

EXPLORING INDIGENOUS LANGUAGE AND
PSYCHOLOGICAL HEALTH AMONG
KICKAPOO TRIBE BILINGUALS

By

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Abstract:

Studies show thinking and speaking in a foreign language provides a greater emotional and cognitive distance than the speaker's native language (Keysar et al., 2012). The prospect of such a detachment of cognition is of importance especially for bilingual Indigenous populations when receiving psychological services. There is a gap in knowledge of Indigenous language use and its role in psychological health and healing. This study provided space for Kickapoo Tribe of Oklahoma bilinguals to discuss their Indigenous language as it relates to psychological healing and to provide insight in order to better tailored services that will support alleviating behavioral health epidemics occurring in Indigenous communities. This study was built upon the Indigenous Methodology framework which is research by and for Indigenous people using their traditional knowledge (Evans et al., 2009). Participant selection utilized purposeful sampling and was comprised of eight Kickapoo Tribal member adults who spoke their Kickapoo language and the English language. Each participant completed a one to two-hour interview.

The results stemmed from analysis in which coders independently reviewed the interview transcripts using a micro analytic perspective and grounded theory methodology in order to identify concepts that represent participant responses. An "open coding" process then occurred in which themes and coding conventions were established (Strauss & Corbin, 1998). Identification of concepts and their properties were discussed to realistically represent the participants' responses. The research team agreed upon nine themes to honor the wisdom of the Kickapoo Tribal member participants. Themes included topics such as language fluency, translations concerns, culture, historical trauma, acculturative stress, Nature, and hope. This study offers perspectives about the experience of being a bilingual Indigenous person seeking psychological healing. The participants provide the field with a deeper understanding of the perceptions held by Kickapoo Tribal member bilinguals regarding knowledge of their tribal language and psychological wellness

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CHAPTER I

INTRODUCTION

I will explain the origins of this study, in the form of story, using the English language.

A pivotal moment of awareness occurred approximately seven years ago, when I returned to my home on the Navajo Nation. It was a typical evening in which my five siblings and I sat down to watch a movie together just as we had done when we were children. The only difference in this situation was that we were sitting down to watch the Disney animated movie titled “Finding Nemo” and it was featured in our first language, Navajo. Our tribe had invested in this translation project as one of its language revitalizations efforts. I was looking forward to it because I rarely heard my Navajo language in the media and previously enjoyed the English version of the movie. Little did I know the emotional roller coaster I would experience and the questions that would ensue upon watching this film.

The film was excellently done and entertaining from the start. There was a scene in which Nemo loses his mother and siblings. Nemo is then left alone as a baby with his father. His father then speaks affectionate words to him and vows to take care of him and love him. After this scene played, I was tearful, and my breathing rate increased. It felt as if I actually lost a loved one in those moments. My youngest brother got up from the couch and stated, “Wow, you all are really crying.” I then looked at my sisters, and they too had tears in their eyes. I was surprised at the magnitude this scene impacted me as I watched this movie before, and my emotional response did

not occur at the same intensity. I don't remember feeling this much during the English version. A movie never had this much emotional impact on me. Many thoughts flooded my mind to find an explanation as to what just occurred. I believe one component of its emotionality was due to the novelty of hearing my first language in an animated movie. I also thought that it may be due entirely to hearing my first language, the language in which I first heard terms of endearment. Perhaps it was due to hearing the language that formed and wired my brain.

We continued the movie together and found that the funny scenes were also significantly more hilarious in our Navajo language. There were multiple scenes in which I laughed louder than usual and again my siblings and I had to pause to regain our composure. One sister cried from laughter, which again made the rest of us laugh even more. Although I remember enjoying humor as I watched the original English version, it did not have the same high intensity. This again made me curious as to what was occurring in those highly emotional moments of both joy and sadness. When I began thinking about this, I recalled the incredibly endearing warmth my monolingual Navajo grandma's voice brought me as a child. To this day, when I need clarity, motivation, or soothing, I pause to remember her voice and our conversations.

As I progressed in my counseling graduate program, this phenomenon and the thoughts of it kept resurfacing. I felt the presence of that moment particularly when I sat with clients as they discussed their emotionally laden experiences. These thoughts became even more apparent when I began my counseling practicum at the Kickapoo Tribal Health Center Behavioral Health Department. I was inspired by the Tribe's strong ties to their culture amid an encroaching majority population. It also brought forth questions of how can we provide more accessible psychological health services for bilingual Indigenous communities.

My culture, lived experience, and world view are infused throughout this entire project and its results. I was also heavily influenced by my interactions with the Kickapoo participants. During interviews, as they shared their stories with the English language, it activated my own experience and

those of my relatives and ancestors. I am unsure if participants knew what was occurring with me internally as I did not state it; however, I felt that there was a mutual unspoken understanding. It was as though, together there was a collective emotional experience unique to the Indigenous lived experience within our space and time together. When they laughed amongst each other as they spoke their language, I noticed that although I did not know the content, I knew what that shared joy felt like. We fundamentally connected through our Indigeneity.

As you will read, there were multiple conversations regarding the importance of carrying on the Kickapoo language and embedded within the language was also Kickapoo ways of knowing and a strong legacy of survival and strength. In essence, my time with this project and these Kickapoo individuals was also a chance to incorporate momentous knowledge into the lexicon of the world. This created an incredible sense of responsibility within me. Simultaneously, it was a profound privilege and honor that I did not take lightly. Consequently, I also felt incredibly protective of the stories they shared and thereby the results of this study.

Upon reflection, the journey to these results has been decades in the making, essentially from the first moments in our infancy when the participants and I first heard our beloved Indigenous language spoken to us. One could say that it started well before, as our ancestors' experiences are deeply entwined with ours and, therefore, these results. I can see now that this study was born out necessity and urgency for not only the Kickapoo Tribe of Oklahoma but also other Indigenous bilingual populations like mine that would benefit from more culturally congruent health services to address overwhelming health epidemics by utilizing the inherent resiliency factor of our Indigenous language.

Background

Research continues to reveal an over-representation of Indigenous populations in epidemics driven by behavioral health causes (Gone, 2012). There are significant health disparities between Indigenous people and all races in the United States. Indigenous populations have lower quality of

life and a life expectancy that is 4.4 years less than all other races living in the United States (U.S. Department of Health & Human Services, 2016). Preventable diseases such as unintentional injuries, diabetes, heart disease, intentional self-harm, suicide, assault, homicide, and liver disease occur at higher rates among Indigenous people. Additionally, these conditions also are the leading causes of death among Indigenous populations (U.S. Department of Health & Human Services, 2016). A majority of the conditions plaguing Indigenous populations have behavioral health factors that drive the disease's onset and condition severity resulting in higher death rates. Factors associated with these epidemics caused by behavioral health concerns are in dire need of research. Additionally, inherent protective factors need to be identified.

Fortunately, one of the protective factors found in Tribal communities was that of Tribal language use among its members (Hallett et al., 2007). Further, protective factors that are already prevalent in the Indigenous community urgently need to be explored and understood. Studies looking at the use of the tribal language knowledge and its role in psychological health will benefit Indigenous populations by providing services that will alleviate the health epidemics occurring in these communities.

Previous researchers demonstrated thinking and speaking in a foreign language provides a greater emotional and cognitive distance than the speaker's native language (Keysar et al., 2012). The prospect of such a detachment of cognition is of importance especially for bilingual Indigenous populations when receiving psychological services. Indigenous language studies have predominately looked at linguistic structures, language attrition perspectives, and ways to discuss or translate medical issues with tribal language speakers (Carrese & Rhodes, 2000). There has not been a specific study to explore meaning making among the Indigenous people and their language use as well as its association with psychological health. This study aims to help provide insight into this literature gap in valuable knowledge. In addition, this research study will attempt to honor the wisdom of members of the Kickapoo Tribe of Oklahoma.

Statement of Purpose

Language is at the intersection of cultural, linguistics, cognitive, and social psychology and anthropology. Its potential to significantly impact psychological interventions and practice are tremendous (Karp & Vogele, 2016). There is a dire need to understand the phenomena at work when working with Indigenous bilingual clients not receiving services in their native language. There has not been a specific study to explore Tribal languages and its associations with psychological health. Additionally, there has not been a study that has incorporated the complex historical implications of Indigenous people that has affected the possible fostering of the potentially inherent protective factors associated with Tribal language. This study intends to shed light on this glaring omission by exploring possible protective factors found when Indigenous individuals speak their Tribal language.

This research study attempted to honor the wisdom of Kickapoo Tribe of Oklahoma members. The participants in this study offered perspectives of the lived experience of being Kickapoo Tribal members who speak both Kickapoo and English. The subjective perspectives offered by participants in this study gave insight into what Kickapoo Tribal bilinguals believe their current lived experiences mean. Examples of how speaking both languages have impacted their overall health and psychological health were provided. The primary goal of this study was to seek a deeper understanding of the perceptions held by Kickapoo Tribal member bilinguals regarding knowledge of their tribal language and psychological wellness. Their intense experience descriptions should bring awareness to healthcare providers, health care administrators, policy makers, and communities on how their services can be augmented or improved to provide optimal health and social services. Their testimonies highlighted existing community strengths and highlight any needs to make changes to existing programing, policies and/ or procedures that increase the Kickapoo Tribal member health status.

Research Questions

What therapists do in clinical practice has been referred to as “talk therapy.” The field of

psychology views the expression of feelings in words as fundamental to achieving psychological health (Robbins et al., 2011). But what if the words that a client uses are from a language forced upon them by multiple oppressive colonizing forces? Are the expression of feelings and thoughts in the foreign language as healing as words that emerged from that person's indigenous language? Could it be that something is lost in translation? Could that something be a loss of the capacity to express one's cultural identity? Are there nuances of feelings and understandings that simply cannot be captured in the colonizer's language? Do they gradually lose their unique tribal expressiveness? Is it possible that if one were to closely consider the unique Indigenous psychological concepts and the historical and current contextual situations, in which they are rooted, that our Western psychological field might be enriched? This study will investigate how Kickapoo Tribe of Oklahoma bilinguals believe their Indigenous language is connected to psychological healing. Their answers will provide insight into the following important questions as well as their implications:

- 1) How are psychological health, health and healing ways conceptualized by the Kickapoo Tribe bilingual?
- 2) How do Kickapoo Tribe bilinguals describe the experience of speaking their traditional Kickapoo language and English?
- 3) How do Kickapoo Tribe bilinguals believe psychological health and language are connected?
- 4) How can this knowledge be utilized by behavioral health counselors?
- 5) How can this knowledge be preserved for future generations?

CHAPTER II

LITERATURE REVIEW

This literature review will discuss studies completed on health perspectives, historical trauma, the use of language, and inherent protective factors found among Indigenous cultures will be discussed. The current literature uses terms such as American Indian, Native American, Alaska Native, First Nations, and Aboriginals. Acknowledging the complexity and political implications with the use of these labels (Lewis & Myhra, 2017) the term “Indigenous” will be used to refer to the Native people of North America (United States or Canada) and local tribal terms will be used when possible. Additionally, Indigenous will be capitalized to indicate that it is representative of a distinct sub-group.

Health among Indigenous People

One of the difficulties conducting mental health research among Indigenous populations includes understanding diverse views of how health and mental health are defined. A study to understand how Indigenous individuals experiencing mental illness found that the definition of health was not only the absence of illness but strength through the knowledge of the illness and a balance with the following domains; physical, emotion, spiritual and cognitive (Yurkovich & Lattergrass, 2008). Another study among Alaska Native elders set out to define health and successful aging. This study found that the predominant existing literature definition using the biomedical model contrasted with the study participants’ statements of successful aging to instead

“achieving eldership.” Achieving eldership included the following four elements: emotional well-being, spirituality, community engagement, and physical health (Lewis, 2011). A follow up study by Lewis (2014) to further explore the importance of the community engagement aspect of achieving eldership found that Alaska Native elders felt a desire to be involved with family and pass on their cultural knowledge and language. The interview analysis showed that community and family engagement contributed to successful aging among study participants as it led to a feeling of usefulness and a sense of purpose and a chance to leaving a lasting legacy of self. These studies show different conceptualization of health and aging from the majority population and lead to a better understanding of mental health among Indigenous populations.

Colonization and Historical Trauma

When exploring the lived experiences of Indigenous populations, it is imperative to first understand the historical events that led up to the current experience of Indigenous people. In this study, colonization is described as the destabilization of Indigenous communities within the United States (US) by the US government to carry out the doctrine of manifest destiny. This includes demoralization, displacement, and undermining the cultural beliefs and languages of Indigenous people. Further, Weaver (2003) stated colonization also includes overt and subtle actions for Indigenous peoples to replace their language, beliefs, and ways of knowing to that of the colonizer.

Colonization has been linked to the forceful assimilation practices that prevented traditional language use and cultural practices (Deloria, 2003; Tinker 1993). Education in boarding schools were the vector through which colonization assimilated Indigenous populations (Deloria, 2003). Traditional practices were also forcefully suppressed for generations by actions such as banning rituals. With the understanding that spirituality can be a tool to conceptualize one’s reality (Maslow, 1971), this destabilized tribal ways of conceptualizing by ignoring or reconfiguring Indigenous peoples into Western images. Consequently, many Indigenous people

began secretly passing down their traditions through oral storytelling (Robbins et al., 2005; Golla, 2002). Research indicates that this resistance has been come with a heavy toll, in which suppressing one's identity and emotions compounds physical and psychological health problems (Richards et al., 2003; Mauss & Gross, 2004). These are the reasons that space needs to be made for Indigenous peoples to define their own identity in efforts to understand the colonizer's impact on their identity and thus their well-being.

Brave Heart and De Buyn (1998) included racism, betrayal, loss of tribal languages, traditional spirituality suppression, diet changes, forced removal, and relocation as additional instances of colonization that add to the cumulative trauma of Indigenous peoples. Native American postcolonial psychology first argued that the ongoing oppression of Indigenous peoples resulted in "soul wounding" which is also known as intergenerational trauma or historical trauma (Duran & Duran, 1995). Historical trauma encompasses the experience of a previous generation to a traumatic event that persists to impact the following generations and surface as symptoms associated with grief, distress, and anxiety (Whitbeck et al., 2004). The study of historical trauma has dramatically influenced the discourse among Indigenous mental health providers regarding the well-being of Indigenous individuals (Gone & Trimble, 2012). Much work done on historical trauma among Indigenous populations emerged from exploring how depression, anxiety, and alcohol abuse might be related to Indian wars, Christian colonization, and boarding school attendance experienced by Indigenous individuals (Duran & Duran, 1995). Further, these symptoms and the reactions to the trauma have the propensity to be passed to subsequent generations through genetics (Brave Heart et al., 2011). Reinforcing the concept that trauma experienced by Indigenous ancestors such as genocide are experienced on an emotional and genetic level, which adds to their current traumatic experiences.

Evans-Campbell (2008) posed that there is a critical connection between contemporary stress and historical traumatic events among Indigenous people. Whitbeck and colleagues (2004)

reported such instances where historical trauma is co-morbid with depression, anxiety, anger, and substance abuse. Adding to the growing literature supporting that historical trauma compounds current trauma for contemporary Indigenous people, Brave Heart and De Buyn (1998) demonstrated historical trauma has been shown to have lasting effects that appear as increased levels of depression and alcohol and drug abuse as well as higher occurrences of negative well-being for Indigenous people

Additionally, when Grayshield (2015) sought to explore how Indigenous elders experienced and perceived historical trauma, four themes emerged: loss of culture and language, alcoholism and substance abuse including food, community discord and technology, and the younger generation. One elder stated, “There’s some generations where some of our people weren’t able to learn the language, weren’t able to learn a lot of things about who we were, our traditional ways...That’s where we lost many of our values and cultural ways” (Grayshield et al., 2015, p. 295). Another study of a Southwest tribe used an ethnographic approach to understand resilience, historical trauma, and healing; the authors found the Tribal members felt that “one of the greatest effects of historical trauma” was intergeneration communication breakdown which impacted healing (Goodkind et al., 2012, p. 1033). This further indicated the need to understand how communication among the Indigenous population is associated with healing and mental health.

Resilience and Indigenous Identity

The near annihilation of Indigenous peoples has been determined to be even more devastating than previously thought as recent as a generation ago (Mann, 2003). Even through unjust historical and present treatment by the American society at large, Indigenous people have been able to continue cultural traditions (Mann, 2003). Many Indigenous communities maintain traditions that help them to be strong and resilient despite continued efforts to impose oppression.

Exploring protective factors and elements that inhibit the fostering of protective factors is

important when exploring mental health among Indigenous people. The study of resilience among Indigenous people helps shed light to these concepts, and fortunately there is some research presence to understand this phenomenon among a few Tribal groups. Grandbois and Sanders (2009) found five attributes emerged when working to understand Indigenous elder resilience after facing adversity. The five themes of resilience were as follows: (1) resilience must be understood with the Indigenous; (2) resilience is found within Indigenous cultures; (3) Indigenous elders attain their resilience from their families and communities; (4) resilience comes from their connection with creation; and (5) resilience comes from their ancestor's legacy. Expanding upon understanding resilience among Indigenous elders, an additional study looked at the effects of stereotyping on Indigenous elder resilience (Grandbois & Sanders, 2012). Five themes surfaced when discussing resilience and stereotypes: ability to bridge culture, having a strong sense of identity, being responsible, education and employment attainment, and strong, cohesive families and communities. When looking to find protective factors in these studies it is easy to see that a strong sense of culture and identity, with strong family and community support is consistently associated with resilience.

Through the colonizing process, Indigenous people interacted with many of the colonizers' ways, by both accepting and resisting elements of psychological, physical, cultural, and social dominations. The outcome of this complicated interaction with colonization has created complexities with Indigenous identity development. Focusing on Indigenous identity involves including what is historically and traditionally distinct about what constitutes being Indigenous.

Multiple scholars uphold that tribal identity is an important component of Indigenous culture and vital to the continuation of traditional cultural practices (Gone & Trimble, 2012). Gone and Trimble also pointed to the importance of those who identify as an Indigenous person while examining ways Indigenous identity is essential to the future of Indigenous legacies.

Further, they posed that the extensive self-identification of Indigenous heritage has threatened the commonalities in experience and orientation of Indigenous people. Their conclusions proposed a responsibility to understand commonalities at a tribal level in addition to the significance of hearing each tribal community explain their own experiences and traditions while preventing an inaccurate picture of what it means to be an individual in their tribe.

Further, LaFromboise and colleagues (2010) found that one's identification with their Indigenous culture has been associated with good mental health, by itself, and with White culture identification. That is, that Indigenous individuals maintained a greater sense of well-being when able to identify as Indigenous even if they possessed characteristics associated with White culture. The presented factors associated with functioning in the majority White population and tribal communities support the ideal that though many Indigenous individuals identify with aspects of white culture, a greater sense of self-esteem and social competency are found among those who identify holistically with their Indigeneity.

The following literature on Indigenous identity is critical to the current study as it demonstrates how fundamental it is to provide Indigenous populations room to share their own perspectives. This is a vital component of the philosophy with which this study is established upon, as the researcher acknowledges the importance of creating space to convey their own views. Further, this is an attempt to correct historical illustrations of inaccurate portrayals of Indigenous values by the dominant White culture (Deloria & Wildcat, 2001).

Acculturation

Reynolds and colleagues (2012) described acculturation for Indigenous people as how the individual incorporates majority White and traditional tribal cultures into their own personal values. Garret and Pichette (2000) identified five main domains of acculturation for Native Americans: Traditional, Marginal, Bicultural, Assimilated, and Pan-traditional. The traditional category of acculturation indicates individuals that speak almost solely in their native tongue

while also participating in tribal customs and spirituality. Those within the Marginal category may speak both their native language and the majority language but may not fully identify with their culture of origin or majority culture. Bicultural Native Americans function within dominant society with more ease as well as within their tribal community and can operate comfortably within both settings. Assimilated Native Americans solely accept majority culture and identify with the dominant society. Pan-traditional individuals have fully assimilated and make a conscious effort to return to their cultural traditions, including their lost spiritual practices.

Acculturation is an aspect of Indigenous identity that has great influence on well-being, as studies have shown an association between the well-being of an Indigenous individual and acculturation (Garret & Pichette, 2000; Lester, 1999). Individuals who are not able to identify with their origins or reconcile their cultural identity may be at high risk to face confusion and isolation, which has the potential to result in a distressed sense of well-being (Erikson, 1968). Further, Lester (1999) stated that stress from acculturation has been found to be positively correlated with suicide rates among Indigenous individuals. This indicates that individuals who have difficulty associating with one or both cultures may be adversely impacted. While contemporary work regarding Indigenous acculturation is necessary to understanding the intricacies of Indigenous identity, the present study provides an opportunity in which Indigenous individuals can use their voices to define their own experience of acculturation and, with it, language and well-being.

Settler/Savage Theory

The Indigenous theoretician Vine Deloria Jr. (1969) initiated the Settler/Savage Theory in which he explored how White society severs away at Indigenous peoplehood, in its efforts to attain the American continent's resources. The Settler/Savage Theory was used to understand the sociological and historical context of the current Indigenous peoples' lived experience. While logic, tenets, and identities can be extrapolated from Native American postcolonial psychology,

the Settler/ Savage theory facilitates a more profound understanding of issues related to race, gender, class, and sexual formations (Wolfe, 1999). According to Glenn (2015), the goal of settlers was and continues to be to gain control of resources, and this requires the removal of its Indigenous occupants. Various methods used to accomplish the goals of the settler have been through assimilation, genocide, intermarriage and cultural stripping replaced by the culture of settlers. The Settler/Savage theory should be seen not as an event but as an ongoing positional structuring between the settlers and the Indigenous peoples, whom they classify as inferior (Glenn, 2015). For instance, in almost all conversation between the dominant culture and Indigenous people, English is used instead of the tribal language. Further, Duran and Duran (1995) assert the dynamics of social interaction are permeated with settler colonialism styles.

In Tribal Critical Race Theory, Braveboy (2006) maintained that colonization has been and is still pervasive within American society. He contends that United States governmental policies were established and are still embedded in White supremacy and imperialism. Further, Braveboy (2006) stated that methods in all forms of oppression, inadvertent or intentional, are closely tied to the end goal of assimilation. The Settler/ Savage Theory distinguishes several ways in which Indigenous people are subjugated to being “wards” of the state within the structure of the United States as a colonial society (Steinman, 2012). Further, Duran and Duran (1995) shared that, consequently, tribal people grieve from experiences stemming from “soul wounds” connected to historical and current instances of wars, subjugation, relocation, and termination. It is for all these reasons that this study is grounded in the Settler/Savage Theory, from which the perspectives of Indigenous people were interpreted.

Settler/Savage theory’s critical analysis challenges injustices utilizing Indigenous persons’ subjective perspectives to understand and counter oppression. This is in part due to how Settler/Savage theory contends with foundational questions that are pertinent to the existential condition of the Indigenous participants and brings to the forefront ways it can be addressed and

remedied. The use of the Settler/Savage theory can be used to begin an awareness that any deep connection between the field of psychology and traditional Indigenous knowledge can only be arrived through an appreciation of the tribal language (Deloria, 1979). In this qualitative study, the subjective ways participants understand themselves and their language are explored.

Participants were questioned about their subjective views of utilizing their Indigenous language and their psychological health, and if relevant, how they have acted in resisting and combating the subjection they may have experienced in potentially oppressive conditions.

By providing the above theoretical section, the stage is set for an epistemological and ontological interpretation of the data. The researchers carefully took note of the circumstances of the participants' remarks, as they are related to history and present circumstances. Special attention was given to the participants' awareness of the contradictions and tensions that are part of Indigenous beings in the context of their language use as a protective factor and possibly leaving them vulnerable to the negative impact of colonization.

Language, Emotions and Cognitive Linguistics

Holtgraves and Kashima (2008) contend that language plays a vital part in one's emotion perception as well as the perception of others' emotion. Consequently, the emotional perception in others is impacted by culture (Elfenbein & Ambady, 2002). Additionally, research has demonstrated that the acquisition of emotional concepts is influenced by emotional language (Linguist et al., 2006). Therefore, language is used as a semiotic tool in human social interactions and is critical to make and exchange meaning among social interactions (Holtgraves & Kashima, 2008). These studies' results highlighted the importance of language when working in the mental health field.

Language and its use in expression and relationships is vital to the survival of humans. One ethnographic qualitative study in Ghana showed that among two West African Indigenous languages, expression of emotion was also referred to as body references indicating a combining of physical and psychological states. This form of emotional expression may not be as clearly

understood when translated to English (Dzokoto, 2006). For example, among both groups, it was found that the comprehension and definition of the English word “lonely” was absent from the two groups’ vocabulary. This study showed that expression of emotions was shown to have implications for the communication of psychological health among these two West African groups (Dzokoto, 2006). These studies speak to the varied emotional conceptualizations that are in need of exploration when working with Indigenous populations.

To treat language as a means to understand and reveal the interworking of the complex human mind is the study of cognitive linguistics (Evans & Green, 2006). Keysar and colleagues (2012) suggested that thinking and speaking in a foreign language provided a greater emotional and cognitive distance than the speaker’s native language. The prospect of such a detachment of cognition is of incredible importance for theories of cognition, affect, and countless other areas of human services field including psychological theory and practice.

Dawaele and Pavlenko revealed that four factors mediated perception of language choice and language emotionality for emotional expression: language dominance, age of acquisition, order of acquisition, and context of language acquisition (Dewaele, 2004a, 2004b, 2004c, 2006, 2008, 2010; Pavlenko, 2004, 2005). The order of acquisition favored the language learned first from birth, regardless of speaker’s proficiency; it was rated as significantly more emotional, with emotionality of other languages progressively decreasing. The implications of living in a society that does not primarily use the first language mean that emotional expression can easily be reduced, the subsequent adverse consequences of which are extensive.

Further, one analysis established that, regardless of language order, when asked to recall the intensity and frequency of the symptoms associated with a traumatic event, emotional intensity was perceived to be significantly higher in their first language (Puntoni et al., 2009). These results suggest that negative memories could be processed differently and depend on the language of retrieval. When the additional complexities that come with colonization and its subsequent oppression and attempted genocide are factored in, this becomes exacerbated for

Indigenous populations. The loss of homeland, trauma survival, and the inability to access one's first language due to systematic efforts such as boarding school appear to be extraordinarily detrimental.

Code Switching and “In the Pause”

Over half of the world's population speaks more than one language. Globally, health professionals are more likely to come into contact with individuals whose native language is not the same as theirs or the preferred language of the community they reside in, and this can impede healing (Karp & Vögele, 2016). This causes an individual to change from one language to another during a conversation, also known as code switching (Wong et al., 2016). Code switching affects the therapeutic encounter as the distance caused by the use of the second language can impact the expression of emotionally rich statements. Additionally, this impedes the emotional potency of the first language and further, negatively impacts cognitive processes and thereby also the intellectual resources required for making sense of the individual's lived experience (Espín, 2013). Furthermore, the amount of familiarity that the therapist has with their client's language related with symptom assessments, diagnosis, and mental illness perception (Bradford & Muñoz, 1993). Additionally, when a therapist understands the language of their client, they are also more likely to be sensitive to cultural nuances that may go unnoticed by a therapist who does not speak the shared language (de Zulueta, 1990). Empathy has been posited to be 'the single most curative factor' within psychotherapeutic practice (Watson, 2002); therefore, it is vital that communication barriers be mitigated. With this data, it is astonishing that research on multilingualism and psychotherapy is rare (Karp & Vögele, 2016). This scarcity in literature is even more dire for Indigenous populations, and this project intends to shine light on this glaring omission.

While the importance of language in communication has been explored, the use of silence has been shown to convey emotions and rich context among many Indigenous populations (Robbins et al., 2011). Silence can be described as an enigma; for example, it can be an indicator of varied processes involved in expression of emotional attunement, cognitive processing effort,

anger expression, therapeutic resistance, and trust with a therapist (Levitt, 2001). Levitt divided silence into three higher order categories productive, obstructive or neutral. Within the productive category fell three clusters to indicate intense emotional experience, reflective analysis and complex symbolization. Obstructive processes occurred when individuals became disengaged due to content perceived as threatening, and interactional pauses came from unclear reactions associated with the therapist. Other moments of silence were labeled mnemonic and associative pauses, which resulted in a neutral effect on the individual's experience.

There is also evidence that silence can be interpreted in more ways across cultures (Levitt, 2001). This work has been primarily completed in sociolinguistic and ethnographic fields related to conversation style variation across cultures. Robbins and colleagues (2011) described silence to be where healing occurs, and this can be seen in a case study with a Choctaw healer who shared:

When you are in the pause, there is silence. All information is there. It is like leaving your body. You are no longer your own vessel. It is like being inside a light bulb, and it suddenly gets turned on. I see everything around me and not a single bit of judgment. It is silent of noise (p. 93).

Athabaskan groups ascribe positive meanings to silence (Basso, 1990). Similar results were found among Australian Aboriginals in which they were observed to be more comfortable with long periods of silence, especially when discussing important topics (Eades, 2000). In contrast, Tannen (1984, 1985) described the New York Jewish cultures to view simultaneous talk as indicating sociability, and silence was seen as lacking involvement. For the purpose of this study, the use of silence was incorporated during participant interviews to provide space for emotionality and expansive context.

Indigenous Language, Culture, Land and Health

For thousands of years the land in which the United States now occupies was home to hundreds of languages; in the past 30 years, the Americas have had a 60% decline in linguistics

diversity (Harmon & Lohl, 2010). Oklahoma has the highest density of spoken Native American languages in the United States (Reese, 2011), and all these Oklahoma languages are endangered. Around 40 native languages are spoken in Oklahoma, and 18 of the Oklahoma's 38 federally recognized tribes have fluent tribal language speakers (Linn, 2007). A majority of these languages are spoken by a few tribal elders; however, many Oklahoma tribes are working to preserve and revitalize their language. Hill (2008) described that the loss of language leaves profound effect on the individuals' lives, their culture, and the collective psyche of the indigenous community. Further, Meek (2010) stated the following:

While language endangerment is first and foremost about the often violent replacement of one linguistic code by another, it is also about the rupturing and replacement of social-cultural practices and everyday interactions, resulting in the disintegration of the speech community or social networks that sustain the previous code (or lost language) (p.4).

When efforts are made to replace Indigenous languages by majority languages, a strong message is sent that the language, and its associated culture, is of little significance to the majority culture. This message is often not spoken and displays a set of values that have dire consequences for the well-being of Tribal members (Harrison, 2007). When the loss of a language occurs, a crucial part of human culture is also lost (Crystal, 2000). Additional implications for Indigenous language loss is that of the inherent protective factors that come with the language as indicated by a study conducted among Aboriginal youth in British Columbia that explored Aboriginal language knowledge as it related to youth suicide. The study demonstrated that when communities had at minimum half of the youth possessing conversational knowledge of their Aboriginal language, the rates of suicide among them dropped to zero (Hallett et al., 2007). This study's results assisted in understanding how protective factors such as Indigenous language fluency positively benefit Tribal community psychological health.

The linguistic and psychosocial effects of colonization and genocide have been documented throughout the world and can also be seen in a study among the Navajo Nation.

Study results found that, among Navajo participants, the use of their indigenous language “implicate a complex array of ideological forces” including cultural pride, identity, optimism, as well as internalized shame (McCarty et al., 2006, p. 659). Similar results were found in another qualitative study in which Navajo parents named identity, culture, and traditions as strengths of the Navajo language (Parsons-Yazzie, 1995). Parsons-Yazzie’s (1996) follow up study discussed the perception of Navajo language attrition among Navajo elders. Researchers found parallel themes in the later Navajo lifespan in which Navajo elders reported that the knowledge of the Navajo language embodied self-identity. One Navajo elder stated the use of the Navajo language is:

like therapy, specific native words express loving and caring. Therapy is applied through the oral expression of a loving thought, but it cannot be received if the language is not understood. Knowing the language presents one with a strong self-identity, a culture with which to identify, and a sense of wellness (Parsons-Yazzie, 1996, p. 51).

The current study sought to explore these implications with psychological health due to the belief that the knowledge of tribal language is a strong protective factor of identity and a form of therapy.

Further, Biddle and Swee (2012) find that language, culture and land are protective factors of each other. They also found a positive relationship between emotional well-being and the maintenance of Indigenous language, culture, and land, as Indigenous language develops from Indigenous lands and waters. Taff and colleagues (2018) provide three illustrations depicting the language, land, people, culture-relationship. The images in Figure 1, depict Indigenous peoples standing on an elongated oval disk that represents their land, its resources, and features. The top elongated oval encapsulates their language along with its knowledge and ways of being on the land, utilizing their Indigenous linguistic expression. Vertically, cultural domains are the connection between land and language, and the symbiotic interconnected nature is displayed. All three images are by Laura Tice Weiner.

Figure 1

The land, culture (vertical topics) and language representation for Indigenous populations.

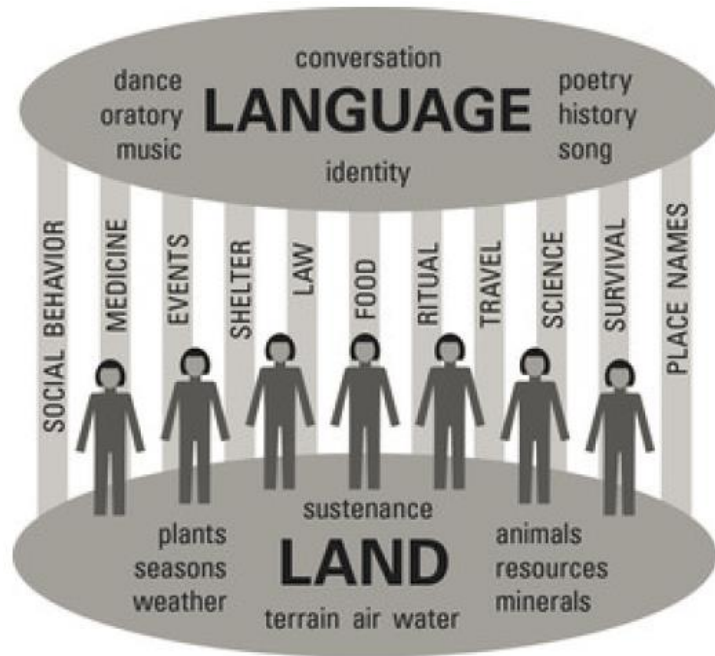


Figure 2

Land loss representation for Indigenous populations.

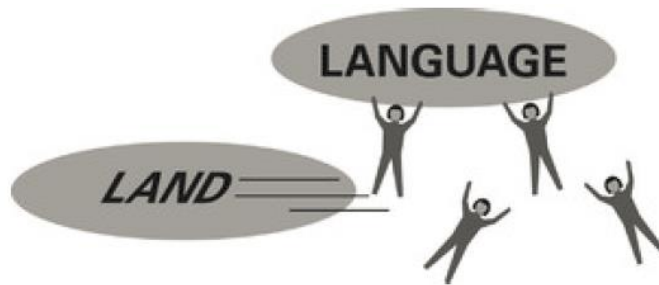
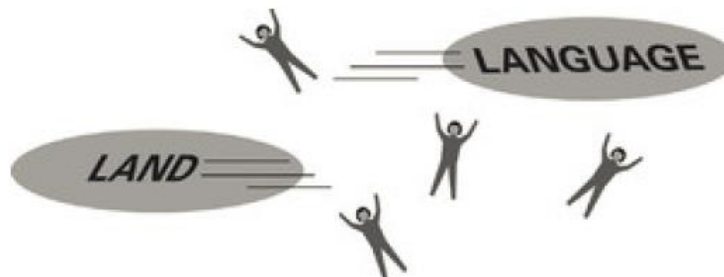


Figure 3

Land and language loss representation for Indigenous populations.



Indigenous language studies have predominantly looked at linguistic structures, language attrition perspectives, and ways to discuss or translate medical issues with traditional tribal language speakers (Carrese & Rhodes, 2000). There has not been a specific study to explore the Indigenous language and its associations with psychological health. This study aims to help provide insight into this gap in valuable knowledge.

Kickapoo Tribe of Oklahoma and the Kickapoo Language

The current study explored the Kickapoo Tribe of Oklahoma and their tribal language due to the knowledge that tribal language knowledge can be an inherent protective factor (Hallett et al, 2007). The Kickapoo are an Algonquin tribe and belong to the Algonquian linguistic family. Although the Algonquian language has been well studied, little has been written about the Kickapoo language (Garcia, 1994). The Kickapoo were originally located in the Great Lakes Region of the United States. They traditionally lived primarily as hunters and gatherers. Their first contact with Europeans occurred in the beginning of the 17th century (Kuhlmann, 1989). In response to the western migration of Europeans, the Kickapoo moved southward. By the mid-1800s, most Kickapoo settled in Kansas and again came into conflict with Europeans. During this time, a split occurred within the Kickapoo nation, some chose to remain in Kansas while other members moved into Texas and Mexico (Bureau of Indian Affairs, 1981). Kuhlmann (1989) stated that of the group who remained in Kansas, some again left in protest of allotment and settled in what is now known as the state of Oklahoma by the end of the 19th century.

The Kickapoo Tribe of Oklahoma is one of three federally recognized Kickapoo groups residing in the United States. According to the United States Census Bureau, 4,193 people in the United States self-identified to be among a Kickapoo tribal grouping for the 2010 census, and of those, 1,527 resided in the state of Oklahoma (U.S. Census Bureau, 2013). It is estimated that the Kansas Kickapoo Tribe numbered approximately 500. The Texas Band of the Kickapoo, located in Eagle Pass, Texas, reported about 300 members. There is a fourth group of Kickapoo that reside about 125 miles southwest of Eagle Pass, Texas in the state of Nacimento, Coahuila in

Mexico. The Kickapoos living in Texas and Mexico, having retained the Kickapoo language and culture, and are considered more traditional (Yamamoto, 1979). The Nacimiento, Mexico location is central to many ceremonial and religious events. There is consistent contact and communication between the Kickapoos in Oklahoma and their relatives in Texas and Mexico. All Kickapoo Tribal members with special passes issued by the United States Immigration Service are able to cross the United States and Mexico border with ease. The Kickapoo of Oklahoma have benefitted from the linguistic stability of their relatives living in Mexico.

Kuhlmann (1989) shared that the Kickapoo language knowledge in Oklahoma can be replenished from their external homeland of its relatives in Mexico in which there are several generations of speakers who are monolingual and bilingual; however, currently within the Kickapoo Tribe of Oklahoma, there are few children who acquire their native language (Garcia, 1994). Multi-year data from the American Community Survey captured from 2009-2013 reported that there were 820 Kickapoo speakers in the United States, and of this group, 220 endorsed speaking English “less than very well.” Within the state of Oklahoma there were 320 Kickapoo speakers, and of this group, 110 endorsed speaking English “less than very well.” In Texas, there were 405 Kickapoo speakers, and of this group, 110 endorsed speaking English “less than very well.” Lastly, in Kansas there were 40 Kickapoo speakers (US Census Bureau, 2015) and it is not reported how well they believe they speak English. In response to this decline the Kickapoo Tribe of Oklahoma has begun language resuscitation programs for tribal members (Kuhlmann, 1989). Although there are few Kickapoo children in Oklahoma who are speaking their ancestral language, there are several Kickapoo monolinguals elders and many Kickapoo-English bilingual adults. The Kickapoo-English adult bilinguals were the focus of this study.

CHAPTER III

METHODOLOGY

“A word has power in and of itself.

It comes from nothing into sound and meaning.

It gives origin to all things” (Momaday, 1969, p.33).

The purpose of this study was to provide insight and qualitative exploration into the Indigenous Kickapoo language as it related to psychological health among Kickapoo bilinguals.

The following research questions were addressed:

- 1) How are psychological health, health and healing ways conceptualized by the Kickapoo Tribe bilingual?
- 2) How do Kickapoo Tribe bilinguals describe the experience of speaking their traditional Kickapoo language and English?
- 3) How do Kickapoo Tribe bilinguals believe psychological health and language are connected?
- 4) How can this knowledge be utilized by behavioral health counselors?
- 5) How can this knowledge be preserved for future generations?

Qualitative Research Paradigm

The use of a qualitative approach was utilized to capture the complexity of the Kickapoo participants' experiences. Qualitative research "illuminates meaning and how humans engage in meaning making – in essence, making sense of the world" (Patton, 2015, p.6). The researcher utilized interpretive theoretical perspective to identify, describe, and translate themes described by participants to identify and understand the meanings of naturally occurring phenomena within the context of their worldview (Crotty, 1998). A qualitative approach was especially helpful in illuminating the meanings of language and capturing the language stories of the Kickapoo to understand their "perspectives and experiences" (Patton, 2015, p. 12-13).

Epistemology

Patton (2015) wrote that constructionism, as an epistemology, starts with the premise that the human world is different from the natural, physical world, therefore it must also be studied differently. Constructionism asserts that objects are defined by people interacting through their relationships in an interpersonal and intersubjective manner. A group of people construct, designate and assign a phenomenon its essence. Patton continued that a basic social psychological theorem is that what is perceived to be reality is also real to its consequences. For example:

Because human beings have evolved the capacity to interpret and construct reality – indeed they cannot do otherwise – the world of human perception is not real in an absolute sense; for example, the sun is real but is "made up and shaped by cultural and linguistic constructs, for example, the sun as a god" (Patton, 2015, p.120).

Crotty (1998) reiterated this as he called to reserve use of the term constructionism for the epistemological considerations focusing solely on the collective formation and transmission of meaning. Additionally, Crotty wrote "it is not just our thoughts that are constructed for us. We have to reckon with the social construction of emotions. Moreover, constructionism embraces the whole gamut of meaningful reality. All reality, as meaningful reality, is socially constructed" (p. 54-55). As the researcher interacted with the Kickapoo, and the Kickapoo volleyed between

different languages and word translations, meaning was created. Their meanings are socially constructed in their lived experiences with both their tribe and the dominant White culture that has oppressed them.

Theoretical Framework

The position of interpretivism in relation to epistemology is the belief that reality is relative and expansive (Hudson and Ozanne, 1988). Interpretivists utilize a more flexible and personal approach to research structures which attempts to avoid rigid frameworks (Carson et al., 2001). This enables receptivity to illuminate meaning making within human interaction (Black, 2006) and bring to light what is perceived as their reality (Carson et al., 2001). This theoretical framework's tenet includes that the researcher and their participants are mutually interactive and interdependent (Hudson and Ozanne, 1988). Further, the researcher and participants utilize a collaborative and emergent approach which allow for the researcher to remain open to new knowledge that is developed due to interaction with participants. Interpretivism places importance on understanding meaning, reasons and other subjective experiences that are bound by context and time (Hudson and Ozanne, 1988; Neuman, 2000).

Indigenous Methodology

This study was built upon the framework of Indigenous Methodology, which is defined as "research by and for Indigenous peoples, using techniques and methods drawn from the traditions and knowledges of those peoples" (Evans et al., 2009, p. 894). The main intention of Indigenous Methodology is to ensure that research is conducted in a respectful and culturally sensitive fashion from an Indigenous perspective. Thus, the intention is to generate meaningful discussions by challenging Western psychology with the questions indigenous knowledge raises about the nature of our being. It is our assumption that the certainty and "scientific rigorousness" of western psychology and its process of judging knowledge (Kincheloe & Steinberg, 2008) are in need of reevaluation. Locally constructed and shared knowledge and values can provide novel and different perspectives of psychological theories. We attempt to explore "the unique and yet

potentially universal nature of the experiences” (Anderson & Braud, 1998, p. 31) by incorporating the Kickapoo bilingual perspectives with culturally appropriate, qualitative research perspectives.

Indigenous Methodology seeks to locate research specifically within the context of ongoing colonialism. According to Lomawaima and McCarthy (2006) research has existed and thrived as a part of a larger colonial project. She wrote, rarely there have been dialogue about the ethics and responsibilities of research with Indigenous people. Battiste (2013) argues that western research tends to compartmentalize a whole into disparate; whereas Indigenous knowledge system utilize as holistic and interdependent. Battiste (2013) wrote that nature and human beings are complex wholes with parts that are interconnected and that unless this perspective is foreground, research will invariably continue support the colonization of Indigenous peoples. Colonialism claims land, resources and cultural practices such as education research for white settlers. The gradual diminishment of Indigenous epistemologies replaces tribal approaches to understanding and knowing the lived experiences of tribal people.

To do legitimate research with Indigenous people requires a contextual perspective. Indigenous knowledges are imbedded with and in relationships. When Indigenous researchers engage in research with Indigenous participants these relationships have emotional ingredients which may be viewed as falling outside the objectivity and neutrality that as viewed as ideal in the logistics of settler scientific research (Patel, 2014). The universality that settler research aims at contradistinction to Indigenous people’s appreciation of knowledge connected to locale and place. Battiste (2013) writes, while emotion certainly must be kept, while excess emotion as the potential of biases or prejudicing interpretations, Indigenous people believe that it can enhance one’s awareness and interpreting of data. Patel (2016) also contends that due to this social justice is an important element of Indigenous research. The act of reseating settler logistics counters systemic theoretical methodological frameworks that erase and dehumanize Indigenous peoples

naming whiteness in the process of methodology in research opens possibilities for Indigenous knowledge.

This epistemology, theoretical framework and methodology aligned with the cultural significance that many Indigenous communities have for oral history, as their stories embody “a continuous commitment to oral transfer of knowledge in indigenous culture” (Trimble et al., 2008, p. 103). Within these stories are imbedded the complex factors associated with tribal language usage among Indigenous peoples including, and not limited to, historical oppression, genocide, assimilation, internalized shame, damaging government policies, and forced removal (Duran & Duran, 1995). Indigenous peoples used storytelling to express ideas and concepts. Indigenous rhetorical practices provide stories as interpretive frames to make persuasive arguments, express humor and to make connections and to make relations connections. Jackson (2017) wrote that by asking Indigenous people to tell their stories rather than ask “for abstract definitions, researchers disrupt white hegemonic abstraction” (p. 499). Indigenous people utilized stories to express empathy, piece of mind, and to open the door to individual and community transformation. Jackson (2017) continued that stories have creative imagistic elements that open us up to great attunement to the unity of all reality. She concluded her arguments by writing that the open-mindedness required authentic dialogue with Indigenous people must derive from “savage rather than settler” paradigm (Jackson, 2017). In this study, the researcher made a sincere effort to provide a space for participants to tell their stories rather than define abstract psychological concepts.

Further, the meaning included actual translations of the Indigenous language as well as how the use of their tribal language and tribal members’ language knowledge has reached its current status considering many historical events spanning centuries were investigated. Their lived experiences were explored to understand the emotional connections associated with tribal language use and its association with psychological health in order to better address the behavioral health needs of Kickapoo Tribal members.

Research Design

While completing a yearlong counseling psychology practicum at the Kickapoo Tribal Behavioral Health Department, the researcher was inspired by the community's strong traditional values and inquired to the department supervisor as to the possible interest of conducting a study that explored tribal language and psychological health. The researcher was referred to the Kickapoo Tribal Health Center director. The director communicated with the Community Health Representative (CHR) Department to assess study interest, as CHR were tribal members, community tribal members and employees of their community's health care facility. These discussions began the preliminary conceptualization of the study and its scope. The Kickapoo Tribal Health Department also recruited the assistance of the Kickapoo Linguistics department due to these department's work with the Kickapoo language. The Kickapoo Tribal Health Department, Community Health Representative (CHR) Department, and Linguistic Department were partners in the formation of the study design and its implementation. Prior to contacting participants, permission was obtained from the Oklahoma State University (OSU) doctoral committee members, the Kickapoo Tribe of Oklahoma Health Department, and the OSU Institutional Review Board (See Appendix A) to conduct this study and collect data. The interviewer asked questions formed collaboratively with the Kickapoo Tribe of Oklahoma's Health Department, Linguistic Department, Community Health Representative program, and community members (See Questions in Appendix B).

This collaborative approach was essential for a variety of reasons. Primarily, due to each department's unique perspective, which provided an excellent resource, as they possessed vast knowledge of how to contact participants that met inclusion criteria in a culturally congruent manner. Further, with their inherent rapport and position within the community, this study benefited immensely from their participation. As an example, many Kickapoo believe that the discussion of death is a highly sensitive topic. To be considerate of this, two questions regarding suicide and suicide ideation were cleared with the CHR prior to asking the questions to the

participant. This question was only asked if allowed by the CHR, who was knowledgeable of the participant's health and traditional beliefs. If the question had the potential to adversely impact the participant, the suicide questions were omitted from the interview. Further, professionals from these departments also identified and provided translation for participants that met the criteria for inclusion.

Recruitment of participants was made with a purposeful sampling selection by the Kickapoo CHR Program. Purposeful sampling was used because this study aimed to gain insight into a phenomenon specific to the sample population, rather than to generalize from the sample population (Patton, 2015). This selection technique also allows for the identification of additional participants who may be able to contribute further enriching information applicable to the study (Miles & Huberman, 1994).

The CHR Program contacted tribal members they knew through the community or their work within the health facility that met the study's inclusion criteria. Each CHR met with each potential participant one-on-one to assess their interest in the study and verbally invited them to participate as well as answer any questions regarding participation. Upon participant interest the CHR set up an interview appointment date and arranged transportation, if needed, to the Kickapoo Tribal Health Department. Participants were informed that a CHR would be available for interpretation assistance if requested. Interviews were conducted in a closed office space to ensure confidentiality within the CHR Program building.

Participants. Each participant selected for inclusion was a Kickapoo Tribe of Oklahoma member above the age of 50 years old and bilingual speakers of both the Kickapoo and English languages, who resided within their tribal jurisdiction. These criteria were selected in order to fulfill the purposeful sampling requirement of being "information rich and illuminative, that is they offer useful manifestations of the phenomenon of interest" (Patton, 2015). As compensation for their valuable time, each participant received a twenty-five-dollar visa gift card upon

completion of their interview. The researcher did not know any of the participants prior to the study.

Data Collection

Interviews: A digital voice recorder was used to record the interviews. Each participant took part in a 60 to 120 minutes, semi-structured interview, conducted by the researcher. The researcher used a semi-structured supplemental question script to facilitate interviews. The script was used as a guide to elicit further discussion rather than as a gathering of direct responses. To facilitate the natural flow of a conversation, open-ended questions were used to facilitate participants responding in their own distinct way (Crotty, 1998; Creswell, 2013). During the interview, the researcher rephrased or probed as a way to elicit clarification, additional information, detail, or elaboration. When supplemental questioning was needed, non-directive probing techniques were used (Bogdan & Biklen, 1992). The interviewer utilized only a simple acknowledgements and sometimes neutral follow-up questions or comments, such as, "Could you tell me more?" or "What do you mean by that?" This approach insured that the interviewer did not influence the participants' responses (Lincoln & Guba, 1985).

Additionally, taking into account the wealth of information provided in silences (Mushin & Gardner, 2009) and the potential for increased rapport (Sharpley et al., 2005), the interviewer was intentionally sensitive to the pauses in participants' responses. During a significant pause from the participant or change in affect during a pause the interviewer asked, "Can you describe your experience during this moment?" The interviewer used judicious reflection in a neutral manner and asked clarifying questions in order to better understand the participant lived experience more fully. The researcher employed procedures based on Indigenous methodology to conduct in a culturally congruent manner.

Transcription/Member checking. The interviews were transcribed verbatim by the interviewer and during the process of transcription, any personal health information and other identifiable information was removed. All participants in the study participated in an interviewee

transcript review process in which they were provided verbatim transcripts of their interviews to verify accuracy, correct errors, and provide clarifications (Hagens et al., 2009). A de-identified hard copy of the transcript was provided to the CHR to give to the participant to review and provide feedback. All participants reviewed and verified their paper transcript. One participant had corrections requested and the edits pertained to misspelled words.

Research journal. Within qualitative research, the interplay between data and research is critical to the formation of knowledge that reflects the breadth and depth of the human lived experience (Primeau, 2003). In order to encapsulate this process, the researcher kept a digital journal throughout the duration of the research process. The journal served as a collection of memos. Memoing served as a research technique that enabled the researcher to engage with the data in a richer and more immersive manner (Birk et al., 2008). Birk and colleagues (2008) added that this process established, an intense relationship “with the data, enabling the researcher to feel a heightened sensitivity to the meanings contained therein” (p. 69). The memos consisted of a recording of observations, thoughts, ideas, reflections, feelings, and impressions following participant interviews and transcription recording sessions.

Field notes. Notes were primarily written after collaborative meetings with partners and after the data synthesis process with peer de-briefer. This process allowed for regular opportunities for the researcher to self-reflect on possible bias and subjectivity concerns throughout each research process stage. Reflections during the data synthesis process were also used to highlight strengths and possible limitations of the instrument of study: the researcher (Polit & Beck, 2006).

Demographic Information Sheet. Participants answered demographic questions before commencing their interview. The questions pertained to age, gender, tribal affiliation, language acquisition, language proficiency, basic academic information and spiritual or religious affiliation.

Data Analysis

The process of coding and data analysis in qualitative research is one that is fluid and

dynamic, and can often result in intuitive modifications regarding the labeling and meaning of themes and categories (Creswell, 2013; Strauss & Corbin, 1998). Huberman and Miles (1994) viewed data analysis as an interactive process where data reduction, data demonstration, and conclusion making interacted with one another. This process does not occur in a solitary linear sequence; rather they intermingle with each other, indicating that the process of data analysis can go through a number of iterations.

Analysis of the interviews followed a sequence of strategies traditionally identified within the process of data reduction and analysis using qualitative methodologies (Bogdan & Biklen, 1992; Creswell, 2013; Huberman & Miles, 1994). The raters consisted of the researcher and one peer de-briefer. The analysis began by independently reviewing the transcripts through multiple readings, taking a micro analytic perspective, and using grounded theory methodology to identify concepts and to generate potential categories to represent participant responses (Strauss & Corbin, 1998).

Following independent analysis, the raters held four meetings, and applied procedures consistent with the principles of multiple investigator corroboration (Lincoln & Guba, 1985) and the value of employing multiple perspectives during analytic interpretations (Strauss & Corbin, 1998). Over the course of these meetings, initial themes and coding conventions were established, resulting in a process often referred to as “open coding” (Strauss & Corbin, 1998). In most cases, the level of coding anchored on sentences and phrases (Strauss & Corbin, 1998) and frequency amounts (Huberman & Miles, 1994) were collected to aide in the representation of concepts and themes. During this coding process phase, the raters continued to document new or alternative constructions of themes and concepts. Having identified the coding conventions, the two raters independently returned to the transcripts and coded the responses to each question.

Four more meetings were again held where the raters explored identification and discussion of potential concepts, their properties and constructions, and metaphors chosen to realistically represented participant responses. Raters then reviewed and compared their analyses,

held additional discussion, and combined their interpretations, finally reaching a consensus regarding how each participant's responses were to be coded. Categories and themes were found to exist across all interviews, as well as within the context of specific questions.

Cultural and Ethical Considerations

An emphasis was placed upon cultural consideration and ethical representations of the participants' world view and lived experience due to the nature of the sample in the study. Yeh and Inman (2007) stated that the cultural context, experiences, values and biases of the participants be considered throughout the entirety of the study. In this study, the partnering population represented a group that differed from the researcher in a variety of ways including tribal language, tribal affiliation, age, socio-economic status, and educational experiences. To mitigate this, the researcher conducted and incorporated feedback on the content of the semi-structured interview obtained in the initial pilot study and through advisor-input to ensure the study was meaningful, relevant, and culturally appropriate.

There was potential for cultural barriers between the participants and interviewer due to the fact that the data collection was conducted in a face-to-face interview format. Cultural sensitivity was considered throughout the data collection and implementation process through use of communication patterns, language (i.e. interpreter services), and extra allotted time for rapport building in order to develop a strong working relationship with participants and CHR (Ponterotto, 2010). In instances where there was potential confusion resulting from cultural differences, the interviewer asked clarification questions to ensure participants felt heard, seen, and given space to explain their point of view (Ponterotto, 2010). Additionally, participants were informed that a CHR would be available for interpretation services if requested. If translation services were requested, the CHR translators signed a confidentiality agreement (See Appendix C) prior to the participant interview.

Informed consent was obtained from each participant (See Appendix D) and a demographic sheet (See Appendix E) was completed at the start of the interview. Each individual

was provided a written and verbal explanation of the goals of the research study. The participants were informed about the possible impact their participation may have on understanding the emotional connections associated with tribal language use and its association with psychological health in order to better address the behavioral health needs of Kickapoo Tribal members. The Kickapoo Tribal member participants knew that identifying information such as names and question responses were masked using pseudonyms to increase confidentiality. Prior to participation, the participants also received information about the risks associated with the study. Participants were advised that they had the right to withdraw from the study at any time without penalty or adverse consequences, and were encouraged to ask questions to obtain clarification throughout the informed consent and interview process.

A risk protocol was formed preemptively in case participants experienced any unforeseen psychological discomfort. The protocol ensured participants knew to let the interviewer know if there was any discomfort in order to process the content discussed. If the distress was more severe in nature, the interview would stop, and participants would be provided contact information for the Kickapoo Tribal Health Center for optional follow up care. Additionally, the CHR that coordinated the participant interview would conduct a follow up home visit one to seven days after the interview to ensure the participant was not adversely impacted by the interview. If negative implications from the interview remained, the CHR would contact the appropriate staff at the Kickapoo Tribal Health Center (i.e., physician or behavioral health counselor) to ensure appropriate after care was offered. One participant stopped the interview early due to emotional content and was given the option of continued care and support.

The transcription occurred within four weeks, and during that time the audio recorder was stored in a locked box and the box locked in a file cabinet only accessible by the interviewer. Any additional printed materials were also kept in the locked file cabinet. Once transcription was completed, audio recorded interviews were deleted from the audio recorder. Any additional files were kept on a password protected computer to ensure the data was secure for the privacy of

participants. Further, the data transferred between researchers required a password in order to access (Crotty, 1998; Creswell, 2013).

Moreover, the researcher wrote detailed deidentified field notes regarding reflections, emotions and self assessments in order to incorporate influences that may impact interpreting findings. Examples of events that were reported on include; experiencing increased rapport due to shared Indigenous identity, heightened emotionality regarding learning English as a second language and barriers perceived, due to age and education. Further, the researcher memoed on multiple occasions feelings of inspiration and awe from all participants due to the content of their stories and the resiliency they demonstrated. Predominately, the researcher notes were filled with intense feelings of privilege and honor to be able to bear witness to the telling of their stories. Lastly, entries included the researcher feeling moved and changed after experiencing a glimpse of their strong legacy through the course of the study.

Trustworthiness

In place of traditional concepts of reliability and validity, qualitative research uses trustworthiness (Creswell, 2013; Lincoln & Guba 1985). To establish trustworthiness, credibility, dependability, transferability, and confirmability techniques are incorporated (Lincoln & Guba 1985). In qualitative study findings, achieving credibility means findings are believable to those reading it. Triangulation, peer debriefing, and member checking were utilized in order to strengthen credibility. To achieve triangulation, four data sources were used: interviews, fieldnotes, a reflective journal and a demographic survey (Merriam, 2009; Lincoln & Guba, 1985). Peer debriefing was practiced by obtaining the assistance of an Indigenous professor from the counseling psychology field to also analyze the transcribed responses. Merriam (2009) identified member checking to be the most important criterion when establishing credibility as it validates the accuracy of the researcher's interpretation of the participants responses in an attempt to accurately represent the data. Moreover, all participants in the study participated in an

interviewee transcript review process and evaluated their completed transcript for accuracy and errors.

Dependability of a qualitative study allows another researcher to reproduce the study by using the original researchers' descriptions of data collection and analysis resulting in similar findings. To increase a study's dependability, and to ensure that the process is followed in a systemic way, auditors were used (Hill, 2012). To achieve dependability, a pilot study was conducted to verify the understanding and applicability of the interview questions with participants. Responses and experiences from the pilot interviewee were integrated into the final interview questions that were then presented to participants of the final study.

Denzin and Lincoln (2008) stated that in qualitative studies, transferability means the extent to which the findings are transferable to other settings or contexts. Thus, every step of this study was comprehensively described including data collection, analyzation methodology, and data coding. Additionally, confirmability is defined as the degree to which the findings are able to be corroborated by others (Denzin & Lincoln, 2008). To apply this to the study, the researcher was transparent with the procedures used to analyze the data throughout the entirety of the study.

Further, since the principal instrument for data collection was the researcher, it is crucial for the study's trustworthiness to critically look at the involvement of the researcher in the study, including interactions with surrounding social constructs of the topic of research (Pezalla et al., 2012). This study had one researcher who gathered and analyzed data. A peer de-briefer provided additional analysis of data transcribed by the researcher. They both used bracketing to address potential interference when interpreting the data collected. Bracketing is a qualitative research method used to mitigate the effects of preconceptions that may alter the research process and thereby the results (Tufford & Newman, 2010). In this study, bracketing comprised of consultation between the researcher and peer de-briefer in order to identify constructs assigned to the data by the researcher that may be a part of that researcher's own experience rather than those brought forth through the data collected.

Reflexivity

The researcher for this study is a member of the Dine Nation (Navajo Nation) and a doctoral graduate student at the Oklahoma State University in the counseling psychology program. The researcher has worked in the health care system within Indigenous communities at the federal, tribal, and urban levels for over 15 years. The researcher also interacts with her tribe on a continual basis and participated in traditional customs and ceremonies. Consequently, the researcher is familiar with Indigenous cultural practices and interaction nuances, allowing for a more subjective view of the data received from the partnership with other Indigenous individuals. The peer de-briefer is a member of the Cherokee Nation who also identifies with his Choctaw Nation heritage. He is a professor in counseling psychology and was an active participant in his own tribal ceremonies throughout his life. He also worked with numerous tribes throughout the country in his over 30-year career. Further, his work contributed to the foundation of psychological research involving Indigenous Peoples. His cultural background and body of research provide him with a more subjective view of Indigenous individuals.

CHAPTER IV

FINDINGS

“I will tell you something about stories [he said]

They aren't just entertainment.

Don't be fooled,

They are all we have, you see,

all we have to fight off

illness and death” (Silko, 1977, p.2).

Eight members of the Kickapoo Tribe of Oklahoma met inclusion criteria and gave their time for a 60 to 120 minute interview. A number following the moniker “participant” identified each participant with the purpose of protecting participant identity. Each number indicated data collected from the same individual participant throughout the study. Of the eight original interviews, seven interviews were used in the synthesis of the study data. One participant requested that their transcript be withheld at the completion of the interview due to sensitive content they did not intend to disclose.

The seven remaining participants ranged in age from 50 to 73 years old and their ages had a mean of 63.3 years. There were one man and six women in the sample. Two participants attended a federal Bureau of Indian Affairs (BIA) Boarding school. All participants considered their spiritual affiliation to be Traditional Kickapoo. Two participants noted that while they considered their spiritual affiliation as Traditional Kickapoo, they also learned Christianity while in school.

All participants endorsed the Kickapoo language as the native language to which they were exposed from birth. Six participants endorsed English to be the second language they learned later in life, and one participant learned Spanish second. Five participants remembered the age at which they were first exposed to their second language between the ages of 5 to 11 years old. Six of the participants learned their second language at school, while one learned from visitors who came to their home. Six participants shared that they learned a third language. One stated that their third language was English, and five participants endorsed Spanish to be the third language they learned. Participants shared that they learned their third language between the age of 5 to 35 years of age. Two participants learned their third language at school, while three participants learned at home, and one learned at their job. Lastly, when discussing language proficiency, three participants felt most proficient in the Kickapoo language; three felt proficient in both Kickapoo and English; and one participant felt proficient in Kickapoo, English, and Spanish.

Nine overarching themes emerged from the participants' responses (see Table 1). It should be noted that many of the themes interconnected in order to conform to the interrelated style of communication provided by the participants. This interconnection moved beyond stagnant concepts to discuss and interpret the rich contextual information expressed by participants in story form. Efforts to silo into categorical themes was found to be rigid and contrary to the participant's perspectives and world view.

Table 1

Themes

1.	Psychological states: lost or created in translation.
2.	Kickapoo language connected to religion in the context of historical trauma.
3.	Language fluency impact upon tribal community and social connections.
4.	Acculturation stress and its impact on Kickapoo identity.
5.	Kickapoo language impact on authenticity and well-being.
6.	Overt cultural clash with dominant cultural structures.
7.	Storytelling, authenticity and relationship as a means of describing psychological states.
8.	Kickapoo language related to inter-connectedness with Nature.
9.	Hope and perseverance of Kickapoo language and cultural heritage.

In this chapter, the themes will be indicated and followed by an excerpt of the participant’s transcript. Following the reading of their statement, the themes embedded in their story will be highlighted, as it is their story that articulated and brought forth the rich and contextual information of the themes. To fully comprehend and encapsulate the meaning of the participant’s statement, the art of oral storytelling was used. Western methods of research are not able to capture this incredible transfer of Indigenous knowledge honed for generations by Indigenous cultures such as the Kickapoo. It must be noted that the reader is unable to experience the participant’s answer fully. As the reader cannot see and hear the speaker’s voice intonation, cadence of speech, poignant pauses, breathing rate, facial expressions, hand gestures, posture changes, and eye movement. Multiple participant responses will be provided in transcript form as an attempt to bring forward as much as of their experiences as possible. However, the text was still unable to fully capture the complete energy, emotional potency, and context of their powerful statements.

Theme 1: Psychological states; lost or created in translation

Participants were asked to translate various health concepts into English. Below are their responses. Although many are brief, together there is much worth considering in the responses. It should be noted that when these translation questions were asked, it appeared to be an especially taxing exercise for almost all participants. Perhaps during translation, the incongruence of the world view and concepts collide.

The following are different participant responses to the concept of “stress” translated into English.

“You are asking me hard words.... Let's skip that one.”

“Stress. (Speaks Kickapoo). That is stress. Like bad stuff all over. You have a heavy load. Another broad...you are more or less explaining what is making you stressed. Or what... like a whole bunch of stuff you know. That is what I am doing now. There is just a whole bunch of stuff that can make you stressed. It more explaining what makes you stressed.”

“Stress, stress. Stress. Stress. Stress. Can we skip that and let me think, because I think I am thinking about other stuff?.....(Speak Kickapoo) what that means is that you are so stressed and it's your mind. You have so much on your mind it just makes you feel (speaks Kickapoo).”

“Humm...it's at the tip of my tongue but I can't think of it (laughs) I know what it is. (Speaks Kickapoo)..... I think that is the best one. Like a tired feeling. I think that is tied into stress.”

“I am trying to come up with that word and boy I tell you it escapes me right now.People, they gave me what I call a self confliction you know. It stressed you out and gives you confliction and it goes against everything you are trying to do and some people make you feel that way you know.”

A couple participants simply wanted to skip the notion of stress because they could not define it “correctly” or because it was stressful to think about it. It was noticed that while working to translate stress among participants, a struggle appeared to occur. Could this phenomenon be largely due to having to translate from English to Kickapoo and then back to English again? Or was the conceptualization also difficult to decipher and translate, as the Western concept of stress did not completely align with Kickapoo concepts?

Through the struggle, participants offered several elements of stress that contribute to our understanding of it from their perspective. It is associated with being taxing like a physical burden on one's back. It is associated with having an excess of things on one's mind at once. It is identified with mental conflicts, which result in negative feelings, fatigue, and feelings of paralysis in terms of making decisions and ability to act. In many ways these Kickapoos defined stress in ways that Western psychology defines it. Because they allude to its source as mental, this may be a way of laying a foundation for therapeutic work in psychological settings.

The following are different participant responses to the Kickapoo concept of "anxiety" translated into English.

"I don't think we have a word for that."

"Just like stress, there is no word."

"Anxiety. Uhh. I always say (speaks Kickapoo), there is a lot of things going through your head."

"Anxiety. Another word we don't have but the way I describe it is.....Anxiety. Anxiety is like when you feel like you can't breathe. That is what it is right?"

"Nervousness. It be like she said, if you are going to a doctor and being nervous about what the doctor is going to tell you.(speaking Kickapoo) kinda like a scared feeling."

"Cause when I have anxiety it, my blood pressure shoots up. The doctors called it white coat syndrome you know."

When asked to translate anxiety, the participants described it with brevity if they were able to answer, while several participants described it holistically. They stated that anxiety affected us mentally in terms of rumination, physically in terms of breathing and high blood pressure, and it showed up in the nervous system as fear and worry. Although some participants felt trepidation answering the question, their brief answers brought to light the multiple ways that anxiety is experienced and conceptualized by individuals.

It must be noted that a couple of the participants said that there is not a word in Kickapoo for anxiety. This is significant. With the knowledge that language impacts experience, this then

leads to the question of the possibility that the English word itself might be harmful to many Kickapoos.

Interestingly, two persons associate anxiety with interacting with professional caretakers, doctors specifically. One of the participants consciously or unconsciously uses the phrase “white coat syndrome,” with its racial, hierarchical and captivity associations. Again, we encounter Kickapoos expressing holistic perspectives as well as historical, linguistic, and environmental contexts when discussing a psychological state.

The following are different participant responses to the concept of “trauma” translated into English.

“I don't think we got that trauma word in Kickapoo. Humm... Trauma means like someone got hurt real bad. Somebody that almost died from it right? I don't think we got that trauma word in Kickapoo. Sometimes people say that something happens to you, you want to heal and you wanna... If you survive the trauma you wanna be better. To me that is what I think. Trauma is something really bad.”

“There is no word for trauma.”

“Trauma. Trauma is ...I don't know a word for trauma either.”

“I don't think we have a word for that either, trauma. I guess you can say(speaking Kickapoo) It's like drama when you...I don't know. We don't have a word. But it is very understandable. I would translate it as if somebody was here and I would ask them how did you feel when you had that car accident or something you know. Or I could tell them that is probably where you got your... it is hard...yeah. You can go around it trying to make them understand. Umm... what is trauma anyway?”

“There is no word it's just feelings that we have about that you know.”

These participants discussed how the English word for trauma is not readily accessed in the Kickapoo language. Of the participants that worked hard to translate it, related it to near death experiences, something really bad, and something you want to get healed from. When asked this question, there was a palpable feeling in the room in which it felt like the word and a quest to understand the word evoked an unfolding of a difficult story to share in this format.

Theme 2: Kickapoo language connected to religion in the context of historical trauma.

Participant 2 explaining why he prays in his Kickapoo language and not the English language.

Because we are not into the Caucasian religion you know? Some people are. They almost throw away... who they are. They want to go to some other religion. But you shouldn't do that because your skin's brown see (as he points at his skin). You seem to be somebody else you can never be. You should never lose that fact of who you are and your religion and background and everything like that. You should always maintain that regardless. There was a time when Indians wasn't permitted to speak their language and they chastised you for doing that. Slap you around a little bit. Get you where you don't want to speak that way. But fortunately that did not happen to me. I went to school down here. Little old school they did not do people that way you know. But everybody spoke their language, they adapt to it really good like I did.

Participant 2 spoke to the multiple dimensions that influence a Kickapoo tribal member's lived experience. His early statements discussed how the historical treatment of the Kickapoo impact their current status. The participant stated he prays in his Kickapoo language because as a tribal member who practiced his traditional ways he is not "into the Caucasian religion" indicating that he views religion as coinciding with race and ethnicity. From his lived experience this has been the case, as he identified as a Kickapoo tribal member, spoke the Kickapoo language, and practiced traditional Kickapoo customs and lives on his traditional Kickapoo homelands. He also used the phrase "throw away" to describe what he felt could happen to the Kickapoo identity when traditional religion is replaced. Throw away has the connotation of waste or no longer useable or relevant. He resisted internalizing this view of his Kickapoo ways when he refused to discard his Kickapoo language. He argues that keeping one's tribal language is imperative to keeping one's cultural capital and identity.

He also referenced how the White school system imparted violence against Indigenous peoples in their attempt to erase tribal cultural capital. He specifically associates the genocidal behavior of this system with attacks on Indigenous ways. Also noteworthy, he offered an example of a school he attended that was an exception to the rule of genocidal erasure in which he did not endure language shaming during a time in which Indigenous peoples were "chastised" for speaking their own language.

The participant further adds that fellow Indigenous peoples should not go to other religions besides their own traditional ways because "your skin is brown see." This statement

speaks to another complicated facet to the Indigenous lived experience in which one is profoundly impacted by how identifiably Indigenous they are perceived to be by other people. In addition to fully identifying as a Kickapoo, he also is treated by others as a Kickapoo tribal member, and depending on his environment, this can be a positive, negative, or invisible experience.

The following is the conversation between the interviewer and Participant 5 as they discuss the participant's view of the differences of speaking Kickapoo and English, especially when talking about sensitive psychological health concerns.

Participant: I feel that with English I let stuff out. And then over here... I feel like I am doing a spiritual ritual. I am taking in (takes a deep breath).

Interviewer: You took a deep breath, like you are taking it in, what are you taking in?

Participant: What they are telling me. You are doing something right. You are going the right way. But you are also needing to express yourself, let it all out in English. You see what I am saying.

Interviewer: Are you able to do that in Kickapoo?

Participant: Yeah.

Interviewer: I want to understand what you are talking about better. So it is different because this person (referring to spiritual leader) really knows what you are talking about. Why do you think they know more?

Participant: Because all the gods help them think.

Interviewer: So the gods are with them?

Participant: Uh-huh (affirmative).

Interviewer: What about in English?

Participant: The counselor, to me, they went through what you are talking about. Because they wouldn't be sitting there. I like to talk to people who have experienced what I have experienced. I know when a counselor is not doing that. You know what I mean?

Interviewer: You can feel it.

Participant: Yes.

Interviewer: So with the English counselor they have the experience?

Participant: Uh-huh (affirmative). But these guys (referring to spiritual leaders) they know, they know what you are talking about. They know, they don't have to experience it. They just know what you are saying to them you know what I mean.

Interviewer: That's powerful. Because you said the gods are with them. With English they have lots of experience and it is wonderful when they do, but they do not have the gods with them?

Participant: Huh uh (no). Because I know this guy has got the gods with him. But this person that is talking to you, yeah they got all the education, they got all the education, yes that is good to help people. But I want somebody.... There is one lady, that I know I had that connection with her, that she experienced all the stuff that I went through. So she knew how to make herself the way she is. you know what I mean? Me, if I stayed in this relationship I wouldn't be here talking to you. Because I had no idea where to turn and I did all this other stuff but I was still wasn't happy with it. I still wanted to talk to somebody who went through what I went through. You see what I am saying? So when I talked to her I connected with her. I knew she knew what I meant. And I knew she could help me do the right thing and be myself. And become the strong woman I am now because I have overcome so many stuff.

This participant expressed the complications of living a bi-cultural and bi-linguist life. She also discussed the benefits of participating in both her traditional healing ceremonies and clinical counseling sessions. As a fluent bilingual speaker, she has found a way to navigate the health paradigms she is exposed to. In doing so, she has adapted and found strategies that work for her. She initially makes the intriguing remark that she appreciates speaking in English because she can expel her stressors, but appreciates speaking Kickapoo because she can freely integrate the communication into her being.

She delineates between the two languages used to discuss the differences. What she found in her English counseling sessions is that a counselor who has similar experiences with her establishes more rapport and trust. In order to do this, she shared that her counselor disclosed their own personal similar experiences with her and then was able to create a safe and healing relationship through role modeling. This participant stated that while with her spiritual clan leader she was able to "take it in." While stating this she inhaled deeply to demonstrate her meaning. This spoke to the spiritual leader words healing from the inside. One might speculate she engages

in externalized negative influences she has internalized from White ways and then she is fulfilled by Kickapoo wisdom spoken in Kickapoo.

In her contemporary setting marked by almost continuous interaction with people who speak only English she seeks to see the diverse situation realistically and optimistically, but does not want to be left without Kickapoo ways of knowing, which she characterizes as benefiting from the aid of the gods. She is convinced that holistic healing requires the spiritual element that only her Kickapoo healers can provide.

The following described the Participant 3's preference of language for verbally expressing spirituality through prayer.

Interviewer: What language do you prefer to pray in?

Participant: Kickapoo. Because it is my religion.

Interviewer: Can you pray in English?

Participant: No. I've never learned. I've heard prayers but I can't...I can't. For some reason I can't say things the way they say. The way they pray...other people. Probably because the same thing...my religion. I can't go out of my religion. I feel that I can't.

This participant conjoined prayer with her Indigenous language. As the speaker thought of praying in English her body language visually grappled with the notion. She repeated "but I can't, I can't" while shaking her head back and forth sideways with her eyes slightly squinted. It appeared that she could not fathom one without the other and only words in her Kickapoo language are emotionally laden enough to emote meaningful religious feeling. One can only imagine the incredible power that the use of Kickapoo words could bring to an intended healing environment like that of a counseling session for this individual.

Theme 3: Language fluency impact upon tribal community and social connections.

When Participant 2 was asked what language is spoken to those they feel love or connection to the participant shared the following statement.

I can feel that way about both you know. Depending on how well they understand either one you know. Some of our own people don't speak our own language that good. I can speak it pretty well but it's hard to translate back and forth to Indian you know. Now

these other people like these guys (points to CHR in the room). I can speak to them all day long and they pretty understand what I am saying. We are on the same level as far as knowing different things. Just about the language, but they do know more than I do because I was not educated like I should have been. In spite of the fact that I stayed in there quite awhile. It's like I said I was dyslexic and didn't know too much of anything. I always just thought I was an ignoramus all that time I was in there.

Participant 2's response described how he relates to others linguistically and how connection was contingent upon the fluency of the other speaker as well as the environment in which they occur. He expressed that he also consistently compared his fluency to others and it appeared that he experienced fluctuating level of confidence about his bi-lingual and bi-cultural capacities. For example, he felt that he did not know as much Kickapoo as the CHR and his learning challenges also made him question his English. This appeared to impact his feelings of connectedness.

Further, there seemed to be an association with the language and environment in which the languages were spoken. For example when he stated that the Kickapoo CHR "pretty understand what I am saying," and due to their Kickapoo fluency he feels heard and seen by them. Their fluency in the Kickapoo language increased his sense of connection with them. Moreover, it seemed that he has received messages that education and possibly intelligence is received from White schools, and while enrolled in these schools he felt like an "ignoramus". He makes the curious association of not being "educated" as "not knowing much of anything."

He also said that some of his fellow Kickapoo tribal members don't speak Kickapoo "that good." He is giving an almost textbook definition of Indigenous tribal members who are often referred to as "marginal", as neither fitting into White society nor their Indigenous society (Garrett & Pichette, 2000). Could it be that many Indigenous people that meet this definition experience disconnection, isolation, self-effacement and possible depression? He suggested that language proficiency is at the heart of this problem, whether with Kickapoo or English.

Participant 4 shared what she feels like it would be like if she did not speak English.

Participant: Again it depends on where I am at. Back home we didn't have to speak English.

Interviewer: Back home in Mexico?

Participant: Uh-huh (affirmative) we didn't have to, we don't speak English over there. We were not allowed to speak English. We were not called names but put down when they heard us talking English. Even just one simple word like 'ouch'. and then my grandma would get on to me. Are you a white person? (Laughs) I said ok. I remember this so clearly. I got hurt somewhere, somehow and I was crying and I said owwww. I did not say ouch this time because I remember she was gonna say something. I said ooowwww. And then she said are you a white person? I am like okay what is the word for ouch in Kickapoo? Later on, I cried again and I knew the word this time. (Speaks Kickapoo) In Mexico you need Spanish and Kickapoo because when you go in town to buy stuff, yeah you got to talk to Mexicans. Here you gotta know English. I think if I was here, if I didn't know English it would be really, really hard for me. It would be difficult... because even now, even now. Let's say for language because you want to say something and you have so much to say to somebody when you had the chance to say it. And if you can't say it like if you don't speak English you can't say it. So they are not gonna know what you need help with and stuff like that. It's a need.

This participant described the strong interplay of language, place, and culture is in the life of a Kickapoo tribal member. In the above comments, she also discussed how the expression of pain is cultural, as her grandmother sees it as extremely vital that her verbal expression of pain is stated in Kickapoo rather than English. She suggested that saying 'ouch' rather than 'ooow' could be the beginning of losing an important aspect of tribal/cultural identity. Even when hurt and in pain, she is required to recalibrate her experience with language depending on who she is with and her location.

Further, she was taught that the English language is synonymous with White people and choosing to be like "a White person." She goes on to say that she is realistic in knowing that when she is in places dominated by different cultures, if one wants to communicate one must make concessions and learn those languages, but she foregrounds the comments with the importance of life experiences having a unique meaning if spoken in her tribal language. She vividly described the multiple factors such as code switching and constant attunement to the environment that are required to survive as a Kickapoo bilingual. The energy expenditure associated with this appeared to be extremely high.

Participant 7 shared how she thinks speaking Kickapoo impacts the overall well-being of Kickapoo tribal members.

It is a pride that they have. And it is very... I don't know I should say.. We as Kickapoo we realize that we are probably one of the most culturally intact tribes, I think. That is just the way that I think. Most Kickapoos have that same feeling. Because we see a lot of other tribes and they don't even speak their language anymore. They don't have their ceremonies anymore. They just have gone what we call white. Gone to the other side. And then there, their children are also not exposed to any of that traditional ways that we believe in.

This participant is resistant to colonization in the most positive way. She cites pride as a constitutive element of Kickapoo identity. This pride is not a selfish interest but one of self and community love. Additionally, she acknowledged her pride at a communal level, as her Tribe is “probably one of the most culturally intact tribes.” It is, as she says, a shared feeling about staying intact. Further, she indicated that to lose tribal cultural capital is to “go White.” It appeared that she feels confident that the only way to be herself and for the community to be intact is to preserve their cultural capital.

Theme 4: Acculturation stress and its impact on Kickapoo identity.

Participant 2's response regarding how speaking his Indigenous language impacts his identity:

Well yeah yeah...it means more to you if you do speak your language. That's why you should never forget who you are, where your language comes from, how long it has been around you know. If it hadn't been for us, the way we had been raised all this time, I told the young people we might have been annihilated a long time ago if it had not been for that you know. Cause everybody is trying to snuff you out one way or the other...trying to run you out of your property and...for instance, us, we had a great big area here but they eventually took out part of it. They moved us clear across the country where you are now living a meager existence you know... they did not want you to speak your language for a long time you know and means a whole lot to who does speak their language. It should. You never should forget that you know.

This participant links colonialism to contemporary Kickapoos' experiences with tribal history, language, land, poverty, and childrearing. First, he emphasized that the history of the Kickapoo is “all around” now, and that it is vital for children to be raised mindful of this history. He expressed discontent regarding the violence that has been used to “snuff out” Kickapoos to the

point that colonists want to not simply defeat but to “annihilate” them and their cultural capital, such as their language. In addition, he believes that tribal identity and psychological health is linked to a connection with place, and that removal destroyed not only cultural/tribal identity but also resulted in poverty. He stated that speaking the Kickapoo language has been a protective factor in the face of attempted genocide.

Participant 4 shares how it feels to speak her Kickapoo language:

To speak Kickapoo it feels great. (Inhales) It feels proud. It feels kind of like you wanna show off I guess (laughs). You show off you can speak your language. Just recently, I'll tell you something. Just recently me and these four girls, it was around 3 o'clock and they told us to go eat, there is food leftovers, they brought Mexican food from a store. There is a lot of left overs and all that so we went over there. We ate. There was four of us, all us speaking Kickapoo and laughing and all that stuff. This one girl comes in there and she says, she turns around and looked at us and she says "don't be speaking that foreign language around me like that (gasps). She did not understand what we were talking about. One of the other girls she was making fun of herself and how she was gonna dress up. It was our break time so we were just making fun of her and were just laughing away with her (laughs). And then I am like...that just hurt me so bad and I'm like uh-uh (no). That threw me way back when the kids were told not to speak their language and all that. And I said oh my gosh, now I know how they feel because right here, right now I was told to not speak my language...It made me really upset. It made me think, am I overreacting or are my feelings really hurt? Should I be feeling this way? Because when I got off work I thought about it all the way home and I try not to but it was in my head and I could not sleep. I didn't want to tell my family because if I tell them I might get them upset. But then I had to tell them because I wanted to know if I was overreacting and they were mad. They were like, who is the person that told you all that (in an angry tone). And I was like I cannot tell you who it is. But speaking Kickapoo it is our pride. It makes me happy. It make me proud. I'm loving it. Yep.

This participant described that speaking her language brought her great pride and she recognized its value as she used it to “show off.” When she discussed speaking Kickapoo, strong emotional English words were used to describe her feelings as she communicated in her language including; pride, happy, and loving it. Further, the participant described a joyous exuberant interaction, which included laughing and joking. In the instance above, it is easy to see how healthy social interaction has health benefits. This social interaction was described to entail expressing one’s true self, which involved acknowledgement of ones’ cultural self.

Ironically, a person interrupted this jocular conversation and asked her not speak it and that it was a foreign language, when in fact it is a language that immersed on the very land that

they occupied. In essence, she felt that she was asked not be proud, not be happy, and not experience love. She further described how the comment evoked multiple intense emotions and forced her to wrestle with these emotions for multiple days. She questioned herself about her right to feel anything when the colonizer or the colonized abused her. Instead of allowing herself to be hurt, to feel sadness or anger, she turns her feelings against herself. She asks, “Am I over reacting?” Then she seeks support from her family, which validates her anger. This incident also caused her to empathize with her ancestors as she felt their pain of being told not to speak their language. One microaggressive comment about speaking her beloved Kickapoo language involved multiple negative thoughts and emotions including; anger, sadness, confusion, and doubts about herself. This incident indicated just how much of a health issue that prejudice and oppression is. This participant has offered a skeletal outline of the stages of psychological oppression Indigenous people experience. Her story also showed that retaining culture may contribute to greater happiness, but it requires resistance.

Participant 8’s first language was her Kickapoo language, and then the Spanish language. She shared her experience of learning her third language, English.

Umm... experience. It was kinda hard for me at first. Then I got used to it. Then I remember back then when I went to school, and I just sit there and listen to the teacher talking and all the kids they used to bully and all that. That is what happened to me. Because I went to school in west Texas, around Lubbock area. And then I went to school there and there were a lot of white. I hope you don't mind I call them white, I don't wanna say that but White, yeah. There was a few Spanish but a majority of them they all white and I was the only one Native, you know Indian. And so they always thought I was Spanish. They were always picking on me. I went through that. Yeah. But I picked it up though. In the long run I picked it up...English was harder because I didn't know how to read until I went to school maybe two years, three years later on. That is when I learned how to read...at eleven years old, in second grade that is where they put me. Yeah. I don't know for some reason I feel very lucky to just pick it up like that...it was hard. It was hard for me. Because I have to listen to the teacher and like I said both my parents...they spoke Kickapoo all the time and hardly English. But my dad spoke in Spanish and my mom.

This participant discussed her earliest learning experiences and foregrounds language as the central issue. She described her first school experience as feeling essentially invisible because her surroundings consisted primarily of those who were not Indigenous tribal members like her.

Additionally, she also did not identify with the minority population she was immersed in and was misclassified to be of Spanish decent. She named misidentification as a microaggression. She juxtaposes her misidentification with overt abuse in the form of bullying, exacerbating the pain and confusion she felt. She also discussed the disorienting experience of assimilation, being put in a second grade classroom when she was eleven. It was also noted that while telling her story she was trying her best to put her experience in a positive light, carefully trying not to offend the majority population. Further, when she went home she had parents who were unable to fully relate to her as they were also facing their own acculturation issues but in a dramatically different way. This speaks to the many intergenerational challenges that occur within families contending with identity as Kickapoo tribal members living in a world dominated by a language and culture not their own.

Theme 5: Kickapoo language impact on authenticity and well-being.

Participant 2's thoughts on how the Kickapoo language impacts Kickapoo tribal member identity:

Well reason we maintain our language is because that is the way it is supposed to be you know. You are supposed to speak it all the time. Some people don't speak English real, real well. So therefore you have to speak the Indian language all the time you know. Some people don't even think you should speak English either way you do or not you know. To what degree your English is you know.

This participant described the acculturation stress he experienced in which he is forced to meet an unspoken demand made of bilingual speakers to choose one binary selection between their own Indigenous language and English. This creates an internal conflict in which a bilingual speaker is consistently having to choose and engage in the “you are either with us or against us” scenario. Bilinguals find themselves in this tenuous place of uncertainty, having to constantly scan messages in their environment in order to communicate.

He also suggested that there is intense pressure many Kickapoos experience today concerning either living as a Kickapoo or living as a White person. Many find themselves feeling that living bi-culturally is not an option. Possibly some traditional Kickapoos feel that the power

of White culture is so overwhelming that to give even slightly will result in losing one's Kickapoo identity. One can easily see how this may have happened as White society is felt to be all-encroaching. Those who attempt to live biculturally are likely to feel shame and guilt for giving in at all to a society that has so little respect for Kickapoo ways.

Participant 4 shares what language she prefers to speak anger in.

Participant: It depends on who you are mad at. Just recently, I was really angry with a lady over there...She said things that she shouldn't have said to my daughter. I was so angry and I kept it for a long time. And when I got there during that meeting I let her have it. And I was talking to her in English. But then certain words... I think I did or not... no it was all English because my daughter said I wish you could have spoke to her in Kickapoo. It was English and I was angry. And then if it is somebody else if that person speak Kickapoo then I will talk to them in Kickapoo.

Interviewer: Why do you think your daughter said that, I wish you could do it in Kickapoo?

Participant: Because she wanted the Kickapoo speakers to hear what I said.

Among this Kickapoo bilingual, there also appears to be multiple levels of code switching occurring in order to fully express anger including a speaker's own emotions, the audience in proximity, and the comprehension level of the other person within a conflict. From the context of health, Kickapoo tribal members encounter multiple levels of internal conversations in order to express anger especially, if occurring in an environment with non-Kickapoo speakers. This would appear to create an even more difficult environment to navigate in order to communicate emotions. This event occurred in her own tribal community, one can easily imagine how much more difficult this would be outside the Kickapoo environment.

Participant 4 reflects on how speaking the Kickapoo language impacts her overall well-being as well as that of her fellow Kickapoo tribal members.

Good...When you're talking Kickapoo and your talking to somebody that speaks Kickapoo you really, really understand each other. There is no missing something you don't understand there. And then what ever you are wanting to say you say it and then it comes right out when you say it. When you say it, it feels good. And then when they are laughing and we are laughing cause we are talking our language. We understand each other and all. It just makes it feel really good... because you understand each other. And there is no hard...we don't have a hard time talking to each other with it. It's like you are free. It just comes right out.

In this brief discussion this participant emphasized that speaking Kickapoo is associated with clarity of expression, feeling good, freedom, ease, joy, and personal understanding. The participant discussed the intense joy that speaking her language brings her especially when it is reciprocated by another fluent speaker. She used strong words of connections describing these interactions including feeling like “we understand each other.” She also stated that speaking Kickapoo “comes right out” and is “not hard”. It appeared that speaking Kickapoo allowed her to feel completely authentic. The level of authenticity is described to be dramatically increased, in addition to her feeling seen and heard. Further, her use of feeling “free” speaks volumes as it suggests that through her language, she is able to truly express herself.

Theme 6: Overt cultural clash with dominant cultural structures

Participant 5 shared one of first her experiences with the English language.

It was scary. Because you had no idea what they were saying to you. You could hear them talking but you couldn't get in your head what they are saying. Because you don't understand them. And I was about eight years old and I remember, I got hurt, we got hit by a truck, and I remember my bone, my ankle broke and I could not move. They took us to the doctor and everything. I had no idea what these people were saying, and all I remember was them looking at my foot, and it was bleeding. And I was hurt, and I was a little bit like how am I gonna holler, there people are not gonna understand me cause I don't understand them. My grandma came in, and I grab a hold of her and I grabbed her tight. As tight as I could. Don't let go, Don't leave me. She said it's ok, its ok, you are alright. I kept looking for my cousin. Here she come walking and she was not hurt, hurt. I was the one that got hurt. And I remember them talking. Then I heard the lady talking Spanish and I heard her say, yeah they got them down the road. It was a person...I remember one headlight and a loud noise and I kept looking like that and I seen that something was coming with one head light. And I still remember that today. And I just blacked out. Like I said the truck hit us you know. I had no idea what there other people were saying, and I told my grandmother I don't know what they are saying to me. I said I am hurt I told her that I remember in Kickapoo. So that lady said, oh it's a different language. I remember her saying in Spanish, it is a different language, the lady that was talking she said this is Kickapoo she said talking to my grandma. So my grandma was talking to her, and I told her too. My leg hurts. The lady, the white lady she was like oohh...you know. So there was another lady that came in I knew her, and she spoke English, Spanish and Kickapoo. So I knew her and told her, tell them about me... Very hard to learn English. Because I had no idea you know. That was not my first language you know. But I had to learn to survive around here you know.

It must also be noted that she is trying to describe this Kickapoo experience in English at this moment. When describing English the participant used the word “scary” which demonstrated

the level of negative emotions associated with the process of learning English. She later goes on to state that she had to learn English in order “to survive around here.” Her use of the word “survive” indicated the difficulty that is endured when navigating the structures created on her original homelands. She highlighted the unique experiences of Kickapoo tribal members when learning not only one language but also two additional languages. Each additional language created barriers contingent upon place; English in the United States and Spanish in Mexico. Essentially, the Kickapoo currently still have to face the ramifications of two methods of colonization on their original homeland.

Due to these multiple factors, her story is also about crisis and alienation. As a child she was unable to communicate, to understand the language in a healing facility. In a trauma state, her inability to understand exacerbated her frightened psychological state. She made the comment that she remembered in Kickapoo. She was having terrible memories, yet the people at the hospital could not comprehend what she was saying. She also did not have a person to empathize with her and this left her in an isolated state, suffering alone. It was only when a person who spoke Kickapoo came into her room was any kind of resolution achieved. These images graphically illustrate how vital language is to human beings to express their feelings and to have them relieved. It was her tribal language in which her identity was firmly established that allowed her to fully ventilate her fear and confusion. She was a stranger in the hospital that was supposed to help her. This is story of alienation of an Indigenous person in the land of her ancestors, a story asking us to consider how can a person living in their ancestral homeland be healed when they cannot be themselves fully in modern health facilities.

Participant 7 described ways that this knowledge can be positively used by behavioral health counselors.

If they have a patient that is maybe going through some difficult times or whatever maybe they can talk to...let's say a mentor or whatever and would help that patient or whoever it is. Kind of help them recover I should say and be exposed to that and say hey I know you are going through a rough time and you've given up on everything or whatever, but there is still some good that's left here in all of us. It's up to you. I know

that whenever my parents were growing up they are always saying someone is always watching over you. Someone is always watching you. If you do something or if you have the wrong kind of behavior it's not good. It's not good for you. And that is because there is someone always watching you. Not physically here but it would be like a spirit or something that is constantly. That has always been instilled in me say okay I better be good. I shouldn't be doing this. I should be doing that. That may be something that the counselors can say okay maybe you need to talk to someone. Someone that is not in their family or someone out there in the community that could probably help them. Just sit there and talk with them. A lot of times these people just need someone to talk to them and say you shouldn't be going that way. There is more positive things on this other side then is that path you are trying to go through. And they more of less are self-destructive behaviors. But that is not the way to be.

When this participant was asked how behavioral health services could be improved for her tribe she discussed her perspective of health, which included vital connections with spirituality and community. From this worldview she suggested the incorporation of community members and spirituality. Further, this participant sees the ethical dimensions of health. She emphasized that spirit or spirits are always with us observing our reactions to challenging incidents. The Kickapoo person is expected to behave honorably even when transgressed against. She explains that this predicament may result in psychological turmoil for the persons who feel victimized. She tells of how health care providers may play a crucial role by making culturally appropriate referrals. The comments insinuate that the referral may at times need to speak Kickapoo and may need to know the ontological being in which the Kickapoo person lives, namely with the awareness that human beings live in a space shared by spirits. For healing to occur, or stress to be managed, may require that the person speak with someone who can empathize with an awareness of Kickapoo spiritual and linguistic ways. This speaks to the incongruence that can be felt when a traditional Kickapoo tribal member seeks health care and even more so psychological health services.

Participant 6 discussed what she believes it would have been like if she did not speak English.

I don't even want to go there to think about that. I don't. Because I have seen people in the past, the way they were, down in Mexico. I was the one that filled out the paperwork for the commodity. I was the one that read the papers when they had to go see the doctor. And what they had to go for the shot for. Or if they have to go in for a checkup you

know...There was quite a few in my time, way back in the fifties...It's just sad. It is sad when all the people in my tribe did not have the opportunity of what they have now. Our days we did not have electric. We had lanterns. And we did not have these washing machines. We had a tub and a scrubber board and go take it down to the river and wash by the river. Like I said, I don't think I want to think about it. Bad days. Especially my other elderlies, when they past away there was no kind of assistance that they could have received, what we get now. Right now I always tell these kids I am rich. I said I'm rich. All I have to do is flip a light now (laughs), turn a deal off with my stove. Turn a deal of for my water. And my daughter she lives up there too. I am doing something, but I am using the sun for light, like I leave my door open. I don't really need electric. When I am washing dishes she always says, how come you don't turn the light on (laughs). I said I don't need it. I said I got grandpa... grandpa is the sun.

This participant appears to associate not speaking English to a time in which she experienced poverty. The question evoked a visible visceral reaction in which she stated, "I don't even want to go there to think about it." This indicated how distressing it was to live in a place where she could not speak English. This participant enumerates complexly the complicated and contradictory position Kickapoos find themselves in contemporary American society. She enumerates the hardships of poverty and physical costs of any Kickapoo who has not assumed at least some White ways including language and technological advances. However, as she moved on to discuss her later years, she stated that "I'm rich" and that "Grandpa is the sun." She demonstrated how her cultural belief that grandpa is sunlight has brought her comfort and makes her feel rich. This is in opposition to a time when oppressing forces facilitated her experience with extreme poverty, and not speaking English was a part of that poverty. She is left in the predicament of trying to navigate this bicultural space and to teach her little girl how to do so as well.

Theme 7: Storytelling, authenticity and relationship as a means of describing psychological states

When asked questions about the concepts of sickness and health, many of the participants did not answer the question with abstract generalizations. Instead, they would tell stories. These participants offered examples that represents many of the responses received about a variety of issues presented to the participants.

Participant 2 was asked to translate the Kickapoo concept of “healing” into English.

I guess get medical attention is all I say to them in our language. Like you going to get medical attention (Speaks Kickapoo) get medicine! (Speaks Kickapoo) Uh-huh (affirmative) Go get medicine to go get healed. Like this one boy cut his foot real bad on some barbwire, rusty old barb wire. He right away needed medical attention. Then I called him and said hey (Speaks Kickapoo) I said you gonna have to have that looked at. Look at it, it is green it is ugly. It’s nasty. I brought this way to the clinic. Then I told these girls, the CHR’s, I said hey you girls better watch him, and I’ll be darn if he didn’t take off on us. He went to Mexico. They almost had to amputate his foot because of that gangrene. And that what is when I told him in our language (Speaks Kickapoo) get medicine for that foot. Told him if you don’t do that you are going to lose your foot, maybe a leg too I told him.

This participant appeared to have trepidation when translating the meaning for healing into English. He initially stated, “I guess get medical attention,” indicating an uncertainty with the definition. Perhaps he chose to translate using the Western perspective of healing as he was speaking English. It appeared that while working to translate from his language he felt most at ease in answering in story form in order to convey his thoughts and experience with a word that is multifaceted and intricate in his worldview.

In response to the question about what the participant believed about healing, he offered a story, filled with vivid details, about a process in which a person who at first refused treatment for gangrene, ran off to another country when he was attended to nurses, was talked to about the danger of his predicament in his Kickapoo language, and received the message of how dire his predicament. His statement offers us the nature of the problem, elements of the stages of psychological acceptance, geographic context, language concerns, and much more, all done through story.

This participant’s response to how sadness is experienced in the body:

I don’t let that do that to me you know. Cause it gets me down a whole lot when it does you know...when I lose some of my people through death. I lost my cousin here not too long ago. That was terrible for me. For quite a few...all of us actually those that are our religion. It has a lot to do with him he helped out quite a bit. Well I very seldomly cry about anything, but I did cry that day you know.

When asked about how he experienced sadness he first mentioned his awareness that he does not let himself do so as he stated that it gets him “down a whole lot when it does.” He then

described his own experiences of sadness, and they involve relationships. Further, he described a collective grief experienced by those who share his traditional religion. After describing his own belief of sadness expression, sadness experience, community grief, he then shared that he cried. All of these details culminate in the participant sharing that while they do not often express themselves in tears, he disclosed that their tears fell that day. One must also incorporate how this may also demonstrate the societal implications of the participant's gender into his expression of emotions. Speaking to the additional barriers experience when expressing emotions as not only a male but also that of an Indigenous man. The emotion the participant was asked to share was connected to all of the details described. It is not separated from the experience and could not be expressed in an abstract way. Had the conversation been discussed briefly, the richness in his emotions would have been quite possibly missed and overlooked. This spoke to the power that storytelling can unlock when discussing emotion.

Theme 8: Kickapoo language related to interconnectedness with Nature

Participant 2 discussed how he feels speaking the Kickapoo language impacts his connection with nature.

Nature. Well all of our prayers was in Indian language. All of our prayers that has been said over the years... has something to do with everything that you see you know. When they pray they know about a lot of different things at once. Everything under the stars, moon, sun, earth and creator and that kind of stuff. It has got a big old wide spectrum of things to talk about and so therefore it means a whole lot. It does a great deal of stuff there. Like I said if it had not been for that we might have not been around... Yeah, there is certain things that Indians supposed to live with certain animals you ain't supposed to kill them. They hold them sacred. They're revered like the buffalos. We revere the buffalos. We don't eat them we don't bother them. We don't do anything with them they are sacred. It be some kind of travesty if you were to. I don't know if you fall victim to it or what but we are afraid to. You shouldn't go against it or what you've been taught about anything. You shouldn't go off on your own and say I got to do this and I've got to do that and everything. But chances are you are gonna do something to yourself if you are not careful.

Participant 2 discussed how the prayer language of Kickapoos reveals the interconnection of everything in nature. Prayer is intricately associated with physical and psychological healing.

In order to elicit it, one must consider the co-dependence of all of Nature, "revering the moon,

stars, earth, buffalos.” Prayer language respects the “the big old spectrum of things.” The participant warned us that there is great danger in individualism and “going off on your own and doing” things without considering one’s connection to everything. In fact, he said to fail to revere life as a whole will result in a “travesty.” These perspectives about the collective nature of our lives and the reverence for Nature that prayer language reminds us of is vital for our continued survival.

Participant 4 also spoke to her beliefs regarding the interconnection of the Kickapoo language and nature.

Yes. When we were growing up we are taught not to hide anything, to not lie, to not be kinda...be tricky and all that because if we are talking Kickapoo and we think nobody hears and stuff like that. And then my grandma always says you can't hide, you can't hide from the nature. If you are talking nasty in your language or something like that...the trees will hear you, the rocks will hear you, the ground, the dirt, everything hears you. And if you lie, if you think you are lying they are the ones that hears everything. If you think you are hiding, they see everything. They are the ones that are going to our creator, they are the ones that is going to tell him. Like that. So I never try to lie.

This participant discussed the belief that the Kickapoo language directly links them to their creator through their connection with nature. The underlying assumption she speaks about is that all of Nature is animated and alive. Nature has consciousness. She stated that due to the interconnectedness she was “taught not to hide anything, to not lie, to not be kinda..be tricky” as one cannot hide from nature, it hears everything.” This respect for nature has profoundly impacted her judgment making and subsequently her behavior.

Further, she received this sacred knowledge from her grandmother, and with this teaching there is also another deepened connection to previous generations’ cultural capital. The participant also associates living and talking in Kickapoo puts one in this interconnected existence in a way that living and speaking in English does not. Identity and interconnected identity is something that might be lost if one choses to live in what the participant might feel is a more alienated English speaking existence.

Participant 7 shared her perspective regarding the Kickapoo language and its connection to nature.

When we are not say, afraid or whatever, I'll just give you an example ok. When we have storms that come through periodically like tornados for example. Some of us that believe in Kickapoo and the only time, I believed in it once in my lifetime is there is a tornado that was coming towards my house and this was about 4 or 5 years ago. And what the old people tell us is that you go outside and you talk to our grandfathers (that is what we call, what some people would say the god or whatever) we consider them our grandfathers, and we say it in Kickapoo, we just say 'Grandfather, and then you say your Indian name is and tell them I am here. In other words, it is going to steer that storm away from you because your grandfathers are going to take care of you. And then you have to say what your Indian name is because that is one of the beliefs that we have is that whenever you pass on to other side and go to the other side and those grandpas are up there, those people that have already crossed over. The first thing they are going to ask you before they let you cross over is, what your Indian name. And you have to tell them. And they say oh I know who you are then you are ok. So that is why I believe so strongly in the Kickapoo language is that, what happens if some of these children they don't speak Kickapoo and something happens they get sick or a car wreck or whatever, what happens to that child's soul when it tries to cross over and that child can't say their Indian name. So they are forever and ever not able to cross over to that other side. That soul doesn't cross over to the other side.

This participant told us a story that teaches physical and spiritual protection is linked with honoring Kickapoo identity by speaking and thinking in Kickapoo. She discussed the all-encompassing presence of Nature in a traditional speaker's life. She vividly described the magnitude of safety that is felt from the knowledge of the Kickapoo language as she stated "your grandfathers are going to take care of you." Her feelings of safety and assurance permeated even a highly stressful natural event. She explained how speaking Kickapoo is a powerful force that can turn away tornadoes. Could it also turn away the onslaughts of other impending destructive social forces? By speaking in the language of their ancestors they gain the support and protection of those who came before them. This belief also causes her concern for future generations of non-speakers as she expressed worry for their safety and well-being. She discussed her experience and belief that the power of tribal history and language aligns within her, an honoring of her identity.

Theme 9: Hope and perseverance of Kickapoo language and cultural heritage

Participant 4 shared what she would like to pass on to her grandchildren and future generations.

Our language. Our history. Where we came from. I mean where I came from because I came from Mexico. I want them to continue with our ceremonies, you know participate, go to them and see. And our ways continue but then at the same time White way too. Because I don't know sometimes I get confused myself. Am I supposed to be living like a Native but how is that you know. It is confusing sometimes. I would like for them to balance when you...it depends on where you go... where you are Indian like this. When you go there talk nothing but Kickapoo be Indian when you get to that ground and then when you get out then do you know whatever it is they do over here. Like that. And then be proud of who you are. Don't be embarrassed to talk you language stuff like that. This participant is cognizant of her connection across generations to her past, current and

future relatives. Kickapoo identity is closely associated with preserving specific elements of cultural capital. She is also realistic about the imperative need to live successfully in a space where White culture is dominant. She articulates the current status of "being Indian" and the ambiguity and confusion that can come with that identifier for many Indigenous tribal members. This acculturation stress has permeated the traditional Kickapoo participant's worldview and created confusion. It is easy to see how this can have tremendous impact on the overall health of individuals when striving to maintain a culture while also trying to survive in an English speaking Western culture.

She also alluded to this distinct traditional Kickapoo experience in terms of place. Kickapoos live a more culturally singular life in Mexico, though in Oklahoma and Kansas they have land areas in the middle of overwhelming White dominated structures. She also puts this talk of space and cultural ceremonies in the larger context of time. Only by remembering what her ancestors have taught her can she pass down language and ceremonies that were created for healing psychological and physical ailments, to bond tribal people, and continue Kickapoo identity.

Participate 7 discussed how speaking the Kickapoo language is a significant part of her identity and spirituality.

Uh-huh (affirmative) and that is real key to those of us who are real traditional Kickapoo is that we know that growing up that is what we were taught when we were little. And that when we were little like the first year that we were here on this earth is that is why they give us all Indian names. I have an Indian name. Everyone is suppose to have an Indian name. And there is a ceremony that is performed like a baby naming ceremony. And that is usually performed every spring and it is supposed to be for all these little

babies that are Kickapoo and they are given an Indian name. And that is when they are given that Indian name that is their key. That is the whole thing that carries them over to the other side whenever they get to that point. Otherwise, it considered that they are lost, they never cross over... They just kinda hang around here I guess, their souls. Some other Kickapoos may not share it but that is the way I feel all the time, it is always there. Oh yeah we are going to have a baby naming ceremony, and it is always around those ceremonial houses that we have because of that. There is some of us that are real true to that belief. And then there is some of use that I know that are Kickapoo men and women that don't value that. And it's something that I think should be instilled in these little bitty kids whenever they are growing up. Teach them how to speak Kickapoo, teach them how to be around Indian Houses, ceremony houses all the time just to be around it. So that when they get older they are gonna realize that yeah this is a very key part of being here on this earth is that Indian House, that culture, that tradition.

This speaker stated that “the real key” to identity and spirituality is their language. She adds on that it is another integral part of this is the ceremonies and cultural traditions. Of those traditions, the baby naming ceremony is a prime example of the interconnection of language, spirituality, and culture and all is required for their soul. This participant argues that a coherent, stable Kickapoo identity begins at birth with a community naming ceremony. In other words, the child’s individual identity is linked from the beginning to their connection to other Kickapoo community members and with the Kickapoo language that was used by ancestors and will be used even in the after-life. Without the Kickapoo name, the person will be forever alienated from who they are. With the Kickapoo name they are instilled with a component that begins their understanding of ceremony, place and spiritual objects. Feelings of alienation may result in isolation and a lack of meaning.

Ethnographic Information

One component not fully captured in transcript form is the physical toll it appeared to take to translate many Western health concepts into Kickapoo and then back into English. Many of the participants took many more pauses to answer these questions. A consistent process occurred with many participants in which they would verbally repeat the word in English and then speak aloud in Kickapoo to themselves and then verbalize back in English their answer. It is unknown exactly what internal process occurred during these seemingly intense pauses.

The CHRs utilized their Kickapoo language to beautifully and artfully navigate their Indigenous ways of knowing with the Western health care boundaries placed upon them. The rapport between the Kickapoo CHR and the participants appeared to be more of a strong bond. The CHR appeared to bring the participants calm and assurance. It is not known which component of this bond was attributed to their shared language, history, spirituality, culture, humor, or worldview. However, it could not be ignored the role that their shared Kickapoo language impacted the warmth, familiarity, closeness and confidence of the interview process. Laughter, in particular appeared to be more frequent and intense among participants and CHRs when the Kickapoo language was spoken.

Noteworthy was how participants occasionally asked the interviewer questions about her own personal experience. It was observed that participants tended to share more details once learning some commonalities with the interviewer. Also, a majority of the participants voluntarily discussed their experience after the interview concluded and the recording stopped. Many shared statements indicating that the interview was not what they expected, or how they did not know how much emotions that questions about their language experience would evoke. One participant asked to withdraw her interview as she did not know how much she would divulge. It was also during this time when the participants discussed that they felt more comfortable completing this interview with an interviewer who was also Indigenous and had knowledge of their own Indigenous language, too

CHAPTER V

CONCLUSIONS

“If you talk to a man in a language he understands,
that goes to his head.

If you talk to him in his own language,
that goes to his heart”

stated by Nelson Mandela (Gibson, 2017, p. 32).

The findings in this study aimed to provide insight and qualitative exploration into the Indigenous Kickapoo language as it relates to psychological health among Kickapoo bilinguals and multilinguals. Phenomenological methods of research were used as a basis of theoretical framework. The project resulted in nine interconnected themes the research team agreed upon taken from direct quotations from the transcripts and culminated with analysis by the research team, which stayed close to the texts and drew upon shared Indigenous knowledge. The participants in this study conveyed being profoundly impacted by the use of their Indigenous language in their daily lived experience, especially when discussing sensitive psychological concerns.

This study added to the existing literature by incorporating the perspectives of Kickapoo bilinguals regarding their Indigenous language and psychological healing. The Kickapoos interviewed repeatedly expressed the belief that there is an interconnection between the physical, mental, emotional, and spiritual experience of being human, and that the language used in many ways may structure everything experienced as spiritual beings. Participant comments articulate how their Indigenous language and traditional Kickapoo religion and healing are not only integrated but instead apart of each other and one cannot exist without the other. Participants talked about how it was through their language that they were able to express religious feeling. One might conjecture that the strong religious feeling so often written about in theological texts from Schleiermacher (Veldsman, 2019) until present day as the primary experience of religiosity was spelled out by the participants. Further, this link between the Kickapoo language and spiritual concerns, highlights eternal, qualitative existence or meaning, which is to say life that is not finite but rather profound and worthwhile. This is as, Seligman and colleagues (2005) indicated, that meaningfulness has been linked with persons who rank their lives as being more contented.

The adjustment to living in a space that does not align with this interconnected belief varied among the participants. Multiple participants expressed learning how to navigate through the systems available to them and not designed for them, yet still finding ways to get their health care needs met. While others have chosen to remain close to their traditional ways, some participants continue to grapple with how to adjust. The demonstration of Kickapoo culture clashes appear to be the most apparent when receiving health care. These participants demonstrate how receiving health care when in the midst of a physical trauma can exacerbate the situation by creating psychological trauma when one does not have individuals who understand them. Further, the lack of incorporating the community and spiritual elements required for health according to their perspective makes the current health care delivery system a more disconnecting place. The misalignment of health perspectives perhaps can make health services a part of the lack of healing.

Additionally, the Kickapoo participants indicated that their tribal members suffer from feelings of isolation and alienation when they are not able to communicate fluently with other tribal members. For several participants, depression symptoms accompanied not being able to access language as the prime source of cultural capital. A profound understanding of this challenge faced by so many Kickapoo speakers is that many feel they are not fully able to be themselves if they cannot speak their Indigenous language. There was also a fear that by not being able to speak their language that even the nature of the pain they might experience is altered, suggesting that language, somehow is part and parcel of the reality experienced even in physical and mental realities. This was particularly concerning for our elder participants as their statements eluded to how language proficiency may be at the heart of this disconnection regardless of which language is discussed. This knowledge brings concern for those Indigenous members who are classified as “marginal” in which they do not fit fully into their own culture and that of the majority population (Garret & Pichette, 2000).

Often, Indigenous people speak of how their unique humor can only be expressed in their Indigenous language (Dean, 2003), and this was also seen among the participants and CHR interpreters. The positive emotions these participants expressed feeling, regarding speaking their language was powerful including; joy, freedom, authenticity, feeling seen and heard. Additionally, they described being able to experience a social interaction in which they were able to express their true self which also involved acknowledging one’s cultural self. Their descriptions embodied the definition of psychological health and was due to speaking their Indigenous language. The words used to describe their experience of speaking their tribal language might be identified as everything that is set against isolation, depression, and death. Instead, it identified with the life impulse of a fully functioning human being. A phenomenon known as audience design may have also occurred in which stories are tailored for a particular audience and the audience drastically impacts the storytelling process (Fussell & Krauss, 1989) in these symbiotic moments. The shared laughter between the Kickapoo speakers added to the

emotional intensity of the moment. Further, inherent within the art of storytelling, the cooperative aspects of language use jointly create meaning for internal representation and influences one's depiction of events (Holtgraves & Kashima, 2008). Their discussion to collaboratively create meaning for their unique internal representations appear to create comradery, joy, visibility, and, quite possibly, healing.

The multiple factors associated with communicating in a language not your own are challenging; however, they appear to be magnified with efforts to communicate emotional concerns. The multiple layers of code switching that occur appeared to be tremendously taxing. The Kickapoo bilingual is consistently immersed in acculturative stress in order to communicate and even more so when conveying intense emotions. Multiple elders shared that they questioned their anger or delayed their expression of anger for varied reasons including microaggression or the language proficiency of those within hearing proximity. Research suggests that suppressing feelings such as anger impacts mental health (Brondolo et al., 2009). These comments may also be related to settler/savage structural positioning described in Critical Race Theory (Braveboy, 2006) as their cultural capital is not legitimate in certain contexts because it is not understood by those who have assimilated to White culture. Consequently, it is possible that distress is compounded due to the injustice of an inability to express themselves in their Indigenous language.

The themes that arose in this study brought forth the complicated history that language has and continues to have on populations that endure colonization. Specifically, with the Kickapoo, as their population continues to face the aftermath of both the English and Spanish language used as tools of multiple oppressive forces. Language has been utilized as leverage to judge people, especially those from disenfranchised populations (Taff et al., 2018) such as the Kickapoo. This was also seen among the participants in different ways and appeared to vary across their life span. Some spoke of a time in which they internalized the belief that their English proficiency was an indicator of intelligence. While other were reminded that their time as a monolingual Kickapoo

speaker was also a time of hardship and poverty. All have used speaking their language as a marker of strength and now express intense pride for their Indigenous language.

When asked to translate psychological states the descriptions for stress, anxiety and trauma, provided much insight into the complexity of articulating emotions when translating not only from one language to another but possibly attempting to translate its conceptualization of one worldview to another. Perhaps due to this phenomenon many emotion explanations ranged in description. The range included the word not being able to be translated into English to appearing to have intense meaning that could not be discussed. Could the absence be due to the Western concept not existing in the Kickapoo worldview prior to being asked to acknowledge and translate it? This then leads to the important question that if introducing the word itself might be harmful to many Kickapoos as language impacts experience. Further, an alarming predicament then arises with the existing psychological perspective that naming things help providers to work with things that already exist.

Particularly noteworthy would be the translation of the word “trauma.” These participant excerpts indicate that the word “trauma” appeared to desensitize a person to the magnitude of its meaning among many Kickapoo participants. The participants were asked about a word that psychology books use when describing the lives of Indigenous peoples, yet many Kickapoos could not or would not share its meaning in their interview. Among their answers there was an agreement, that it is a feeling that arises due to something bad that has impacted one from the outside. Further, there is the sense that many of the participants perhaps understood the experience almost in an unconscious way but were unable to communicate it verbally in interview format. One wonders if historical trauma may be experienced in this way, as a very bad feeling or hurt, deep inside stemming from a horrible experience whose content has been forgotten but whose remnants remain.

Many Indigenous groups interpret their natural events, health, well-being, ancestry,

cultural traditions, and natural events within an interconnected framework (Cajete, 2000; Koithan & Farrell, 2010). Overpoweringly, this was also seen among the Kickapoo participants in which they view Nature as all-encompassing and an entity to be revered. Nature not only provides safety; it also provides a moral compass for Kickapoo individuals. In order to access the power and strength of Nature, one must know the Kickapoo language. The Kickapoo language is the key to access this force or plane of safety and security that has been passed down for generations. A fear exists that future generations will not have access to this safe world due to Indigenous language loss.

Further, the Kickapoo bilingual lives in a space that is immersed in acculturative stress that can create confusion. The joy they feel from their language is powerful yet the shame they are made to feel are imbedded in the majority population. The knowledge of their history is painful yet their feelings of joy, resistance and strength is heard especially so in their native language. The participants discussed the value they hold for their language, as it is a part of their identity. They expressed that the knowledge from previous generations have given them tools to combat these injustices including their language and ceremony. By speaking their language and participating in their ceremonies they are able to connect with their community and spirituality. Despite, experiencing invisibility and misclassification, participants still met these barriers with optimism and pride due to their language and identity.

Implications for Clinical Practice and Advocacy

Findings from this study contribute to treatment approaches that are more reflective of Indigenous belief systems regarding healing, health, and psychological health. Increasing this presence in literature about Indigenous community beliefs may lead to health care providers delivering more culturally congruent treatment modalities. This study offered several elements of Kickapoo ways of knowing that provide powerful insight into their worldview that can be integrated into healthcare delivery that is more aligned with their views of healing. Implications

for clinical practice are presented in a multi-layered format and consider improvements at the health care system delivery level and health care provider level.

First, it must be emphasized the physical toll it appeared to take to translate many Western health concepts into English. Many of the participants took more time to answer these questions. It is not known what was occurring internally during these pauses. Could it be that a spiritual process was also tapped into due to having to answer with their whole self as their spiritual world view was required to define the word and then translate it back? Therapists would benefit from being aware of this phenomenon. This indicated that it may be beneficial for health care providers to give space for and honor an individual's first language when asking sensitive questions as it has been shown to be more powerfully emotive (Dewaele, 2004a, 2004b, 2004c, 2006, 2008, 2010; Pavlenko, 2004, 2005) by suggesting they can first describe in their own Indigenous language. Although the provider may not know the language, it is for the client to increase their access to their emotions and world view experience. Further, participants shared that they felt most free and able to express themselves when speaking their language. With authenticity being vital for healing in counseling sessions an incorporation of their Indigenous language would allow for this authenticity to also be brought into session. Therapists understanding this and honoring this in session would allow for greater authenticity.

The power of storytelling appeared to have both healing components and the ability to reconnect with the emotions of experiences shared. At times, some emotions appeared to be too difficult to divulge due to knowing its discussion would evoke the intense emotions again. When working to describe their experience many times these participants preferred to answer in story form in order to answer questions about emotions. Due to this, narrative therapy could provide a promising approach, as stories are foundational (White & Epston, 1990) when providing this therapeutic modality. Robbins and Harrist (2004) discussed that Indigenous people and narrative therapists concur that stories can evoke and influence our lives such that if expressed and reflected upon in a safe environment can benefit psychological health.

Further, there also appeared to be an ease describing an emotion or event when able to talk fully about their experience and their relationship with it. As a result of this the narrative therapy technique of externalization may have increased utility as well. This technique uses metaphor formation to assess the client's relationship with their emotion or problems, in effort to gain perspective of how it encapsulates their identity and lived experience. Moreover, Duran and Duran (1995) discussed that the Indigenous "psyche searches for an object onto which to project in order to restore harmony and relationship with the world" (p. 143). This technique may be a more culturally congruent method that can facilitate the ongoing endeavor of meaning making in efforts toward healing.

When completing interviews, many participants discussed their experiences before they learned English as highly emotional events. They described their Kickapoo monolingual experience with their current English multilingual self. It was difficult to decipher if it was due to the event itself or if the emotionality was due to the language that was being accessed at that moment. With the literature indicating that recalling first language memories may have increased emotional impact for bilingual speakers (Puntoni et al., 2009) therapists should keep this knowledge in mind when asking Kickapoo bilingual speakers to relate stories from the past, as this standard therapeutic practice could have heightened implications for Kickapoo bilinguals.

The participant who experienced counseling shared that she felt increased rapport with her therapist due to her therapist's personal disclosures. Additionally, participants appeared to feel more comfortable with the interviewer once she disclosed similar personal experience regarding her language and heritage. It was noticed to be highly valued by the participants. It appears personal disclosures that indicate a similar history regarding a unique Indigenous experience has a positive impact on rapport with this relational population.

Kickapoo speakers discussed their relationship with the English language changing throughout their lifetime, health care providers can become attuned to this relationship. Therapists can benefit from recognizing what the English language represents on an implicit and explicit

level with clients. Therapists can become attuned for clients unknowingly experiencing internalized beliefs that intelligence is correlated with English proficiency. In addition to multiple explicit actions, such as needing pauses to translate their rich world view into the ridged and static boundaries of the English language. These results indicated that if health care providers can provide understanding for this perhaps their interactions with bilingual clients will be more empathic. Recommendations to increase awareness of bilingualism concerns include therapists visiting a region where their own first language is not the dominant language. In doing so, becoming mindful of how this experience impacts the therapist. Note how vulnerable it may make them feel. Take time to think about how much energy and trust it takes to communicate basic needs. Become attentive of how one may become more entuned to those who lack sensitivity to their fluency or to those who are understanding and helpful of their situation. This may increase empathy before working with a population that has history in which the colonizer's language was used as an oppressive tool.

Another significant element of psychological health is that of Indigenous language as it ties into nature. Participants overwhelmingly indicated the multiple health benefits of their communication with Nature. Our findings suggest that nature-based forms of therapy may have increased benefits with traditional Kickapoo tribal members due to this strong belief. Much literature has been provided on the benefits of nature (Robinson, 2009; Snell et al., 2011), however there is limited literature as to how this would look in Indigenous communities. This study indicates that integrating Nature would also include incorporating the following resiliency factors: traditional knowledge, spirituality and Indigenous language. Our findings suggest that health care facilities that implement a nature-based component when providing counseling services may yield positive psychological outcomes.

The rapport between the Kickapoo CHR and the participants must be noted as it appeared to be more of a strong bond due to their shared Indigenous language. It indicated that health care

delivery systems would benefit immensely if it could operate similar the CHR program. The integration of fellow community members with Indigenous knowledge into healthcare delivery would provide systems with the foundations of resiliency found in their own culture. Participants described one possible way to create more alignment when they discussed the incorporation of community strengths into health service delivery. Participants shared that this could be accomplished through the development and utilization of a tribally relevant community member referral list created with community partnership. This could alleviate the incongruence that can be felt when a traditional Kickapoo tribal member seeks health care and even more so psychological health services. Currently, areas in the Navajo Nation have incorporated this into the structure of the hospital facility and traditional healers are also a part of health care staff (Joe et al., 2016). Although this may not be preferred by some communities, efforts to incorporate the community's perspective could yield more culturally aligned care.

Findings from this study indicate that clients and providers could benefit from focus on resilience and strengths-based strategies derived from their Indigenous language to benefit psychological health outcomes. Overwhelmingly, participants discussed the pride they felt for their culture and Indigenous language. This is also seen in literature in which self-esteem is vital to physical and psychological health (Mann et al., 2004), especially for Indigenous samples (LaFromboise et al., 2010). This proposes that strength can be utilized by incorporating what is inherent in the community through their Indigenous language. Resilience can also be tapped into by honoring their Indigenous ways of knowing while reconciling their shared history.

Limitations

As with many studies regarding Indigenous people, the focus is limited by not being specific enough while at the same time not broad enough. Having focused on only the Kickapoo Tribe of Oklahoma will not be sufficiently generalizable to all Kickapoo Tribal members or Indigenous people. Further, the questions will concern existential and cultural topics, appealing to Kickapoo Tribal members who would be more inclined to talk about these potentially sensitive

issues in an interview format with an Indigenous person that is not a Kickapoo tribal member and does not speak the Kickapoo language.

Participant gender and age should also be interpreted within the context of its limitations, as all were over the age of fifty years old and predominantly female. These limitations impact generalization of results as the participants do not reflect the general population. The goal of this study, however, was to begin to explore Indigenous language as it relates to psychological health. Therefore, conclusive generalizable results may be a goal of future study.

Future Research

Future qualitative research with the Kickapoo Tribe of Oklahoma members might focus more on specific practical issues relating to the themes that emerge from this study. Issues possibly related to language preservation, health care delivery, familial relations, self-care, and/or recreational opportunities. Focus group studies could be formed to begin exploration into what is lost, gained or impacted when Kickapoo tribal members are asked to translate and answer Western concepts of emotions or health experiences. Further, analysis into highlighting strength-based strategies that can be implemented to alleviate their unique impact regarding their collective trauma experience. Quantitative research may also be directed at correlating some of the themes that emerged from this study. Particularly of interest would be that of the generational differences, health protective factors, traditional teachings and language.

REFERENCES

- Anderson, R., & Braud, W. (1998). *Transpersonal Research for the Social Sciences: Honoring Human Experience*. Thousand Oaks, CA: SAGE Publications.
- Anthes, B. (2015). *Edgar Heap of Birds*. Durham, NC: Duke University Press.
- Basso, K. (1990). *To Give Up On Words: Silence in Western Apache*. *Western Apache Language and Culture*. Tucson, AZ: University of Arizona Press.
- Battiste, M. (2013). *Decolonizing education: Nourishing the Learning Spirit*. Canada: Purich Publishing SK.
- Biddle, N. & Swee, H. (2012). The relationship between well-being and Indigenous land, language and culture in Australia. *Australian Geographer*, 43(3), 215– 232. doi:10.1080/00049182.2012.706201
- Birk, M., Chapman, Y., & Francis, K. (2008). Memoing in qualitative research. *Journal of Research in Nursing*, 13(1), 38-75. doi:10.1177/1744987107081254
- Black, I. (2006). The presentation of interpretivist research. *Qualitative Market Research*, 9(4), 319-324. doi:10.1108/13522750610689069
- Bogdan, R. C. & Biklen, S. K. (1992). *Qualitative research for education*. Boston: Allyn & Bacon.
- Bradford, D. T., & Muñoz, A. (1993). Translation in bilingual psychotherapy. *Professional Psychology: Research and Practice*, 24(1), 52–61. doi:10.1037/0735-7028.24.1.52

- Braveboy, B.M. (2006) Toward a tribal critical race theory in education. *The Urban Review*, 37 (5), 425 – 446. doi:10.1007/s11256-005-0018-y
- Brave Heart, M. H., Chase, J., Elkins, J., & Altschul, D. (2011). Historical Trauma Among Indigenous Peoples of the Americas: Concepts, Research, and Clinical Considerations. *Journal of Psychoactive Drugs*, 43(4), 282–290. doi:10.1080/02791072.2011.628913
- Brave Heart, M.H. & DeBruyn, L.M. (1998). The American Indian holocaust: Healing historical unresolved grief. *American Indian & Alaska Native Mental Health Research*, 8, 60-82. doi:10.5820/aian.0802.1998.60
- Bureau of Indian Affairs. (1981). *Comprehensive Report on the Mexican Kickapoo*, Washington, DC.
- Brondolo, E., ver Halen, N. B., Pencille, M., Beatty, D., & Contrada, R. J. (2009). Coping with racism: A selective review of the literature and a theoretical and methodological critique. *Journal of Behavioral Medicine*, 32(1), 64–88. doi:10.1007/s10865-008-9193-0
- Cajete, G. (2000). Indigenous knowledge: The Pueblo metaphor of Indigenous education. In M. Battiste (Ed.). *Reclaiming Indigenous voice and vision* (pp. 181-191). Vancouver: UBC Press.
- Carrese, J. & Rhodes, L. (2000). Bridging cultural differences in medical practice: The case of discussing negative information with Navajo patients. *Journal of General Internal Medicine*, 15(2), 92-96. doi:10.1046/j.1525-1497.2000.03399.x
- Carson, D., Gilmore, A., Perry, C., & Gronhaug, K. (2001). *Qualitative Marketing Research*. London: SAGE Publications.
- Creswell, J. (2013). *Qualitative inquiry & research design: Choosing among five approaches* (3rd ed.). Thousand Oaks: SAGE Publications.
- Crystal, D. (2000). *Language Death*. Cambridge: Cambridge University Press.
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. Thousand Oaks, CA: Sage Publications.

- Dean, R. A. (2003). Native American Humor: Implications for Transcultural Care.
Journal of Transcultural Nursing, 14(1), 62–65. doi:10.1177/1043659602238352
- Deloria, V. (1969). *Custer died for your sins*. New York: Macmillan.
- Deloria, V. (1979). *The Metaphysics of Modern Existence*. New York, NY: Harper & Row, Publishers, Inc.
- Deloria, V. (2003). *God is red: A native view of religion* (3rd ed.). Golden, Colo.: Fulcrum Pub.
- Deloria, V. & Wildcat, D. (2001). *Power and place: Indian education in America*. Golden, Colorado: Fulcrum Pub.
- Denzin, N.K. & Lincoln, Y.S. (2008). *The landscape of qualitative research*. Thousand Oaks, CA: SAGE Publications.
- Dewaele, J.M. (2004a). The emotional force of swearwords and taboo words in the speech of multilinguals. *Journal of Multilingual and Multicultural Development*, 25, 204–222. doi: 10.1080/01434630408666529
- Dewaele, J.M. (2004b). Blistering barnacles! What language do multilinguals swear in?! *Estudios de Sociolinguística*, 5, 83–105. doi: 10.1558/sols.v5i1.83
- Dewaele, J.M. (2004c). Perceived language dominance and language preference for emotional speech: The implications for attrition research. In M. Schmid et al. (Eds.), *First language attrition: Interdisciplinary perspectives on methodological issues* (pp. 81–104). Amsterdam, The Netherlands: John Benjamins.
- Dewaele, J.M. (2006). Expressing anger in multiple languages. In A. Pavlenko (Ed.), *Bilingual minds: Emotional experience, expression, and representation* (pp. 118–151). Clevedon, UK: Multilingual Matters.
- Dewaele, J.M. (2008). The emotional weight of I love you in multilinguals' languages. *Journal of Pragmatics*, 40, 1753–1780. Doi: 10.1016/j.pragma.2008.03.002
- Dewaele, J.M. (2010). *Emotions in multiple languages*. London, UK: Palgrave Macmillan.

- de Zulueta, F. (1990). Bilingualism and family therapy. *Journal of Family Therapy*, 12, 255–265. doi: 10.1046/j..1990.00392.x
- Duran, E. & Duran, B. (1995). *Native American postcolonial psychology*. Albany, NY: State University of New York Press.
- Dzokoto, V. A. (2006). Happiness in the eye and the heart: Somatic referencing in West African emotion lexica. *Journal of Black Psychology*, 32(2), 17-140. doi:10.1177/0095798406286799
- EchoHawk, M. (1997). Suicide: The scourge of Native American people. *Suicide and Life-Threatening Behavior*, 27(1), 60. doi: 10.1111/j.1943-278X.1997.tb00503.x
- Eades, D. (2000). I don't think it's an answer to the question: silencing Aboriginal witnesses in court. *Language in Society*, 29 (2), 161–195. doi: 10.1017/S0047404500002013
- Eades, D. (2007). Understanding Aboriginal silence in legal contexts. In: Kotthoff, Helga, Hilda, Spencer-Oatey (Eds.), *Handbook of Intercultural Communication* (pp. 285-301). Mouton de Gruyter, Berlin.
- Elfenbein, H. A., & Ambady, N. (2002). On the universality and cultural specificity of emotion recognition, a meta-analysis. *Psychological Bulletin*, 128, 203–235. doi:10.1037/0033-2909.128.2.203
- Erikson, E H. (1968). *Identity: Youth and crisis*. New York: Norton.
- Espín, O.M. (2013). 'Making love in English': language in psycho- therapy with immigrant women. *Women Therapy*, 36, 198–218. doi:10.1080/02703149.2013.797847
- Evans M., Hole R., Berg L., Hutchinson P., & Sookraj D. (2009). Common insights, differing methodologies: Towards a fusion of indigenous methodologies, participatory action research, and white studies in an urban aboriginal research agenda. *Qualitative Inquiry*, 15(5), 893–910. doi:10.1177/1077800409333392

- Evans, V., & Green, M. (2006). *Cognitive linguistics: An introduction*. Edinburgh: Edinburgh University Press Ltd.
- Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence, 23*(3), 316-338.
doi:10.1177/0886260507312290
- Fussell, S. R., & Krauss, R. M. (1989). The effects of intended audience on message production and comprehension: Reference in a common ground framework. *Journal of Experimental Social Psychology, 25*, 203-219. doi: 10.1016/0022-1031(89)90019-X
- Garrett, M. T., & Pichette, E. F. (2000). Red as an apple: Native American acculturation and counseling with or without reservation. *Journal of Counseling & Development, 78*(1), 3-13. doi:10.1002/j.1556-6676.2000.tb02554.x
- Glenn, E. N. (2015). Settler colonialism as structure: A framework for comparative studies of U.S. race and gender formation. *Sociology of Race and Ethnicity, 1*(1), 54-74.
doi:10.1177/2332649214560440
- Gibson, J. F. (2017). Multilingual content: A key driver for ecommerce growth. *EContent, 40*(2), 32. Retrieved from <http://argo.library.okstate.edu/login?url=https://search-proquest-com.argo.library.okstate.edu/docview/1874625389?accountid=4117>
- Golla, V. (2002), Native American oral traditions: Collaboration and interpretation. *American Anthropologist, 104*, 1237-1238. doi:10.1525/aa.2002.104.4.1237
- Garcia, J. (1994). *Communicative Strategies in Conversational Kickapoo*. (Doctoral Dissertation). Retrieved from <https://search.proquest.com/docview/304121354>
- Gone, J., & Trimble, J. (2012). American Indian and Alaska Native Mental Health: Diverse perspectives on enduring disparities. *Annual Review of Clinical Psychology, 8*, 131-160. doi:10.1146/annurev-clinpsy-032511-143127

- Goodkind, J. R., Hess, J. M., Gorman, B., & Parker, D. P. (2012). "We're still in a struggle": Dine resilience, survival, historical trauma, and healing. *Qualitative Health Research*, 22(8), 1019-1036. doi:10.1177/1049732312450324
- Grandbois, D. M., & Sanders, G. F. (2009). The resilience of Native American elders. *Issues in Mental Health Nursing*, 30(9), 569-580. doi:10.1080/01612840902916151
- Grandbois, D. M., & Sanders, G. F. (2012). Resilience and stereotyping: the experiences of Native American elders. *Journal of Transcultural Nursing*, 23(4), 389-396. doi:10.1177/1043659612451614
- Grayshield, L., Rutherford, J.J., Salazar, S.B., Mihecoby, A.L., & Ling, L.L. (2015). Understanding and healing historical trauma-The perspectives of Native American elders. *Journal of Mental Health Counseling*, 37(4), 295-307. doi:10.17744/mehc.37.4.02
- Grosfoguel, R. (2007). The epistemic decolonial turn: Beyond political-economy paradigms. *Cultural Studies: Globalization and the De-Colonial Option*, 21(2-3), 211-223. doi:10.1080/09502380601162514.
- Hagens, V., Dobrow, M. J., & Chafe, R. (2009). Interviewee transcript review: assessing the impact on qualitative research. *BMC medical research methodology*, 9, 47. doi:10.1186/1471-2288-9-47
- Hallett, D., Chandler, M. J., & Lalonde, C. E. (2007). Aboriginal language knowledge and youth suicide. *Cognitive Development*, 22(3), 392-399. doi:10.1016/j.cogdev.2007.02.001
- Harmon, D. & Lohl, J. (2010). The index of language diversity: A new quantitative measure of trends in the status of the world's languages. *Languages Documentation & Conservation*, 4, 97-151. <http://hdl.handle.net/10125/4474>
- Harrison, K.D. (2007). *When languages die: The extinction of the world's languages and the erosion of human knowledge*. Cambridge: Cambridge University Press.

- Hill, C. (2012). *Consensual qualitative research: A practical resource for investigating social science phenomena*. Washington, D.C.: American Psychological Association, Washington, DC.
- Hill, J.H. (2008). Expert rhetoric in advocacy for endangered languages: Who is listening and what do they hear? *Journal of Linguistic Anthropology*, 12 (2), 119-133.
- Holtgraves, T. M., & Kashima, Y. (2008). Language, meaning, and social cognition. *Personality and Social Psychology Review*, 12(1), 73-94. doi:10.1177/1088868307309605
- Hudson, L., & Ozanne, J. (1988). Alternative Ways of Seeking Knowledge in Consumer Research. *Journal of Consumer Research*, 14(4), 508–521. doi:10.1086/209132
- Huberman, A. M., & Miles, M. B. (1994). Data management and analysis methods. In N. K. Denzin, & Y. S. Lincoln, *Handbook of qualitative research* (pp. 428-444). Thousand Oaks, CA: SAGE Publications.
- Ivey, A. E. (1994). *Intentional interviewing and counseling: Facilitating client development in a multi-cultural society (3rd ed.)*. Pacific Grove, CA: Brooks/Cole.
- Jackson, R. C. (2017). Resisting relocation: Placing leadership on decolonized indigenous landscapes. *College English*, 79(5), 495-511.
- Javier, R., Barroso, F., & Munoz, M. (1993). Autobiographical memory in bilinguals. *Journal of Psycholinguistic Research*, 22, 319–338. doi:10.1007/BF01068015
- Joe, J. R., Young, R. S., Moses, J., Knoki-Wilson, U., & Dennison, J. (2016). At the bedside: Traditional Navajo practitioners in a patient-centered health care model. *American Indian and Alaska Native Mental Health Research*, 23(2), 28–49. doi:10.5820/aian.2302.2016.28
- Karp, M. & Vögele, C. (2016). Does anyone atill understand me? Psychotherapy and multilingualism. *Verhaltenstherapie*, 26(3), 156-157. doi:10.1159/000448818

- Keysar, B., Hayakawa, S., & An, S. (2012). The foreign- language effect: Thinking in a foreign tongue reduces decision biases. *Psychological Science, 23*, 661–668.
- Kincheloe, J. L., & Steinberg, S. R. (2008). Indigenous knowledge in education. In N. K. Denzin, Y. S. Lincoln, & L. T. Smith (Eds.), *Handbook of Critical and Indigenous Methodologies* (pp. 135–56). Thousand Oaks, CA: SAGE Publications.
- Koithan, M., & Farrell, C. (2010). Indigenous Native American healing traditions. *The Journal for Nurse Practitioners, 6*(6), 477–478. doi:10.1016/j.nurpra.2010.03.016
- Kuhlmann, A. (1989). *Collaborative research in biculturalism among the Kickapoo tribe of Oklahoma*. Retrieved from ProQuest Dissertaton and Theses.
- LaFromboise, T.D, Albright, K. & Harris, A. (2010). Patterns of hopelessness among American Indian adolescence: Relationships by patterns of acculturation and residence, *Cultural Diversity and Ethnic Minority Psychology 16*(1), 68-76. doi:10.1037/a0016181
- Larsen, S., Schrauf, R., Fromholt, P., & Rubin, D. (2002). Inner speech and bilingual autobiographical memory: A Polish–Danish cross-cultural study. *Memory, 10*, 45–54. doi:10.1080/09658210143000218
- Lester, D. (1999). Native American suicide rates, acculturation stress and traditional integration, *Psychological Reports, 84*(2), 398. doi:10.2466/PRO.84.2.398-398
- Levitt, H.M. (2001) Sounds of silence in psychotherapy: The categorization of clients' pauses, *Psychotherapy Research, 11*(3), 295-309, doi:10.1080/713663985
- Lewis, J. P. (2011). Successful aging through the eyes of Alaska Native elders. What it means to be an elder in Bristol Bay, AK. *Gerontologist, 51*(4), 540-549. doi:10.1093/geront/gnr006
- Lewis, J. P. (2014). The role of the social engagement in the definition of successful ageing among Alaska Native elders in Bristol Bay, Alaska. *Psychology & Developing Societies, 26*(2), 263-290. doi:10.1177/0971333614549143

- Lewis, M. E., & Myhra, L. L. (2017). Integrated care with Indigenous populations: A systematic review of the literature. *American Indian & Alaska Native Mental Health Research*, 24(3), 88-110. doi:10.5820/aian.2403.2017.88
- Linn, M. (2007). Oklahoma Native language at the centennial. *World Literature Today*, 81(5), 24-25.
- Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Beverly Hills, CA: SAGE Publications Inc.
- Lindquist, K. A., Barrett, L. F., Bliss-Moreau, E., & Russell, J. A. (2006). Language and the perception of emotion. *Emotion*, 6(1), 125-138. doi:10.1037/1528-3542.6.1.125
- Lomawaima, K.T. & McCarthy, T.L. (2006). *To remain an Indian: Lessons in democracy from a century of Native American education*. New York: Teachers College Press.
- Mann, C. C. (2003). *1491: New revelations of the Americas before Columbus*. New York: Alfred K. Knopf.
- Mann, M., Hosman, C. M., Schaalma, H. P., & de Vries, N. K. (2004). Self-esteem in a broad-spectrum approach for mental health promotion. *Health Education Research*, 19(4), 357–372. doi:10.1093/her/cyg041
- Marian, V., & Kaushanskaya, M. (2004). Self-construal and emotion in bicultural bilinguals. *Journal of Memory and Language*, 51, 190–201. doi:10.1016/j.jml.2004.04.003
- Marian, V. & Neisser, U. (2000). Language-dependent recall of autobiographical memories. *Journal of Experimental Psychology*, 129, 361–368. doi:10.1037//0096-3445.129.3.361
- Maslow, A. (1971). *Religions, values, and peak-experiences*. New York: Viking.

- Mauss, I.B. & Gross J.J. (2004). Emotion suppression and cardiovascular disease: Is hiding feelings bad for your heart? In I. Nyklicek, L. Temoshok. & W. Vingerhoets (Eds.), *Emotional expression and health: Advances in theory, assessment, and clinical applications*. New York: Brunner-Routledge.
- McCarty, T. L., Romero-Little, M. E., & Zepeda, O. (2006). Native American youth discourses on language shift and retention: ideological cross- currents and their implications for language planning. *International Journal of Bilingual Education and Bilingualism*, 9(5), 659-677. doi:10.2167/beb386.0
- Matsumoto, A. & Stanny, C. (2006). Language-dependent access to autobiographical memory in Japanese–English bilinguals and US monolinguals. *Memory*, 14, 378–390. doi:10.1080/09658210500365763
- Meek, B. (2010). *We are our language: An ethnography of language revitalization in a northern Athabaskan community*. Tucson, AZ: University of Arizona Press.
- Merriam, S. B. (2009). *Qualitative research a guide to design and implementation*. San Francisco, CA: Jossey-Bass Publications.
- Momaday, N.S. (1969). *The way to rainy mountain* (1st ed.). Albuquerque: University of New Mexico Press
- Mushin, I., & Gardner, R. (2009). Silence is talk: Conversational silence in Australian Aboriginal talk-in-interaction. *Journal of Pragmatics*, 41(10), 2033-2052. doi:10.1016/j.pragma.2008.11.004
- Neuman, L.W. (2000). *Social Research Methods: Qualitative and Quantitative Approaches (4th Ed.)*, USA: Allyn and Bacon.
- Parsons-Yazzie, E. (1995). Navajo-speaking parents' perceptions of reasons for Navajo language attrition. *Journal of Navajo Education*, 13(1), 29-38.
- Parsons-Yazzie, E. (1996). Perceptions of selected Navajo elders regarding Navajo language attrition. *Journal of Navajo Education*, 13(2), 51-57.

- Patel, L. (2016). *Decolonizing education research*. New York: Taylor & Francis Publishing.
- Patton, M. Q. (2015). *Qualitative Research & Evaluation3 Methods* (Fourth ed.). Thousand Oaks, CA, US: Sage Publications, Inc.
- Pavlenko, A. (2004). 'Stop doing that, ia komu skazala!': Language choice and emotions in parent–child communication. *Journal of Multilingual and Multicultural Development*, 25, 179–203. doi:10.1080/01434630408666528
- Pavlenko, A. (2005). *Emotions and multilingualism*. Cambridge, UK: Cambridge University Press.
- Pavlenko, A. (2008). Emotion and emotion-laden words in the bilingual lexicon. *Bilingualism: Language and Cognition*, 11, 147–164. doi:10.1017/S1366728908003283
- Pavlenko, A. (2012). Affective processing in bilingual speakers: disembodied cognition? *International Journal of Psychology*, 47(6), 405–428. doi:10.1080/00207594.2012.743665
- Pezalla, A. E., Pettigrew, J., & Miller-Day, M. (2012). Researching the researcher-as-instrument: an exercise in interviewer self-reflexivity. *Qualitative Research*, 12(2), 165–185. doi:10.1177/1487941111422107
- Polit, D.F., Beck, C.T. (2006) *Essentials of Nursing Research: Methods, Appraisal, and Utilisation*, 6th ed. Philadelphia: Lippincott Williams & Wilkins.
- Ponterotto, J. G. (2010). Qualitative research in multicultural psychology: philosophical underpinnings, popular approaches, and ethical considerations. *Cultural Diversity and Ethnic Minority Psychology*, 16, 581–589. doi:10.1037/a0012051
- Primeau, L.L. (2003) Reflections on self in qualitative research: Stories of family. *The American Journal of Occupational Therapy*, 57(1), 9–16. doi:10.5014/ajot.57.1.9

- Pugh, M. A., & Vetere, A. (2009). Lost in translation: an interpretative phenomenological analysis of mental health professionals' experiences of empathy in clinical work with an interpreter. *Psychology and Psychotherapy*, 82(3), 305-321.
doi:10.1348/147608308X397059
- Puntoni, S., De Langhe, B., & Van Osselaer, S. (2009). Bilingualism and the emotional intensity of advertising language. *Journal of Consumer Research*, 35, 1012–1025.
doi:10.1086/595022
- Reese, S. (2011). Teaching and preserving native languages. *The Language Education*, 6(5), 42-48.
- Reynolds, A., Sodano, S., Ecklund, T., & Guyker, W. (2012). Dimensions of acculturation in Native American college students. *Measurement and Evaluation in Counseling and Development*, 45(2), 101-112. doi:10.1177/0748175611428330
- Richards, J.M., Butler, E.A., & Gross, J.J. (2003). Emotional regulation in romantic relationships: the cognitive consequences of concealing feelings. *Journal of Social and Personal Relationships*, 20(5), 599-620. doi:10.1177/02654075030205002
- Robbins, R. & Harrist, S. (2004) American Indian constructionalist family therapy for acculturation stress. In J.R. Ancis (Ed.) *Culturally Responsive Interventions* (pp. 23-47) New York: Brunner-Routledge.
- Robbins, R., Hong, J., & Jennings, A. M. (2011). In the pause and listening to the little people. *The Counseling Psychologist*, 40(1), 93-132. doi:10.1177/0011000011410 892.
- Robbins, R., Scherman, A., Holeman, H., & Wilson, J. (2005). Roles of American Indian grandparents in times of cultural crisis. *Journal of Cultural Diversity*, 12(2), 62-68.
- Robinson, L. (2009). Psychotherapy as if the world mattered. In L. Buzzell & C. Chalquist (Eds.), *Ecotherapy: Healing with nature in mind* (pp. 24–29). San Francisco, CA: Sierra Club Books.

- Schrauf, R., & Rubin, D. (2000). Internal languages of retrieval: The bilingual encoding of memories for the personal past. *Memory & Cognition*, 28, 616–623.
doi:10.3758/BF03201251
- Schrauf, R., & Rubin, D. (2004). The ‘language’ and ‘feel’ of bilingual memory: Mnemonic traces. *Estudios de Sociolingüística*, 5, 21–39. doi:10.1558/sols.v5i1.21
- Sefa Dei, G. J. (2006). Introduction: mapping the terrain-towards a new politics of resistance. In Sefa Dei, G.J. & Kempf, A. (Eds.), *Anti-colonialism and education: The politics of resistance* (pp. 1-23). Rotterdam: Sense Publishers.
- Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist*, 60(5), 410–421. doi:10.1037/0003-066X.60.5.410
- Sharpley, C. F., Munro, D. M., & Elly, M. J. (2005). Silence and rapport during initial interviews. *Counselling Psychology Quarterly*, 18(2), 149-159. doi:10.1080/09515070500142189
- Silko, L.M. (1977). *Ceremony*. New York: The Viking Press.
- Snell, T. L., Simmonds, J. G., & Webster, R. S. (2011). Spirituality in the work of Theodore Roszak: Implications for contemporary ecopsychology. *Ecopsychology*, 3(2), 105–113. doi:10.1089/eco.2010.0073
- Steinman, E. (2012). Settler colonial power and the American Indian sovereignty movement: Forms of domination, strategies of transformation. *American Journal of Sociology*, 117(4), 1073-1130. doi:10.1086/662708
- Strauss, A. & Corbin, J. (1998). *Basics of qualitative research: Grounded theory procedures and techniques*. Thousand Oaks, CA: SAGE Publications.
- Taff, A., Chee, M., Hall, J., Hall, M., Martin, K., & Johnston, A. (2018). Indigenous language use impacts wellness’, in K. Rehg & L. Campbell (Eds.), *The Oxford Handbook of Endangered Languages* (pp. 862-83). Oxford: Oxford University Press.

- Tannen, D. (1984). *Conversational style: Analysing talk among friends*. New York: Ablex Publishing.
- Tannen, D. (1985). Silence: Anything but. In: Tannen, D., Saville-Troike, M. (Eds.), *Perspectives on Silence* (pp. 93-111). Norwood NJ: Ablex Publishing.
- Tinker, G.E. (1993). *Missionary Conquest: The Gospel and Native American Cultural Genocide*. Minneapolis: Print Fortress.
- Trimble, C.E., Sommer, B.W. & Quinlan, M.K. (2008). *The American Indian Oral History manual: Making many voices heard*. Walnut Creek, CA: Left Coast Press.
- Tufford, L. & Newman, P. (2010). Bracketing in qualitative research. *Qualitative Social Work: Research and Practice* 11(1), 80–96. doi:10.1177/1473325010368316
- U.S. Census Bureau. (2013). *American Indian and Alaska Native Tribes in the United States and Puerto Rico: 2010 Census*. Retrieved from [https://www.census.gov/population/www/cen2010/cph-t/t-6tables/TABLE%20\(1\).pdf](https://www.census.gov/population/www/cen2010/cph-t/t-6tables/TABLE%20(1).pdf)
- U.S. Census Bureau. (2015). Detailed languages spoken at home and ability to speak English for the population 5 years and over: 2009-2013. Retrieved from <https://www.census.gov/data/tables/2013/demo/2009-2013-lang-tables.html>
- U.S. Department of Health and Human Services, Indian Health Service. (2016). *Indian Health Disparities*. Retrieved from https://www.ihs.gov/newsroom/includes/themes/newihstheme/display_objects/documents/factsheets/Disparities.pdf
- Veldsman, D.P. (2019). To feel with and for Friedrich Schleiermacher: On religious experience. *Hervormde Teologiese Studies*, 75(4), 1-5. doi:10.4102/hts.v75i4.5537
- Watson, J. C. (2002). Re-visioning empathy: Research, practice and theory. In D. J. Cain & J. Seeman (Eds.), *Humanistic psychotherapies: Handbook of research and Practice* (pp.445–472). Washington: American Psychological Association.
- Weaver, J. C. (2003) *The Great Land Rush and the Making of the Modern World, 1650–1900*, Montreal: McGill-Queen’s University Press.

- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends* (1st ed). New York: Norton.
- Whitebeck, L.B., Adams, G.W., Hoyt, D.R. & Chen, X. (2004). Conceptualizing and measuring historical trauma among American Indian people. *American Journal of Community Psychology*, 33(4), 119-130. doi:10.1023/B:AJCP.0000027000.77357.31
- Wolfe, P. (1999). *Settler Colonialism and the Transformation of Anthropology: The Politics and Poetics of an Ethnographic Event*. London: Cassell.
- Wong, B., Yin B., & O'Brien B. (2106). Neurolinguistics: Structure, function, and connectivity in the bilingual brain. *BioMed Research International*, 1-22. doi:10.1155/2016/7069274
- Yamato, A. (1979). *Culture Spaces in Everyday Life: An Anthropology in Common Sense Knowledge*. Lawrence: University of Kansas Publication.
- Yeh, C. J., & Inman, A. G. (2007). Qualitative data analysis and interpretation in counseling psychology: strategies for best practices. *The Counseling Psychologist*, 35, 369-403. doi:10.1177/0011000006292596
- Yurkovich, E. E., & Lattergrass, I. (2008). Defining health and unhealthiness: Perceptions held by Native American Indians with persistent mental illness. *Mental Health, Religion & Culture*, 11(5), 437-459. doi:10.1080/1367467070147 3751

APPENDIX A



Oklahoma State University Institutional Review Board

Date: 07/23/2018
Application Number: ED-18-74
Proposal Title: Exploring Indigenous Language and Psychological Health among Kickapoo Tribal Bilinguals

Principal Investigator: Candice Keyes
Co-Investigator(s):
Faculty Adviser: John Romans
Project Coordinator:
Research Assistant(s):

Processed as: Expedited

Status Recommended by Reviewer(s): Approved

Approval Date: 07/23/2018

Expiration Date: 07/22/2019

The IRB application referenced above has been approved. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.

The final versions of any recruitment, consent and assent documents bearing the IRB approval stamp are available for download from IRBManager. These are the versions that must be used during the study.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be approved by the IRB. Protocol modifications requiring approval may include changes to the title, PI, adviser, other research personnel, funding status or sponsor, subject population composition or size, recruitment, inclusion/exclusion criteria, research site, research procedures and consent/assent process or forms.
2. Submit a request for continuation if the study extends beyond the approval period. This continuation must receive IRB review and approval before the research can continue.
3. Report any unanticipated and/or adverse events to the IRB Office promptly.
4. Notify the IRB office when your research project is complete or when you are no longer affiliated with Oklahoma State University.

Please note that approved protocols are subject to monitoring by the IRB and that the IRB office has the authority to inspect research records associated with this protocol at any time. If you have questions about the IRB procedures or need any assistance from the Board, please contact the IRB Office at 223 Scott Hall (phone: 405-744-3377, irb@okstate.edu).

Sincerely,

A handwritten signature in black ink, appearing to read 'Hugh Crethar'.

Hugh Crethar, Chair Institutional
Review Board

APPENDIX B

PHENOMENOLOGICAL INTERVIEW QUESTIONS

How are psychological health, health and healing ways conceptualized by the Kickapoo Tribal bilingual?

1. How do you define {health, psychological health, healing ways} in your language and what does it translate to in English?
 - a. How is {health, psychological health, healing ways} understood in your culture?

How do Kickapoo Tribal bilinguals, describe the experience of speaking their traditional Kickapoo language and English?

1. What were your experiences of learning your second language? Third language (if applicable)?
2. What do you think are the biggest differences of speaking your tribal language and English?
3. How does it feel to speak Kickapoo? English? Spanish (if applicable)?
4. What language do you prefer to pray in? Why do you think that is?
5. What language do you dream in? Why do you think that is?
6. What would it have been like if you did not speak English?

How do Kickapoo Tribal bilinguals believe psychological health and language are connected?

1. What does {sadness, happiness, anger, stress, loneliness, boredom, hopelessness} mean in your language and can you please translate it into English?
 - a. How does the body let you know that it is experiencing {sadness, happiness, anger, stress, loneliness, boredom, hopelessness, fatigue}?
 - b. How well does the English language translation capture the emotion?
2. What language do you speak when you express love and connection?
 - a. Why do you think that is?
3. What language do you prefer to speak anger in?
 - a. Why do you think that is?
4. What does {depression, anxiety, alcoholism, grief, trauma, drug abuse, suicide*} mean in your language and can you please translate it into English?
 - a. What effect does {depression, anxiety, alcoholism, grief, trauma, suicidal thoughts**} have on the body?

Prompt:	
*The question of 'suicide' has been cleared to ask by CHR?	
**The question of 'suicidal thoughts' has been cleared to ask by CHR?	

5. What do you think are the differences of speaking your tribal language and English when discussing sensitive psychological health concerns if there are any?
6. How do you think tribal language speaking affects; {overall well being of Kickapoo Tribal members, Kickapoo tribal member identity, the connection with nature, the connection with other people } if at all in any way?

How can this knowledge be utilized by behavioral health counselors?

1. How can this knowledge be utilized positively by behavioral health counselors if at all?
2. How can this knowledge be used to improve behavioral health services provided to Kickapoo Tribal members if at all?

How can this knowledge be preserved for future generations?

1. What do you think the current status of the Kickapoo language is today? How fluent are tribal members?
2. Why or how do you think the language is being lost?
3. What can be done to preserve the language?
4. What do you want to pass on to your grandchildren and/ or future generations?
5. What do you want or what are your hopes for the future of your Tribe?

What are your thoughts on the results of this study being published after your personal identifying information has been removed?

APPENDIX C



School of Community Health Sciences, Counseling, and
Counseling Psychology

CONFIDENTIALITY AGREEMENT

Research Project Title: Exploring Indigenous Language and Psychological Health among
Kickapoo Tribal Bilinguals

Researchers: Candice Keyes, MS, MPH and John Romans, PhD

Health Director: David James, Kickapoo Tribe of Oklahoma Health Director

I, [Name of Individual], will be conducting specific tasks such as; arranging interviews,
translating during interviews and providing a health status follow up of participant post interview
for this research project.

I agree to:

1. Keep all research information shared with me confidential by not discussing or sharing
the information in any form or format (e.g., disks, tapes, transcripts) with anyone other
than the Researcher(s) and Health Director.
2. Keep all research information in any form or format (e.g., disks, tapes, transcripts) secure
while it is in my possession.
3. Return all research information in any form or format (e.g., disks, tapes, transcripts) to
the Researcher(s) and/ or Health Director when I have completed the research tasks.

Date: _____

(Print name)

(Signature)

.....
Researcher:

Date: _____

(Print name)

(Signature)

APPENDIX D

ADULT CONSENT FORM

Name of student researcher: Candice Keyes, MS, MPH Phone number: [REDACTED]
Address: [REDACTED] Email: Candice.Keyes@okstate.edu
Advisor: John S. C. Romans, PhD Advisor phone: [REDACTED]
Advisor email: [REDACTED]

Thank you for agreeing to participate in this research project with a doctoral graduate student at Oklahoma State University. This form outlines the purposes of this research activity and provides a description of your involvement and rights as a participant.

The primary goal of this study is to seek a deeper understanding of the perceptions held by Kickapoo Tribal member bilinguals regarding knowledge of their tribal language and its possible connection to their psychological wellness.

PROCEDURES:

If you agree to participate in this study, you will be asked to complete a brief demographic questionnaire. It will take less than 5 minutes. After completing the brief demographic questionnaire, you will be asked to participate in a semi-structured interview. You are invited to participate in this study by completing an interview(s) that will consist of questions about your experiences speaking your tribal language and health. The interview questions may most likely be completed in one 2 hour session or can also be completed in multiple sessions depending on your comfort.

As participant in this research, you are entitled to know the nature of my research. You are free to decline to participate, and you are free to stop the interview or withdraw from the study at any time. No penalty exists for withdrawing your participation. Feel free to ask any questions at any time about the nature of this research activity and the methods I am using. Your suggestions and concerns are important to me. Please contact me or Dr. Romans at the email or phone number provided above.

ELIGIBILITY TO PARTICIPATE:

We are limiting this study to enrolled Kickapoo Tribe of Oklahoma members (age 50 years old or over) who are bilingual in the Kickapoo and English languages and live within the Kickapoo Tribe of Oklahoma jurisdiction.

CONFIDENTIALITY:

The records of this study will be kept private. Any written results will not include information that will identify you. I will assign a fictitious name on the transcript if needed. Your real name will not be used at any point of information collection. Digital recordings will be made of your interview. Audio recordings and written data with identifiable information will be securely stored in a locked box in a locked cabinet for a maximum of up to four weeks before being de-identified. Audio recordings will then be transcribed and

original recordings will be deleted once accuracy of the transcript is verified. The written data including interview transcripts will be shared with an external reviewer to verify accuracy of themes identified within the data. The data will be given to the reviewer in an encrypted jump drive and the reviewer will be asked to delete all files after verifying identified themes. All information provided by you will be kept confidential and will not be released. Any information obtained in connection with this study will remain confidential and will be disclosed only with your permission or as required by law. Your responses will be catalogued electronically without identifying information. This information will be saved for seven years after publication of the de-identified results. De-identified results from this study will be presented to the Kickapoo Tribe of Oklahoma Health Department and its associated services and may be presented at professional meetings, in publications, or to relevant Oklahoma social service agencies for use as to improve services for the Kickapoo Tribe of Oklahoma and other Indigenous populations. Results will not be reported in a way that can identify you individually; we will be looking at the group as a whole.

RISKS OF PARTICIPATION:

Some risks associated with participation in this research study could include the potential for increased psychological distress that can be experienced during the course of the interview(s) due to the content of the question's answers. There is the possibility that you may experience mild discomfort in recalling or revealing unfavorable or unpleasant life experiences. If you experience any psychological discomfort please share your concerns with Candice Keyes. You will also be provided with contact information for the Kickapoo Tribal Health Services information in case additional services are required.

BENEFITS OF PARTICIPATION:

As this is a research project, the benefits to society are contingent upon the results. It is hoped that the study will contribute valuable scientific knowledge about Indigenous people's psychological and overall health. Information collected in this study will contribute to the exploring concepts that aim to increase the health status of Indigenous peoples.

COMPENSATION FOR PARTICIPATION:

I understand that after completion of the interview(s), I will receive a \$25.00 visa gift card as compensation for my participation.

PARTICIPANT RIGHTS:

I understand that my participation is voluntary, that there is no penalty for refusal to participate, and that I am free to withdraw my consent and participation in this project at any time, without penalty.

CONSENT DOCUMENTATION:

I have been fully informed about the procedures listed here. I am aware of what I will be asked to do and of the benefits of my participation. I affirm that I am 18 years of age or older. I also understand the following statements:

I have read and fully understand this consent form. I sign it freely and voluntarily. A copy of this form will be given to me. I hereby give permission for my participation in this study.

Signature of Participant

Date

I certify that I have personally explained this document before requesting that the participant sign it.

Signature of Researcher

Date

(The participant signs two copies; the participant receives a copy, and the student researcher retains a copy)

APPENDIX E

DEMOGRAPHIC INFORMATION

Directions: Please answer each question by filling in the blank, checking the blank, or circling the number that best describes you.

1) Age: _____

2) Gender:

_____ Female

_____ Male

_____ Other (Self-identify) _____

3) How do you identify your race/ethnicity? (Check all that apply)

_____ a) Indigenous/Native American/American Indian/Alaska Native/ First Nation

What Tribe(s)/Nation(s) _____

_____ b) Hispanic/Latino

_____ c) Caucasian/White/European American

_____ d) African American/Black

_____ e) Asian/Pacific Islander/Asian American

_____ f) Other (Please Specify) _____

4) Are you enrolled with the Kickapoo Tribe of Oklahoma?

_____ Yes

_____ No

4a) If not, what tribe are you enrolled in? _____

5) What was the first language that you learned from birth?

_____ Kickapoo

_____ English

_____ Spanish

_____ Other: Specify _____

6) What was the second language that you learned?

_____ Kickapoo

_____ English

_____ Spanish

_____ Other: Specify _____

6a) How old were you when you learned your second language? _____

6b) Where did you first learn your second language?

_____ School

_____ Home

_____ Job

_____ Other: Specify _____

7) What was the third language that you learned?

- Not Applicable
- Kickapoo
- English
- Spanish
- Other: Specify _____

7a) How old were you when you learned your third language? _____

7b) Where did you first learn your third language?

- Not Applicable
- School
- Home
- Job
- Other: Specify _____

8) Which language would you say you are most fluent in?

- Kickapoo
- English
- Spanish
- Other: Specify _____

9) Did you ever attend a Bureau of Indian Affairs Boarding School?

- Yes
- No

10) What was the highest grade you completed? _____

10a) Where did you go for this? (College, BIA, vocational)? _____

11) Spiritual or religious affiliation (please describe): _____

APPENDIX F

EXTENDED LITERATURE REVIEW

This literature review will discuss studies completed on health perspectives, historical trauma, the use of language, and inherent protective factors found among Indigenous cultures will be discussed. The current literature uses terms such as American Indian, Native American, Alaska Native, First Nations, and Aboriginals. Acknowledging the complexity and political implications with the use of these labels (Lewis & Myhra, 2017) the term “Indigenous” will be used to refer to the Native people of North America (United States or Canada) and local tribal terms will be used when possible. Additionally, Indigenous will be capitalized to indicate that it is representative of a distinct sub-group.

Health among Indigenous People

One of the difficulties conducting mental health research among Indigenous populations includes understanding diverse views of how health and mental health are defined. A study to understand how Indigenous individuals experiencing mental illness found that the definition of health was not only the absence of illness but strength through the knowledge of the illness and a balance with the following domains; physical, emotion, spiritual and cognitive (Yurkovich & Lattergrass, 2008). Another study among Alaska Native elders set out to define health and successful aging. This study found that the predominant existing literature definition using the biomedical model contrasted with the study participants’ statements of successful aging to instead “achieving eldership.” Achieving eldership included the following four elements: emotional well-being, spirituality, community engagement, and physical health (Lewis, 2011). A follow up study by Lewis (2014) to further explore the importance of the community engagement aspect of achieving eldership found that Alaska Native elders felt a desire to be involved with family and pass on their cultural knowledge and language. The interview analysis showed that community and family engagement contributed to successful aging among study participants as it led to a

feeling of usefulness and a sense of purpose and a chance to leaving a lasting legacy of self.

These studies show different conceptualization of health and aging from the majority population and lead to a better understanding of mental health among Indigenous populations.

Colonization

When exploring the lived experiences of Indigenous populations, it is imperative to first understand the historical events that led up to the current experience of Indigenous people. In this study, colonization is described as the destabilization of Indigenous communities within the United States (US) by the US government to carry out the doctrine of manifest destiny. This includes demoralization, displacement, and undermining the cultural beliefs and languages of Indigenous people. Further, Weaver (2003) stated colonization also includes overt and subtle actions for Indigenous peoples to replace their language, beliefs, and ways of knowing to that of the colonizer.

Colonization has been linked to the forceful assimilation practices that prevented traditional language use and cultural practices (Deloria, 2003; Tinker 1993). Education in boarding schools were the vector through which colonization assimilated Indigenous populations (Deloria, 2003). Traditional practices were also forcefully suppressed for generations by actions such as banning rituals. With the understanding that spirituality can be a tool to conceptualize one's reality (Maslow, 1971), this destabilized tribal ways of conceptualizing by ignoring or reconfiguring Indigenous peoples into Western images. Consequently, many Indigenous people began secretly passing down their traditions through oral storytelling (Robbins et al., 2005; Golla, 2002). Research indicates that this resistance has been come with a heavy toll, in which suppressing one's identity and emotions compounds physical and psychological health problems (Richards et al., 2003; Mauss & Gross, 2004). These are the reasons that space needs to be made for Indigenous peoples to define their own identity in efforts to understand the colonizer's impact on their identity and thus their well-being.

Colonization has not ended. It continues whenever tribal cultural beliefs, languages and customs are undermined in any manner. This has created an environment in which an Indigenous individual that maintains and practices their tribal customs is in direct resistance to colonization. This resistance has manifested to include western educational options, protesting environmental devastation and continuance of traditional practices. (Deloria, 2003; Deloria & Wildcat, 2001). With the knowledge that practices of traditional customs are vital for the survival of the Indigenous cultures of North America, looking at the experience of Indigenous people, with this presentation of colonization in mind, it is essential to provide culturally competent spaces for an Indigenous person to discuss navigating and communicating within the aggressive and unrelenting territories of the majority culture.

Historical Trauma

Brave Heart and De Buyn (1998) included racism, betrayal, loss of tribal languages, traditional spirituality suppression, diet changes, forced removal, and relocation as additional instances of colonization that add to the cumulative trauma of Indigenous peoples. Native American postcolonial psychology first argued that the ongoing oppression of Indigenous peoples resulted in “soul wounding” which is also known as intergenerational trauma or historical trauma (Duran & Duran, 1995). Historical trauma encompasses the experience of a previous generation to a traumatic event that persists to impact the following generations and surface as symptoms associated with grief, distress, and anxiety (Whitbeck et al., 2004). The study of historical trauma has dramatically influenced the discourse among Indigenous mental health providers regarding the well-being of Indigenous individuals (Gone & Trimble, 2012). Much work done on historical trauma among Indigenous populations emerged from exploring how depression, anxiety, and alcohol abuse might be related to Indian wars, Christian colonization, and boarding school attendance experienced by Indigenous individuals (Duran & Duran, 1995). Further, these symptoms and the reactions to the trauma have the propensity to be passed to subsequent generations through genetics (Brave Heart et al., 2011). Reinforcing the concept that trauma

experienced by Indigenous ancestors such as genocide are experienced on an emotional and genetic level, which adds to their current traumatic experiences.

Evans-Campbell (2008) posed that there is a critical connection between contemporary stress and historical traumatic events among Indigenous people. Whitbeck and colleagues (2004) reported such instances where historical trauma is co-morbid with depression, anxiety, anger, and substance abuse. Adding to the growing literature supporting that historical trauma compounds current trauma for contemporary Indigenous people, Brave Heart and De Buyn (1998) demonstrated historical trauma has been shown to have lasting effects that appear as increased levels of depression and alcohol and drug abuse as well as higher occurrences of negative well-being for Indigenous people

Additionally, when Grayshield (2015) sought to explore how Indigenous elders experienced and perceived historical trauma, four themes emerged: loss of culture and language, alcoholism and substance abuse including food, community discord and technology, and the younger generation. One elder stated, “There’s some generations where some of our people weren’t able to learn the language, weren’t able to learn a lot of things about who we were, our traditional ways...That’s where we lost many of our values and cultural ways” (Grayshield et al., 2015, p. 295). Another study of a Southwest tribe used an ethnographic approach to understand resilience, historical trauma, and healing; the authors found the Tribal members felt that “one of the greatest effects of historical trauma” was intergeneration communication breakdown which impacted healing (Goodkind et al., 2012, p. 1033). This further indicated the need to understand how communication among the Indigenous population is associated with healing and mental health.

Resilience

The near annihilation of Indigenous peoples has been determined to be even more devastating than previously thought as recent as a generation ago (Mann, 2003). Even through unjust historical and present treatment by the American society at large, Indigenous people have

been able to continue cultural traditions (Mann, 2003). Many Indigenous communities maintain traditions that help them to be strong and resilient despite continued efforts to impose oppression.

Exploring protective factors and elements that inhibit the fostering of protective factors is important when exploring mental health among Indigenous people. The study of resilience among Indigenous people helps shed light to these concepts, and fortunately there is some research presence to understand this phenomenon among a few Tribal groups. Grandbois and Sanders (2009) found five attributes emerged when working to understand Indigenous elder resilience after facing adversity. The five themes of resilience were as follows: (1) resilience must be understood with the Indigenous; (2) resilience is found within Indigenous cultures; (3) Indigenous elders attain their resilience from their families and communities; (4) resilience comes from their connection with creation; and (5) resilience comes from their ancestor's legacy. Expanding upon understanding resilience among Indigenous elders, an additional study looked at the effects of stereotyping on Indigenous elder resilience (Grandbois & Sanders, 2012). Five themes surfaced when discussing resilience and stereotypes: ability to bridge culture, having a strong sense of identity, being responsible, education and employment attainment, and strong, cohesive families and communities. When looking to find protective factors in these studies it is easy to see that a strong sense of culture and identity, with strong family and community support is consistently associated with resilience.

Through the colonizing process, Indigenous people interacted with many of the colonizers' ways, by both accepting and resisting elements of psychological, physical, cultural, and social dominations. The outcome of this complicated interaction with colonization has created complexities with Indigenous identity development. Focusing on Indigenous identity involves including what is historically and traditionally distinct about what constitutes being Indigenous.

Indigenous Identity

Multiple scholars uphold that tribal identity is an important component of Indigenous

culture and vital to the continuation of traditional cultural practices (Gone & Trimble, 2012). Gone and Trimble also pointed to the importance of those who identify as an Indigenous person while examining ways Indigenous identity is essential to the future of Indigenous legacies. Further, they posed that the extensive self-identification of Indigenous heritage has threatened the commonalities in experience and orientation of Indigenous people. Their conclusions proposed a responsibility to understand commonalities at a tribal level in addition to the significance of hearing each tribal community explain their own experiences and traditions while preventing an inaccurate picture of what it means to be an individual in their tribe.

Further, LaFromboise and colleagues (2010) found that one's identification with their Indigenous culture has been associated with good mental health, by itself, and with White culture identification. That is, that Indigenous individuals maintained a greater sense of well-being when able to identify as Indigenous even if they possessed characteristics associated with White culture. The presented factors associated with functioning in the majority White population and tribal communities support the ideal that though many Indigenous individuals identify with aspects of white culture, a greater sense of self-esteem and social competency are found among those who identify holistically with their Indigeneity.

In another study, that supports bicultural identity significance, researchers found that bi-culturally competent Indigenous individuals scored lower on hopelessness than those who solely identified with their Indigenous culture (LaFromboise et al., 2010). Moreover, in an additional study that measured enculturation, the acquisition of new culture (i.e., White culture) and traditional Indigenous activity participation to be associated with prosocial outcomes and lower rates of alcohol and drug use (LaFromboise et al, 2010). Individuals that fell between, not feeling a part of White culture and had no Indigenous ceremony participation had the most substance abuse problems. This could be symptomatic of the struggle to find one's self concept when their identity is not accepted by both cultures.

The sentiment that Indigenous tribes should have the opportunity to reclaim themselves completely through managing their own programs in order to achieve greater congruence between cultural values and services (EchoHawk, 1997). Moreover, EchoHawk reiterated that Indigenous individuals be provided space to speak about their identity characteristics in efforts to begin assessment of services needed by their tribe. The present study supports the understanding of Indigenous perspectives in order to provide insight into the types of services that are needed with this specific community while providing the opportunity to express their own characteristics through their language.

The following literature on Indigenous identity is critical to the current study as it demonstrates how fundamental it is to provide Indigenous populations room to share their own perspectives. This is a vital component of the philosophy with which this study is established upon, as the researcher acknowledges the importance of creating space to convey their own views. Further, this is an attempt to correct historical illustrations of inaccurate portrayals of Indigenous values by the dominant White culture (Deloria & Wildcat, 2001).

Acculturation

Reynolds and colleagues (2012) described acculturation for Indigenous people as how the individual incorporates majority White and traditional tribal cultures into their own personal values. Garret and Pichette (2000) identified five main domains of acculturation for Native Americans: Traditional, Marginal, Bicultural, Assimilated, and Pan-traditional. The traditional category of acculturation indicates individuals that speak almost solely in their native tongue while also participating in tribal customs and spirituality. Those within the Marginal category may speak both their native language and the majority language but may not fully identify with their culture of origin or majority culture. Bicultural Native Americans function within dominant society with more ease as well as within their tribal community and can operate comfortably within both settings. Assimilated Native Americans solely accept majority culture and identify

with the dominant society. Pan-traditional individuals have fully assimilated and make a conscious effort to return to their cultural traditions, including their lost spiritual practices.

Acculturation is an aspect of Indigenous identity that has great influence on well-being, as studies have shown an association between the well-being of an Indigenous individual and acculturation (Garret & Pichette, 2000; Lester, 1999). Individuals who are not able to identify with their origins or reconcile their cultural identity may be at high risk to face confusion and isolation, which has the potential to result in a distressed sense of well-being (Erikson, 1968). Further, Lester (1999) stated that stress from acculturation has been found to be positively correlated with suicide rates among Indigenous individuals. This indicates that individuals who have difficulty associating with one or both cultures may be adversely impacted. While contemporary work regarding Indigenous acculturation is necessary to understanding the intricacies of Indigenous identity, the present study provides an opportunity in which Indigenous individuals can use their voices to define their own experience of acculturation and, with it, language and well-being.

Settler/Savage Theory

Upon arrival, Western European colonizers dismissed the civilization that Indigenous communities had created as savage. Deloria Jr. (1969) initiated the Settler/Savage Theory in which he explored how White society dismissed Indigenous peoplehood, in its efforts to attain resources. By using the idea of manifest destiny to justify their actions, settlers felt rationalized working toward fracturing Indigenous people from their histories and impeding ways of interacting with each other.

The Settler/Savage Theory was used to understand the sociological and historical context of the current Indigenous peoples' lived experience. While logic, tenets, and identities can be extrapolated from Native American postcolonial psychology, the Settler/ Savage theory facilitates a more profound understanding of issues related to race, gender, class, and sexual formations (Wolfe, 1999). According to Glenn (2015), the goal of settlers was and continues to be to gain

control of resources, and this requires the removal of its Indigenous occupants. Various methods used to accomplish the goals of the settler have been through assimilation, genocide, intermarriage and cultural stripping replaced by the culture of settlers. The Settler/Savage theory should be seen not as an event but as an ongoing positional structuring between the settlers and the Indigenous peoples, whom they classify as inferior (Glenn, 2015). For instance, in almost all conversation between the dominant culture and Indigenous people, English is used instead of the tribal language. Further, Duran and Duran (1995) assert the dynamics of social interaction are permeated with settler colonialism styles.

In Tribal Critical Race Theory, Braveboy (2006) maintained that colonization has been and is still pervasive within American society. He contends that United States governmental policies were established and are still embedded in White supremacy and imperialism. Further, Braveboy (2006) stated that methods in all forms of oppression, inadvertent or intentional, are closely tied to the end goal of assimilation. The Settler/ Savage Theory distinguishes several ways in which Indigenous people are subjugated to being “wards” of the state within the structure of the United States as a colonial society (Steinman, 2012). Further, Duran and Duran (1995) shared that, consequently, tribal people grieve from experiences stemming from “soul wounds” connected to historical and current instances of wars, subjugation, relocation, and termination. It is for all these reasons that this study is grounded in the Settler/Savage Theory, from which the perspectives of Indigenous people were interpreted.

Settler/Savage theory’s critical analysis challenges injustices utilizing Indigenous persons’ subjective perspectives to understand and counter oppression. This is in part due to how Settler/Savage theory contends with foundational questions that are pertinent to the existential condition of the Indigenous participants and brings to the forefront ways it can be addressed and remedied. The use of the Settler/Savage theory can be used to begin an awareness that any deep connection between the field of psychology and traditional Indigenous knowledge can only be arrived through an appreciation of the tribal language (Deloria, 1979). In this qualitative study,

the subjective ways participants understand themselves and their language are explored.

Participants were questioned about their subjective views of utilizing their Indigenous language and their psychological health, and if relevant, how they have acted in resisting and combating the subjection they may have experienced in potentially oppressive conditions.

Grosfoguel (2007) stated that racial domination works through the social, cultural economic and ideological influences exerted by a dominant group. The Settler/Savage theory contends that racial domination also operates in overt ways of power relations, knowledge and being. Overt violence is no longer the mechanism responsible for their construction. Instead, many of the rules most follow are now covert and stem from historic majority culture ideological positions regarding social feelings, interactions, and communications (Grosfoguel, 2007). Further, the author asserted that ideology is hidden in the cognitive and interactive structures. This makes those impacted by it unable to see, name and explain it as systematic and then perpetuate its normalization.

Consequently, writing regarding Indigenous concerns tend to be problematic due to being written from the periphery of Indigenous ontology, and from a perspective that has scant knowledge about Indigenous experiences. This impedes authentic forms of Indigenous subjectivity to test and question Euro-American tenets, which continue to advance the colonization agenda. Sefa Dei (2006) accepts no monolithic knowledge and criticized distorted knowledge that pretends to represent Indigenous perspectives. Therefore, unless participants and writers of a study are consistently immersed and live in the world of Indigenous peoples are they likely to be able to know the intricate, nuanced and profound Indigenous ways of interacting, feeling, cognitions and grammar (Anthes, 2015). Therefore, they are placed from a vantage point that will not allow for a critical look at how epistemological and ontological perspectives are molded to fit into majority society value system. Conversely, an individual, who lives in the life world of Indigenous people with a critical eye, sees regularly how colonization permeates into discussions.

By providing the above theoretical section, the stage is set for an epistemological and ontological interpretation of the data. The researchers carefully took note of the circumstances of the participants' remarks, as they are related to history and present circumstances. Special attention was given to the participants' awareness of the contradictions and tensions that are part of Indigenous beings in the context of their language use as a protective factor and possibly leaving them vulnerable to the negative impact of colonization.

Language and Emotions

Holtgraves and Kashima (2008) contend that language plays a vital part in one's emotion perception as well as the perception of others' emotion. Consequently, the emotional perception in others is impacted by culture (Elfenbein & Ambady, 2002). Additionally, research has demonstrated that the acquisition of emotional concepts is influenced by emotional language (Linguist et al., 2006). Therefore, language is used as a semiotic tool in human social interactions and is critical to make and exchange meaning among social interactions (Holtgraves & Kashima, 2008). These studies' results highlighted the importance of language when working in the mental health field.

Researchers took a qualitative approach using interpretative phenomenological analysis to look at the importance of language when conveying empathy through the use of translators indicate further the complexity of the "triangulated three-way dyadic interrelationship between clients, interpreters, and clinicians" (Pugh & Vetere, 2009, p. 305). This analysis indicated that the client perception of intimacy was found to be decreased with the use of interpreters. This research showed the value found with the use of language and its impact on interactions and empathy perceived.

Language and its use in expression and relationships is vital to the survival of humans. One ethnographic qualitative study in Ghana showed that among two West African Indigenous languages, expression of emotion was also referred to as body references indicating a combining of physical and psychological states. This form of emotional expression may not be as clearly

understood when translated to English (Dzokoto, 2006). For example, among both groups, it was found that the comprehension and definition of the English word “lonely” was absent from the two groups’ vocabulary. This study showed that expression of emotions was shown to have implications for the communication of psychological health among these two West African groups (Dzokoto, 2006). These studies speak to the varied emotional conceptualizations that are in need of exploration when working with Indigenous populations.

Cognitive Linguistics

To treat language as a means to understand and reveal the interworking of the complex human mind is the study of cognitive linguistics (Evans & Green, 2006). Keysar and colleagues (2012) suggested that thinking and speaking in a foreign language provided a greater emotional and cognitive distance than the speaker’s native language. The prospect of such a detachment of cognition is of incredible importance for theories of cognition, affect, and countless other areas of human services field including psychological theory and practice.

Dawaele and Pavlenko revealed that four factors mediated perception of language choice and language emotionality for emotional expression: language dominance, age of acquisition, order of acquisition, and context of language acquisition (Dewaele, 2004a, 2004b, 2004c, 2006, 2008, 2010; Pavlenko, 2004, 2005). The order of acquisition favored the language learned first from birth, regardless of speaker’s proficiency; it was rated as significantly more emotional, with emotionality of other languages progressively decreasing. The implications of living in a society that does not primarily use the first language mean that emotional expression can easily be reduced, the subsequent adverse consequences of which are extensive.

Further, one analysis established that, regardless of language order, when asked to recall the intensity and frequency of the symptoms associated with a traumatic event, emotional intensity was perceived to be significantly higher in their first language (Puntoni et al., 2009). These results suggest that negative memories could be processed differently and depend on the language of retrieval. When the additional complexities that come with colonization and its

subsequent oppression and attempted genocide are factored in, this becomes exacerbated for Indigenous populations. The loss of homeland, trauma survival, and the inability to access one's first language due to systematic efforts such as boarding school appear to be extraordinarily detrimental.

French– Dutch–English trilinguals were asked to rate their emotional intensity of advertising slogans in Dutch and French. The results discovered that the order of acquisition effect was found as the slogans in their first language, regardless of which language were perceived as more emotional (Puntoni, et al., 2009). To express positive and negative affect, the first language was also significantly more likely to be used. For example, respondents considered the statement “I love you” in their first language to have greater emotional weight. They also preferred to use their first language more frequently to express anger as they appraised taboo words such as swearwords in their first language as significantly more emotional (Pavlenko, 2012).

Additional studies indicate languages of encoding and autobiographical memories are linked. These studies include one in which bilingual autobiographical memories are more likely to be activated by the language in which the original events took place (Maria & Neisser, 2000; Schrauf & Rubin, 2000, 2004; Larsen et al., 2002; Matsumoto & Stanny, 2006). Additionally, studies suggest that memories elicited in the language in which they were encoded have higher emotional intensity and tend to be more detailed (Javier et al., 1993; Marian & Kaushanskaya, 2004). Overall, studies show that perceived language emotionality could be moderated by language dominance, language acquisition context, language acquisition order and age (Pavelenko, 2012).

Code Switching and In the Pause

Over half of the world's population speaks more than one language. Globally, health professionals are more likely to come into contact with individuals whose native language is not the same as theirs or the preferred language of the community they reside in, and this can impede

healing (Karp & Vögele, 2016). This causes an individual to change from one language to another during a conversation, also known as code switching (Wong et al., 2016). Code switching affects the therapeutic encounter as the distance caused by the use of the second language can impact the expression of emotionally rich statements. Additionally, this impedes the emotional potency of the first language and further, negatively impacts cognitive processes and thereby also the intellectual resources required for making sense of the individual's lived experience (Espín, 2013). Furthermore, the amount of familiarity that the therapist has with their client's language related with symptom assessments, diagnosis, and mental illness perception (Bradford & Muñoz, 1993). Additionally, when a therapist understands the language of their client, they are also more likely to be sensitive to cultural nuances that may go unnoticed by a therapist who does not speak the shared language (de Zulueta, 1990). Empathy has been posited to be 'the single most curative factor' within psychotherapeutic practice (Watson, 2002); therefore, it is vital that communication barriers be mitigated. With this data, it is astonishing that research on multilingualism and psychotherapy is rare (Karp & Vögele, 2016). This scarcity in literature is even more dire for Indigenous populations, and this project intends to shine light on this glaring omission.

Many of these studies have indicated significant differences with cross-cultural communication when utilizing silence (Mushin & Gardner, 2009) that can have clinical implications. This was present between Australian Aboriginals and White Australians and seen again among Athabaskans and Anglos Americans (Mushin & Gardner, 2009) exchanges. The characteristics of these exchanges included Anglo Americans and European Australians dominating conversations with Athabaskan and Australian Aboriginals. (Eades, 2007). This created an imbalance of contributions among individuals communicating from different cultures (Mushin & Gardner, 2009). This interaction results in one view going unexpressed and not conveyed. When recognized and used appropriately, Ivey (1994) stated that "supportive silence at the right time may be your most powerful and useful form of attending behavior" (p. 33). Sharpley and colleagues (2005) study found similar results for rapport building in which clients

rated ‘very high’ in rapport versus those rated as ‘low’ in rapport when significantly higher amounts of silence in minutes were used. Additionally, this study found that silences that were initiated by the counselor and ended by the client were more likely to add to rapport than when silences were initiated and ended by the counselor. These skills were practiced and utilized during interviews with participants.

While the importance of language in communication has been explored, the use of silence has been shown to convey emotions and rich context among many Indigenous populations (Robbins et al., 2011). Silence can be described as an enigma; for example, it can be an indicator of varied processes involved in expression of emotional attunement, cognitive processing effort, anger expression, therapeutic resistance, and trust with a therapist (Levitt, 2001). Levitt divided silence into three higher order categories productive, obstructive or neutral. Within the productive category fell three clusters to indicate intense emotional experience, reflective analysis and complex symbolization. Obstructive processes occurred when individuals became disengaged due to content perceived as threatening, and interactional pauses came from unclear reactions associated with the therapist. Other moments of silence were labeled mnemonic and associative pauses, which resulted in a neutral effect on the individual’s experience.

There is also evidence that silence can be interpreted in more ways across cultures (Levitt, 2001). This work has been primarily completed in sociolinguistic and ethnographic fields related to conversation style variation across cultures. Robbins and colleagues (2011) described silence to be where healing occurs, and this can be seen in a case study with a Choctaw healer who shared:

When you are in the pause, there is silence. All information is there. It is like leaving your body. You are no longer your own vessel. It is like being inside a light bulb, and it suddenly gets turned on. I see everything around me and not a single bit of judgment. It is silent of noise (p. 93).

Athabaskan groups ascribe positive meanings to silence (Basso, 1990). Similar results were found among Australian Aboriginals in which they were observed to be more comfortable with long periods of silence, especially when discussing important topics (Eades, 2000). In contrast, Tannen (1984, 1985) described the New York Jewish cultures to view simultaneous talk as indicating sociability, and silence was seen as lacking involvement. For the purpose of this study, the use of silence was incorporated during participant interviews to provide space for emotionality and expansive context.

Indigenous Language, Culture, Land and Health

For thousands of years the land in which the United States now occupies was home to hundreds of languages; in the past 30 years, the Americas have had a 60% decline in linguistics diversity (Harmon & Lohl, 2010). Oklahoma has the highest density of spoken Native American languages in the United States (Reese, 2011), and all these Oklahoma languages are endangered. Around 40 native languages are spoken in Oklahoma, and 18 of the Oklahoma's 38 federally recognized tribes have fluent tribal language speakers (Linn, 2007). A majority of these languages are spoken by a few tribal elders; however, many Oklahoma tribes are working to preserve and revitalize their language. Hill (2008) described that the loss of language leaves profound effect on the individuals' lives, their culture, and the collective psyche of the indigenous community. Further, Meek (2010) stated the following:

While language endangerment is first and foremost about the often violent replacement of one linguistic code by another, it is also about the rupturing and replacement of social-cultural practices and everyday interactions, resulting in the disintegration of the speech community or social networks that sustain the previous code (or lost language) (p.4).

When efforts are made to replace Indigenous languages by majority languages, a strong message is sent that the language, and its associated culture, is of little significance to the majority culture. This message is often not spoken and displays a set of values that have dire consequences for the well-being of Tribal members (Harrison, 2007). When the loss of a

language occurs, a crucial part of human culture is also lost (Crystal, 2000). Additional implications for Indigenous language loss is that of the inherent protective factors that come with the language as indicated by a study conducted among Aboriginal youth in British Columbia that explored Aboriginal language knowledge as it related to youth suicide. The study demonstrated that when communities had at minimum half of the youth possessing conversational knowledge of their Aboriginal language, the rates of suicide among them dropped to zero (Hallett et al., 2007). This study's results assisted in understanding how protective factors such as Indigenous language fluency positively benefit Tribal community psychological health.

The linguistic and psychosocial effects of colonization and genocide have been documented throughout the world and can also be seen in a study among the Navajo Nation. Study results found that, among Navajo participants, the use of their indigenous language “implicate a complex array of ideological forces” including cultural pride, identity, optimism, as well as internalized shame (McCarty et al., 2006, p. 659). Similar results were found in another qualitative study in which Navajo parents named identity, culture, and traditions as strengths of the Navajo language (Parsons-Yazzie, 1995). Parsons-Yazzie's (1996) follow up study discussed the perception of Navajo language attrition among Navajo elders. Researchers found parallel themes in the later Navajo lifespan in which Navajo elders reported that the knowledge of the Navajo language embodied self-identity. One Navajo elder stated the use of the Navajo language is:

like therapy, specific native words express loving and caring. Therapy is applied through the oral expression of a loving thought, but it cannot be received if the language is not understood. Knowing the language presents one with a strong self-identity, a culture with which to identify, and a sense of wellness (Parsons-Yazzie, 1996, p. 51).

The current study sought to explore these implications with psychological health due to the belief that the knowledge of tribal language is a strong protective factor of identity and a form of therapy.

Further, Biddle and Swee (2012) find that language, culture and land are protective factors of each other. They also found a positive relationship between emotional well-being and the maintenance of Indigenous language, culture, and land, as Indigenous language develops from Indigenous lands and waters. Taff and colleagues (2018) provide three illustrations depicting the language, land, people, culture-relationship. The images in Figure 1, depict Indigenous peoples standing on an elongated oval disk that represents their land, its resources, and features. The top elongated oval encapsulates their language along with its knowledge and ways of being on the land, utilizing their Indigenous linguistic expression. Vertically, cultural domains are the connection between land and language, and the symbiotic interconnected nature is displayed. All three images are by Laura Tice Weiner.

Figure 1

The land, culture (vertical topics) and language representation for Indigenous populations.

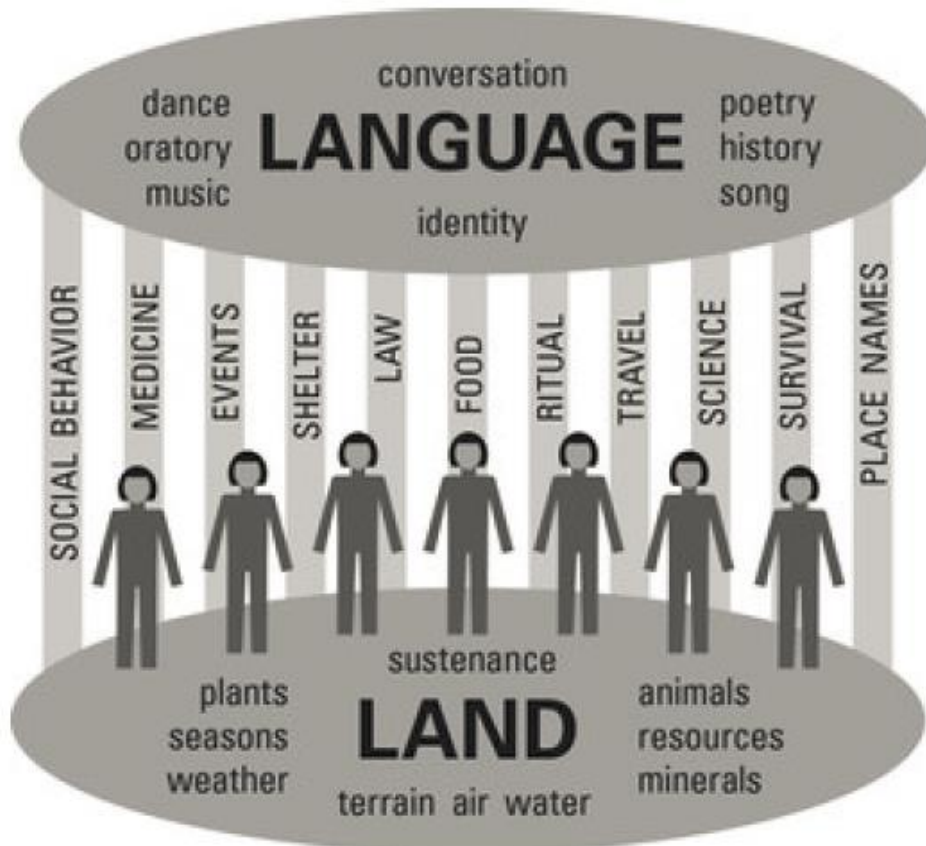


Figure 2

Land loss representation for Indigenous populations.

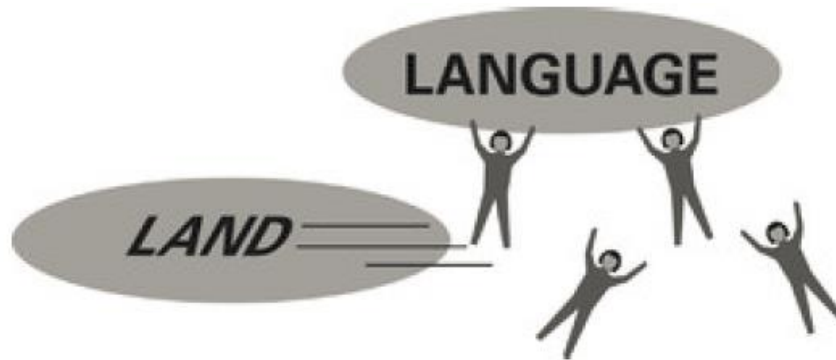
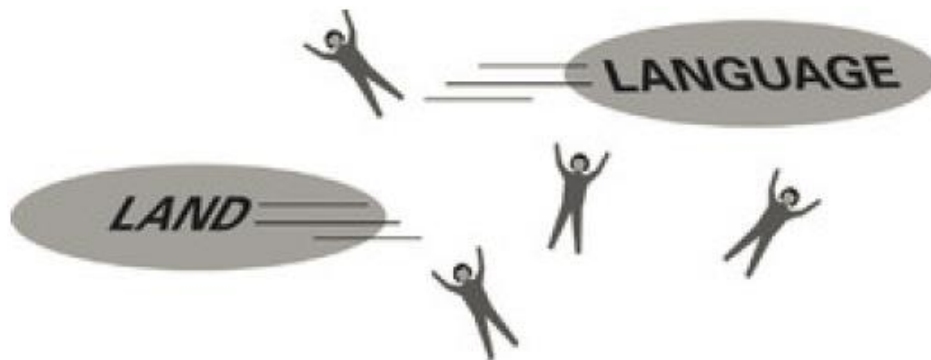


Figure 3

Land and language loss representation for Indigenous populations.



Indigenous language studies have predominantly looked at linguistic structures, language attrition perspectives, and ways to discuss or translate medical issues with traditional tribal language speakers (Carrese & Rhodes, 2000). There has not been a specific study to explore the Indigenous language and its associations with psychological health. This study aims to help provide insight into this gap in valuable knowledge.

Kickapoo Tribe of Oklahoma and the Kickapoo Language

The current study explored the Kickapoo Tribe of Oklahoma and their tribal language due to the knowledge that tribal language knowledge can be an inherent protective factor (Hallett, et al, 2007). The Kickapoo are an Algonquin tribe and belong to the Algonquian linguistic family.

Although the Algonquian language has been well studied, little has been written about the Kickapoo language (Garcia, 1994). The Kickapoo were originally located in the Great Lakes Region of the United States. They traditionally lived primarily as hunters and gatherers. Their first contact with Europeans occurred in the beginning of the 17th century (Kuhlmann, 1989). In response to the western migration of Europeans, the Kickapoo moved southward. By the mid-1800s, most Kickapoo settled in Kansas and again came into conflict with Europeans. During this time, a split occurred within the Kickapoo nation, some chose to remain in Kansas while other members moved into Texas and Mexico (Bureau of Indian Affairs, 1981). Kuhlmann (1989) stated that of the group who remained in Kansas, some again left in protest of allotment and settled in what is now known as the state of Oklahoma by the end of the 19th century.

The Kickapoo Tribe of Oklahoma is one of three federally recognized Kickapoo groups residing in the United States. According to the United States Census Bureau, 4,193 people in the United States self-identified to be among a Kickapoo tribal grouping for the 2010 census, and of those, 1,527 resided in the state of Oklahoma (U.S. Census Bureau, 2013). It is estimated that the Kansas Kickapoo Tribe numbered approximately 500. The Texas Band of the Kickapoo, located in Eagle Pass, Texas, reported about 300 members. There is a fourth group of Kickapoo that reside about 125 miles southwest of Eagle Pass, Texas in the state of Nacimiento, Coahuila in Mexico. The Kickapoos living in Texas and Mexico, having retained the Kickapoo language and culture, and are considered more traditional (Yamamoto, 1979). The Nacimiento, Mexico location is central to many ceremonial and religious events. There is consistent contact and communication between the Kickapoos in Oklahoma and their relatives in Texas and Mexico. All Kickapoo Tribal members with special passes issued by the United States Immigration Service are able to cross the United States and Mexico border with ease. The Kickapoo of Oklahoma have benefitted from the linguistic stability of their relatives living in Mexico.

Kuhlmann (1989) shared that the Kickapoo language knowledge in Oklahoma can be replenished from their external homeland of its relatives in Mexico in which there are several

generations of speakers who are monolingual and bilingual; however, currently within the Kickapoo Tribe of Oklahoma, there are few children who acquire their native language (Garcia, 1994). Multi-year data from the American Community Survey captured from 2009-2013 reported that there were 820 Kickapoo speakers in the United States, and of this group, 220 endorsed speaking English “less than very well.” Within the state of Oklahoma there were 320 Kickapoo speakers, and of this group, 110 endorsed speaking English “less than very well.” In Texas, there were 405 Kickapoo speakers, and of this group, 110 endorsed speaking English “less than very well.” Lastly, in Kansas there were 40 Kickapoo speakers (US Census Bureau, 2015) and it is not reported how well they believe they speak English. In response to this decline the Kickapoo Tribe of Oklahoma has begun language resuscitation programs for tribal members (Kuhlmann, 1989). Although there are few Kickapoo children in Oklahoma who are speaking their ancestral language, there are several Kickapoo monolinguals elders and many Kickapoo-English bilingual adults. The Kickapoo-English adult bilinguals were the focus of this study.

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