with it
• Felt some ease dealing, did not hold on to negative
• Basic training led to being forced to deal with it and move on within a few days
• Went to sweat lodge
• Missed 3 weeks of school
• Took a lot of time
• Still dealing with it
• Went into a slump, did not see anyone or do anything
• Forced self to do daily activities
• Ran
• Felt unable to mourn for self, because had to help mom grieve
• Called home to talk to parents

Participant 9-I:
• Doing something deceased use to do
• Everyone attended deceased’s funeral
• Talked about deceased a lot
• Let myself cry
• Prayed
• Thinking the “storm” is over
• Mourned for both grandparents at same time
• Not talking about it as much, and only with friends
• Cannot talk to family because they are all at different stages
• Only talks to mother (a lot)
• Wanting to “feel something else, not wanting to feel the pain”
• Understanding why ancestors would cut their fingers or hair in the old days
• Thinking “everything happens for a reason”
• This interview is the first time since family member passed away that even talked about other family members deaths
• Reflect on things that were said by deceased, or things that happened
• Kept it in
• Feeling like cannot mourn for another deceased family member
• Wore black for a week
• Never dealt with it
• Thinking deceased is in a better place
• Thinking deceased lived a long life and left bereaved with a lot
• Being appreciative for how long family member lived
• Getting wrapped up in “other world” and not having to deal with it
• Not drinking or using drugs
• Needing to just stay at parents house
• Feeling guilt for not wearing black
• Still mourning
• Taking things as they come

Participant 10-J:
• Praying
• Picketing
• Gambling (Keno)
• Some drinking
• Looking at pictures of deceased on cell phone
• Trying to understand deceased’s killer
• Raising a bird and horses
• Moving out of house and into car
• Honoring deceased at pow wow
• Believing that everything has meaning
• Writing poems
• Doing crosswords

Participant 11-K:
• Went to hospital with family
• Went to hospital alone to see grandmother
• Accepting self and the (cultural/tribal) gifts she possesses
• Counseling “kind of helped for a while”
• Therapy helped her express herself and say how she felt
• Went home and took one child back, but other child stayed with spouse
• Not having child around aunts
• Still grieving for grandfather
- Went back for deceased’s funeral
- Finding out about family and origin of last name
- Kind of “went inside” self
- Trying to put aside difficulties with family and made it about deceased
- Talking with and helping cousin deal with letting deceased go

Participant 12-L:
- Brought food Funeral, wake, the community coming together
- Being at the Community Center
- The musicians
- Visit from the Catholic priest
- Getting closer to remaining siblings
- Having a role at the wake
- Having rules for behaviors, (not coming drunk, Catholic practices)
APPENDIX I

Suggestions

Regarding help seeking/talking, participants suggested:

- Finding people and talking things through
- Seeking out elders
- Talking to somebody if you need to
- Talking to someone that is going to help them through it and point them in the direction
- Talking to somebody they respect
- Talking to bereaved
- Talking to spiritual leaders, or priests
- Going to talk to somebody (counseling or traditional)
- Going to a counselor to talk, not just spouse
- Getting help
- Getting professional help
- Getting emotional support from professional or family member
- Calling a counselor, or friend

Regarding family, participants suggested:

- Keeping in touch with family
- Just going home
- Spending lots of time with family, or your support
- Being with your family
- Being involved with family as much as possible
- Being with loved ones who can share and listen

Regarding culture/tradition, participants suggested:

- Depends on the persons culture
- Turning to your culture
- Relying on traditional beliefs and realizing that they are going to a better place without suffering
- Asking what you can do ceremonially?
- Helping with the ceremony

Regarding thoughts, participants suggested:

- Looking at it as a blessing you could spend time with them
- Looking for the brighter day (when you’ll have your happiness back again)
- Looking forward to the future
- Seeing it more as a natural part of life, rather than curse
- Seeing it in terms of the long term
Participants suggested bereaved individuals avoid:

- Harming your body
- Using drugs
- Drinking
- Drinking and not going directly to the source of pain
- Self-medicating
- Being hard on self
- Letting it get them depressed
- Being overly respectful and not telling the truth about that person