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By

JILL S. H. HILL
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DECOLONIZING PERSONALITY ASSESSMENT:
AN EXAMINATION OF THE MINNESOTA MULTIPHASIC
PERSONALITY INVENTORY - 2

A Dissertation APPROVED FOR THE
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

BY

_____
Terry M. Pace, Ph.D., Chair

_____
Rockey R. Robbins, Ph.D.

_____
Cal D. Stoltenberg, Ph.D.

_____
Melissa Frey, Ph.D.

_____
Jorge Mendoza, Ph.D.

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Dedication

For my mother, Marilyn, the strongest person I know, whom I deeply admire and love, who taught me how to love and to approach my work with love.

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Abstract

This research builds on a previous investigation which found that the Minnesota Multiphasic Personality Inventory - 2 (MMPI-2), the most widely used personality assessment instrument in the world, exhibits significant cultural bias when used with American Indian adults. In trying to understand why this occurs, the confluence of American Indian worldview and colonizing attitudes inherent within test development were explored through an item-level analysis. A qualitative investigation of item content and relations to cultural and language factors in item interpretation followed. The language and cultural shifting necessary to answer the items contained within the MMPI-2 are significant enough to considerably negate the test's validity when used with American Indians. Through a series of in-depth interviews with thirteen Elders and leaders of an Eastern Woodland tribe, this study demonstrates how the MMPI-2 pathologizes Indigenous worldviews, knowledge, beliefs, and behaviors rather than accurately assesses psychopathology within this distinct cultural group. The results of this investigation also demonstrate that new culturally and contextually informed assessment tools are urgently needed. Attempting to answer the calls of fellow Indigenous scholars, this research aims to challenge and transform the status quo of assessment research in particular and psychological research in general by centering Indigenous

perspectives. Further, it is an attempt to bring respect to the perspectives of Indigenous peoples and their right to psychological self-determination within the arena of psychological research, theory, and practice.

Decolonizing Personality Assessment:

An Examination of the Minnesota Multiphasic Personality Inventory-2

Chapter I

The history of psychological assessment is a reasonably short one, spanning just over 100 years (Geisinger, 2000). However, psychological assessment has always been a defining and fundamental characteristic of Western psychology (Garfield & Kurtz, 1973; Piotrowski & Zalewski, 1993; Weiner, 1983 as cited in Geisinger, 2000). In his brief historical overview, Geisinger (2000) discusses the influences of Wilhelm Wundt, James McKeen Cattell, Alfred Binet, Lewis S. Terman, and E.L. Thorndike on the development and use of tests within the psychological field. Wundt greatly influenced one of the earliest and most common themes in assessment: The need for administration of measures to be strictly controlled in order for them to be interchangeable across individuals (Geisinger, 2000, p. 117). Pioneers of intelligence testing, Binet, Terman, and Thorndike, also emphasized such rigor and exacting standards in assessment procedures.

Geisinger (2000) notes that until the 1920s, all testing was performed individually, by psychologists and other trained professionals assessing individuals, such as schoolchildren, one at a time. At the beginning of the First World War, American psychologists were called to action in the form of examining recruits, selecting those most able to move

into positions of responsibility. This included classifying recruits according to positions in which they would be successful, and assisting in the discharge of those not able to succeed (Geisinger, 2000, p. 118). The two test forms developed in this time period, Army Alpha and Army Beta, accounted for individuals with special needs and provided accommodations for the hearing impaired and those unable to communicate in English. The Army Alpha and Army Beta tests demonstrated the possibility of accommodating different individuals with differing needs (Geisinger, 2000).

Reflecting on both the patterns and trends in assessment over the past 50 years, initially, the overall time spent in assessment occupied approximately 50 percent of psychologists' practice (Groth-Marnat, 2000; Lubin, Larsen, & Matarazzo, 1984; Lubin, Larsen; Matarazzo, & Seever, 1985, 1986; Sundberg, 1961). However, this has gradually decreased to approximately 20 percent in more recent years (Watkins, Campbell, Nieberding, & Hallmark, 1995). Patterns of testing maintain emphasis on intelligence testing to projective measures such as the Rorschach and Thematic Apperception Test (TAT) to objective measures of personality, for example, the Minnesota Multiphasic Personality Inventory (MMPI; Hathaway & McKinley, 1943).

Geisinger's (2000) review outlines several historical concepts that remain important in psychological testing. Foremost, from testing's historical beginnings, control in administration has been essential. Secondly, accommodations are possible for individuals with differing needs without impairing the test administration, interpretation, or results. Lastly, as psychological testing continues to evolve, the ability of measures to be adapted across languages, cultures, and national borders has become increasingly evident, albeit with significant cautions (Geisinger, 1994, 2000). However, as I shall discuss later, this last belief can be quite problematic for a variety of reasons.

Assessment with Cross-Cultural and Multi-Ethnic Populations

The reasons that researchers and clinicians attempt to study or adapt measures developed in one culture for use with respondents of other cultures (Ben-Porath, Almagor, Hoffman-Chemi, & Tellegen, 1995) have been outlined by Ben-Porath (1990). First, local measures of the constructs of interest may not exist in the target culture. Second, exporting measures to other cultures helps determine whether the constructs measured by the instrument are general across cultures (etic) or specific to only one or a few cultures (emic).

The third reason concerns whether the construct measured is normatively the same across cultures. This process is conducted through

measurement of the same constructs (with the same inventory) in the cultures followed by a comparison of trait distributions (Paunonen, & Ashton, 1998). For example, in the assessment of personality, persons in one culture may, on average, exhibit higher levels of a particular personality trait or show greater trait variability than individuals from a different culture (Paunonen, & Ashton, 1998).

Few guidelines exist regarding test adaptations. The ones that have been developed have not been widely circulated (Geisinger, 1994). Geisinger (1994) suggests that any time a measure is simply used with a population that differs qualitatively from the one for which it was originally developed, one must continually check its validity and usefulness in that new population, even if the test itself remains unchanged. However, one may conclude if the test remains unchanged there would be little usefulness in its continued use with "different" populations if the test's validity must always be questioned.

Indeed, most standard psychological tests have been used as pseudoetics as noted by Dana (1998). A pseudoetic is an Anglo American emic that is presumed to be an etic and therefore of universal usefulness (Dana, 1998). Dana (1996) recommends using such tests with non-Anglo Americans only under the following conditions. First, an acculturation screening measure must be administered to indicate assimilated or

bicultural persons for whom the tests may be appropriate, and traditional or marginal individuals for whom the tests may be inappropriate (Dana, 1993). Next, the development of separate standard test norms for acculturation outcomes, or cultural orientation categories, permit use of tests with traditional and marginal individuals. This process avoids use of culture-specific or group specific norms, which do not account for different acculturation statuses within the same cultural group (Dana, 1998). In general, Dana suggests the more one is similar to the dominant culture (Anglo American), the more valid a pseudoetic test will be for that person. Conversely, the less similar one is to the dominant culture, the less valid such test will be for that individual.

Despite the recommendations of Dana and others (Ibrahim & Arredondo, 1986), evaluation of cultural identity status is not a common practice prior to other forms of assessment (Dana, 1998). Increased awareness of cultural identity promotes recognition of cultural diversity both between and within groups. For example, Choney, Berryhill, and Robbins (1995) developed a theory of acculturation for American Indians that includes five categories of cultural identity status: traditional, transitional, bicultural, assimilated, and marginal. Each status reflects how an American Indian individual responds to his/her Indian culture. Traditional individuals speak only their Native language, know and

understand tribal customs, participate in traditional ceremonies and social activities, act in ways considered to be tribally appropriate, and tend to live in environments away from White cultural influences. Transitional individuals speak English as a second language, know and understand tribal customs and traditions, have limited knowledge of White culture, participate in traditional ceremonies and activities, and may live in multicultural communities. Bicultural individuals are proficient in both their Native and English languages, know and understand both White and Indian customs and traditions, act in tribally appropriate ways as well as appropriate ways in the dominant White society, may or may not participate in traditional ceremonies and social activities, and may live in multicultural communities. Assimilated individuals have no knowledge of their Native language, understand White culture with little or no knowledge of Indigenous customs, do not participate in traditional ceremonies and/or social activities, do not know tribally appropriate behaviors, and choose to live apart from the Indian community with no interaction. Marginal individuals feel no attachment to either culture and are not involved in social, ceremonial, or knowledge-based activities of either culture (Berryhill, 1998; Choney et al., 1995).

Dana's recommendations and suggestions appear to make good sense theoretically. However, practical applications of his suggestions are

nearly impossible particularly because there are no empirically supported or reliable measures of acculturation for American Indian people (Berryhill, 1998). Additionally, clinicians' level of knowledge in this area is questionable at best.

Personality Assessment

First published in 1943, the MMPI and its derivatives are the most widely used "psychopathology personality measures throughout the world" (Dana, 2000, p.223). It was developed in the 1930s to serve as a tool for differential diagnosis of psychiatric disorders among the medical patient populations of the University of Minnesota hospital. Starke Hathaway and J. C. McKinley (1940) developed more than 1,000 items derived from psychiatric textbooks, other personality inventories, and clinical experience (Greene, 2000). From these items, they deleted duplicates and other items deemed insignificant which resulted in a sample of 504 total items (Greene, 2000). From these 504 items, the scales of the original MMPI were constructed with the goal of predicting membership in one of eight diagnostic categories. Features of these diagnostic categories were viewed from the Kraeplinian perspective, which directed the test's developers. Today, however, that perspective is no longer used (Handel & Ben-Porath, 2000).

The norms for the original MMPI were based primarily on a non-representative sampling (*N* = 724) of individuals who were relatives or friends of patients admitted to the University Hospitals in Minneapolis. It consisted only of White individuals from rural backgrounds with an average of 8 years of education (Handel & Ben-Porath, 2000). This original normative group ranged in age from 16 to 55 years. The only criterion for exclusion was if an individual was currently under the care of a physician (Greene, 2000).

Hathaway and McKinley (1940) selected criterion groups based on clinical diagnosis and used an empirical approach in selecting items for a specific scale. As Greene (2000) states, the items had to be answered differently by the criterion group (e.g., depressed patients) as compared with normal groups. Items were selected solely on the basis that the criterion group answered them differently than other groups.

The test's developers were guided by normative references for differential diagnosis. Interestingly, users of the test observed it wasn't an effective measure for differential diagnosis, although MMPI scale scores were associated with clinically relevant symptoms, traits, and behaviors. Handel and Ben-Porath (2000) note "within a decade of the test's original publication, MMPI interpretation was based on the empirically established correlates of the instrument (p. 230)." Large scale studies aimed at

forming a foundation for actuarial application of the test were conducted and subsequently provided clinicians a method by which they could base their interpretations on the empirical correlates of the scales. This approach has held true for the restandardized MMPI, the MMPI-2.

MMPI/MMPI-2 Scales and Empirical Correlates

It is widely held that in order for a personality inventory to be accepted as useful, empirical validation of the measure is necessary (Meehl, 1945; Butcher, 2000). Citing Meehl's (1945) "empiricist manifesto", Butcher (2000) states that the role of personality test items is to serve as "a sample of behavior that has correlates requiring further empirical validation" (p. 376). From this view, simply scoring a personality test item does not ensure a valid self-rating. Butcher (2000) states this is "the theoretical basis of the empirical approach to scale construction" (p. 376) employed by Hathaway and McKinley (1940). The process of identifying empirical correlates serves the purpose of validating the power of a personality scale to predict external behavior. In short, this process verifies the test's credibility (Butcher, 2000).

In what Butcher (1999) described as the "definitive MMPI-2 empirical study" (p. xv), Graham, Ben-Porath, and McNulty (1999) examined the empirical validity of the test's clinical scales. One purpose of this study was to empirically demonstrate that the MMPI-2 reliably

assessed the same constructs and clinical dimensions addressed by the original MMPI (Butcher, 1999). Butcher (1999) and the study's authors concluded this objective was achieved.

The authors conducted the study within an urban community mental health setting in the state of Ohio over a period of 21 months. The main purpose of the study was to identify empirical correlates of MMPI-2 scales and code types (Graham et al., 1999). The study's sample consisted of 410 men and 610 women (clients who completed all standardized procedures and the MMPI-2). Taking race into consideration, the sample consisted of 814 Caucasians (332 men, 482 women), 192 African-Americans (70 men, 122 women), and 14 identified only as "other." The authors claim the sample's demographic composition appropriately represents a large segment of the U.S. population which would receive mental health services and to whom the MMPI-2 would be administered in community mental health settings.

In addition to the MMPI-2, the researchers utilized the following extra-test measures in the study: An intake form specifically designed for this project, the SCL-90-R (a self report instrument that reflects patterns of psychological symptoms), SCL-90 Analogue (a visual analogue scale rated by clinicians), and a patient description form (PDF) developed specifically for this project (Graham et al., 1999). In the data analysis, the

researchers calculated correlations between MMPI-2 scale and subscale scores and measures from the extra-test instruments; the correlation coefficients provided a measure of effect size for the empirical correlates. The researchers dichotomized MMPI-2 scale scores ($T \geq 65$, clinically significant vs. $T \leq 65$, non-clinically significant) (Graham et al., 1999). The authors' findings for clients with clinically elevated scale scores are reported by scale below. Due to the immense number of significant correlations, only extra-test characteristics that were found to significantly correlate with the MMPI-2 scales for *both* men and women will be reported.

Empirical correlates of Scale 1: Hypochondriasis (Hs).

Scale 1 was designed to measure a broad range of vague, nonspecific, neurotic concerns about bodily functioning (Greene, 2000). Graham et al. (1999) reported the following correlates for Scale 1: diagnoses of dysthymia or depression, self-reported multiple somatic symptoms, fatigue, lack of energy, and low sex drive; clinician-reported preoccupation with health problems, development of physical symptoms in response to stress, sleep disturbance, feelings of hopelessness, and pessimism.

Empirical correlates of Scale 2: Depression (D).

Scale 2 was designed to assess symptomatic depression, "characterized by poor morale, lack of hope in the future, and general dissatisfaction with one's own status" (Hathaway & McKinley, 1940, as cited in Greene, 2000, p. 133). Graham et al. (1999) reported the following correlates for Scale 2: diagnoses of depression or dysthymia, self-reported anxiety, depression, obsessive-compulsive symptomology, and fatigue; clinician ratings of suicidal ideation, feelings of hopelessness, pessimism, sleep disturbance, low energy, anxiety, preoccupation with health concerns, and reduced coping in response to stress.

Empirical correlates of Scale 3: Hysteria (Hy).

Scale 3 was designed to assess specific somatic symptoms *and* to show a client who considers him- or herself well socialized and adjusted (Greene, 2000). The combination of these distinct assessment areas is reflective of personality characteristics typified by histrionic dynamics (Greene, 2000). Graham et al. (1999) reported the following correlates for Scale 3: diagnoses of depression or dysthymia, self-reported multiple somatic complaints, and fatigue; clinician-rated feelings of sadness, depression, hopelessness, being overwhelmed and anxiety, difficulties in concentration, sleep disturbance, preoccupation with health problems,

multiple somatic complaints, and development of physical symptoms in response to stress.

Empirical correlates of Scale 4: Psychopathic Deviate (Pd).

Scale 4 was designed to assess general social maladjustment and the absence of significantly pleasant experiences (Greene, 2000). Graham et al. (1999) reported the following empirical correlates for Scale 4: history of previous clinical treatment, history of physical abuse; clinician ratings of depression, suicidal ideation, feelings of sadness, hopelessness, and pessimism.

Empirical correlates of Scale 5: Masculinity-Femininity (Mf).

Scale 5 was originally designed to assess both male and female homosexual inversion. Today the scale is an assessment of interests in vocations and hobbies, aesthetic preferences, activity-passivity, and personal sensitivity (Greene, 2000). Citing very few significant extra-test correlates, Graham et al. (1999) reported the following for Scale 5: inverse relationships for females and males on history of criminal arrests (self-reported) and engagement in stereotypical masculine activities (clinician-rated).

Empirical correlates of Scale 6: Paranoia (Pa).

Scale 6 was designed to assess psychotic symptomology, interpersonal sensitivity, moral self-righteousness, suspiciousness,

acknowledgement of delusions and paranoid thought processes (Greene, 2000). Graham et al. (1999) reported the following empirical correlates for Scale 6: diagnoses of depression or dysthymia, history of previous hospitalizations, history of having few or no friends, self-reported feelings of depression, interpersonal sensitivity, psychotic symptoms, and paranoid ideation; clinician ratings of tearfulness, suicidal ideation, hostility and anger in men, and low energy in women.

Empirical correlates of Scale 7: Psychasthenia (Pt).

Scale 7 was originally designed to assess neurotic psychasthenia, a syndrome characterized by the client's inability to resist specific actions or thoughts regardless of their maladaptive nature (Greene, 2000). Today these symptoms are most closely associated with obsessive-compulsive disorders. The scale "taps abnormal fears, self-criticism, difficulties in concentration, and guilt feelings" (Greene, 2000, p. 160) in addition to trait anxiety. Graham et al. (1999) reported the following empirical correlates for Scale 7: diagnoses of depression or dysthymia, self-reported interpersonal sensitivity, symptoms of anxiety, depression and obsessive-compulsive disorders, and psychotic symptomology; clinician ratings of feelings of hopelessness and pessimism, suicidal ideation, somatic symptoms, sleep disturbance, nervousness, anxiety, worry, difficulties in

concentration, strong feelings of inferiority and insecurity, engagement in self-degrading behaviors, interpersonal sensitivity, and few coping skills.

Empirical correlates of Scale 8: Schizophrenia (Sc).

According to Greene (2000), Scale 8 was designed to assess "bizarre thought processes and peculiar perceptions, social alienation, poor familial relationships, difficulties in concentration and impulse control, lack of deep interests, disturbing questions of self-worth and self-identity, and sexual difficulties" (p. 163). Graham et al. (1999) reported the following empirical correlates: diagnoses of depression or dysthymia, history of previous psychiatric hospitalization, history of few or no friends, current status of taking anti-depressant and/or anxiolytic medications, self-reported interpersonal sensitivity, symptoms of anxiety, depression, obsessive-compulsive disorder, and psychosis; clinician-rated feelings of depression and sadness, feelings of hopelessness, pessimism, suicidal ideation, anxious symptoms, preoccupation with health problems, sleep disturbance, poor coping skills, clinician characterizations of clients as insecure persons lacking achievement needs who tend to feel like failures and engage in self-degrading commentary.

Empirical correlates of Scale 9: Hypomania (Ma).

Scale 9 was designed to assess behavioral and cognitive overactivity, grandiosity, egocentricity, irritability and "milder degrees of

manic excitement, characterized by an elated but unstable mood, psychomotor excitement, and flight of ideas" (Greene, 2000, p. 168). Graham et al. (1999) reported the following empirical correlates for Scale 9: history of marijuana abuse; clinician ratings of antisocial behavior and aggressiveness, overevaluation of own worth, and dysfunctional relationships with co-workers.

Empirical correlates of Scale 0: Social Introversion (Si).

Scale 0 was designed to assess the social introversion-extroversion dimension. High scores indicate social introversion which is characterized by "personal discomfort in social situations, isolation, general maladjustment, and self-deprecation" (Greene, 2000, p. 171). Graham et al. (1999) reported the following correlates for Scale 0: diagnoses of depression or dysthymia; clinician characterizations of clients as feeling sad, depressed and hopeless, insecure, introverted, shy, and socially awkward.

As I will discuss later in greater detail, identifying significant empirical correlates, although highly praised within the field of personality assessment, is but one method of test validation. Extra-test measures, especially those designed specifically for research purposes and based on clinician ratings can be problematic when used to determine cultural bias within a test. Extra-test measures, like the tests they are correlated with,

are developed from and reflect a specific worldview, typically the dominant culture's worldview. For reasons I will describe later, the practice of using measures developed from the same worldview to validate each other repeatedly fails to take into consideration cultural context, cultural factors, or local cultural norms of behavior specific to the racial and ethnic minority persons to whom results of research studies will be generalized.

While the information gained from the Graham et al. (1999) study is valuable, it remains questionable whether this study is truly definitive given only Caucasians and African-Americans (with strikingly disparate sample sizes between these groups) were included in the study and the assumed universality of the extra-test measures employed in the study. Making sweeping generalizations from conclusions based on observed differences or similarities between only two racial groups is dangerous. Assumptions regarding the universality of extra-test measures and the generalizations made from Graham et al. (1999) need to be examined much more closely before zealously claiming the study's definitiveness.

MMPI's Applicability with Ethnic Minorities

Unfortunately, most of the previous efforts to identify empirical correlates for original MMPI interpretation ignored multicultural factors in assessment (Handel & Ben-Porath, 2000). As the original MMPI diagnostic categories became immaterial and empirical correlates became

more established, concerns about the test's application across cultures diminished even further, almost to a point of extinction. This further established the test as a pseudoetic. When investigators began to research multicultural issues with the MMPI, initially, they attended primarily to normative questions in a manner that was inconsistent with the empirical approach to MMPI interpretation (Handel & Ben-Porath, 2000). As the original norms of the MMPI were developed on an exclusively White sample from Minnesota, concern existed about the applicability of the inventory with members of various ethnic minority groups (Graham, 1993). Unfortunately, multicultural factors in personality assessment utilizing an empirical perspective were not investigated until after the restandardization of the MMPI in 1989.

Greene (1987, 2000) states the most widely studied ethnic minority group, in relationship to MMPI performance, has been African Americans. Gynther (1972) proposed the construction of new MMPI norms based on research that focused primarily on normative comparisons between African Americans and Whites. Such research studies (Ball, 1960; Butcher, Ball, & Ray, 1964; Hokanson & Calden, 1960; McDonald & Gynther, 1962, 1963) suggested that African Americans typically scored higher than Whites on MMPI scales L, F, 8, and 9.

However, subsequent studies that matched African Americans and Whites on demographic characteristics, age, and educational level suggested differences between the two groups were insignificant, inconsistent, or nonexistent (Dahlstrom, et al., 1986; Penk, Robinowitz, Roberts, Dolan, & Atkins, 1981). Greene's (1987) review of the literature concluded that no consistent pattern of differences between African Americans and Whites existed. He further suggested the crucial role moderator variables play in between-group comparisons and urged investigators to move forward in examining and comparing empirical correlates of MMPI scale scores across African Americans and Whites (Greene, 1987).

Comparing Asian Americans and Whites on the MMPI, Greene (1987) identified only 3 studies (Marsella, Sanborn, Kameoka, Shizura, & Brannan, 1975; Sue & Sue, 1974; Tsushima & Onorato, 1982), one of which (Marsella et al., 1975) only examined mean differences on Scale 2 (Depression). In that study, the investigators reported higher scores for Asian Americans on Scale 2 (Depression). This finding was consistent with higher scores reported for Asian Americans on the Beck Depression Inventory (BDI). Marsella et al. (1975) did not match the groups they studied so it is unclear whether such differences would be present if the groups had been matched on any moderator variables.

Controlling for diagnosis, Tsushima and Onorato (1982) reported no significant differences between Whites and Asian Americans on MMPI scale scores. Sue and Sue (1974) reported differences between male Asian Americans and Whites on Scales L (Lie), F (Infrequency), 1 (Hypochondriasis), 2 (Depression), 4 (Psychopathic Deviate), 6 (Paranoia), 7(Psychasthenia), 8 (Schizophrenia), and 0 (Social Introversion) and between female Asian Americans and Whites on Scales L (Lie), F (Infrequency), and 0 (Social Introversion). Asian Americans scored higher than Whites in each instance. However, the authors did not report mean scale scores.

In reviewing the existing literature concerning the comparison of Asian Americans and Whites on the MMPI, no studies were found that examined empirical correlates across groups. The studies cited focused primarily on normative differences between groups. Additionally, no study examined the effects or influences of acculturation or within-group cultural differences on MMPI performance for Asian Americans.

MMPI research with Hispanic Americans is often hard to interpret due to the heterogeneity of participants identified as Hispanic as well as the confounding nature of language proficiency (Handel & Ben-Porath, 2000; Graham, 1993). Greene (1987) reviewed eleven empirical studies that examined Hispanic and White mean MMPI scale differences and

reported no consistent pattern existed. Campos (1989), in a meta-analysis of sixteen studies, concluded that, on average, Hispanics score approximately four *T*-score points higher than Whites on the L (Lie) scale.

Matching only on diagnosis of schizophrenia, Velasquez and Callahan (1990) matched White, Hispanic, and African American participants. They reported higher scores for Hispanics on scales F (Infrequency), 1 (Hypochondriasis), 7 (Psychasthenia), 8 (Schizophrenia), and 9 (Hypomania) when compared with Whites. Matching Hispanic and White participants on psychiatric diagnosis, age, and education, Velasquez, Callahan, and Young (1993) found that MMPI differences between the groups were neither diminished nor eliminated (as cited in Handel & Ben-Porath, 2000).

The majority of MMPI research conducted with Hispanic populations was conducted after 1990 (Prieto, McNeill, Walls, & Gomez, 2001). Ironically, before that time, well-respected scholars (e.g., Greene, 1987) asserted minimal, if any, differences existed between Whites and Hispanic Americans on the MMPI and strongly argued for a convincing lack of bias in the test with regard to racial/ethnic variables (Prieto et al., 2001). Again, these studies focused primarily on normative issues rather than examining empirical correlates. Potential confounds such as

acculturation and language proficiency were not included in these early studies (Dana, 1996).

Studies examining mean MMPI scale differences between American Indians and Whites are scarce especially considering the test's fifty years of duration. Additionally, most of the published studies that examined differences typically utilized alcoholic, inpatient, student, or criminal samples.

Arthur (1944) conducted the earliest study that examined American Indian and White differences on the MMPI. Her study consisted of 51 female and 29 male Indian boarding school students, most of whom were in the twelfth grade and ranged in age from sixteen to twenty-five. She compared the two American Indian groups with two (male and female) White university groups consisting of enrolled and prospective students whose age ranges were approximately the same as the American Indian groups. Arthur (1944) reported the American Indian students scored higher than the White students on scales 2 (Depressive / Depression) and 4 (Constitutional Psychopathic / Psychopathic Deviate). She concluded, as a group, the American Indian students demonstrated evidence of good emotional judgment.

Arthur's American Indian boarding school sample deserves a critical historical perspective. Governmental and religious boarding

schools were developed in the late 18th and early 19th Centuries as tools of cultural genocide aimed toward the Indigenous population of North America. Initially, the policy governing boarding schools allowed children to be sent voluntarily. However, when that plan did not work as systematically as hoped, attendance was enforced through threats of cessation of rations and supplies and incarceration (McDonald, 1990; Noriega, 1992, as cited in Brave Heart & DeBruyn, 1998). The goals of these schools were to teach American Indian children dominant Western cultural values, language and style of dress (Brave Heart & DeBruyn, 1998). Cleary and Peacock (1998) provide a revealing description of the boarding school experience:

> Assimilationist education policies were implemented to remove any vestiges of tribal cultures in an effort to "Americanize" tribal members. American Indian children were forced to attend mission and government schools, where they were forbidden to speak in their native languages or to live their cultures. In many of these boarding schools, the children were consciously deprived of seeing their parents for extended periods. For the most part, these practices continued well into the mid-1960s, and their impact has been profound and lasting (p. 63).

Given this information, it is safe to conclude that the American Indian students in Arthur's (1944) sample did not enjoy the same educational experiences as those of their White counterparts. Duran and Duran (1995) provide an even more haunting description of the boarding school period:

> One of the most devastating policies implemented by the government were boarding schools, which were primarily designed to destroy the fabric of Native American life – the family unit. Once the family unit was destroyed the culture was sure to suffer and *the plan of termination* [italics added] of Native American nations would then be complete. Native American children were forcefully removed from their families and taken to a distant place where they were assimilated into the White worldview. These children were not permitted to speak their native language or to have any type of relationship with their tribal roots. Children were physically made to look as close to their White counterparts as possible in order to strip them of their Native American-ness. Boys were given short haircuts, and colonial clothes of the day were to be worn (even though at times they did not fit); the boys were placed in classes training for a trade, and the girls were usually taught how to sew and perform other housework (pp. 33-34).

This historical perspective places Arthur's (1944) study within context. It is interesting that more differences were not found between the two groups in her study. However, connecting the results of her study to pervasive forced assimilation across the boarding school system, one may wonder whether these American Indian students sensed that it would be in their best interests to answer test items in a manner consistent with a Westernized or White worldview. Hypothetically, if this were the case, the MMPI could also be considered as a test of "successful" assimilation.

Comparing 33 American Indian male alcoholics' MMPI scale scores to those of White alcoholics in other studies, Kline, Rozynko, Flint, and Roberts (1973) reported, on average, American Indians scored higher across all the scales than their White counterparts. The authors

concluded that careful consideration of sociocultural background is imperative for an adequate evaluation of MMPI performance. Further, Kline et al. (1973) suggested the development of American Indian norms in order to contribute to future clinical studies. The authors' suggestion had gone painfully unanswered for sixteen years until the MMPI's restandardization.

Uecker, Boutilier, and Richardson (1980) examined mean MMPI profile differences between 40 American Indian and 40 White veteran inpatient alcoholics who were matched according to age, education and severity/duration of drinking problem. The authors also incorporated an acculturation measure, the Richardson Indian Culturalization Test (ICT), a 25-item multiple-choice questionnaire normed on Northern Plains American Indians that reflected degree of "Indianness". "Indianness" as measured by the ICT included Indian customs, beliefs, language, eating, and drinking habits (Berryhill, 1998). The researchers deemed the acculturation measure adequate for research purposes but not for individual prediction (Uecker et al., 1980). The authors reported that the profiles between the two groups were similar, however, "Indianness" as measured by the ICT was significantly related to scores on scales 1 (Hysteria), 3 (Hypochondriasis), 7 (Psychasthenia), and 8 (Schizophrenia). Further, Uecker et al. (1980) strongly cautioned against use of the MMPI

with American Indians because it had not been validated for persons from such ethnic/cultural backgrounds. It is significant to note that development and construction of the ICT was based solely on one of the author's experiences with Sioux male alcoholic inpatients. Walker, Cohen, and Walker (1980, as cited in Berryhill, 1998), in their critical review of the instrument, concluded the ICT perpetuates negative stereotypes of American Indians by relating high scores of "Indianness" to clinically significant scores of psychopathology on the MMPI.

Using extremely small sample sizes, Page and Bozlee (1982) examined mean MMPI profiles of 11 Whites, 11 Hispanic Americans, and 11 American Indians undergoing treatment for alcoholism and reported similar profiles across each of the groups. The authors reported no significant differences in age, education, or psychiatric diagnoses. Further, Page and Bozlee (1982) argued against development of separate norms for ethnic minority groups, but suggested cross-validation of their results with a larger sample.

Matching for socioeconomic status, Butcher, Braswell, and Raney (1983) compared mean MMPI profiles for White, African American, and American Indian psychiatric inpatients. The authors reported MMPI scores of American Indians were less elevated than those for Whites or African Americans. Butcher et al. (1983) further concluded that neither

socioeconomic class nor ethnic minority status account for obtained differences among their clinical samples. However, the latter conclusion was based only on comparisons between the African American and American Indian groups and examination of the "minority status" variable. It does not seem appropriate to produce such a conclusion based upon a between-groups analysis. This conclusion is even more suspect considering the extreme differences in sample sizes for each group, African Americans (*n* = 97), Whites (*n* = 454), and American Indians (*n* = 36).

With the exception of Uecker et al. (1980), the aforementioned studies did not attempt to address acculturative status for American Indians included in their samples. Additionally, matters of English language proficiency were not examined in the reviewed studies. Finally, the studies did not explore the empirical correlates of the MMPI scale scores across any of the groups examined.

Imperialism, Ethnocentric Monoculturalism, and the MMPI-2

One of the major goals of the MMPI Restandardization project was to obtain a contemporary normative sample, one that was consistent with the most recent 1980 U.S. Census (Butcher, Graham, Williams, & Ben-Porath, 1990). However, the achievement of that goal is questionable. Some of the criticisms of the restandardization concern its shortcomings in

representativeness, for example, inclusion of few Hispanic/Latino/a Americans, Asian Americans, older women, and unrepresentative American Indians (Nichols, 1992; Nichols, Padilla, & Gomez-Maqueo 2000). In fact, Nichols et al. (2000) argue the representation of various ethnic minorities in the restandardization sample "is insufficient to guarantee freedom from ethnic biases, particularly among persons without competence in English" (p. 262). Other criticisms include continued untested assumptions regarding item content and phrasing of the items that reflect a purely Western perspective (Pace et al., in press). These criticisms remain unanswered, unfortunately, considering the extent to which the MMPI-2 has been translated and adapted internationally.

Graham (1990) describes the process of the normative data collection for the restandardization project as follows:

> 1980 Census data were used to guide subject solicitation. Seven testing sites (Minnesota, Ohio, North Carolina, Washington, Pennsylvania, Virginia, and California) were selected to assure geographic representativeness. Potential subjects in a particular region were selected primarily from community or telephone directories. They were then sent letters explaining the nature of the project and asking them to participate. After an initial trial period, it was decided that individual subjects would be paid $15.00, and couples who participated together $40.00 for their participation. Subjects were tested in groups in locations conveniently located in their communities. In order to assure representativeness of the sample, some subjects from *special groups* [italics added] were added to the sample. These included military personnel and *American Indians* [italics added] (p. 11).

It is important to emphasize here the effect such assumptions and language (e.g., special groups), undeniably inherent within the field of psychology, have on American Indian people in general. Historically, the "knowledge" generated about American Indians by the field of psychology contributed to negative perceptions and consequent degradations as well as Indigenous people's own negative self-concepts. The field of psychology has developed comprehensive and profound personality assessments that falsely represent and subsequently harm American Indians when not used with discretion (Robbins, Stoltenberg, Robbins, & Ross, 2002; Howes & DeBlassie, 1989). Given this fact, the MMPI-2 does not merely explain or describe types of behavior, but produces a form of knowledge. This knowledge serves to confirm the assumptions and beliefs of the dominant Western psychological paradigm. Drawing upon the work of French philosopher Michel Foucault (1980), Prilleltensky and Nelson (2002), state that knowledge provides us the power to redefine and name the experiences of the subjects of psychological interventions:

> Knowledge and power are integrated with one another, and there is no point in dreaming of a time when knowledge will cease to depend on power. . . It is not possible for power to be exercised without knowledge, it is impossible for knowledge not to engender power" (Foucault, 1980, p. 52, as cited in Prilleltensky & Nelson, 2002, p. 27).

Thus, psychologists' power generates various forms of knowledge that are more reflective of their *power to define truth* rather than truth itself (Prilleltensky & Nelson, 2002).

Therefore, from Graham's statement above, it certainly is not difficult to interpret the exercise of power in defining "special" in such a way. Additionally, it is possible to interpret the use of the word "special," which implies *different* or *Other,* as a subtle form of unexamined racism or, at least, as using power to construct knowledge from the Western dominant paradigm. This further cements and perpetuates a colonizing attitude within the allegedly objective field of personality assessment, and to a larger extent, the entire field of psychology. Maori educational scholar and activist, Linda Tuhiwai Smith (1999), states these "are views which invite a comparison with 'something/ someone else' which exists *on the outside*, such as the oriental, the 'Negro', the 'Jew', the 'Indian', the 'Aborigine'" (p. 32). These perspectives only serve to maintain the exclusive nature of oppressive structures within psychology and to a greater extent, society. Needless to say, White/Anglo, middle-class culture remains the standard by which all others are compared, especially within the field of psychology.

In his book, *Orientalism*, Edward Said (1978) describes the centuries-old European and American traditions of imperialism, power,

construction of knowledge and discourse regarding classification and representation of the Other in such a way as to maintain, in his words, positional superiority. He states this process of Orientalism is the way the West has dealt with it [the Orient], "by making statements about it, authorizing views of it, describing it, by teaching it, settling it, ruling over it: in short, Orientalism as a Western style for dominating, restructuring, and having authority over the Orient" (p. 3).

Smith (1999) builds upon this argument, stating "the Other has been constituted with a name, a face, a particular identity, namely *Indigenous peoples*" (p. 2). Indigenous ways of knowing and being, therefore, are also considered inferior and invalid or simply something else to be taken and *re*-presented. Imperialism and colonialism still operate within the academic disciplines, forcing non-Western systems of knowledge to remain either marginalized or excluded and always considered Other. Foucault (1980) reflects on this conflict and terms these systems of knowledge as "subjugated knowledges…whole sets of knowledges that have been disqualified as inadequate to their task or insufficiently elaborated, beneath the required level of cognition or scientificity" (p. 82). He describes these knowledges further as products of meticulous, erudite, exact historical knowledge primarily "concerned with a historical knowledge of struggles" (p. 83). It is in this sense that

Western science, knowledge, culture, traditions, and values have maintained positional superiority especially within academia. Smith (1999) explains:

> Attempts to 'indigenize' colonial academic institutions and/or individual disciplines within them have been fraught with major struggles over what counts as knowledge, as language, as literature, as curriculum and the role of intellectuals, and over the critical function of the concept of academic freedom (p. 65).
> In their discussion of biological determinism (Gould, 1981, p. 325).

Duran and Duran (1995) elaborate further, with particular attention to the discipline of psychology:

> A good example of how some of the ideology of biological determinism affects people is seen in the field of psychometric assessment. The relevant literature is filled with studies showing cultural bias and outright racist practices, yet researchers continue to use the same racist tools to evaluate the psyche of Native American peoples. The very essence of Western science as applied to psychology is permeated with biological determinism that has as its sole purpose the demonstration of white superiority. Many examples can be cited of Native American people losing their freedom, being sterilized, or losing their children simply because they were not able to pass the white standards of a psychometric test (p. 19).

Labeling and including American Indians as a "special" group within the MMPI-2 normative group is a superb illustration of the above statements. This phenomenon, labeled *ethnocentric monoculturalism* (Sue et al., 1998) all too often goes unquestioned within the field, however, colonized peoples and scholars have orated and written about it for centuries and have experienced it since European contact and colonization.

In response to colonialism and the subsequent ethnocentric monoculturalism, colonized peoples have had to develop a repertoire of survival skills. In his essay, *"Of Our Spiritual Strivings,"* W. E. B. Du Bois (1905) describes the necessary sense of double-consciousness or two-ness one possesses in order to survive in the White/American world, one in which ethnocentric monoculturalism is a form of hegemony:

> After the Egyptian and Indian, the Greek and Roman, the Teuton and Mongolian, the Negro is a sort of seventh son, *born with a veil* [italics added], and gifted with second-sight in this American world, – a world which yields him no true self-consciousness, but only lets him see himself through the revelation of the *other* [italics added] world. It is a peculiar sensation, this double-consciousness, this sense of always looking at one's self through the eyes of others, of measuring one's soul by the tape of a world that looks on in amused contempt and pity. One ever feels his two-ness, – an American, a Negro; two souls, two thoughts, two unreconciled strivings; two warring ideals in one dark body, whose dogged strength alone keeps it from being torn asunder (p. 3).

In *Black Skin, White Masks*, Frantz Fanon (1967) further captures these skills of survival and points to a similar duality that exists as an effect of colonization:

> The black man has two dimensions. One with his fellows, the other with the white man. A Negro behaves differently with a white man and with another Negro. That this self-division is a direct result of colonialist subjugation is beyond question (p. 17) . . . .
>
> Every colonized people – in other words, every people in whose soul an inferiority complex has been created by the death and burial of its local cultural originality – finds itself face to face with the language of the civilizing nation; that is, with the culture of the *mother* [italics added] country. The colonized is elevated above

> his jungle status in proportion to his adoption of the mother country's cultural standards (p. 18).

Ahluwahlia (2003), also noting the imposition of duality, argues that Fanon "demonstrates how the effects of colonialism permeated the black body and created a desire to wear a white mask, to mimic the white person in order to survive the absurdity of the colonial world" (p. 344).

In his keynote address to the National Multicultural Conference and Summit in Newport Beach, California, Thomas Parham (1999), a prominent psychologist and prolific multicultural scholar described his personal experience with ethnocentric monoculturalism and further elaborated Du Bois' metaphor of the veil:

> My observations lead me to believe that intolerance is manifested in the normative standards. . . which are forced upon us. If we examine our own American society and our disciplines of psychology and counseling, we find normative standards abundant. As an African American male, I grew up much like my Chicano/Latino, Asian, Native American, and poor White counterparts with a *veil* [italics added] of imposition. That veil told me that my success in America, indeed my very worth as a human being, was related to my ability to assimilate my values, lifestyles, characteristics, and behaviors into what White middle-class culture suggested was legitimate (as cited in Ponterotto, Casas, Suzuki, & Alexander, 2001, p. 873).

Renowned psychologist and pioneering multicultural scholar, Derald Wing Sue (2001) further describes ethnocentric monoculturalism and its harmful effects:

> People who differ in race, culture, and ethnicity are constantly given messages that they are "deviant" and "abnormal." Later in life as I began to study psychology and human behavior, I came to realize that "ethnocentric monoculturalism" was an extremely powerful, insidious, and pervasive force that was institutionalized in all aspects of U.S. society. In our profession of psychology, for example, I have found that the standards of practice and codes of ethics for psychologists are culture-bound and that they unjustly portray racial/ethnic minority cultural values as unhealthy and potentially abnormal (p. 46).

In consideration of these statements from historical figures and respected professionals in the field, it cannot be emphasized enough just how critical it is to comprehend the detrimental effects of ethnocentric monoculturalism when utilizing the "most widely used psychopathology personality measure worldwide" (Dana, 2000, p. 223), the MMPI-2, for clinical assessment purposes – not only with American Indian people, but with members of any racial or ethnic minority group. The aforementioned statements indeed underline the vital need to critically examine the language test developers use (e.g. Graham, 1990) and incorporate into their instruments during test construction, based upon a particular set of Western assumptions about behavior and pathology. Foucault (1980) views such efforts as attempts "to emancipate historical knowledges from subjugation, rendering them capable of opposition and of struggle against the coercion of a theoretical, unitary, formal, and scientific discourse" (p. 85). The reactivation of such systems of knowledge or epistemologies

confronts and counters the (Western) “scientific hierachisation of knowledges and the effects intrinsic to their power” (Foucault, 1980, p. 85).

MMPI-2’s Applicability with Ethnic Minorities

Since the restandardization of the MMPI in 1989, 58 studies, both published and unpublished, including master’s theses, dissertations, and conference papers, have been conducted with ethnic minority groups in the United States (including Puerto Rico) (Velasquez et al., 2000, p. 390). This body of research has focused mainly on Latinos/as, with Mexican Americans or Chicanos/as as the most studied sub-group (Velasquez et al., 2000). On a significant albeit cautionary note, in a majority of these studies that compare an ethnic minority group or groups with a White group, the White group was usually much, much larger. MMPI-2 research is not unique in this characteristic. In fact, this regrettable trend is pervasive throughout the social sciences (see Guthrie, 2004). Finally, it is important to note that MMPI-2 research conducted with ethnic minority clinical or psychiatric populations is virtually non-existent (Velasquez et al., 2000).

Similar to the MMPI, research using the MMPI-2 with Hispanic Americans or Latino/as is complicated due to the heterogeneity of participants who are classified under this ethnic group label. Acculturation

and language fluency also serve as potential confounding variables in this type of research (Handel & Ben-Porath, 2000). Indeed, Handel and Ben-Porath (2000) argue "because of the heterogeneous nature of this broad group of cultures, it is in fact not possible to reach any general conclusions about the MMPI-2's appropriateness for use with Hispanic Americans (p. 240)." However, Velasquez, Ayala, and Mendoza (1998) identified patterns of test results and research conclusions concerning Latino/as who took the MMPI-2. These patterns included an overall tendency for Latino/as to have higher *T* score elevations on the following scales: L (Lie), F (Infrequency), 4, (Psychopathic Deviate), and 8 (Schizophrenia), as well as lower *T* scores on scale 5 (Masculinity/femininity). In their meta-analytic review of comparative MMPI and MMPI-2 research, Hall, Bansal, and Lopez (1999) analyzed thirteen studies of male Latinos and Whites. The results of the analysis revealed robust aggregate effect sizes for scales L (Lie) and 5 (Masculinity/Femininity), such that Latinos consistently scored higher on scale L (Lie) and lower on scale 5 (Masculinity/Femininity) than their White counterparts (Hall, et al., 1999). Velasquez et al. (2000) expound upon the consistent differences found between Latino/as and Whites on the L (Lie) scale suggesting "a tendency toward 'cultural defensiveness,' an approach toward presenting oneself in

the best light to strangers, including the evaluator, and a culturally based attitude of 'not airing one's laundry in public'" (p. 392).

Addressing researchers' complaints regarding the difficulty in reaching general conclusions regarding the MMPI-2's use with such a heterogeneous ethnic group, Velasquez et al. (2000) urge psychologists to be vigilantly sensitive to the existing variations within such groups. The authors use an example of Puerto Ricans who live in the U.S. compared with those who reside in Puerto Rico. Those residing in the U.S. may tend to feel more like a minority as well as be somewhat more sensitive to issues of discrimination, racism, or prejudice than those who live on the island (Velasquez et al., 2000, p. 395-396). This suggestion parallels recommendations for psychological professionals working with other ethnic groups (e.g., Asian Americans and American Indians) in this country.

African Americans rank second regarding number of studies conducted with the MMPI-2 (Velasquez et al., 2000). Utilizing only African American and White members of the restandardized normative sample, Timbrook and Graham (1994) examined mean scale score differences between the two groups. The authors matched the samples on age, education, and income. For men, the authors reported that African Americans scored significantly higher than Whites on scale 8

(Schizophrenia). For women, they reported significant differences on scales 4 (Psychopathic Deviate), 5 (Masculinity/Femininity), and 9 (Hypomania) with African American women scoring higher than White women on all three scales. Here, there was an immense difference in sample sizes of the groups in this study. African Americans made up 140 of the participants while Whites made up 1,468 participants.

Addressing the question of test bias, Timbrook and Graham (1994) utilized scales developed by Long (1993) as extratest criteria and compared the validity of only the five following standard clinical scales: 2 (Depression), 4 (Psychopathic Deviate), 7 (Psychasthenia), 9 (Hypomania), and 0 (Social Introversion) across Whites and African Americans (Handel & Ben-Porath, 2000). Using a combination of rational and statistical methods, Long (1993) developed scales for a partner rating form (PRF). This form was based on a modified version of the Katz Adjustment Scales (Katz & Lyerly, 1963, as cited in Long, Graham, & Timbrook, 1994). Data for the development of scales for this measure were obtained using the MMPI-2 normative sample. The 110 items on the PRF were categorized by content by four judges. From these categories, preliminary scales were developed then refined utilizing internal consistency procedures resulting in eight scales that represented the content dimensions of the partner rating form items. The scales were

labeled as follows: Antisocial, Anger-Hostility/Irritability, Psychological Maladjustment, Mania-Hyperactivity, Social Discomfort, Depression, Low Self-Esteem, and Anxiety (Long et al., 1994). Long (1993) reported a mean internal consistency coefficient (Alpha) of .78 for the scales.

Timbrook and Graham (1994) reported no significant differences in the accuracy of prediction of extratest criteria for African Americans versus Whites with the exception of scale 7 (Psychasthenia) for African American women, which underpredicted ratings of anxiety. However, the authors examined only five of the standard clinical scales and reported that they were unsure whether similar results would be found with the remaining clinical scales (Timbrook, & Graham, 1994). Additionally, potential sampling bias may have occurred due to the inclusion of such measure post hoc.

It is essential to place the extratest measures used in this study within context. The scales developed by Long (1993) were based on a modified version of the Katz Adjustment Scales (Katz & Lyerly, 1963, as cited in Long et al., 1994). It seems very likely that this instrument and any measures derived from it would be systematically biased in the sense of an ethnocentric (White) monocultural perspective of adjustment. In effect, utilizing such an approach to evaluating validity of the MMPI-2 is tautological. No new information is gained and the status quo of

addressing (or, in this case, not addressing) test bias is maintained. Studies that utilize such approaches typically result in conclusions that favor the MMPI-2; these conclusions are unsound.

Reed, Walker, Williams, McLeod, and Jones (1996) administered the MMPI-2 along with other measures of personality, achievement, and coping style to 78 female African American college students. The authors found that 76% of their sample had elevated scale scores. Additionally, the authors concluded that such elevations might be more related to adaptive coping style rather than psychopathology and urged the importance of careful interpretation of MMPI-2 clinical profiles.

Utilizing an inpatient sample, Arbisi, Ben-Porath, and McNulty (1998) compared the validity of MMPI-2 scores across African Americans and Whites. Although some significant mean differences were revealed in the results of the study, there were no significant differences in the ability of MMPI-2 scores to account for variance in extratest measures incorporated in the study (Arbisi et al., 1998, as cited in Handel & Ben-Porath, 2000, p. 239). The authors conclude that there is an absence of bias in the ability of the MMPI-2 scales to predict variance in supposedly relevant extratest criteria in African Americans.

McNulty, Graham, Ben-Porath, and Stein (1997) examined the comparative validity of MMPI-2 scores for White and African American

community mental health center clients. For males, African Americans scored significantly higher than Whites on Scale L (Lie) while for females, African Americans scored higher on Scale 9 (Hypomania). The authors included therapists' ratings of clients' symptoms and personality characteristics and examined the correlations of those ratings with MMPI-2 scale scores across both groups. They reported that correlations between MMPI-2 scale scores and extratest criteria were not significantly different between the groups. In their conclusions, McNulty et al. (1997) maintained lack of evidence for MMPI-2 test bias against African Americans.

The studies conducted by Arbisi et al. (1998) and McNulty et al. (1997) may be biased, however, since the extratest measures and therapist ratings the authors used did not appear to exert any effort to address cultural differences in perspectives across their samples. Thus, if the criteria used were biased, any meaningful results could not be obtained or interpreted. Again, the authors' conclusions appear to be suspect based on the epistemological perspective of the extratest measures used. This simply underscores the need for the application of culturally and contextually informed extratest measures in order to meaningfully address the validity of using the MMPI-2 with diverse populations.

Maintaining the established trend of strikingly disparate cell sizes, Arbisi, Ben-Porath, and McNulty (2002) examined ethnic differences between African American (*n* = 229) and Caucasian (*n* = 1,558) psychiatric inpatients on the MMPI-2. The purpose of the study was to test for racial bias within the MMPI-2. While the authors had no actual contact with the participants in their study, they devised a record review form that included extratest information such as presenting problems at intake, medication history, and DSM-III-R and DSM-IV multiaxial diagnoses. This form also included 87 items addressing range of affect, mood, cognition, and organic indicators; these items were developed by the researchers. It is important to note that research assistants reviewed patients' charts in order to provide ratings on the record review form. The ratings for the 87 items were based on rater reviews of the psychiatrist's interviews recorded in the charts (Arbisi et al., 2002). The authors used data from this form to create conceptually relevant criterion variables with which they correlated particular MMPI-2 scales.

Results of the analyses revealed clinically and statistically significant differences between the African American and Caucasian groups. African American male inpatients scored significantly higher than Caucasian male patients on scales F, 4, 6, 8, and 9 (Arbisi et al., 2002). Conversely, Caucasian male inpatients scored significantly higher on

scale K than African American male inpatients. All differences were considered clinically significant with the exception of scale K.

Significant differences between the female subgroups were also found on several scales, such that African American women scored significantly lower on scale K and significantly higher on scales 6 and 9 (Arbisi et al., 2002). These differences were clinically significant as well.

The authors utilized a moderated multiple regression procedure to assess for racial bias. Results indicated evidence for overprediction of psychopathology for African American men on three basic scale-criterion predictions. The identified scales were 2, 8, and 9. For African American women, evidence for overprediction of psychopathology was found on two basic scales, 4, and 9. Ironically, the authors do not elaborate on this evidence. However, they detail the findings of slight underprediction of psychopathology in their African American subgroups and conclude that the MMPI-2 underpredicts psychopathology more frequently than it overpredicts (Arbisi et al., 2002).

Once again, a major limitation of this study has to do with the extratest measures the researchers utilized. The chart reviews conducted by research assistants relied on information recorded on intake by mental health workers. Systematic bias seems more than possible since no effort was exerted to account for cultural differences in perspectives across their

groups. Simply dividing the participants by race and gender and then imposing extratest measures or ratings on participants' charts as rated by research assistants is not enough to adequately address cultural differences. The implicit assumption is that the extratest variables are the same and mean the same thing across the racial/ethnic groups. That is a dangerous leap for two reasons. First, the criterion measures used in this study did not take into consideration any contextual factors. Second, there was a complete lack of any type of measure or even a single question having to do with the cultural perspective of the participants.

Thus, the question remains, if a study of racial bias within the MMPI-2 uses systematically biased criterion measures, how is one able to properly address the research problem? Unexamined assumptions about the objectivity of extratest measures do nothing to address the issue of bias within the MMPI-2. In fact, use of these supposedly objective extratest measures appear to simply provide blind support to the validity of the MMPI-2 with ethnic minority groups. If anything, these measures simply validate their own epistemological framework from which they and the MMPI-2 were derived evidencing a dangerous, yet consistently used tautological approach in these types of investigations.

Concerning studies of the MMPI-2 with Asian Americans, the research is limited at best. The studies that have been published utilized

primarily convenient college student samples. Sue, Keefe, Enomoto, Durvasula, and Chao (1996) compared MMPI-2 profiles of Asian American and White college students. The investigators categorized the Asian American group into lower and higher acculturation subgroups. They found that low-acculturation Asian American college students scored significantly higher than Whites on several MMPI-2 scales. Sue et al. (1996) concluded that their results might indicate cultural bias in the MMPI-2 scores of Asian Americans, especially those of lower acculturative status. In order to further examine the MMPI-2's generalizability, Handel and Ben-Porath (2000) suggest the importance of future research to investigate within-group differences among Asian Americans on the MMPI-2 as there are several cultural subgroups under the umbrella term 'Asian American'.

In contrast to MMPI-2 research conducted with other ethnic minority groups, American Indians have been drastically ignored. There are only two published studies that directly examine the use of the MMPI-2 with non-clinical samples of American Indians. Included in these studies are comparisons between MMPI-2 scale scores of American Indians to those of Whites. With only two published studies, clearly there is a substantial deficit in the research literature.

In the available studies, researchers comparing MMPI-2 scores of non-clinical samples of American Indians to MMPI-2 normative samples have found similar elevations as noted in the reviewed MMPI studies. Robin, Greene, Albaugh, Caldwell, and Goldman (2003) compared a Plains non-clinical sample (*n* = 297) and Southwest non-clinical sample (*n* = 535) to the MMPI-2 normative group and found clinically significant elevations on the following scales: L (Lie), F (Infrequency), 1 (Hypochondriasis), 4 (Psychopathic Deviate), 8 (Schizophrenia), and 9 (Hypomania). Conducting within group analyses, Robin et al. (2003) found no clinically significant differences on any of the MMPI-2 scales between the American Indian samples.

When Robin et al. (2003) matched participants from both samples to members of the MMPI-2 normative group on the variables of gender, age, and education, results indicated a reduction in the magnitude of scale differences observed between the American Indian samples and the MMPI-2 normative group. Although the magnitude of the differences was reduced, the scale differences still exceeded 5 T points on each of the scales. These results suggest differences between American Indians and Whites do not dissipate completely when groups are matched on socioeconomic status variables. This is significant when comparing this result to those of Timbrook and Graham (1994) and Dahlstrom et al.

(1986) which found that group differences on socioeconomic variables accounted for between group differences on the MMPI and MMPI-2. While in these studies (and other studies within the social sciences in general), socioeconomic status significantly diminished between group differences, in this particular case, it did not. The researchers tentatively suggest that these persistent differences may reflect American Indians' experiences of suffering more economic and social hardship, trauma, and violence (Robin et al., 2003). Further, the researchers suggest that such substantive cross-cultural differences warrant further investigation of empirical correlates as their study could not directly address the issue of test bias through comparison of mean group profiles alone.

In the same study, the Robin et al. (2003) also included a modified version of the Schedule for Affective Disorders and Schizophrenia – Lifetime version (SADS-L; Endicott & Spitzer, 1978; Spitzer, Endicott, & Robins, 1989, as cited in Robin et al., 2003). The SADS-L interview, administered to all participants in the *non-clinical* American Indian samples, was used to diagnose psychiatric disorder based on DSM-III-R criteria. The researchers used descriptive phrases from this interview to assess empirical correlates for the MMPI-2 scales. Such phrases generally reflect negative affective/general distress, symptoms of alcohol/drug use, and antisocial behaviors (Greene, Robin, Albaugh,

Caldwell, & Goldman, 2003). Analysis of the interviews and empirical correlates were the subject of a companion follow-up study conducted by Green et al. (2003).

In their investigation of empirical correlates of MMPI-2 scales with the same non-clinical American Indian samples, Greene et al. (2003) suggested that the differences reported by Robin et al. (2003) actually may reflect behaviors and symptoms which are the result of the American Indian participants' adverse backgrounds and current conditions. In order to test this hypothesis, the researchers utilized data gathered from SADS-L interviews and independently assigned clinical (DSM-III-R) diagnoses which were derived from SADS-L narrative interview documents. The researchers' rationale for using the SADS-L is that it has been found to be reliable when administered to American Indians by clinicians experienced in providing psychiatric assessment to American Indian individuals. The authors list several studies in support of this statement.

Results of their investigation reveal significant correlations between several MMPI-2 scales related to the descriptive phrases of the SADS-L interview which reflected negative or depressive affect, antisocial behaviors, and symptoms of alcohol or drug use (Greene, 2003). Specifically, significant correlates were found with antisocial symptoms on scales 4 and 9 and, negative affect and generalized distress on scales 7

and 8. Interestingly, scale 2 was found to have few significant correlates with negative affect and generalized distress in men; none were found with women (Greene et al., 2003).

Examining the significant correlates, the authors (2003) conclude that considering content of MMPI-2 scales, American Indian participants reported symptoms and behaviors that would be anticipated by observed scale elevations. Therefore, Greene et al. (2003) caution that such elevations should not be simply dismissed as being due to test bias, but should be considered as accurate reflections of behavioral and symptomatic experiences.

Several critiques of the Greene et al. (2003) follow-up study are warranted. First, empirical correlates account for only one aspect of determining cultural bias in testing. For reasons stated previously, it should not be considered the only or even the best manner in which to determine cultural bias.

Second, even though Greene et al. (2003) support their rationale for using the SADS-L with their non-clinical American Indian samples with previous research, it is very questionable whether diagnoses of non-clinical participants which were derived from the SADS-L would be endorsed by traditional healers or other members of the respective tribes. Nor was there any attempt to validate this data from a cultural framework

by simply checking with the participants themselves, members of their families, or other community leaders or Elders as to the accuracy of such ratings or diagnoses.

Finally, the correlates derived from the SADS-L interview as conceptualized by the researchers may not be conceptualized in the same way by the participants. Therefore, it is also questionable and most unlikely that the researchers and tribal members share the same epistemological framework with regard to psychological adjustment. To support this criticism, I reference Gone (2001):

> With regard to the cross-cultural validation of "established" diagnostic categories…it is not yet clear that any such category as currently conceptualized within conventional neo-Kraeplinian psychiatry rests upon sufficient scientific evidence to withstand the difficult questions posed by the local and variable cultural construction of affect, distress, and disorder. Again, the absence of compelling empirical anchors renders the field an unstable "science" shaped more by theoretical assumptions and methodological commitments than by *consensually* [italics added] identified validators for purported disorders. In this state of flux, it may simply be that one's position on the existence "in nature" of various identifiable psychiatric disorders is ultimately determined by a priori conceptual assumptions (as opposed to, say, compelling scientific evidence that speaks beyond its own self-contained language game) (p. 122).

The central issue surrounds researchers' use and application of extratest measures that masquerade as etics in formulating diagnoses or conceptualizations of pathology and behavior. In fact, it is quite apparent that such measures are actually Euro-American emics forcefully imposed

on persons from cultural, racial, and ethnic minority groups within research contexts. Results from these contexts are then generalized to psychological practice with sometimes devastating consequences.

In his extensive review of MMPI/MMPI-2 research, Greene (1987) concludes that that the best way to determine whether the consistently observed scale differences between various racial/ethnic groups and the overall normative group on the MMPI-2 are the result of cultural bias is through investigation of the scales' empirical correlates. I have attempted to repeatedly address the problematic issue of empirical correlates throughout the review of MMPI-2 studies with ethnic minorities.

Concerning American Indians and the MMPI-2, Greene (2000) concludes that American Indian persons tend to have higher scores on the MMPI-2 than Whites, although he isn't exactly clear which of the Validity and Clinical scales consistently demonstrate these differences. The non-directionality of this statement simply reflects the unacceptable paucity of MMPI-2 research conducted with American Indian people given the test's use in Indian Country.

In an attempt to obtain normative baseline ranges on all MMPI-2 scales in an Indian population, Lacey (2004) compared non K-corrected scale scores of a non-clinical sample of Oklahoma Indian tribal members to the MMPI-2's normative group. She also compared this sample to two

other distinct American Indian samples, obtained from the Pace et al. (in press) study. These samples were also located in Oklahoma. Lacey (2004) included an acculturation measure and controlled for educational level.

Analyses revealed that her sample's scale scores were clinically significantly different from the overall normative group on scales F (Infrequency), 1 (Hypochondriasis), and 6 (Paranoia). Comparing her sample with the Pace et al. (in press) samples, analyses indicated clinically significant differences on scales 8 (Schizophrenia) and 9 (Hypomania). Measuring for acculturation, Lacey (2004) examined within-group differences within her sample and found no clinically or statistically significant differences in their MMPI-2 scale scores. The same held true for within group comparisons based on educational level. Lacey (2004) concluded that culturally appropriate interpretation of MMPI-2 profiles is vital and that consistently elevated scores on certain MMPI-2 scales may reflect higher degrees of pathology. However, such elevations may also be explained as resulting from cultural differences between the American Indian and overall normative samples since her sample was a non-clinical one.

Incorporating acculturation and cultural involvement measures, Pace et al. (in press) compared a Southwest Oklahoma (SWO) non-

clinical sample, an Eastern Woodland Oklahoma (EWO) non-clinical sample, the MMPI-2 American Indian normative sample, and the overall MMPI-2 normative group across the thirteen Validity and Clinical scales. The authors conducted both between and within group analyses utilizing one-sample *t*-tests, MANOVA, ANOVA, and MANCOVA data analytic procedures. When comparing the Southwest Oklahoma non-clinical sample with the overall normative group, significant differences were found on the following scales: L (Lie), F (Infrequency), 1 (Hypochondriasis), 4 (Psychopathic Deviate), 6 (Paranoia), 8 (Schizophrenia), and 9 (Hypomania). Performing the same comparison with the Eastern Woodland Oklahoma non-clinical sample, differences were found on scales F (Infrequency), 1 (Hypochondriasis), 6 (Paranoia), 8 (Schizophrenia), and 9 (Hypomania). With regard to scale 8 (Schizophrenia), these results are consistent with Uecker et al. (1980) in their study of the MMPI. The fact that non-clinical American Indian samples still elevate scale 8 (Schizophrenia) even after the test's restandardization signifies inherent structural problems within the test – problems that continue to have a damaging effect on American Indian people who are administered this test.

Examining within group differences, Pace et al. (in press) found differences between all three American Indian samples on scales F and 9.

Additionally, the SWO non-clinical sample and the EWO non-clinical sample differed significantly on scale L (Lie).

Considering acculturative status and educational level as variables within their samples, the researchers conducted a “median split” procedure that dichotomized the two variables into “high” and “low” subgroups (Pace et al., in press) and then compared these groups. Examining educational level, the analyses revealed that for the EWO sample, participants in the “low education” subgroup scored significantly higher on the L (Lie) scale than participants in the “high education” subgroup. No differences were revealed for the SWO sample when examining educational level.

On the acculturative status variable, no significant differences were revealed when comparing the SWO sample’s “high acculturation” (less traditional) subgroup with the “low acculturation” (more traditional) subgroup. However, analyses revealed significant differences on this variable within the EWO sample on scales F (Infrequency), K (Correction), and 8 (Schizophrenia). Participants in the “low acculturation” subgroup scored significantly higher on scales F and 8 than those in the “high acculturation” subgroup while the reverse was true for scale K (Pace et al., in press).

Results of the Pace et al. (in press) study are similar to those previously reported. Since their non-clinical samples significantly elevated a majority of the MMPI-2 scales even after controlling for education, the researchers conclude that the test must be used with extreme caution with American Indian adults. The authors further conclude that it may not be possible to fully validate the MMPI-2 for use with American Indians. Pace et al. (in press) also state that divergent belief systems viewed from a majority culture perspective may appear to reflect bizarre thought processes (as captured by the MMPI-2), however, such belief systems merely account for a different epistemological perspective from the dominant culture. The authors emphasize multiplicity over and against a mono-cultural perspective especially in terms of personality assessment.

The current investigation is an attempt to expand the work of Pace et al. (in press) and contribute to the literature concerning multicultural assessment with the MMPI-2. It is also an effort to further understand how acculturation, cultural involvement, language, and within-group diversity affect MMPI-2 performance of American Indian adults.

Effects of Colonization

In addition to surviving ethnocentric monoculturalism, Indigenous peoples of North America have suffered from an even more calamitous force: Historical trauma (Brave Heart, 2003). She defines historical

trauma as “cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences” (p. 7). Struthers and Lowe (2003) provide an eloquent and succinct description of some of the methods of colonization and the resulting catastrophic effects for American Indian peoples:

> Contact with Europeans, or postcolonial contact, has caused intergenerational stress and historical trauma among Native Americans spanning many generations. The policies developed and implemented by the United States government regarding Native American tribes devastated Native American culture and life ways. Historically, European contact began in 1492. Starting from then, we see economic competition, multiple and ongoing wars against the Native American people by the United States (examples include raids by the cavalry, and bounties for Native American scalps), invasions of Indian land and culture, relocation to allocated Indian reservations. . . forced entry of Native American children into government- or church-run boarding schools, forced relocation to large urban centers, and simply put, termination of the language, religion, and culture of Native American people (p. 258-259).

According to Brave Heart and DeBruyn (1998), the historical losses of Native peoples meet the United Nations definition of genocide. Considering these historical losses and drawing upon historical trauma theory, the authors describe the connection between historical unresolved grief and intergenerational transmission of trauma among American Indian people. Historical unresolved grief accompanies trauma and “may be considered impaired, delayed, fixated, and/or disenfranchised” (Brave Heart & DeBruyn, p. 7).

Duran and Duran (1995) outline a model of six stages in historical trauma. The phases, in order, include: First Contact, Economic Competition, Invasion War Period, Subjugation and Reservation Period, Boarding School Period, and Forced Relocation and Termination Period (Brave Heart-Jordan [1995] provides a similar model). Duran, Duran, Brave Heart, and Yellow Horse-Davis (1998) offer a detailed description of each of the phases and explain that "any trauma to one phase of life resulted in trauma to other aspects, since these life activities were interconnected" (p. 343). The phases include both general and specific atrocities of colonization perpetrated against Indigenous peoples as well as their devastating consequences.

Taking into account the cumulative effect of these traumatic experiences, the intergenerational transmission of trauma, and the associated pain, grief, and anger, behaviors or responses considered destructive (e.g., alcoholism, drug abuse, suicide, domestic violence) often serve an anesthetizing purpose (Duran et al., 1998). Brave Heart (2003) categorizes these and other behaviors/social problems (e.g., child abuse, family violence, accidental deaths, depression, and anxiety) under the umbrella term historical trauma response (HTR). The HTR "is the constellation of features in reaction to [historical] trauma" (p. 7). Duran et

al. (1998) describe the synonymous concept of the *soul wound* and a bit of its history:

> Knowledge of what is characterized as the "soul wound" had been an integral part of Indigenous knowledge ever since Columbus landed in this hemisphere and Cortez arrived in Vera Cruz, Mexico. Native people who were asked about problems in the contemporary Native community explained that present problems had their etiology in the traumatic events known as the "soul wound." Knowledge of the soul wound has been present in Indian country for many generations (p. 341).

Prolific Seneca scholar, John Mohawk (2004) describes colonization and its consequences somewhat differently:

> . . . being colonized – has had an impact. When an individual loses his or her memory, they cannot recognize other people, they become seriously disoriented, and they don't know right from wrong. Sometimes they hurt themselves. Something similar happens when a people become colonized. They can't remember who they are because they are a people without a common history. It's not that they don't have a history, it's just that they don't know what it is and it's not shared among them. Colonization is the spiritual collapse of a nation. . . .
>
> Colonization is the greatest health risk to Indigenous peoples as individuals and communities. It produces anomie – the absence of values and sense of group purpose and identity – that underlies the deadly automobile accidents triggered by alcohol abuse. It creates the conditions of inappropriate diet which lead to an epidemic of degenerative diseases, and the moral anarchy that leads to child abuse and spousal abuse. Becoming colonized was the worst thing that could happen five centuries ago, and being colonized is the worst thing that can happen now (¶ 6-7).

In unique ways, these authors describe the legacies of genocide and intergenerational trauma that contemporary American Indian people confront in their every day lives. Such knowledge is crucial if the field is to

improve in its efforts to serve Indigenous peoples. Thus, it is imperative that psychological professionals, researchers and clinicians, gain a much deeper and contextual understanding of these issues in order to develop and provide non-paternalistic and decolonizing assessment and treatment to American Indian people.

MMPI-2 American Indian Normative Group

American Indian tribes share certain similarities in customs and traditions; however, differences that range from barely evident to quite dramatic also exist (e.g., Dinges, Trimble, Manson, & Pasquale, 1981; Hanson, 1980; LaFromboise, Trimble, & Mohatt, 1991). In addition to these differences, American Indians experience and exhibit varying levels of acculturation (Choney et al., 1995). It is currently quite questionable as to whether or not the MMPI-2 normative data is able to represent such distinctions among tribes and acculturative status. The MMPI-2 assumes norms of behavior and thought that do not seem to clearly correlate with culturally accepted American Indian norms of behavior (Dana, 1995).

The current American Indian normative sample is quite homogenous. Fifty-seven of the total seventy-seven American Indian normative sample members are from a Coastal Salish tribe located in Washington State. The other twenty members are not identified as to tribal affiliation or location. Given the results of Pace et al. (in press), it is

safe to conclude that the MMPI-2 normative group, as it currently stands, does not take into consideration the cultural differences that exist across tribes.

Statement of the Problem

For American Indian samples, none of the studies reviewed examine item level data on the MMPI-2 or item level differences between the MMPI-2 normative group and experimental samples. In addition to culturally and contextually informed extratest data, item level differences are another key way to examine the meaning of normative differences. As an extension of the work of Pace et al. (in press), this investigation examined item-level differences between the MMPI-2 normative group and the Eastern Woodlands non-clinical sample from the Pace et al. (in press) study. This examination included a qualitative inquiry of item content and relations to cultural and language factors in item interpretation. The objective of the current investigation was to examine and analyze the content of identified MMPI-2 items that may potentially be culturally loaded or biased.

Purpose of the study

The current study is a qualitative follow-up investigation to the quantitative study conducted by Pace et al. (in press). This follow-up study is an attempt to understand at a deeper level what may be possible

meanings or reasons behind the observed scale differences. In short, the Pace et al. (in press) study quantitatively revealed significant differences on the MMPI-2 scales; the current study's purpose is to begin to understand – *qualitatively* – what those differences may mean and how they can be understood within a specific cultural context and framework.

Pace et al. (in press) can only speculate about the meanings behind the observed scale differences in their study. In fact, the authors strongly recommend that further efforts to validate the MMPI-2 for use with American Indians must involve processes that allow American Indian people to voice their interpretations of item content and meaning from their own experiences and perspectives. Indeed, to make sense of the results of the Pace et al. (in press) study the current investigation was conducted in strong collaboration with the community members of this particular Eastern Woodland tribe. Their consultation, involvement, participation, and validation of this study illuminated valuable insights into the ways in which linguistic and cultural factors affect how persons from this tribe interpret specific MMPI-2 items.

Thirty items from the MMPI-2 were identified through an item analysis. I conducted semi-structured interviews with thirteen tribal leaders and Elders from the Eastern Woodlands tribe in an attempt to understand the impact of language and culture on responses to the MMPI-

2 within a cultural context. The main research question or grand tour question of this study was:

1) It is expected that identified items from scales F (Infrequency), 1 (Hypochondriasis), 6 (Paranoia), 8 (Schizophrenia), and 9 (Hypomania) will be interpreted by the Eastern Woodland non-clinical sample in a manner that reflects cultural or language differences to which the MMPI-2 may not be sensitive. When individuals from this Eastern Woodland tribe examine these items, what cultural and language factors affect their interpretations of the items and how do these factors influence responses?

Chapter II – Method

The current study first utilized the Eastern Woodland non-clinical sample (*n* = 84) data obtained in the Pace et al. (in press) study in order to conduct an item analysis. For the purpose of clarity, I describe that study's setting, Eastern Woodland sample participants, materials, and procedure in the following section. Additionally, I present a very brief historical background of the Eastern Woodland sample in order to provide context for the current study's findings. Finally, I describe the research methodology, design, and data collection procedures that were employed in conducting the current study.

Pace et al. (in press) Study

Study Setting

Tribal gatherings and events coordinated through the Eastern Woodland tribe served as the setting of the Pace et al. (in press) study.

Participants

The nonrandomized sample included eighty-four voluntary participants recruited from an Eastern Woodland group distinct from the MMPI-2 normative American Indian sample. Participants 18 years or older and members of the identified Eastern Woodland Oklahoma tribe were recruited at tribal gatherings. Additionally, participants were required to be members of the designated tribe.

The average age of the participants was 35.4 years. The average educational level achieved by the participants was 13.6 years. Twenty-two men and 62 women participated in the study. A majority of the participants were married (51.2%), 33.3% were single, and 16.5% reported an "other" relationship status.

Participation in the study was confidential and in accordance with the ethical guidelines of the American Psychological Association and the University of Oklahoma Institutional Review Board. Additionally, the Eastern Woodland tribe approved of and supported the study.

Materials/Instrumentation

Informed consent form. This form provided a brief description regarding the purposes of the study, the right to withdraw from participation at any time without any negative effects, the right to confidentiality, the voluntary nature of the study, and information on how to contact the principal investigator.

Demographic form. This form requested standard demographic information such as participant age, gender, and educational attainment in addition to information regarding tribal affiliation, cultural involvement, and languages spoken. It also included mental health screening questions which asked participants for information regarding experience in

counseling, both previous and current, and whether or not the respondent had ever taken a personality inventory.

The Life Perspective Scale (LPS; Berryhill-Paapke, 1998).

In order to address the potential confound of acculturation, each participant completed the LPS, the only instrument that has undergone empirical evaluation and is currently available to measure acculturation for American Indians. The LPS is an experimental instrument based on the theory of American Indian acculturation proposed by Choney et al. (1995). The authors' theory describes acculturation across four personological domains or factors: social, cognitive, affective, and behavioral. The LPS was developed in collaboration with various Indigenous leaders from Oklahoma. It measures the degree of acculturation and is composed of 51 items, each having a Likert scale format with anchors of 1 = Never and 5 = Most of the time. Two examples of items are: "I take part in Indian religious ceremonies" and "I have trouble speaking my tribal language" (reverse scored).

Using a nonrandomized sample of 169 American Indian participants from 22 different tribes, Berryhill (1998) examined the psychometric characteristics of the LPS. The author calculated the overall Cronbach alpha for the 51 items on the LPS as .85. Factor analysis provided preliminary support for the construct validity of this instrument

(Berryhill, 1998). However, principal components analysis conducted by the instrument's developer indicated a two factor rather than four factor structure on which 41 items of the instrument loaded (Berryhill, 1998). Berryhill (1998) termed these resultant two factors "Indian identity" and "non-Indian identity." She concluded that the LPS is a global measure of acculturative elements, primarily those elements that are reflective of American Indian identification. These 41 items were used in the Pace et al. (in press) study with a reported internal reliability coefficient of .81.

Minnesota Multiphasic Personality Inventory - 2 (MMPI-2; Butcher, et al., 1989).

The MMPI-2 represents the restandardization of the MMPI that was developed in 1940. While the original MMPI utilized an exclusively White sample, the MMPI-2 restandardization attempted to provide a more nationally representative and larger normative sample with appropriate proportions of minority groups (Greene, 2000) consistent with the 1980 U.S. Census.

The MMPI-2 is a 567-item instrument that assesses a number of major patterns of personality and emotional disorders. It contains thirteen basic Validity (3) and Clinical scales (10). Validity scales are: L, Lie scale; F, Infrequency scale; and K, Correction scale. Clinical Scales are: Hypochondriasis (1), Depression (2), Hysteria (3), Psychopathic Deviate

(4), Masculinity-Femininity (5), Paranoia (6), Psychasthenia (7), Schizophrenia (8), Mania (9), and Social Introversion (0). Items are endorsed either true or false. Due to stringent copyright restrictions, the test's publisher, the University of Minnesota Press, forbids reproduction of test items within dissertations, therefore, no examples of the test's items will be provided here. Items load on various scales and produce raw scores for each scale. These raw scores are then converted into *T* scores. The normative standard is $T = 50$ for all scales. *T* scores greater than 60 reflect clinical elevations on the relevant scales and areas of psychopathology measured by those scales. A difference of 5 *T*-points is considered a clinically meaningful difference (Greene, 2000).

The MMPI-2 is currently the most widely used personality inventory in the world (Dana, 2000). Additionally, it has been estimated that over 10,000 articles and books have documented the use of the MMPI (Butcher, 1987).

Procedure

Participants were administered a research packet consisting of the informed consent form, demographic form, LPS, and MMPI-2. Functional reading ability was assessed by the researchers through asking each participant whether they experienced any difficulty reading the consent form and sample items provided in the instructions of the MMPI-2.

Approximately five participants reported difficulty with reading comprehension and were not included in further data collection (Pace et al., in press). Participants received personalized instruction for completing the instruments, began and ended testing as convenient, took breaks as necessary, and were allowed to discontinue testing, when desired, upon request with no adverse consequences or penalty. Each participant was compensated fifteen dollars for completing all instruments and entered into a raffle drawing for a Pendleton wool blanket. All instruments were group administered while at the gatherings.

Data Analytic Procedures & Results

Utilizing MANCOVA, ANCOVA, and *t*-test statistical procedures, Pace et al. (in press) concluded that the Eastern Woodland non-clinical sample significantly differed from the MMPI-2 normative group on scales F (Infrequency), 1 (Hypochondriasis), 6 (Paranoia), 8 (Schizophrenia), and 9 (Hypomania). On each of these scales, the Eastern Woodland non-clinical sample demonstrated clinically and statistically significant scale elevations when compared with the MMPI-2 normative standard.

Historical Background of the Eastern Woodland Non-Clinical Tribal Sample

This Eastern Woodland tribe is one of the more moderately sized tribes within the state of Oklahoma. A substantial number of this tribe

considers their tribal affiliation a matter of membership rather than race or cultural participation or involvement. However, persons residing within the jurisdictional boundaries of the tribe consider themselves to be citizens who are part of a distinct community and culture. While still enjoying the benefits of citizenship, persons residing outside those boundaries are informally considered to be members of the tribe due to their lesser involvement within the tribal community. Nevertheless, most have great pride in their heritage and thousands still speak their tribal language.

De Soto and his soldiers were the first Europeans the tribe encountered. At this time, they were already living in thatched family homes congregated around central village long houses. They grew crops and were fairly sedentary and matriarchal. Additionally, they were guided by a spirituality that entailed balancing male and female principles. De Soto and his men brought diseases that in a very short time wiped out large numbers of the tribe (Pace et al., in press).

Following de Soto, fur traders came and became members of the tribe through intermarriage. Christianity and the English language were imposed on the tribe. Guns and other symbols of European culture were introduced into the tribe, the result being, not the least of which, the promotion of the inequalities of wealth within the tribe (Pace et al., in press). The tribe also engaged in slavery. In fact, a considerable number

of tribal members seemed to embrace White culture and its associated values, reflecting a willingness to be “American” (Wilson, 1998).

In 1827, the tribe adopted a constitution based upon the U.S. constitution even further cementing their acceptance of Western political principles. The tribe thrived in their adopted Euro-American ways. In a sense, the tribe became a victim of its own success and faced disastrous consequences. Non-Indians became more aggressive and covetous of their land and even more fervently mainstreamed the argument that Indians were biologically inferior to Whites (Wilson, 1998). This provided a supposedly legitimate rationale for even greater White aggression toward the tribe. The establishment of tribal boundaries led to even more conflicts with White settlers in addition to state and federal governments. Military troops were sent to forcibly remove the tribe’s members from their lands in the east to a new Indian Territory, what is now known as Oklahoma. It has been estimated that as many as 40 percent of the tribe’s population perished on that journey (Wilson, 1998). Following their arrival in Indian Territory, boarding schools were established for both males and females where students were taught in both English and their own tribal language (Pace et al., in press). Laws in both languages were also distributed.

The Civil War divided the tribe dramatically and once again, provided the opportunity for Whites to take advantage of the situation. At the end of the civil war, most of the farms and communities the tribe had developed had been lost. In 1887, the Dawes Commission abolished communal land and forced individual families onto allotments of 160 acres of private property held in trust, thus further disrupting the peoples' relationship to the land. It should also be noted that often times, the best land in Indian Territory "had been removed from trust status and sold, and where restrictions had remained in force there were sometimes so many heirs to a particular allotment that it could not be divided up and had to be leased to non-Indians" (Wilson, 1998, p. 348).

Further erosion of the tribe's land holdings occurred when oil was discovered on their lands. Unscrupulous businessmen cooperated with the judicial systems to declare many tribal members insane, thus clearing the way to be appointed guardians of the children and taking control of the lands (Debo, 1940, as cited in Pace et al., in press; for an in-depth look, see Yellowbird's [2003] article, Wild Indians: Native perspectives on the Hiawatha Asylum for insane Indians). This is but one example of how the fields of psychology and psychiatry were accessories to genocidal acts and systematic annihilation of a culture.

By the 1930s, the tribe owned less than 400 acres of land (Wilson, 1998). In the 1960s, the federal government, through the Bureau of Indian Affairs relocated many members of this and other tribes, moving them to cities for job training and economic opportunities, still persistent in the belief that assimilation was a means to a better life. One major effect of this relocation was further dilution in community strength since relocated members were seldom able to travel back home due to economic reasons. The descendants of this relocated generation experienced even further disconnection from the culture and community.

Another important part of this tribe's history from which its children could not escape were the boarding schools. Several hundred children of this tribe attended the Carlisle Indian Industrial School during its operation from 1879 to 1918 (Landis, n.d.). As many other boarding schools were operating during and after these years, the actual number of children from this tribe who attended the schools is much, much greater.

This Oklahoma tribe has no reservation. Citizens continue to honor their traditional lands and value system by participating in stomp dance ceremonies, speaking their native language (First Nations Histories, 2002, as cited in Pace et al., in press), as well as teaching the language through a strong cultural revitalization program.

Current Investigation

Item analysis. Significant scale elevations within the Eastern Woodland non-clinical sample were further examined using item analyses for each elevated scale. A box-ticket model (Freedman, Pisani, & Purves, 1978) was created for each item that loaded on the elevated scales, to calculate the probability of the Eastern Woodland non-clinical sample's item endorsement rate. Figuratively, a box ticket model consists of a box in which tickets are placed to describe a population's ("normal" persons as represented by the MMPI-2 normative group) responses to a question. Once the box has been designed, tickets may be drawn from it to describe the responses of a sample (Eastern Woodland non-clinical sample) to a question.

In this analysis, one ticket was created per response per item. The item endorsement rate (clinical vs. non-clinical) of the MMPI-2 normative group was obtained from Butcher et al. (1989). This provided the expected value or frequency of clinical and non-clinical endorsements for each of the identified items. From these calculations, it was expected that the Eastern Woodland non-clinical sample's actual endorsement rate would be somewhere around the expected value, give or take a couple standard errors or so.

Wahl (2003) explains that it is the “give or take” that needs to be calculated by determining the standard error for the number of draws from the box of tickets. The standard error describes how high and how low the sum of the draws can be in order to be convinced that the results were received via a chance process. It is calculated as the square root of the number of draws multiplied by the standard deviation of the box.

If the number of non-clinical endorsements given by the Eastern Woodland non-clinical sample is within 1.9605 standard errors of the expected sum of non-clinical endorsements, it can be assumed that any differences between the Eastern Woodlands non-clinical sample and the MMPI-2 normative group would be due to chance alone. Ninety-five percent of the time, differences of this magnitude could be due to chance alone. From these calculations, items endorsed “true” significantly more or less often by the Eastern Woodland non-clinical sample than the MMPI-2 normative group were identified and examined for content.

The five scales (F, 1, 6, 8, and 9) contain 204 items. Using an alpha level of $p \leq .05$, the item analysis revealed that 113 of these items were endorsed “true” significantly more or less often by the Eastern Woodland non-clinical sample when compared with the MMPI-2 normative group (see Appendix A for a complete list of the 113 items).

Given the number of items (n = 113) with significantly different endorsement rates, a much more conservative alpha level of $p \leq .00001$ was chosen for two reasons: 1) This alpha level would reflect very large differences in standard error ($SE \geq 4.45$) for each item, indicating very large differences in endorsement rates between the groups; and 2) To reduce the number of items to a more manageable number for the purposes of the current study. This process yielded 30 items from the group of 113 (see Appendix B for a complete list of the 30 items, identified by item number within the MMPI-2 test booklet).

Design of Study

Smith (1999) explains that for Indigenous peoples, "the term 'research' is inextricably linked to European imperialism and colonialism…The ways in which scientific research is implicated in the worst excesses of colonialism remains a powerful remembered history for many of the world's colonized peoples" (p. 1). In this regard, MMPI/MMPI-2 research is no exception. While the present investigation is a qualitative study, it is heavily informed by Indigenous methodologies which privilege the perspective of the colonized (Smith, 1999, p. 6). Smith (1999) describes Indigenous research as being "about bringing to the centre and privileging Indigenous values, attitudes and practices rather than

disguising them within Westernized labels such as 'collaborative research'" (p. 125).

While informed by Indigenous methodologies, the current study is located within the research paradigm of constructivism. According to Ponterotto (2005), the constructivist paradigm serves as the primary foundation and anchor for qualitative research methods. A basic principle of this paradigm is to understand "the 'lived experiences' (Erlebnis) from the point of view of those who live it day to day" (Schwandt, 1994, 2000, as cited in Ponterotto, 2005, p. 129). The central tenet of constructivism holds that an objective reality cannot be separated from the person (research participant) who experiences, processes, and labels the reality (Sciarra, 1999, as cited in Ponterotto, 2005). Ponterotto (2005) elaborates: "reality is constructed by the actor (e.g., research participant). This ontological distinction is critical to understanding the basic difference between positivism and postpositivism (and chiefly quantitative methods) and constructivism-interpretivism (chiefly qualitative methods)" (p. 129).

One of the primary goals of this study was to gain a deeper understanding of the dynamic processes of interpretation that occur in personality assessment utilizing the MMPI-2 with American Indian adults, specifically with persons from an Eastern Woodland tribe. From the literature review it is clear that differences exist between American Indian

samples and the overall normative sample as well as among American Indian samples. However, it is very difficult if not impossible to discern what underlies these differences if only quantitative methods are used. Bogdan and Biklen (1992) state that one of the goals of qualitative research is to better understand human behavior and experience. This study certainly shares that goal. All qualitative research seeks understanding of data that are complex and can be approached only in context (Morse & Richards, 2002). Another primary goal of this study was to place the results and conclusions of Pace et al. (in press) in their rightful cultural context.

Creswell (1994) describes the five assumptions of the qualitative paradigm. These include ontological, epistemological, axiological, rhetorical, and methodological assumptions. First, the ontological assumption deals with the nature of reality. In qualitative research, reality is subjective and participants may experience multiple realities.

Second, the epistemological assumption involves the relationship between the participants and the researcher. Unlike quantitatively-oriented methods, in qualitative research the researcher interacts with the participants and is considered the instrument in the research. The researcher attempts to minimize the distance between herself and the participants (Creswell, 1994).

Third, the axiological assumption addresses the role of values in the research. Compared with the quantitative paradigm which claims objectivity and assumes a value-free and unbiased stance, qualitative research deals directly with the personal values and biases of the researcher (Creswell, 1994). These values and biases and their interactions with the participants are explored and described for their contribution(s) to the research.

This leads to the rhetorical assumption which involves the language of the research. Unlike quantitative research, writing and language in qualitative research is informal; the first person is frequently used. The writing is personal and reflects the evolving nature of the research throughout the process.

The four previous assumptions lead up to the fifth, the methodological assumption. This assumption reflects the process of the research. Whereas quantitative research uses deductive logic in testing hypotheses and theories, qualitative research utilizes inductive logic. Categories, patterns, and theories that yield important contextual information emerge from the research, specifically from the information offered by the participants. These categories, patterns, or theories help clarify the processes that underlie a phenomenon (Creswell, 1994).

Creswell (1994) suggests five criteria to consider in selecting a research paradigm. These criteria include the researcher's worldview, training or experiences, psychological attributes, the nature of the problem, and the audience for the research.

Although I value the quantitative research paradigm (most of my academic training has been involved with it in some form or another), for this particular study I was most interested in gaining an understanding about complex processes that could only be studied effectively using qualitative methods. Quantitative methods revealed a finite amount; a qualitative design provides meaning and context for the quantitative study on which this is based.

As an Indigenous researcher, my worldview is academically informed by critical approaches to research and politically based in specific Indigenous histories, contexts, struggles, and ideals. I believe multiple subjective yet equally valid realities exist and that these realities are unique to each person. Through my close interactions with the study's participants, I have been very involved and motivated in trying to understand their subjective realities with regard to this particular subject.

My training and experiences have been most closely affiliated with the quantitative paradigm. At first, this presented a daunting problem to me. In order to conduct this study effectively I needed to learn a different

way of knowing. I described this process to a close friend as taking on a completely different worldview, one that often seemed in direct contrast to my own. I struggled a lot in acquiring this new worldview. However, I committed myself because I knew it was the most appropriate way to proceed with this project. I immersed myself in the qualitative literature and sought consultation regularly with qualitative scholars to assist me in my learning.

One of my strongest psychological attributes that matches well with a qualitative approach is my high tolerance for ambiguity. Not knowing what to expect from the process was an exciting prospect for me. As this was the first study of its kind with persons from this particular tribe, I had tremendous interest in the project from start to finish. I found it very rewarding to see themes, patterns, and meanings emerge during the research process.

The nature of the problem for this particular study was best suited for a qualitative design. As I stated earlier, quantitative methods revealed significant differences on certain MMPI-2 scales and items, however, that's all they revealed. They could not provide direct insight into the meanings and processes behind those differences. I viewed the results and conclusions of the quantitative study (Pace et al., in press) as the launching point for this study. They provided good directions for what to

examine next and what methods would be necessary. Additionally, I am not aware of any other published or unpublished study that has conducted item-level analysis of the MMPI-2 with American Indian adults and utilized qualitative methodology.

The audience for this research includes my dissertation committee as well as others within academe who are interested in psychological assessment with diverse populations, specifically with American Indian adults. Counseling and clinical psychologists within Indian Country will also gain useful information from this study for their practice especially concerning the utility and validity of the MMPI-2 with American Indian adults. Indeed, perhaps the most important audience for this study is the tribe whose citizens participated. I take very seriously my responsibility to report back to that community and share with them the results and conclusions from this research so they may take the most benefit from it. The relationships I developed with the participants are very special to me not only in an academic sense but also in a very personal sense. They invited me into their homes and into parts of their lives and trusted me with their stories and knowledge. It is my hope that each of these relationships will continue to develop and deepen.

A Phenomenological Approach

This choice of method was inspired by the work of Linda Miller Cleary and Thomas D. Peacock (1998) in which they interviewed both American Indian and non-Indian teachers for their book, *Collected Wisdom*. Cleary and Peacock (1998) explain the roots and purposes of this method:

> The theoretical underpinnings of this method stem from the Phenomenologists [Husserl] in general and Alfred Schutz (1967) in particular. In this model, the researcher deems the experience of the participant with regard to the subject being studied as important in coming to an understanding of that subject. This interviewing strives to maximize the participants' rendering of that experience (p. 257).

Phenomenological inquiry is based upon two major assumptions. The first assumption is that "perceptions present us with the evidence of the world – not as it is thought to be, but as it is lived. The lived world, or the *lived experience*, is critical to phenomenology" (Morse & Richards, 2002, p 45). Morse and Richards (2002) explain the second assumption as follows:

> human existence is meaningful and of interest in the sense that we are always conscious of something. Existence as *being in the world* is a phenomenological phrase acknowledging that people are in their worlds and are understandable only in their contexts. Human behavior occurs in the context of the four existentials…relationships to things, people, events, and situations (p.45).

The research question of this study matches well with the aims of phenomenological inquiry. This type of approach seeks to understand the meanings or structures which underlie human experience. According to Bentz and Shapiro (1998), phenomenology attempts to get beneath the ways in which people conventionally describe their experience to structures that underlie them (p. 97). The item analysis, described in the previous section, revealed the items which contained the greatest divergence between the Eastern Woodland sample and the overall MMPI-2 normative group. I believed that exploring the meaning behind those item differences with this particular sample within the participants' specific cultural context was essential in gaining a meaningful understanding of the subject.

A phenomenological approach helped me to obtain data which allowed me to describe cultural norms, perspectives, characteristics, and patterns unique to this particular sample with regard to the MMPI-2 items revealed through the item analysis. Utilizing a focused phenomenological approach, I was able to gather information on this specific topic and the identified items.

The Researcher's Role

I was part of the Pace et al. (in press) team that conducted the original quantitative study with the Eastern Woodland non-clinical sample

participants. I first secured permission from the University of Oklahoma Institutional Review Board (IRB) to conduct the current study. This approval was contingent upon gaining approval from the tribe's IRB.

I first submitted an application to conduct the study to the chairperson of the tribe's IRB in late February, 2004. I originally proposed recruiting six participants. The tribe's IRB did not approve the original application due to the proposed small sample size and suggested that I greatly increase the sample size to approximately 75 participants. The IRB also expressed concern about the wording of the semi-structured interview questions and the use of qualitative methods to examine the research question. I was asked to consider these concerns and resubmit a revised proposal.

Following several phone calls with the IRB chairperson which involved detailed and at times tense negotiations, I resubmitted an application to conduct the study in April, 2004. In this revised proposal (see Appendix C for a copy of this revised proposal), I modified the wording of the interview questions to address the concerns of the tribe's IRB. I also included a much more detailed rationale for utilizing qualitative methods and very explicitly outlined all procedures and assurances for participants' informed consent and confidentiality. Additionally, I indicated my agreement to increase the sample size to fifteen participants. This

sample size came about through telephone negotiations with the tribe's IRB chairperson. The tribe's IRB approved the revised proposal in May, 2004 and I conducted the interviews that same month.

Setting

All interviews were conducted in locations that were most convenient to the participants. These locations included participants' homes, workplaces, and in one instance, a picnic table in the woods. All participants lived within the jurisdictional boundary of the tribe. The tribe is located in Oklahoma.

Participants

Creswell (1994) states that the idea of qualitative research is to *purposefully* select participants that will best answer the research question. No attempt is made to randomly select participants (p. 148). Thirteen participants were recruited via assistance of the tribe's IRB members and other citizens of the Nation. Participants were chosen for their unique perspectives and were recognized as tribal leaders or Elders. The purposive sampling attempted to draw participants across a broad age range as well as community locations within the nation's jurisdictional boundary. I did not know any of the participants prior to conducting this research with them.

Materials/Instrumentation

Materials of the study included an informed consent form which each participant was asked to read and following any necessary clarifications, sign. I also asked each participant to complete a brief demographic form. The instruments for the study included the researcher and an audio-recorded semi-structured interview that consisted of three open-ended questions.

Informed consent form. This form provided a brief description of the purposes of the study and explicitly outlined the rights of the participants to withdraw from the study at any time without any negative effects as well as their rights to confidentiality. This form also stated the voluntary nature of the study and provided my contact information for any questions or concerns the participants may have had.

Demographic form. This form requested standard demographic information such as participant age, educational attainment, socioeconomic status, marital status, and languages spoken. Additionally, this form asked for information regarding tribal enrollment and cultural involvement (See Table 1).

Semi-structured interview. I conducted individual semi-structured interviews with the participants and asked each person three open-ended questions to elicit responses related to potential cultural and language

factors in item interpretations for the 30 identified items. According to Bogdan and Biklen (1992), interviews are "used to gather descriptive data in the [participants'] own words so that the researcher can develop insights on how [participants] interpret some piece of the world" (p. 96). Semi-structured interviews are commonly used when the researcher knows enough about the study's subject to frame questions in advance but not enough to anticipate the answers (Morse & Richards, p. 94). Typically, the interviewer asks the same questions of each participant and may supplement the main questions with planned or unplanned probes (p. 94).

I asked each participant to look over the 30 listed items and comment on each one according to the three following open-ended questions:

1.) How do you interpret this item when you read it?
2.) What potential language or cultural factors do you see in the item that would influence your response?
3.) If possible, how would you rephrase the item to reflect your perspective?

Data Collection Procedures

Data was collected via the semi-structured interviews with the thirteen participants. Two members of the tribe's IRB recruited each of the

thirteen participants. Although the goal was to recruit fifteen participants, thirteen were available for the limited amount of time in which to conduct all the interviews. After discussing the sample size and time constraints with the two IRB members, it was agreed that thirteen participants would be acceptable to the tribe's overall IRB. Each participant was purposefully recruited for the unique perspective they brought to the research. The main objective was to recruit participants who would best inform the research question. As stated previously, the participants varied broadly in terms of age, education, and geographical residence within the tribe's jurisdictional boundary and were all considered to be very familiar and involved in traditional lifestyles.

According to Miles and Huberman (1984, as cited in Creswell, 1994), the four parameters of setting, actors, events, and process should be considered for data collection in a qualitative study. The setting(s) of this research varied by locations that were most convenient for the participants. Interviews were conducted in participants' homes, at their workplaces, and in one case, sitting at a picnic table in the woods. The actors or participants were thirteen citizens of the Eastern Woodland Oklahoma tribe, an overwhelming majority of whom were native speakers of their tribe's language. The events (what the participants were interviewed about) involved semi-structured interviews which asked the

participants to comment on 30 items from the MMPI-2 with regard to item interpretation, language and cultural factors, and when possible, rephrasing items to reflect the participants' perspectives.

Each interview I conducted with the participants was structured by the research question. I asked three open-ended questions of the participants, all of which related to the content of the 30 MMPI-2 items. I utilized non-directive probing techniques and neutral follow-up questions in order not to influence participant responses. Every interview was audio-recorded. After each interview, I wrote memos that reflected the context and my general observations and impressions of the process. These memos also included information on what I learned with each interview. Following transcription of all interviews, I began the process of data reduction and analysis.

Data Analysis Procedures

According to Tesch (1990), there is no one right way to analyze qualitative data. I began the data analysis by systematically reviewing each interview transcript for certain patterns, themes, and ideas in order to develop a coding system with which I would organize the data. Using coding categories to represent these phenomena, I was able to begin the task of sorting and developing abstractions from the descriptive data. Initially, I used a topic coding approach where I wanted to get the best

sense of what was going on within the data. According to Morse and Richards (2002), this is a typical first step in data analysis and one which leads to more interpretive coding, such as analytic coding. Indeed, my next step was to use analytic coding. Morse and Richards (2002) state the purposes of analytic coding:

- To alert you to new messages or themes
- To allow you to explore and develop new categories or concepts
- To allow you to pursue comparisons (p. 119)

Analytic coding allowed me to further analyze the textual data and develop and refine themes and categories.

Following the above steps, I then examined, reflected on, and abstracted from (Morse & Richards, 2002, p. 130) the resulting analytic textual data included in each of the thirty items. This process allowed me to write analytic memos (Boglan & Biklen, 1992, p. 122) for each of the items in which I summarized participants' collective responses to the items and reflected on the overall dynamics of the interviews. From this point, I again reviewed all the textual data then developed concept maps for each of the 30 items (see Appendix D for concepts maps by item). After creating the concept maps, I organized each by scale. Then, I analyzed the categorized maps for code – item – scale interactions and

relationships. I supplemented this analysis with information from detailed analytic memos I wrote for each item. This entire analytic and inductive process resulted in thematic descriptions of the dynamic phenomena involved when a group of American Indians is confronted with items designed to measure psychopathology conceptualized from a purely Western perspective or epistemology.

Methods of Verification

Following the recommendation of Creswell (1994) concerning the issue of internal validity, I conducted member checks with participants in order to get their feedback on the accuracy of my interpretations and conclusions. One group follow-up interview and one individual follow-up interview were conducted; both types of interviews were conducted in-person. In both the group and individual follow-up interviews, I asked each participant to examine a typewritten transcript of his/her first interview and comment on the accuracy of the transcript. In the individual interview, minor corrections were made to that participant's transcript. These corrections did not affect the overall content of the person's original interview. In the group interview, all participants agreed to the accuracy of their transcripts and made no corrections.

Next, during both group and individual interviews, I described the interpretive themes and sub-themes that I identified via the data analysis

as well as a general description of how I arrived at the themes. I then asked each person to examine and reflect on those themes. Each participant was invited to comment on the accuracy of the themes as well as asked to further refine or change the themes as he/she deemed appropriate. Each of the participants in the follow-up interviews (both group and individual) stated their understanding of the procedures I used to analyze the content of interviews and also stated their complete agreement with the resulting themes; none of the participants modified the themes in any way.

At their request, I provided an in-depth description and explanation of the methods and processes I used to arrive at the resulting themes to two participants and one other non-participating Elder, all of whom held graduate degrees and were very familiar with qualitative methodologies. Each of these persons approved and validated the methods and processes I used to analyze the data. Overall, no modifications to the themes or other resulting information were required as each of the participants I interviewed at follow-up stated their explicit approval.

With regard to external validity, it should be emphasized that generalizability is not a primary objective of qualitative research (Merriam, 1988). While some of the themes and interpretations that developed in

my work with the participants may be somewhat similar to the experiences of persons from other tribes, I would not expect many comparisons to be made. The information, data, results, and conclusions are unique to the individuals from this tribe.

Concerning reliability, it would be difficult to replicate this study. I have previously described the central assumptions involved in this study. These assumptions do not preclude this type of study from being conducted in a different setting. However, there would be little chance of exact replication within another context.

Chapter III – Results

In this chapter I present the results of the qualitative analysis of the individual semi-structured interviews I conducted with thirteen leaders and Elders of an Eastern Woodland tribe. The interviews consisted of three open-ended questions that asked the participants to comment on each of the 30 identified MMPI-2 items with regard to personal interpretation, language and cultural factors, and when possible, rephrasing items to reflect participants' perspectives (refer to Appendix C for a listing of the interview questions).

Demographic Characteristics

The sample consisted of eight men and five women. Eleven of the thirteen participants were native speakers of the tribe's language. The demographic form asked participants for information on cultural involvement. Among the following statements, participants were asked to choose which one best described their involvement:

- Strong involvement in Indian culture, weak involvement in White culture
- Strong involvement in White culture, weak involvement in Indian culture
- Strong involvement in Indian and White cultures
- Weak involvement in Indian and White cultures

Table 1

Demographic Characteristics of Participants

Characteristic	Men (*n* = 8)	Women(*n* = 5)	Total (*n* =13)
Age (years)			
M	46.5	48.4	47.23
Range	27 – 82	38 – 57	27 – 82
First language (%)			
Tribe's language	87.5	80	84.6
English	12.5	0	7.7
Other	0	20	7.7
Educational level (%)			
High school diploma	37.5	0	23.1
Some college	0	20	7.7
4 yr. college degree	25	40	30.8
Some grad. school	0	20	7.7
Master's degree +	37.5	20	30.8
Marital status (%)			
Married	50	40	46.2
Single	37.5	20	30.8
Divorced	12.5	40	23.1
Annual range of income (%)			
$0 – 25,000	25	0	15.4
$25,001 – 50,000	75	40	61.5
$50,001 – 75,000	0	60	23.1
Tribal affiliation (%)			
Enrolled	100	100	100
Cultural involvement (%)			
Strong Indian/weak White	12.5	20	15.4
Strong White/weak Indian	0	0	0
Strong Indian/White	87.5	60	76.9
Weak Indian/White	0	0	0
Missing	0	20	7.7

Table 1 presents information on the sample's responses to this particular question as well as other demographic information of the sample.

Qualitative Data Analysis

In this section I list and describe each of the themes contained in each scale (F, 1, 6, 8, and 9) utilizing supporting narratives from participants' interviews. In order to illustrate the themes I include one or two concept maps per scale that best describes the phenomena occurring within the scales. Finally, I provide an analytical summary for each of the scales based upon their respective themes (see Table 2 for a listing of themes by scale). It should be noted at the outset that items frequently load on more than one scale. This is especially true for scales F, 6, and 8. As a result of such inter-correlations, many of the themes for each of these scales are the same, however these similarities are not due to those specific items alone. Additionally, in order to protect confidentiality, all identifying information including participant's names and all references to the tribe's name, language, and unique cultural identifiers have been modified or removed.

Table 2

Themes by Scale

F Scale

- Experiences of racism and discrimination
- Core belief system
- Traditional knowledge
- Living in two worlds
- Conflicting epistemologies
- Community and connectedness

Scale 1

- Living in two worlds
- Core belief system

Scale 6

- Experiences of racism and discrimination
- Conflicting epistemologies
- Core belief system
- Community and connectedness

Scale 8

- Experiences of racism and discrimination
- Language
- Core belief system
- Conflicting epistemologies
- Responsibility and accountability to the community

Scale 9

- Stories as traditional knowledge
- Core belief system
- Responsibility and accountability to community

Themes by Scale

F Scale (Infrequency).

This scale included eleven items from the 30 identified MMPI-2 items. Through qualitative analysis, six themes emerged from the interviews for the F scale. These themes are described below.

Theme 1 (F Scale): Experiences of racism and discrimination

Items included on this scale (see Appendix E for a listing of all item numbers by scale) prompted several of the participants to describe both personal and collective experiences of racism, discrimination, and prejudice. Many older participants recounted experiences of racism and discrimination during their school years. For example, Marilyn talked about her experiences of mistreatment during high school:

> Back in high school, the teachers – the students weren't that bad – but the teachers were pretty rough on us. And it might have been simply because we come from a small school rather than what we were, you know. But I would, I associated it, I guess, in my mind, with being an Indian – the way we were treated.

David, who is of the same generation as Marilyn, also talked about experiences of racism within school as well as more generally:

> I do know a lot of people that would feel, you know, that while they were going to school that teachers or just in the everyday world that they say, that we're just…because of the color of their skin or that they were (tribe's name) that, you know, people just didn't pay any attention and just passed over. I know that, for a fact, a lot of people feel that way.

Bruce recounted a story about two particularly harsh, yet disturbingly similar personal experiences with racism, discrimination, and prejudice:

> I hate to say it, but there's still prejudice out there and you know…we can feel it, we can see it's there but we just, you know, think, well, okay, all we need to do is get up and go to the next place where we feel more comfortable and welcome. Because my son got a little piece of it too one time. We went somewhere and they actually wouldn't even let us come in this restaurant and eat and serve us because of this color (points to his arm). We've never taught him, so he didn't understand, you know. And he was like, why? And we was like, come on, son. And when we left there, they had the laws, and the laws stopped us, and I mean just harassed us, gave us a hard time. And me and a friend, we went on a trip, and the laws come in and actually escorted us out of the store. We stopped there. I don't drink, don't get high or anything like that. We stopped to get us a pop and like a sandwich. Before we can get it up to the counter, the laws already in there and escort us out and want to know what we're doing there. We're like, well, we just stopped to get something to eat. Well, my suggestion is, just get on down the road. The quicker you can get out of here, the better you are, you know. So, you know, you can't argue with them, because you know what they're going to, if you say anything, you know what's going to happen. But that means that somebody in that store, behind that counter, had already felt that and then you walk in like, well, here it is, trouble. Not even knowing us.

Theme 2 (F Scale): Core belief system

The second theme that emerged for the F Scale involved many elements of a core belief system unique to members of this Nation. For example, some of these elements included such things as spiritual beliefs,

cultural sense or intuition, ceremonies, spirits, core values, and use of medicine. This by no means is an exhaustive list, however, these are some of the elements that came up repeatedly during the interviews and all seemed to be part of an overall core philosophical system, at least for the individuals in this study. It should also be noted that this theme emerged from every scale examined.

Some examples of this system include the following from the interviews. Grace talked about having a certain sense or intuition and being able to receive and process significant information based on that:

> Being in tune to that, because sometimes there are certain animals or things that mean certain things to us as individuals and sometimes they are as protectors, sometimes, so they give us warnings, sometimes they are symbolic of other things, and so we have to again come back to knowing oneself and being able to utilize all the information given you. So, and occasionally, you know, it is, they come in different shapes and images, whether it be animal or people.

Frank used a story from his childhood experience to illustrate elements of this belief system with regard to medicine persons and important information to be aware of:

> We saw this little lady coming, her name was [inaudible], and everybody said she was a medicine woman, a [term for evil medicine person], ones that turn themselves into animals, and we knew that. Everybody talked about that. It was commonly known with our people in our community. She always wore a long dress and wore a scarf and she was a really aged lady. Well, she kept coming and my oldest

> cousin said, “let’s act like we don’t see her, we’ll just turn our faces when she comes.” Well, here she comes. She was about five yards ahead of us, and everybody looked down, and I looked down and I saw this pig run by right next to my foot. I said, “Did you see that pig?” My cousin said, “That was no pig, that was a dog!” I said, “No, I saw a pig.” He said, “No, I saw a dog!” But I did see the old lady come by. But when I turned around she was behind us, about five yards behind us. And that was freaky, that we saw these things. And it was years later, we never told our parents, because we weren’t supposed to be out there. So, years later, I was talking to my Mom and I said, you know, this thing happened, and she said, “Yeah, that’s why we told you not to be there, because those things happen.” Those things really happen.

Relating a similar story about medicine people and spirits, Greg talked about stories and experiences that have been told in his family for generations and have informed his belief system:

> You hear about (a unique spirit), you hear about (evil medicine person), you hear about the, my grandmother used to call them the spirits, which are like animals, they can look like animals… I remember my Grandma talking about she was walking down the hill and she saw this pig walking down the road. But it was walking like a man. And the old saying is, “If you see something unusual, you don’t look at it.” ‘Cause if you acknowledge it, you give it power. So she kind of looked, and saw, well, yeah, that’s a walking pig and then she just kept walking and did her thing. And it left her alone. So if you leave it alone, it will leave you alone…that’s kind of the philosophy. And I’ve always kind of been raised hearing those stories.

Bob commented on the belief in the power of tobacco, how it can be used both positively and negatively, and how one must be very cautious in using it:

> There's a belief, tobacco is a very, very powerful instrument in (tribe's name). It's almost this vessel. It's sort of a blank slate that can be used for good, and it can be used for bad. And that people will tell you, you don't want to think bad thoughts when you're using tobacco, if you smoke tobacco, because you can make bad things happen to someone even if you don't want to. Let's say you had a fight with a relative and you're smoking and you're upset and you're just thinking bad thoughts. Something bad might happen to that relative because these thoughts…it's got to be done in (tribe's language), though. That might be changing because you've got some people growing up now who don't think in (tribe's language), who aren't in (tribe's name), who might believe that bad thoughts can't affect. But certainly with the people who are 35 and older, the idea that your thoughts are very powerful things. They're not so much maybe by themselves, but with tobacco, tobacco can be a vehicle, and can sort of cause these bad things to happen. You are sort of emanating these bad things, and so you might cause something bad to happen to this individual even though the next day you would say, "I was being stupid, I shouldn't have been like that." But at that moment you're mad and upset and so you've ended up that you're smoking or you're doing something with tobacco, and it might cause something bad to happen.

Theme 3 (F Scale): Traditional knowledge

This theme concerns cultural knowledge unique to this Nation that people develop through specific teachings, often through stories or other interactions with Elders, but also many other ways. This knowledge is not considered to be universally available but specific to the persons of this Nation. This knowledge is highly valued and it is considered essential to the well-being and survival of the culture. However, it is also knowledge that is available to tribal members who are willing to take the time and

demonstrate the respect to seek it appropriately and learn it in a good way. Bob remarked on access to this type of knowledge:

> No one really has private knowledge that no one else does. In other words, if you have a medicine man, they don't have access to this sacred knowledge that's given to them that other (members of the tribe) don't. I mean, if one person knows how to do something, theoretically, as a (tribe's name) philosophical concept, anybody can know how to do that. It's just learning how and knowing how and picking up the proper tools. It's not to say that people have different aptitudes on a natural basis, but there's sort of this range of accepted, it's the idea that there's sacred knowledge that's given to you by a spirit or by you being such a unique individual, an amazing individual, that you stand apart from everybody else which is at odds with (tribe's name) culture…I think it's something that people would say, you know, anybody could do it if they worked hard enough at it, or if they learned how to do it. Some people probably a little better than others because they do have these natural aptitudes that fall into this accepted range of deviation from the normal.

Marilyn talked about her own experience of developing traditional knowledge and demonstrated the personal responsibility involved in that process:

> That would be, to me, part of my culture because that, I feel I've trained myself to, you know, hear a bird that's singing different than it should, you know. Or, see a different bird that you're not, ordinarily wouldn't see. Or some animal acting strange or, you know, it's just kind of…I think what I've just picked up, I guess, on my own a lot.

Jane remarked on an important story that shaped her own knowledge and behavior as well as facilitated her strong value of community and home:

> One of our old stories tells that when it's close to the end and 'Don't be so far away from your people that you can't get back to them.' …That's what we've been told. Stay here close to home and when things start happening, we're right here where we're supposed to be and we're not supposed to let things take us away.

In a manner that reflected on the sacredness of traditional knowledge as well as the abysmal history of its misappropriation outside the culture, Bruce explained:

> In the Indian culture, there are still, I'll say, there are still some things that society has never been introduced to with the (tribe's people) and other, you know, not just (tribe's people) but other Indian tribes and stuff too. Because there is still some stuff that we're holding onto that is sacred to us that has been passed from generation to generation and we feel like, you know, if we let people know, then, their thinking is, well, then that person is just going to take it and use it for his advantage. And, you know, it's just like, you know, a lot of them know the herb medicines and stuff like that. They won't share it with them because they know, well, because it's happened time and time again, that's what gets instilled in their mind, that , "Well, if I tell this person, all he's going to do is go make money off it." And it wasn't given to us to make the money.

Theme 4 (F Scale): Living in two worlds

Participants consistently commented on the fact that, in order to survive, they had to learn how to deal with and live in both the White world

and their own world. Most of the participants remarked on the significant difficulties and tensions this type of "shifting" process creates for them. Additionally, they discussed the fact that people from White culture do not have to endure this type of process and rarely, if ever, are aware of that. Jane described this directly:

> It's like Grandma always said… "Don't ever forget who you are and who you come from. That's real important that you always remember that." And it's hard for us because we have to live in two worlds. We have our world and we have to live in the White world. But she said to learn as much as we could about that and don't ever forget who we are. So I don't know if it makes us stronger people having to do that, be able to adapt to those worlds.

David talked about the importance he places on speaking his language with other members of the tribe and how that has not always been met with acceptance:

> …when I meet (tribe's name) speakers, I usually speak (the language) to them in public and that makes people, kind of, I guess, not afraid but they wonder what, you know, you're talking about. I know that just by looking at them. But, that's never bothered me. So, if it's coming from speaking our language in front of people that's non-Indians and if they're afraid, they shouldn't be…When I first started in the workforce, I worked at an Indian hospital and there were some (tribe's name) people that worked there. And we used to talk (tribe's language). And some people thought we were talking about them, so we were reported to the administration. And the administration told us to come on and talk to us about what's going on, why are you talking about this person? …And they thought we were talking about them and they made a rule that we couldn't speak (tribe's language) no more. And being (tribe's name), we

> voiced our opinion that this is a free country, we can talk in whatever language we want to! And then they, you know, they backtracked and said, just don't be talking in front of these people (laughs).

Marilyn also discussed the reality of having to live in two worlds and accommodating them both. She also tied in the importance of preserving the language which her mother ensured she would always have:

> A lot of people say we live in the White world, but I think you can associate both worlds with your (tribe's name) upbringing and then your English, you know, the White man's way, I guess. I don't really have a problem with it. I thought mama was so mean, though, when we were growing up. She'd say, as long as you're in my house, you're going to speak (tribe's language). And I'm so glad she did now, you know. I'm proud of that. And it seemed mean at the time, but she knew what she was doing, you know. So, I just, I think you can live in both worlds and be happy and learn too. But I still believe in the traditional religion that they left. You know, my folks believed in the Stompground and that's what was right for me, you know. She let me, my mother let me go to church, different church, different denominations, but it just wasn't it for me, like our religion is. So I believe wholeheartedly in that and I'm really happy with it.

Theme 5 (F Scale): Conflicting epistemologies

This theme is certainly associated with the previous theme and is quite prevalent across many of the scales. It reflects the striking differences between White culture and the participants' culture. Again, there is an emphasis that the participants, in order to succeed as well as survive day to day, need to be very attuned to both White culture and their

own culture, something persons from White culture are able to unconsciously take for granted. In their responses to the items on this scale, participants frequently commented on the clash of values between White culture and their culture. This was often typified by statements that directly identified White culture values and ways of being. Participants seemed extremely aware of accepted and valued ways of knowing within White culture and frequently distinguished between the two cultures during the interviews. The following interview narratives further illustrate.

Some participants remarked on different content within the items, for example certain words such as “strange,” “bothered,” or “successful.” In this interview excerpt, Bob discussed these terms and their different meanings, starting with “successful”:

> Again, to me, that seems to be a foreign concept to (tribe’s name), that it doesn’t seem to fit in well with this idea of responsibility and a person’s position in life being there because of what they have done…You might have to identify what people were talking about…or even saying it some way, sort of, “If I had more experience with White culture, I would have been much more successful,” or something like that. It’s not necessarily a positive thing…Yeah. Some way of saying, “If it had not been for my culture, or my background, or my upbringing, then I would have been more successful.” But I think you would stress, “I would have been much more successful (pause)…” I hate saying, “in the White man’s world,” but for lack of a different way of saying, “successful in the White man’s world,” because I think a lot of people as they have gotten older have found more value in thinking of their families and their communities and their

homes as (tribe's name) but that success does not equate to success outside of (tribe's name) culture.

Bob reacted to the terms "strange" and "bothered" in one of the items as well. In this excerpt, I include our exchange which expresses his reaction and explanation:

> **Bob:** I guess the concept of both what "very strange things" is, what that means. I mean, this is my take. I think that for the most part, (tribe's people), whenever they talk about things that are unusual or what have you, there is a much more related sense of the word. So they might talk about, at least, again, I'm drawing upon my family, talk about things that are unusual that they would call strange, but to see it listed as very strange seems unusual. The use of that world really implies something that's unknown and for the most part, people can tell you how things are related in the world and so because of that, there really aren't a lot of strange things, if that makes sense. And people might say, whenever I'm around others I do hear stuff, but whether or not that's strange or unusual, that would be weird in itself, I guess, in a way. I've never heard of anybody saying anything like that. There are people who hear stuff. I had a great aunt who really, really – I hate using the word supernatural, but had a, I don't know if you could say a vision, or a prophet, or whatever the term is, prognosticator. She was someone who sort of, she had a very good intuition, maybe that's a good way to put it, she had a very, very good intuition, and she would hear and see things that maybe some people wouldn't, but it wasn't considered strange. I mean, it was not weird, it was not unusual, she just seemed to have a better honed sense for the world around her, you know, was much more in tune with stuff.
>
> **Jill:** So as you're talking, I'm thinking, you've mentioned a couple of the words in that item, like "bothered" and "very strange," those are the words that you are flagging as not being within a (tribe's name) perspective because everything is kind of in relation and it's accepted, so, kind of like, in a

> way if you were looking at this bi-culturally, like (tribe's name) non-(tribe's name), it's like you're paying attention to "I hear things," and not paying attention to "bothered" or "very strange." Maybe outside (tribe's name) culture people might think it's very strange, but within it's not.
>
> **Bob:** Exactly. And there are a few people who I think have that, or are better at that than others.
>
> **Jill:** So it could be interpreted that way.
>
> **Bob:** Right. And it could be interpreted as a very normal thing. Certainly my family is not unique with having some people who I would say would answer that question, would say, "Yeah, sure." Like I said, they would probably not say "bothered" or "very strange," but they would say, "Yeah, sure. Sure, I hear stuff."

Steve also distinguished between White culture and his culture in terms of the misuse of power:

> In Native culture, I don't think you'd do that, just because, like I said, you'd always want to help somebody. So, I think you'd want someone to feel comfortable around you, feel safe. Sure you do that, like when you're a kid, you scare someone, but I don't know if you want to make them afraid of you. 'Cause when you say, "People are afraid of me," it makes me feel like one specific person is just trying to be mean and hateful and maybe they think it'll give them power. 'Cause if you're afraid of me, I can get you to do what I want. So that would be like White culture, someone taking power that they don't deserve through fear instead of like, respect.

Greg talked about how laws are considered in varying ways depending on community perception and need which often conflict with White values:

> We have certain rules that we live by, but the rest of it is

> open to interpretation. You have it set, like, don't kill people, that's kind of a given with any peoples, any culture…(tribe's name) people, sometimes they agree with the law, like the White man's law. They agree with it in heart with some things, but they'll break it if they think that it's stupid, if they don't agree with it…if someone's running from the law and they think this person's getting a bum wrap, they'll help him…they don't think it's fair as far as that's a law that doesn't apply to us. We may be bound by those laws, but we don't agree with it so we'll do what we can…It's just more like, what do they think of that law? If they agree with it then it's okay, I'll apply to that. If they don't, well, what can we do to get around it, 'cause we don't agree with it…I'll abide by it just 'cause I don't want to go to jail, but…I think laws can be very constricting.

Theme 6 (F Scale): Community and connectedness

This theme reflects sentiments expressed by the majority of participants regarding the paramount importance of community and remaining connected to the community. Some participants explained that identity develops through one's deep affiliation and involvement in the community. Others described this value in both historic and contemporary terms and also related it to traditional knowledge. For example, Grace talked about some reasons for maintaining her strong involvement in the community:

> There are just forces out there that we can't control and this is our given area. This is our home and this is where we need to be. If I was, and I am single, and if I chose to go somewhere else, I'm really turning my back on our way of life and doing things that are conflicting with, I mean, to be in, on the path in the way we are supposed to be, we need to have reinforcement of that teaching and the things we have

> learned and so we need to be among our people and our ways…It's where I belong. It's where the Creator has put me to carry out His plan. He didn't put me in California or in another tribe, or something like that (laughing). So He wanted me here for some reason.

Greg spoke at length on the topic of community and the highly valued concepts of support, caring, and cooperation:

> I think that part of how I've been successful is through help. 'Cause Indian people are very supportive of one another, and like I said, I'm associated with American Indian (organization's name), and they've helped me a lot. I mean, I wouldn't have gotten through the first year of…school. I would have dropped out. There was a (tribe's name) woman who worked at the school and then I got involved with this organization. And everyone's helping. They got to where they're at from help and they're going to help anyone who's behind them to get where they're at. I mean, it's just all this pulling, you know, there's no competition.

Greg also spoke of the clear expectations communicated by the community to its members especially with regard to leaving the community and coming back:

> They don't want someone who's going to leave because the view of whole (tribe's name) culture is that everyone contributes and it's this big family. It's community. And when someone leaves that community, the community is diminished. And so that's, and it happens a lot and it happens all the time. And so, and since we're very active with the culture in the ceremonies, there's not that many left of people who are active in it. And so, when one person leaves, it does have a, there's a void there. And so, their fear is that they don't want any more people leaving. And there's a saying, "Don't follow the White man's glitter," or "Don't follow the uh, the show." It's kind of how they perceive the culture when what's real is our culture and this

> is what we've been given so this is what we're supposed to uphold. And so, we are supposed to do that… They're always afraid that someone's not going to come back, 'cause it's been more the rule than the exception that people go and then they don't come back. Because, you know, there's more things somewhere else. You could go somewhere else and have, you know, much more success money-wise if that's what you want to call it. But, really that's their focus, they think is, you know, this is our culture. This is what's the important thing. Not money, not anything else, just this… But I've gotten where I am because of people who helped me get to where I am. I don't, I never ever think I got to where I'm at on my own. I just, I don't have that perception. Someone helped me to get to where I'm at and I'm going to help whosever behind me 'cause that's just kind of how it is.

F Scale Concept Maps

Two concept maps for this scale seem to best describe the themes and both incorporate most of the components of each theme. Figure 1 represents the concept map for MMPI-2 item 96 and includes many important elements within the above themes. Additionally, it shows the interactions and relationships among the components as well their relationships with the item itself. The components linked to culture, for example, spiritual beliefs, sense/intuition, spirits, and stories, taken together, form a large part of the core belief system. Linking animals and the name of a unique spirit with stories then culture signifies just one pathway of traditional knowledge development. Strength is an included component as many participants expressed the immensely positive influences their spiritual beliefs have in their lives. The themes of living in

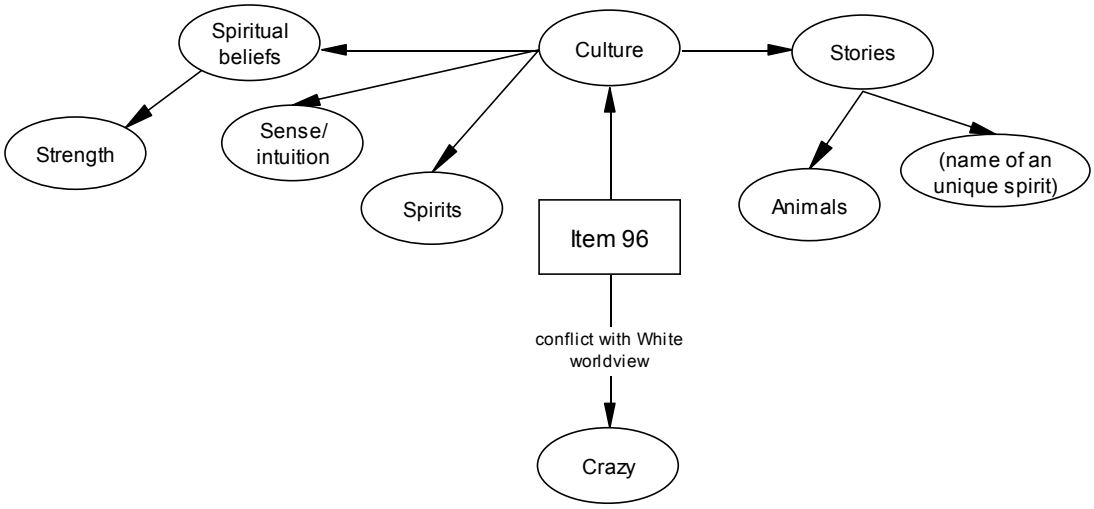

Figure 1. Concept map for MMPI-2 item 96 (for F scale).

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two worlds and conflicting epistemologies are both well represented by the top and bottom halves of the figure. The top half represents the participants' culture while the bottom half, encompassed by the term, "crazy," represents the perceptions of many participants that White culture tends to view their beliefs, practices, ways of knowing and being as somehow abnormal, and at the same time, they are expected to abide by the norms of White culture rather than their own cultural norms.

Figure 2 represents the concept map for MMPI-2 item 156. Included in this concept map are elements related to the themes of experiences of racism and discrimination and community and connectedness. Concerning the latter theme, as one can see, there are

relationships among the many elements related to culture. Once again, stories and spiritual beliefs are linked to culture. Also linked in this instance are community and the element of home. As previously mentioned, the overwhelming majority of participants expressed

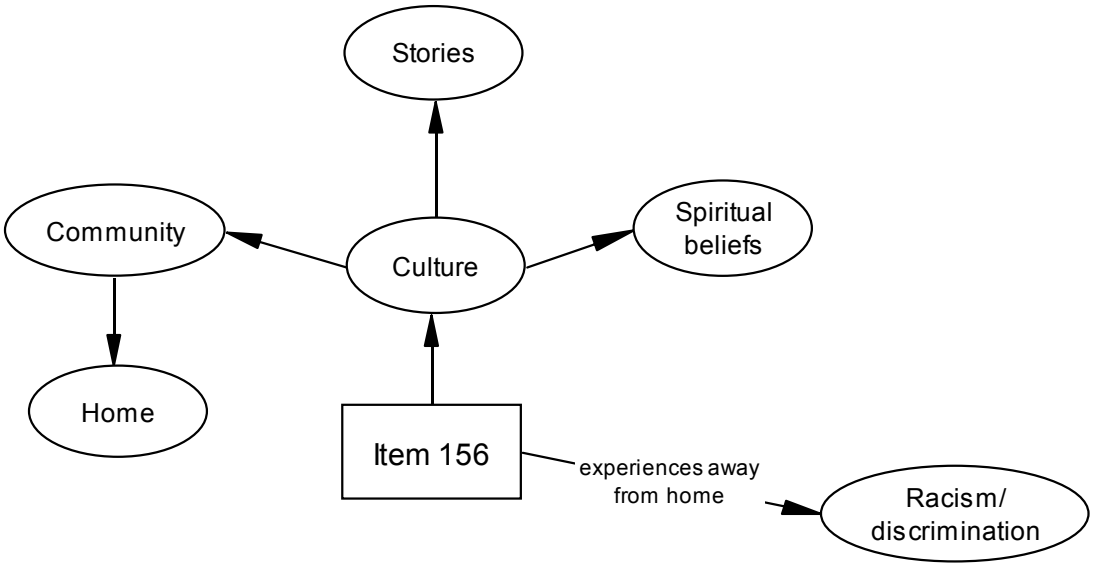

Figure 2. Concept map for MMPI-2 item 156 (for F scale).

statements that emphasized the importance of community involvement in their lives and how this shapes their identities. Within the community is where people believe they belong and where they are supposed to remain to live their culture and be happy. In short, everything they need can be found within the community.

In a related sense, when community members leave the protective cushion of the community, they are more vulnerable to experiences of

racism and discrimination. As noted in the narrative examples, participants reported these types of experiences as happening within varying contexts (e.g., within school, at work, while traveling). This simply speaks to the pervasiveness of racism and discrimination within the participants' life experiences.

According to Greene (2000, citing Dahlstrom et al., 1972), in addition to assessing test-taking attitudes, the F scale "taps a wide variety of obvious and unambiguous content areas, including bizarre sensations, strange thoughts, peculiar experiences, feelings of isolation and alienation, and a number of unlikely or contradictory beliefs, expectations, and self-descriptions" (p. 67). The results of the current study's qualitative analysis indicate that at least with this particular sample of individuals, the F scale does not accurately measure the content areas listed above. Making a stretch, one could argue the experiences of racism and discrimination theme could relate to the content area of feelings of isolation and alienation, however, much more would need to be known about that specific content area than is available. In fact, it looks as if the F scale taps into a collective worldview held by the participants in this sample. This worldview includes a core belief or philosophical system, traditional knowledge unique to members of this tribe, a non-Western epistemology, and a primary value on community connectedness.

Additionally, this worldview is informed by collective experiences of pervasive racism and discrimination both historic and contemporary. This worldview is often at odds with the majority culture worldview and while members of this Nation are well aware of that fact and its consequences, members of the majority culture more often than not appear to have the luxury of remaining completely oblivious.

Scale 1 (Hypochondriasis).

From the overall 30 MMPI-2 items, the fewest were derived from this scale. Nonetheless, two themes emerged from the interviews: Living in two worlds and core belief system. Both themes were also included in the previous scale. Although the items contained within this scale concern physical symptoms, at times participants responded to the items from a metaphorical perspective. Participants also demonstrated their underlying beliefs regarding physical symptoms.

Theme 1 (Scale 1): Living in two worlds

The following narrative example, an exchange between Jane and me, provides insight into how one person interpreted the content of items on this scale. Once again, the constant struggle of having to straddle the expectations of two worlds emerges:

> **Jane:** It's hard living in two worlds. I don't take that literally as having headaches, but (laughing) it's a lot of stress and juggling a family and I guess everybody has that. In this day

> and age, things are really hard. My husband and I both work and it takes both of us, and...
>
> **Jill:** Say more about living in two worlds.
>
> **Jane:** Well, the way we're brought up, the things we're supposed to be doing, and then we also live in the White world, and things are different, things are really different, and we're taught, “Live for today, do everything today, about this one being your last day because you don't know what you're going to have tomorrow.” And then here you have "Save up, you gotta save up, 401K!" And you're looking way ahead, and what good is that going to do? Because it's the person you are inside. All that stuff doesn't matter. I do have 401K, but I'm not that worried about it.
> **Jill:** You are more present oriented.
>
> **Jane:** Yes. Also in the past, things that our ancestors have passed down, so I still feel like a connection there, but not so much the future. I'm not worried about it. Whatever comes, comes.

Jane continued to reveal the pressures of having to live in two worlds while trying to maintain a sense of balance within her life:

> It’s kind of hard sometimes being in those two worlds and keeping that balance and sometimes I think that it kind of weighs and kind of gets me off balance, maybe. I don’t know…We have to keep balance. And sometimes it’s hard because so much of our world is White too. Because that’s kind of creeping in, and it’s hard to keep that balance.

Frank talked about finding strength within the tribe’s history and how that fosters a collective ability to cope and deal with the pressures of the majority culture:

> We have always had to overcome, we have always had to fight, we were warriors, so I don't think we have ever felt

> weak unless we were just sick with some kind if disease or something. That may be the only time that we were ever weak as a culture, I think. Sometimes, nowadays, though, I feel like we might be in a position where we could lose a lot of things though because of what's happened throughout history. But I think with our tribal group, as strong as they are, we are resilient people and have been over the last 200 years that we are not gonna dissolve, we are not gonna break down, we are not gonna lose our strength. We may be buckling sometimes but I don't think we have ever, we would ever succumb to any type of thing, so I don't think we are weak as a tribe…We don't let things bother us, you know, we don't worry about things, because again you have to look at what's past is past, you shouldn't dwell on it. You should go on, go forward with it…We're pretty happy people in a lot of ways, even though there's a lot of things that could distract us, there's a lot of things that should hurt us, but we're resilient, happy-go-lucky people. If you come around Indian people in a group, you never see them standing still for very long. They're always laughing, joking, cutting up, you know, that's just the nature of our people.

Bruce echoed Frank's sentiments regarding the strength of the culture and its people, physically, mentally, and spiritually:

> Most of the people…they think through the struggles and everything that they've had to put up with – everything, they still have to. Most people feel like they're pretty strong, you know, not only mentally, physically, but they'll look at theirself as, you know, well, we're a strong, we're a strong person, because…I've got it going here, you know. Right, as long as I have it here, and this is their thinking, "as long as I keep straight, you know, I don't straddle that fence with the Creator or, you know, and I live the way He wants me to live, you know, not just take everything for granted, then I'm all right. You know, yeah, man, I'm strong."

Theme 2 (Scale 1): Core belief system

This theme includes several spiritual-related and medicine (including bad medicine) components. It seemed most appropriate to include those types of components under the umbrella theme of "core belief system" because these areas are not categorized separately from one's overall belief system, at least within this sample. Relating beliefs about bad medicine, Grace described possible factors that would explain why a person may feel unwell:

> I know that in the past, and for some people today, there's always the issue of conjuring and stuff like that, but people think you are sick, and so they have those kind of aspects…Probably the best way I could explain it would be mind over matter with I would say a spiritual kind of influence or an other-worldly influence. I would say the best I could come up with is like some one dislikes [you] for some reason and they used some kind of medicine to affect you physically…Say, "this one gave you headache." It's kind of like mind over matter, and they could will you to do that, but they would have to use a helper of some sort…Something that I've heard people saying – well, you know, I have an elderly aunt, and she said, "Well, somebody smoked me and I can't, that's what's making me feel bad." And you can hear that from the Elders…It can affect the physical, the mental, the spiritual, you know. It can affect any or all of it, and so, yeah, and that might be something that just looking at the physical well-being of an individual, especially if they were older or maybe a generation older than me.

Scale 1 Concept Map

One concept map encompassed both themes for Scale 1. Figure 3 illustrates the components of the core belief system as related to culture.

These components include medicine, spiritual beliefs, and knowledge. The “two worlds” component mediates the other components of culture and White culture.

Scale 1 is designed to tap vague and nonspecific neurotic concerns about bodily functioning (Greene, 2000). According to Graham (1993), the scale was originally developed to identify patients who manifested a pattern of symptoms associated with the label of hypochondriasis, a syndrome characterized by preoccupation with the body and concomitant fears of illness and disease. Although such fears usually are not delusional in nature, they tend to be persistent (p. 56).

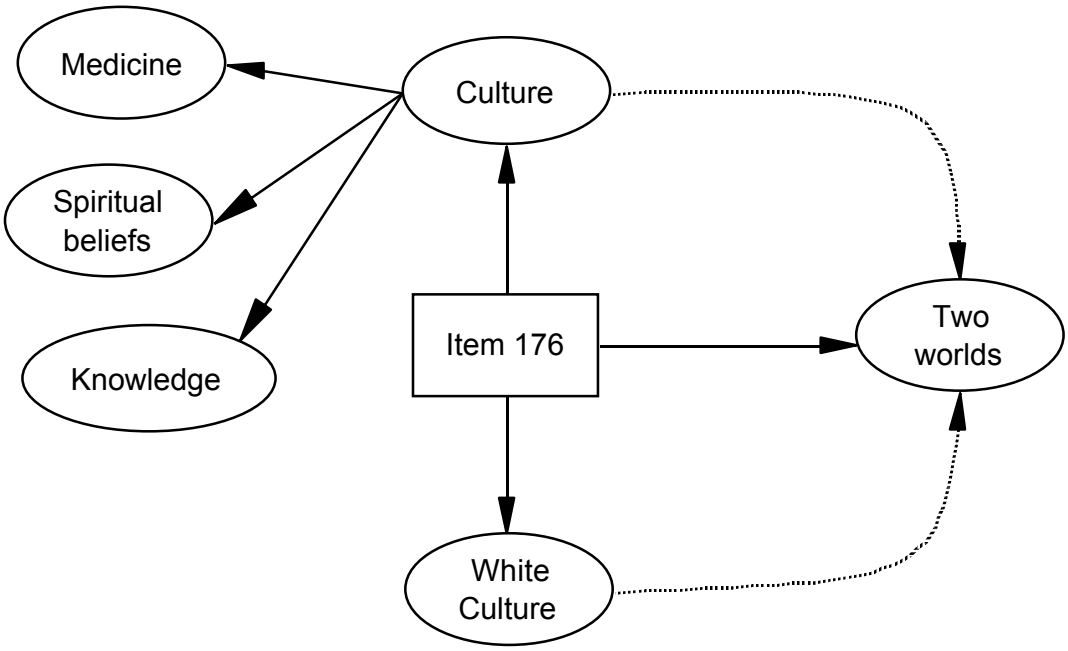

Figure 3. Concept map for MMPI-2 item 176 (for Scale 1).

The qualitative analysis of participants' responses to items from Scale 1 revealed two main themes related to coping with pressures associated with having to live and survive in two very different cultural worlds and elements of a core belief system. Participants acknowledged the nature of the items having to do mostly with physical symptoms, however, they also ventured beyond that content and described more metaphorical conditions that could also be interpreted from the items themselves. Such conditions included detailed descriptions of struggles, pressures, and ways of coping with different experiences that cause a person to feel badly, such as feeling consistently forced to abide by the norms of the dominant culture. Acknowledging the negative within the items regarding physical, mental, and spiritual domains, participants described their underlying beliefs for why such negative feelings may develop. Such explanations included the possibility of other persons or outside forces working bad medicine on an individual. While these types of responses confront fears of or even real experiences with illness (whether physical, mental, or spiritual), they do not reflect any type of preoccupation with such concerns. Additionally, it is important to note that participants included mental and spiritual aspects of illness or disease and not simply physical aspects. This speaks to the connectedness and inseparability of each of these aspects within this collective worldview.

Scale 6 (Paranoia).

Nine items from Scale 6 were included in the interviews. Participants' responses to questions about these items varied, but centered around four themes. These themes are listed below.

Theme 1 (Scale 6): Experiences of racism and discrimination

This theme emerged previously on the F Scale and again on Scale 6. Two of the items examined from Scale 6 overlap with items examined from the F Scale. While those items certainly elicited responses involving experiences of racism and discrimination, other items on Scale 6 elicited these types of responses as well. Responses that recounted experiences of racism and discrimination were not limited to the two items that overlap with the F Scale.

Bill explained his struggles with experiences of racism and discrimination and how he has not allowed those experiences to hold him back in his life:

> I used to be one that thought as a Native American that I was done wrong in time past. And, at one time, even carried a little chip on my shoulder. And I would be lying if I said sometimes it don't come back. It does. But I don't think I'm…I mean, sometimes I think that there are decisions that are made that, that I think is meant to maybe keep us at a certain level. When I say us, I'm talking about the Native Americans. But again, those are just things that just are through my mind that don't stay there. I just don't allow it to stay there and let it grow. I'm able to work through those things. They don't bother me like they used to.

Two participants talked more collectively about experiences of racism and discrimination. Ellen said:

> I do know that sometimes people speak about how we were treated by the federal government or still being treated by the federal government, but that's an overall. They're speaking about the overall tribe, not just one person…As a tribe, I think…that probably every now and then we feel like we had been plotted against, but not as individuals.

Frank placed these collective experiences in a historical context:

> I believe that we do have some things that happened historically against the Indian people, but I don't think it was actually plotted to do these things, but just eventually what took place, that were expansionary. The Western movement and all that stuff came into play. I don't think it was actually plotted to do that, I mean, against…maybe some things like the Removal maybe. That was a big thing that the government may have plotted to remove us from there to here because of what they found in our old homeland. So that may be the only thing that's been plotted against us as far as culturally and historically…historically, maybe there are one or two cases where we have been plotted against by…how can we say that? The greater society or the non-Indian world.

Bob spoke of more recent experiences, specifically a family member's experience with overt racism:

> I've heard them talk about having difficulties because of certain real, tangible barriers. For instance, I had an uncle who wanted to go into something…he wanted to go into some sort of business, but he wasn't allowed to because he was Indian. But that's something he could really, I mean, he said, "Well, they wouldn't let me do that because I was Indian", you know. And it was a sort of racial sort of thing.

Marilyn recounted experiences with racist teachers during high school and demonstrated a resilient perspective:

> When I was going to high school, it was, we were really looked down on and the teachers really, you know, they didn't want us in any of the smart classes, 'cause they said, well, made comments like, we were too dumb to learn. But, I realize now that if I knew then what I know now, we didn't have to take that kind of treatment, you know? But, it hasn't made me bitter. I think you just need to learn from your experience and go on.

Theme 2 (Scale 6): Conflicting epistemologies

This theme was also salient in participants' responses to items from Scale 6. Much like the previous theme, this theme emerged from items on the F scale as well. However, none of the following interview excerpts supporting this theme are from any of the overlapping items among Scale 6 and the F Scale. Similar to the items on the F scale, participants perceived the items on Scale 6 to be much more representative of White culture and more pathologizing of their culture or other American Indian cultures. One repeated distinction had to do with materialism. Reflecting on certain materialistic behaviors, Bill described differences between his culture and White culture:

> I do believe that when you think about Whites and Indians and so on, I think, I don't know, it may be wrong to say this, but I think you would have less Indians doing it than you would White. I mean, an Indian is more satisfied with what he's got. An Indian, if you give an Indian and a White person the same amount of money, I think the White person is

> probably going to find a way to use that money to get more money. An Indian or a (tribe's name) or whatever you want to put it is probably going to go out, buy what he wants, he's not going to hang onto it, thinking, "Well, I can use it to gain more money." So I don't think that.

Greg spoke very directly about the differences in values between his culture and White culture:

> That's…not culturally where you want to be. And like profit, that's money, *that's the White man's world* [emphasis added]. Really anything they see, that's not, we gauge success on, well, that's nice you did this, but, you know, did you lead a stomp dance this weekend? You know, that's what they consider important. Not, yeah, not like profit. That word, really, I mean, it's almost offensive. I mean, like, when we were growing up, materialism was really frowned upon, very frowned upon. Now, I mean, everyone has cars, 'cause you have to have a car to drive to get to work. But, if you get too nice of a car, it's almost a negative stigma in (tribe's name) culture. 'Cause like, well, who does he think he is? You know, and a house? But no one says anything about a house because a house is where people come. And so, you can have a big house, but it's understood there's going to be a lot of people. That's for not just you to live there. You have, you know, extended family. And like, when I picture a house, I don't consider it my house, it's where my family is going to meet, and that's how I see my house in the future. Because this huge house, but it's not for me, it's for the family and so, that's how I define it. And so, when you say, like, for profit, or for gain, not personal gain. That, that's almost *culturally offensive* [emphasis in original]. And to talk about profit from someone else or even like from the community, that's culturally offensive. And *anything that deals with culture and to gain profit, that's offensive* [emphasis in original].

Ellen, while not directly contrasting her culture with White culture,

explained how materialism is not a value in her culture. In fact, it is considered culturally damaging:

> As far as what's important to us as a people, I don't think they would see money as an advantage. 'Cause it seems like the more education and money you get, the further you get away from our culture and language.

Ellen went on to contrast her culture with White culture more directly when addressing community commitment and made distinctions between traditional Indians and people who claim Indian blood but are not considered members of the community:

> That reminds me a lot of the non-Indian people…I can see it here with people that, well, I went to school with a lot of people that weren't Indian, but anymore that have a card so they claim they're Indian. Those kind of people is what I'm talking about who, you know, work here but they don't really have serving our people in mind. They just want to serve, sort of, their needs. So, they do whatever they can to get ahead and a lot of them do. But those of us like me, who have been raised traditionally, we would work here no matter what our pay was probably. In fact, some of us have (laughs), you know, have slowly moved up whereas some people just jumped to the top. Some of them may not even be here now.

Jane made a distinction between non-Indians (Whites) and Indians in their abilities to understand the cultural values, beliefs, and norms of her Nation:

> It depends on who you are talking about because the people that I've grown up with in my culture, they know what I'm saying and they know what I've been through. They've been through the same things. But, if they're not from our culture,

> they don’t understand some of the things that we do talk about…other tribes, they have a lot of similarities and so they know a lot of times what we’re talking about…Non-Indians have a hard time understanding the things we talk about…Non-Indians don’t understand our teachings, and the things that we’ve been brought up with.

Theme 3 (Scale 6): Core belief system

This theme reflected more elements within the core belief or philosophical system articulated by most of the participants. This theme also reflects a general approach to life for many of the participants. Not all participants share all components of this belief system, however.

Louise described the essential relationships and connections between the language, core belief system, and culture:

> I think that anyone who has another language, who can speak other languages, especially Indian languages, Native languages, have a, well I'd like to talk about things that are cultural, like let's just go back to the medicine, that there were certain plants have names, you know, animals have names, you know. And there are certain songs or prayers that you had to say for in the purpose of making medicine. And so, if, and I know, my step-dad was a medicine man, or he is, and he would always say that he can't pass his wisdom on because our children, he didn't have anyone in his family that could speak the language and the medicine had to understand the words you were telling him in order for it to work and if you couldn't speak it, you couldn't do it. And I know that sounds, that has to sound strange to someone who has no idea about medicine, you know, and so I couldn't talk to that, talk to just anyone about that. They'd think, she needs to be put in the...not only just medicines, but ceremonies, everything about our lives, are, revolve around our language and that's why I say it's so full, you have to have the language in order to do all of these things.

In this example, Bob talked about bad medicine used against his brother when he was younger:

> For instance, think about my brother and his dreams. Someone was using bad medicine on him and we were told it was because he was basically doing well in school. And they did a story on him in the county newspaper; local is doing good, this local high school boy is doing good. And there is always the thought in (tribe's name) society that people get really jealous of each other and that is part of the negative aspect of this idea of trying to keep people in the mean, in the group, and keeping everybody close to each other. So you have an emphasis on really sort of putting down people who really begin to excel. And it's not so much, I think, that people excel, it's that if there is any thought that they are starting to get too big for their britches is how it's put. But you also find many cases of medicine, bad medicine. They use the term "conjuring", or "cunjurin'", as something that's being used against people in this case. And there's lots of cunjurin'. Like, I mentioned, about all these, if you go down these halls and you talk to people, they'll tell you stories galore about ghosts and witches and what have you. But there's always, you'll find every family that can tell you about someone or even themselves who's been cunjured against, and that's how they phrase it in English, they've been cunjured. So, there are lots of cases where I could see someone say, "Yeah, someone's cunjurin' me." And that's, it happens a lot. That's how come people use a lot of medicine, people use a lot of tobacco, people use bad thoughts against them.

Two participants, while demonstrating an acknowledgement, tolerance, and acceptance of certain elements within this core belief system, held contrary personal views about them. Speaking about how his education had shaped him and his perspective, Thomas talked about a

relative's experience with conjurin' and his opinion regarding the event:

> This one incident, my aunt believed in this conjurin', that they were plotting to make her ill or her daughter ill. Of course, she was the person that said that was doing it was going with my aunt's daughter. So, when she got wind that she was being conjured, why, she was going to take measures by getting her own medicine man to counteract that. But as I said, by that age, and I must have been about twelve by that time, thirteen, somewhere along there. I had been to school, and I'd begun to pick up some knowledge, you know through the English speaking world. But I imagine she passed from this earth believing, you know, people could do that…They felt like if they conjured you they could make you sick. And of course, if it happened to happen, it just reinforces their thinking at the time. So it's a hit or miss kind of thing. And I think we have even today, some of the things that happen is hit or miss.

While communicating a sense of tolerance, Bill stated that he had not been raised with this traditional belief system although he had married into a family in which it was strongly held:

> I think because of, again, beliefs that Indians have, we might think that we have, I mean, we've, maybe to say there's another world that other people are concerned with. There's another, another part of their life that they, that some are concerned with, as to some of these statements…that we've gone through…I married into a family that did…My wife had a grandpa that at times when we, our finances maybe weren't going as good as they should be, would tell us that is was somebody that was causing it to be that way. So that's why I say that some of our people have yet another life. Another life in a sense that they are worried about. I don't worry about those things because I don't believe, I don't believe anybody can, can do anything other than to come up and cause me to lose my job. That's going to cause my finances to be not what they ought to be. I mean, there are people that do think that can happen. So I don't, I just don't,

> I choose not to have that world that I want to be concerned about. I mean, there are enough things that might cause me to be concerned about in this life that I don't necessarily want to be concerned about something that's really not real. But again, there's others that do believe that they exist.

Grace discussed her own beliefs and how they inform her about positive or negative environments:

> Sometimes what I think is, you can go into a house and it has a good feeling or a bad feeling about it, an atmosphere, whatever you want to call it. And there are just some things like that. Or if people are tense or if you feel anger…it depends on the environment … We're taught that some places are negative and some positive. And it sometimes, houses take it from previous owners and they take it from previous incidents that happened in there and occasionally, yeah, you might feel that…Occasionally, it feels bad indoors. And I say feels bad because you don't feel bad and you don't, you feel uneasy and the environment is bad for you, and you feel bad.

Grace also expressed concern for the younger generation whom she considers to be in danger of losing traditional ways by becoming more assimilated into the dominant culture:

> I don't think younger people would answer the same ways. There are a lot of families that are leaving the traditional ways a lot, you know? And so they are more assimilated, but you see traces of some of the things I've said in here. And they may not even know where it comes from, but it's just like with the language. Even if you don't speak the language, and if it's around you all the time, you have an impact from it and it's the same way with belief systems. People do things and they don't understand why and the parents or the adults or the Elders have never explained it to them. So they don't know.

Theme 4 (Scale 6): Community and connectedness

This theme reflects the commonalities among the participants in terms of background, experiences, language, and commitment to serving the community and maintaining the culture. Louise spoke of the values that have been passed down in her family through the generations:

> That's not what our communities or our families teach – that we take advantage. Just, you take care of yourself and you take care of your family, but we're not going to be unfair about it, you know. My Mom told me a story about my Grandpa, that he was addicted to alcohol, but he always – her mother died when she was like twelve – so he would farm. He had cattle, he had, you know, pigs and different things, and, but he liked to drink, you know. And so people would talk about him all the time that he wasn't any good because he liked to drink, that he had all these kids, my mother, I think she had seven or eight of them in her family, so. She said sometimes people would come and ask for food, and she said he would always help them. He would give them pigs or milk or cream or chickens to kill so that they would have food to eat, and she would say, "Why do you do that? Don't you know that those people talk about you, and they are not kind in the things that they say to you? Why do you do that?" He said, "You're supposed to be that way. It's just not supposed to be that way." So he never did think about himself, you know, he always was thinking about others. And I just think that he must have passed that on to her very, very strongly because she really did pass that on to us, you know, and it's not to be bragging or anything like that. I know some people would take it that way, but you know I really do believe the Lord provides us things so that we can help others, you know. And we can't out-give, we give and we get ten times more than we gave, you know. So, you know, I've tried to, and I've tried to, but I really believe that. And I am fortunate enough that I am able to, you know, help people and I don't think that I'm single, the only person that ever does that. I think it's because of our

> cultural background. That's what we were taught and all of us were taught that. We might be forgetting it sometimes, but we all were taught that way and I think that's what drives us to success, you know, anything that we, not any unfair means. I think it's fair for everybody. Everybody could do the same thing. If we could just live the way that we are, our laws, you know, *our laws* [emphasis in original], if we could just live that way then we would all be profitable.

Bob explained the sense of isolation or alone-ness one might feel if he/she ever became cut off from the community:

> I think it would be very difficult to translate that feeling of isolation and alone-ness because I don't think that that's a concept that's really part of (tribe's name)…I can't recall ever hearing (tribe's people) lament about being alone or isolated. No, I take that back, I take that back. I've had encounters with some people who came from (tribe's name) backgrounds who have moved off, who left, whenever they were younger, and went to cities or whatever. They moved away from (tribe's name) society. I mean, there are people who moved off to the cities, but they still maintained connections with their communities and with their families. But there are those people who have just totally isolated themselves off, and I've seen, I've heard some similar sorts of statements from them. Those sorts of feelings of isolation when they were away and have really cut off the ties that they had with other (tribe's name) people, with their communities, and with their families.

Bruce commented on the comfort factor that is so important to the people who are also members of communities he is a part of or familiar with and reasons for that:

> Except in their own home and their own domain, most of them, you know, has had pretty much else they feel more at ease outside. And I'll say this, outside and away from, we'll, I'll say towns and big people and stuff because, you know,

most Indians that we've been around and this and that, you know, from young to old, are pretty shy, really. I mean, they're really not, I wouldn't say so much shy, but they stay to theirself, you know. With the White people they won't open up or anything like that, they're not going to just open up, talk. But if you go into the Indian community, you are going to see the movement, the laughter, and all that stuff. But if you take them out of that community, it's going to make them feel uneasy.

Scale 6 Concept Maps

Figures 4 and 5 graphically depict all the elements contained within the four themes for Scale 6. Figure 4 is a concept map of MMPI-2 item 22 which shows the interacting components of community, language, and

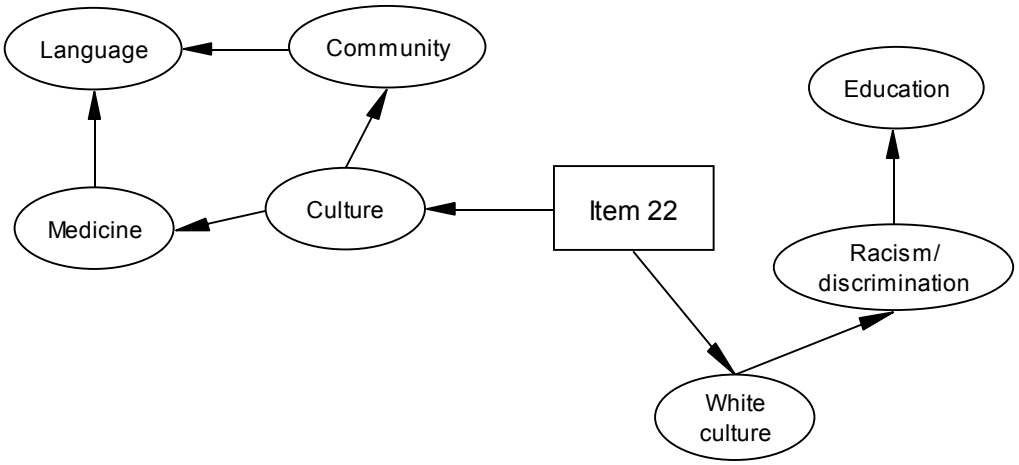

Figure 4. Concept map for MMPI-2 item 22 (for Scale 6)

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traditional practices as all related to a distinct cultural system. The other side of the map illustrates conflicts with the dominant culture, effects and one context of those conflicts that several participants mentioned.

Figure 5, a concept map of MMPI-2 item 42, shares many of the

same components with Figure 4, however, some of the interactions are more detailed and complex. For example, this particular item elicited responses that detailed relationships between language, medicine, and ceremonies. These, of course, are subsumed under the theme of core

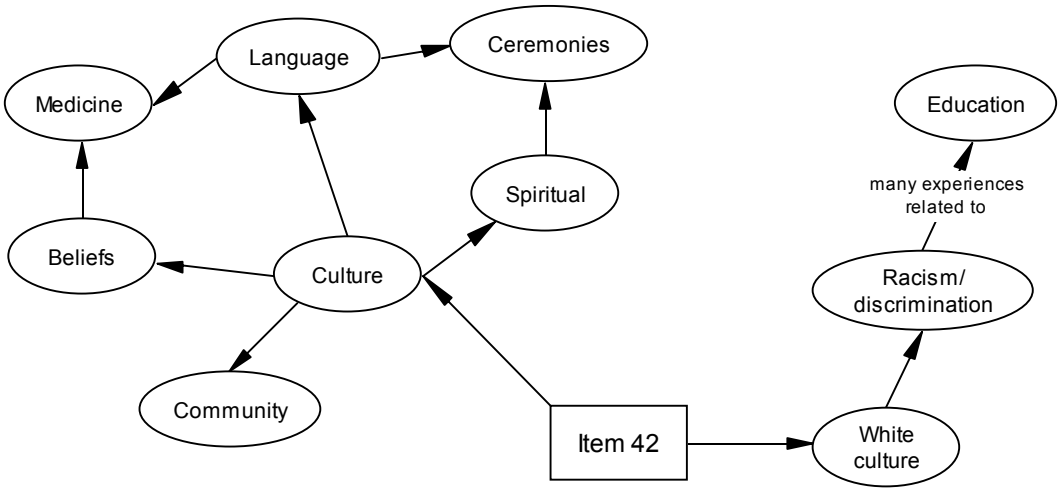

Figure 5. Concept map for MMPI-2 item 42 (Scale 6).

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belief system. The distinction or addition, in this case, from previous maps, is the component of language. Sense of community and connectedness to the community is a basic part of the culture as reported by many, if not most of the participants. It is a driving force behind many of the participants' lives and provides them with a cultural identity. Once again, the conflicting epistemologies are represented by the spacing between culture and White culture. Experiences of racism and

discrimination are linked with White culture within the context of educational institutions and interactions with educational personnel.

According to Greene (2000), Scale 6 assesses interpersonal sensitivity, moral self-righteousness, and suspiciousness. Item content on Scale 6 is explicitly psychotic, at least for some of the items. A clinical response to these items would reveal acknowledgement of delusions, persecutory ideas, and paranoid thought processes (Greene, 2000).

It is more than probable that an Indian person who subscribes to a traditional core belief system would tend to endorse items from this scale in what is considered a deviant manner. For example, items that tap into suspiciousness may reflect a person's belief that others can use bad medicine or conjure him/her, a common and strongly held belief within this particular cultural system. Additionally, given the pervasive and extensive experiences of racism and discrimination participants revealed, it is likely that such experiences, if reported in an honest manner on the MMPI-2, could be pathologized as delusions of persecution. Finally, any heightened sensitivity measured by the items, may be more reflective of discomfort associated with being separated from one's community, family, or primary supportive unit.

Scale 8 (Schizophrenia).

Thirteen items from Scale 8 were examined in the interviews. Eight of these items also load on one or two of the other scales in this study. Specifically, three of the items from Scale 8 are shared with the F Scale, two with Scale 1, three with Scale 6, and two with Scale 9 (see Appendix E for a break down of item numbers by scale). This inter-correlation of these overlapping items is reflected to a degree within the themes for Scale 8. Qualitative analysis of the interview revealed five themes for Scale 8 as described in the following paragraphs.

Theme 1 (Scale 8): Experiences of racism and discrimination

This theme emerged on three scales: F, 6, and 8. A close examination of participants' responses to the items which are shared among these scales revealed an expected pattern of response and experience in this area. Similar to Scale 6, however, items unique to Scale 8 also elicited such responses from participants. The items shared among Scales F, 6, and 8 were not solely responsible for eliciting participant responses concerning experiences of racism and discrimination.

Frank described both historic and current experiences of racism with special emphasis on discrimination within academic environments, emphasizing a proactive attitude:

> I was looking at the historical perspective of our tribe, that how we came through, that sometimes we feel like we got a raw deal, and to a certain extent, I guess, *we still do* [emphasis in original]. Sometimes with our Indian kids, with the school system especially, I feel like they are still invisible students in the classroom and I really [inaudible] talk to a kid to work with us as closely as they should. And so, in that sense I may feel like we do get a raw deal in education for that reason. But as I get older, then I see things more in a different perspective and try to understand why instead of thinking that, you know, there's a reason behind that and there's no reason I should hold grudges and things like that about the hatred that's past. And we should move forward with our own lives and make our own history now. At one point, I did think we got a raw deal, but the more, like I said, the older I get, the more settled I become and more, I guess, the wiser I become and the more I understand the world. It's…the gap is closing.

In this excerpt, David shared with me his father's advice for coping with inevitable experiences of racism and discrimination:

> **David:** I've experienced a lot of things and you can't help what people say or what they think about you. The best thing to do is to learn early that, you know, just go on and keep on smiling. And that comes from my father.
>
> **Jill:** He taught you that?
>
> **David:** Mm hm.
>
> **Jill:** And where do you think he developed that?
>
> **David:** I think our Elders have experienced a lot more insulting things than the younger generation has.
> **Jill:** Like from non-Indians?
>
> **David:** (nodding) Non-Indians, 'cause, you know, a lot of them had to work out in different places, Tulsa, Kansas City, or places like that. Like my dad did, and you know, he had

> limited English speaking abilities so, (tribe's name), he experienced that. But he was, in his own way, he was strong, had a strong belief in his culture and that's where, you know, I learned a lot from that. He used to tell me, you're going to experience some things, just keep on smiling and go on.

In this excerpt, Bruce reflected on the pervasiveness of racism and discrimination both within and outside his community:

> **Bruce:** I done covered some of it before we even got to it, it's like with this (points to skin), because they'll look at all of it...and I'm not saying nationality. Ninety percent of the time that's what a person looks at.
>
> **Jill:** Skin color.
>
> **Bruce:** Even like us, out there. You know what? We don't look at that person. First thing we look at is that color.
>
> **Jill:** Looking at that skin color.
>
> **Bruce:** Yeah. That's it. And I know a lot of Indian's point of view. They feel that because, you know, you go in Arkansas and this and that where, you know, it's made up of a lot of White, and I tell you what, it's like the store just completely goes quiet. And you can't tell me you don't feel it, you know, when a person does that. You feel it, you know, because he's already putting off them, as we say, bad vibes. So then you're like, well, I'm going to grab my soda, and, you know, get the hey out of Dodge, you know (laughing). But I think, you know, what's sad is racism's going to be here till the end of time. But it's sad that it has to be.

Theme 2 (Scale 8): Language

This theme is unique to this scale. Several times during the interviews, it became clear to me that as participants read over the items, they attempted to translate them into their native language. This seemed

like a behavioral manifestation of a previous theme, living in two worlds. However, it also had to do with the primary values of respecting and keeping the language alive with the broader goal of maintaining the culture. Frank described some reasons he treasures the language:

> If you understand the history of our language, during the boarding school days, and the religious schools, I guess you might say they actually did forbid the Indian students from speaking their language and consequently they lost a lot of that language and it still plays a part today, you know. You talk to some, my parents, even my parents would say well, we didn't want to teach you the language but because of what we had. There were some people who were not wanting us to speak the language so they withheld a lot of my generation from learning the language. But I was fortunate enough to have a mother that never learned to speak the English language and I had grandparents that spoke only (tribe's language) and I was around it all my life and really was fortunate to learn the language first-hand, you know. So in that sense I think we lost a lot of that to the schools.

Marilyn spoke of the process she's gone through in her life regarding knowing her language and learning English and how that affects her today:

> I'm proud of who I am and, you know, a long time ago, it bothered me because I couldn't speak very good English. But, anymore I just think, well, you know, I can speak two languages. I can speak English and (tribe's language). So what if I don't speak good English, you know? I'm just proud I can speak (tribe's language).

Relating to the previous theme of living in two worlds, in this

excerpt Jane spoke of the shifting she goes through between work and home with regard to her first language and English:

> **Jane:** To me, it would be too difficult to think in (tribe's language). If I'm with my family and we're speaking (tribe's language), yes, it's in (tribe's language). That's what I'm thinking. But when I'm here, I have to think White, otherwise there's no way I can do it. There's just no way. I wouldn't be able to survive. Honestly, I don't think we would make it in this world if we didn't think like the Whites.
>
> **Jill:** So even working for (her employer) you have to think like Whites?
>
> **Jane:** Yeah. It's a business. That's the political side of it. A lot of people, say, like, Grandma, she never speaks English. That's all she thinks is in (tribe's language). So someone like that. But me, I've learned both languages, and in order to survive in a White world I have to think like a White. And as much as I hate it...

Jane also reflected on the fragility of the language and how the disruption of language causes discomfort between generations. She specifically referred to this in relation to the Elders:

> I want to learn so much from them and they have so much to teach us and many people are not willing to sit down and listen to them and talk to them. And I think what it is, is they feel uncomfortable because they can't speak to them in their language so they just don't want to be around them. I felt like that for a while too, because for a while I could speak in (tribe's language) because Grandma was there with us in the house and that's how we learned the language. But her mother needed her to move in with her, so she left us for about five years, so we didn't have her in the house speaking (tribe's language) to us. So there's a lot that we lost, I guess. And so when I got pregnant with my oldest one my husband and I decided we're going to start speaking

(tribe's language) and this baby's going to learn the language that we did. So that's when I started picking it back up and I would feel uncomfortable around those folks too but I thought I've got to speak to them, and that's the only way that I'm going to bring my language back is if I use it.

David commented on his thought and translation process within the interview context and more generally in his everyday experience in the following excerpt:

David: We think different. If you're a (tribe's language) speaker, like say, me, I think in (tribe's language) and that's my first language. And you explain things and people just don't, I guess, see you. When they ask you questions, that you're evasive, but really, you're thinking. You have to think it out before you say things. You're not responsive and people don't understand that.

Jill: Right. So when you read these, are you doing some sort of translation into (tribe's language) at all?

David: Mm hm. Yeah, that's the way I think, you know. Even though, you know, I'm fluent in both languages, but I'm thinking in (tribe's language).

Jill: Okay.

David: Yeah. That's what a lot of people ask, you know. A lot of (tribe's people) will answer, you know, "Yeah, I'm always thinking." And I thought it was just me, but I talk to speakers and they say, "Yeah, I do the same thing."

Jill: Yeah, that's what the other folks I've interviewed have said too.

David: We think in (tribe's language). (laughs)

Theme 3 (Scale 8): Core belief system

The items from Scale 8 elicited similar concepts contained within this theme for the previous scales. Greg spoke of the foundational philosophy of life he has been taught which guides him:

> We kind of make our own destiny, I guess, or our own path. Well, 'cause we have a concept called the (spiritual concept)… So you basically lead your life the way you're supposed to and things will kind of take care of themselves…So if you just be the right person you're supposed to be, and be the kind of person you're supposed to be, then things kind of take care of themselves. That's kind of how it's been most of my life. And well, that's kind of the view that most of my family shares, I think. Which, I think that makes a difference too, so… Culturally, the (tribe's name) concept of the (spiritual concept)… we have a concept of karma, that you kind of create what happens to you, sort of. And so, if you don't follow the (spiritual concept), then bad things can happen to you. But it's through your own actions. You know, no matter how directly, they're still through your actions somehow. And so really, something that bad happens kind of is through your own choices in life. So you can't blame someone else for the choices you've made in your life, 'cause you made them… And so, that's kind of always the way we've always been taught is, you know, you follow this path and the choices, and I think that's kind of really true for Indian culture, you follow your own path. And you make the choices. You pay for it, good or bad, but really that's, I guess, kind of the problem with culture too is that everyone, you know, you have your path and no one really has the right to tell you how to lead it. You know, don't do that or do that. No one really has the right to tell you that. So, that can be a problem sometimes, but really that's kind of how (tribe's name) culture works. And I think most Indian culture, really. Everyone has their own path to live.

Continuing on with the concept of personal responsibility, Louise had similar thoughts:

> Some people might think that, you know, they had used bad medicine on me, they're the ones that put me in this situation. But I feel like, you know, you have control of your situation and your plan is there, you have to follow that plan…If you stray from it, then there are consequences for straying from it. You should be focused. We make our own decisions and there are consequences and that's what I try to teach, you know, whenever, that you practice self-discipline.

Louise expounded upon the concept of self-discipline and focus and tied it to another concept within this theme which concerns spirits:

> We let ourselves lose sight of our priorities, you know. And we get, when I'm saying losing my mind, forgetful, misplacing things, you know. And sometimes, my mother used to say if you lay something down, you forget where you put it, the (name of an unique spirit) were playing with you. And that was kind of their way of bringing you back, and say, hey, you know, we're supposed to be doing this or doing that…I mean, you're forgetting what you're here for or, you know, what you are supposed to be responsible for, that kind of thing. And that's just kind of, she would say it kind of jokingly, but we always kind of remembered that, you know, we do forget sometimes. You get so many things going and you think that you have to be doing all this, you know, and you kind of just lose sight of your priorities.

In this excerpt, Marilyn explained to me how essential it is to have a sharp awareness of cues or events that may be a sign of something else and how this awareness is a source of pride for her:

> **Marilyn:** I hear things that probably a lot of, like I said, in that first something that was asking something similar to that, I hear, you know, things that maybe another person may not hear because they're not listening for it. I guess. I listen for it, you know, more than anything. And when we have a death or something in the family, there's always a

sign, you just have to be aware when that sign comes and be in tune, I guess, with it or you'll miss it. It seems like I always know, there's a few times I haven't, and it took me by surprise, but I feel like if you're really listening, you're going to hear, you know, you're going to know. So I feel…and it's not scary or, you know, it makes you sad sometimes, but it's not scary, but then I'm always proud that I do hear things, you know.

Jill: Mm hm. It's not a bad thing.

Marilyn: No, it's not a bad thing and you're not alone. You know, when you do.

In our interview, David described a source of strength and peace for him which he identified as being strongly associated with cultural beliefs:

David: When I'm stressed out, I like to be alone, reflect things. And what I like best is to go by a stream where water flows constantly, that kind of revives me and that's what I like to do. Like I said, I don't hear strange things. And I think it's…that one reflects going back to our (tribe's name) culture. In our beliefs, you can go back to the water and wash that away – any problems that you may have. So that, I think from an early age is where it comes from, culturally.

Jill: Okay, so it's not just hearing the water, it's being near the water, in it and washing things away.

David: Mm hm. Right. I think that's where it comes from. That was instilled in me when I was young. And serenity, I guess. It helps too…I think that's one of the strongest elements we have in our culture is that we've always, you know, you can go look at history, back in our history, that all people believed in the water as strong medicine and that's, you know, we've kept that up. You know, there's strong cultural association with that.

Theme 4 (Scale 8): Conflicting epistemologies

This theme reflects participants' responses in which they acknowledged that while highly valued within their own culture, some beliefs, experiences, or practices would be considered abnormal in the dominant culture. Louise described family members' different ways of being and experiencing the world and how these ways and experiences would be perceived as strange by persons outside the culture:

> I've heard of people have things happen to them when they are by themselves and I'm talking about again my step-Dad and my ex-husband. When I think of strange things I think of them, you know, because that's, again, that's not the kind of way that I was raised, but that, I would think, would be strange to a lot of people, the way that they believe. And again, I respect it, and if I had to define "strange" then I'd kind of think about that, because it's not, you know, maybe, the majority of people wouldn't know. They'd think, that must be strange, then, because all these people don't know. I've heard of them talk of experiences when people would come up to them. My step-Dad said that when he first came, he came to live in my mother's home, and that's kind of a traditional thing, too, you know, you don't get married and go move off, you know, he came to live with us. And he said when he first came, and we live in the same house that my Grandfather built, so when he came he felt there was a presence there and that he felt that he was watching him to make sure that he was, you know, an okay kind of guy. That's not his words, but that's what he meant, to make sure that he was going to take care of them, that he wasn't going to be mean. That was his daughter, that was his home, and he just wanted to check and make sure things were all right. And then there were times when he felt like, when he said that people would come and see him, people would come and see him. I mean, things were going to happen, like to tell him that things were going to happen, like there was

> going to be a death or there was going to be bad news or something like that. Like the light would come on in the house or one time he said he walked in or a couple of times he said he walked into the living room from the bedroom and there were people sitting on the couch, and they said, "We've come to tell you something." And, you know, told him what, you know. Now, that might be considered a nightmare, but you know, he said, "I was fully awake and I was, you know, talking to them." Of course they weren't really people, you know, they were just, that's what he called them, people. And I said, people, well, they're not really. I guess they would be spirits or ghosts or you would use that term. But he, you know, he would always be by himself you know when that would happen. I guess you know that sounds strange but I believe what he would always tell us, you know, "Well, we're going to be hearing some bad news in a few days," and, you know, we always would hear something, and he would always seem to know what was going on. And he would sometimes describe, sometimes he would describe the people that would appear, you know. Like if they were going to die, they would come, and, you know, he would say, "Do you all know someone that looks like this?" you know, and we would try to think, and yeah, you know, and he'd say, "Well, you might be going to hear some bad news about that person." And, you know, I really (laughing) and I used to think that was kind of strange but I really believed it, too, you know. And so many of those things have happened that I have to believe in that, you know. And *I know that, you know, again that would sound strange to somebody that had no earthly idea of we're talking about* [emphasis added].

In this excerpt that includes responses to two Scale 8 items, Jane cited two examples of personal experiences that she recognized would be pathologized by the dominant culture:

Example 1.

> **Jane:** (laughing). And this is another one of those things

where we've had things happen to us and if we talk about it people would think we were crazy. And there will be times where it's like early in the morning or just right after I've gone to bed. It's like something holds me down and I can't move, can't talk, and they say at that time someone's there. But Grandma always told me, she said, “Anything that happens, you just ask God to help you. If you can get that out,” she said, “whatever has a hold of you will let you go.” And it does work. I've tried it before and it really does work. It's like something's holding you down, you can't fight it. Sometimes it's hard to breathe and you start panicking and you know something is there. That's happened to me more than once.

Jill: So maybe you can't put a name on that?

Jane: No. It's just something that we know happens. I don't know how to talk about it or what I would call it.

Jill: And when you said "they" who were you referring to?

Jane: How did I use that? Just old people. Grandma would talk about it.

Jill: Is there any way you would rephrase that question?

Jane: No. Because I know exactly what it's talking about.

Example 2.

Jane: It's another one of those things where people wouldn't understand. I know Grandma would tell us, sometimes when we would play out in the woods, she said, “Sometimes you might hear your name called.” And she said, “If you ever hear that, don't go, because they have what they call (term for unique spirit), and sometimes they like to play with you and they will take you and get you lost.” So she said, “Don't ever go if you hear your name called. And then sometimes you hear people moving around. There's no one there, you know, you're by yourself, but you still sometimes hear things. Everything has a spirit and it

> doesn't necessarily have a person's spirit." Sometimes I think...because I dream a lot about my Grandma and I talk about her quite a bit. She was my Great Grandma. She comes to me in my dreams and sometimes I think, well, maybe she's coming to check on me. So it's not anything I'm really scared of.

Bob related a conversation he had with his brother regarding perceived differences between culturally traditional people within his Nation and acculturated persons in the area of personal responsibility and accountability with physical health:

> **Bob:** My brother and I have talked about this before because he did his medical rotations at the various clinics and stuff and he got to observe (tribe's name) people, culturally (tribe's name) people, who came in versus non-culturally (tribe's name) people. And he said that the culturally (tribe's name) people never complained and took responsibility for their life. If they had diabetes, they knew it was because they didn't exercise and they didn't eat well, whereas the non-cultural (tribe's name) were like, "Well, this isn't fair, why do I have diabetes? What pill can you give me that'll fix this?" And they would constantly complain and stuff like that, and so this question to me is, (tribe's people), I'm not saying (tribe's people) don't complain, but to sort of blame it on this, you know, abstract idea of, "I haven't done anything to bring me where I am here," is not a very (tribe's name) thing to me. I mean, it's a very non-Indian, or non-(tribe's name) way of looking at things. And I would think if a (tribe's person) read that they would not respond very well to it because they wouldn't see it as something that was outside of their own actions. I mean, I've seen a tendency with (tribe's people) to, even in situations where they're in bad situations, will take responsibility, they don't tend to pass the buck, as it were.
>
> **Jill:** So they think something they did got them to where they are.

> **Bob:** Right. They might complain about it, they might say, you know, “This is awful, this is dreadful. I can't believe this is happening.” But at the same time they will say, “I know I got myself here. This is because I did this, or I did that.”
>
> **Jill:** So the control part is within them.
>
> **Bob:** Yeah, yeah, it's a sense of accountability for their life being where they are because they did something to put themselves in that situation, not because someone did it to them.

Theme 5 (Scale 8): Responsibility and accountability to the community

This theme is a little different from the previous theme, community and connectedness, in that the example narratives cited speak more to the responsibility community members feel toward the group as a whole and how that is manifested within the system. The overall emphasis is on the group and as Bruce explained, this serves a very basic purpose – keeping the culture alive:

> We went in the community, and from the little to the old, as I was saying, in that community, they're so tight. They've all almost been taught into one way of thinking so, you know, it's pretty much they've all got this, as I say, you know, I don't want to, it's not a one-track mind or anything like that. It's just, it's, this is the way I was taught, this is my culture, we still keep it alive in this community and stuff, my kids are all taught because, growing up, I'll tell you, these communities don't teach their kids, like, what the job consists of, this and that, they teach them what the value of that Indian community is. And this is how we think in this Indian community. This is how we live.

Viewing the items from a more collective point of view, Grace talked

about her responsibilities as an Elder who is a valued member of a much larger community:

> **Grace:** I also have a lot of responsibility. There's about, you know, forty to fifty people who depend on me, and so I have to care what happens to me.
>
> **Jill:** In order to care for those others.
>
> **Grace:** To care for those others. To provide, counsel, all of those things. I have to support, you know, sometimes, that I have to care, and you know. And plus, I have to be, I have to ensure that I'm a good role model. So I do care what happens to me.
>
> **Jill:** What's the cultural aspect of that?
>
> **Grace:** The cultural aspect about caring? Because I have the responsibility, I mean, I have to take that responsibility to care, and I have just been taught early on that we do have that responsibility, number one, to, like I said, we have to be sure that we're adhering to what our Creator has for us, and be sure to carry it out. And we can't do it with, well, if we're not caring, then we break so many other laws. The harmony laws, you know, with the environment, the physical, mental...
>
> **Jill:** Right. It almost sounds like "I don't care what happens to me," that seems like a very individualized statement and how you approach it is you go beyond yourself and see outside yourself when you answer it. Is that...
>
> **Grace:** Yes, because what happens to me impacts a lot of people. And so I have to look beyond just me when I answer that because I'm letting the rest of the people who depend on me down if I don't.

Bob described in great detail the high cultural value placed on the group over the individual and how that is often manifested:

My emphasis and the emphasis I've seen other (tribe's people) is again on this family and on this group identity and on this group belonging. And so there is a de-emphasis on the individual as being "I" and "me." So, you hear a lot of time, well, it's not really important what happens to me, but it's not the same thing as "I'm unimportant." So, "I don't seem to care what happens to me," people would, I can, I would definitely, I can hear (Grandmother's name) in my head, my Grandmother, saying if she read that, saying, "Yeah, it doesn't matter. That's not really, in the big picture of things, I'm not that relevant," or what have you. And part of it is this cultural value again on the group. What's important is the group, and that the group continues, and the family and your children and your grandchildren, and what have you. And thinking about others first as this value ethic. So even though, (tribe's people) I think, all peoples are self-centered and selfish to an extent. You have to be, I think. I mean, you have to. You're not going to survive if all you think about is other people. But there is an emphasis among (tribe's people) at least my growing up and going to the Grounds that any time anybody started accomplishing as an individual, man, damn, you would be shot down. You would have people teasing you and really, really riding you hard for individual accomplishment. And again, it's this emphasis on the group, and I think it's a good thing. I think overall it benefits people. So there's an emphasis even though if people do think a certain way about themselves as individuals, they may not tell you that. I mean, I think it takes, you might really have to work with them a lot to get them to really express themselves as individuals and not give these, sort of, like group focusing answers and find out where they are self-centered and where they express themselves as individuals, as unique people, as unique persons. So, a (tribe's name) person, to rephrase that, I mean if you wanted to find out if they felt isolated again, you could say something like "No one cares what happens to me," which is a very different idea. In other words, again feeling alone, as opposed to them being reflexive, saying, "I don't care what happens to me," which is something I think some people might say, "Oh, no, it doesn't, because these other things are so important"… We are raised culturally to

> not think of ourselves first. Some people do, I mean, you get different people in different cultures, but you find more of an emphasis on the group first.

Scale 8 Concept Maps

Figures 6 and 7 illustrate the components included in each of the five themes. Figure 6 shows the relationship between the clearly expressed value of responsibility to the community and importantly identified sub-areas of family and language. The relationship between responsibility and caring/support for the community is also illustrated. Again, racism and discrimination are present and as indicated, participants revealed these types of experiences occurring within school settings.

While this map is mostly concerned with responsibility to community, in almost any community within the dominant White middle class society one could find similar values. However, it is important to make the distinction that one would most likely not find elements related to language and racism or discrimination. Participants consistently reported a deep sense of responsibility to the culture through language, community involvement and nurturing, and maintaining their beliefs. One of the more difficult relationships is the one between education and language. Many participants discussed their personal struggles in maintaining their language as a result of immense pressures within academic environments to abandon their language and only speak English. The effects of this

common practice are painfully felt today especially between older and younger generations. Because of the disturbance in language caused by

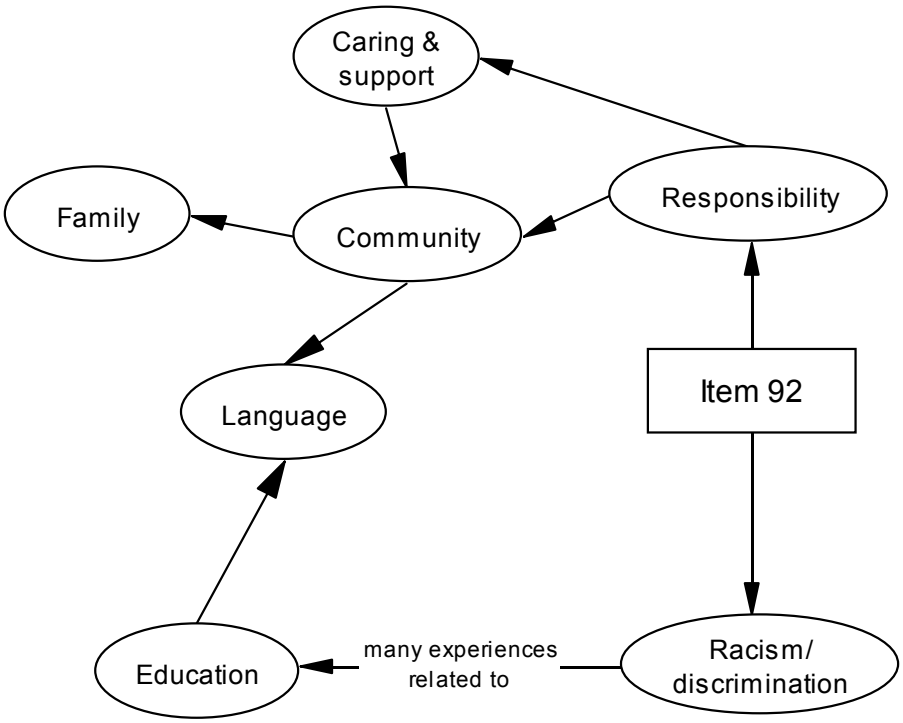

Figure 6. Concept map for MMPI-2 item 92 (for Scale 8).

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the historic assimilationist practices of educational institutions, the development of full relationships between older and younger members of the community has been harmfully interrupted.

Figure 7 represents the concept map for MMPI-2 item 319. This map includes the themes of "conflicting epistemologies" and "core belief system." As illustrated, many participants reported difficulty with the word "strange" within this particular item. Mostly, participants responded that

the word is reflective of White culture. This presented a dilemma when attempting to interpret the item since nearly all the participants acknowledged that elements of their core belief system or philosophy

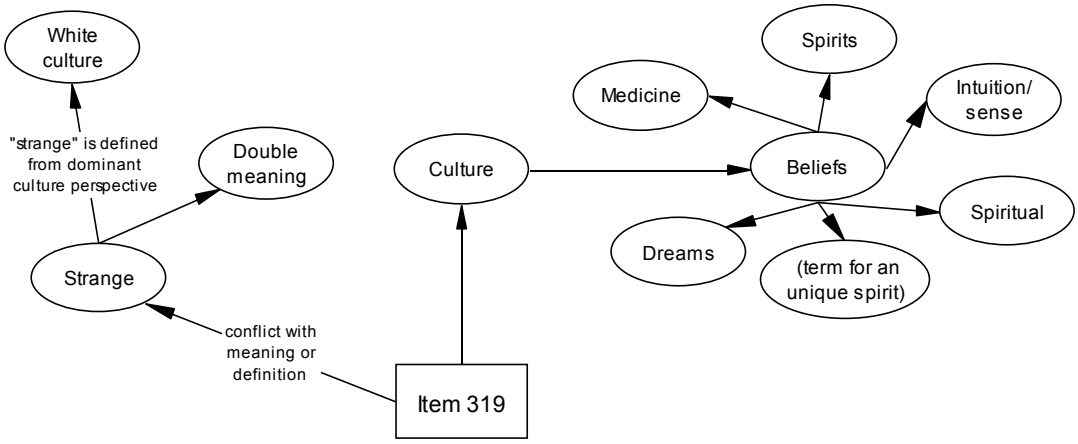

Figure 7. Concept map for MMPI-2 item 319 (for Scale 8).

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would be considered “strange” when viewed from a White culture perspective. However, interpreting the item from their own perspectives was difficult as well since most of the participants did not consider any part of their belief system to be “strange.” The figure represents several elements of the participants’ core belief system which invariably lead to conflicts with the epistemology of the dominant culture.

Scale 8, according to Greene (2000), assesses a broad range of content areas such as “bizarre thought processes and peculiar perceptions, social alienation, difficulties in concentration, impulse control, lack of deep interests, disturbing questions of self-worth and self-identity,

and sexual difficulties" (p. 163). Greene (2000) also reports that Scale 8 is "a composite measure of general distress and negative emotionality" (p. 164). Graham (1993) explains that elevated scores of ethnic or racial minority individuals are not necessarily suggestive of greater overt psychopathology, but may simply indicate "the alienation and social estrangement experienced" (p. 72) by members of these groups. Based on participants' reports, it seems very clear that experiences of racism and discrimination against the entirety of this culture, especially related to language, would lead an individual to endorse items on Scale 8 in what is considered to be a deviant manner. These experiences are rooted much more deeply than Graham's statement implies and have had extensively damaging effects on this particular culture.

Considering the immense differences in cultural epistemologies, it is understandable, yet still unacceptable, how elements of this culture's core belief system – behavioral manifestations, thought processes, and perceptions – as measured by items on Scale 8, would be pathologized. Clearly, for this particular sample of participants, this scale is much more reflective of White cultural norms, standards, and values. Indeed it is these majority culture norms with which individuals from other ethnicities, races, and cultural groups are compared, typically to their detriment.

Scale 9 (Hypomania).

Five items from Scale 9 were included in the interviews. Three of these items overlap with other scales, specifically two with Scale 8 and one with Scale 6. Results of the qualitative analysis revealed three themes for Scale 9 as described below.

Theme 1 (Scale 9): Stories as traditional knowledge

This theme reflects one method of transmitting and developing traditional knowledge that participants within this sample reported. In their interviews, several participants also used stories to describe significant events in their lives as a way to illustrate to me how they were guided in their knowledge development. The stories participants grew up with inform their core belief system. Others explained that another purpose of stories is to cultivate a strong sense of cultural values and norms. For example, Louise described the use of stories in her family while she was growing up and how she carries on the tradition:

> Sometimes my mother would remind me of some of our story. Whenever we were growing up we didn't have TV or anything and we always thought at the time, at that time, I thought it must be because we were fairly poor, we don't have a TV, that we used to gather out under the tree, and they would, you know, we would always have generally there would be like two or three families living in our house, you know, and they would all tell stories. And after it got dark we would just sit around and listen to them tell stories. Of course we couldn't tell stories, but they did, my Mom, my Dad was a good storyteller, but they would always tell stories and it was always to teach behavior, I realized that later. Because they were trying to provide entertainment for us, I

> guess (laughing), but it was always used to teach us how to be responsible adults and how to behave and not to brag and not to lie and not to steal and not to try to play jokes or tricks on people because those were not acceptable behaviors. My mother, when I was older, and would be angry at something, or maybe say something ugly about somebody that I shouldn't have, you know, she would always remind me of those stories. So (laughing) in that way, I was still her child, and knew that I still needed some work to keep me in line... And I still do my children that way. I still teach them and they know who the boss is. I think in our families the children are children forever, you know, and they know that parents are parents and they have responsibility. I always feel like they respect that a little bit more than non-Indian, at least those that I have seen. I think people think it's strange sometimes that my kids really do listen when I say, I mean, you know, their friends might say well, "Who cares what your mother says?" You know, so what she said that? But it matters to them. And I've heard them tell others some of the things that they know, that they practice… We're always responsible for our children no matter what their ages are, you know. And I think sometimes that's what causes people to not have a lot of material things, because they're always sharing and trying to take care of their families.

Greg described how stories have been used in his experience as ways to impart knowledge regarding core beliefs of the culture. He also reflected on a generational difference that he's noticed:

> 'Cause there's stories like when I was growing up there were always stories about dreams as certain things that you look for, like if you dream about snakes. That's a sign, so that means someone's jealous…There's a whole cultural connotation with that too. 'Cause it's not just someone jealous, but someone jealous to the point that they want ill toward you, if they have the ill feelings. I mean, 'cause, you know, everyone has jealousy or whatever, but it's feelings to the point that it's detrimental. They actually wish bad things almost on you… When I was little, I used to have nightmares

and a medicine man treated me and they went away. And so, like some of the dreams, you know, can be good and bad. And, but then, like sometimes you can dream, like after someone dies and you have a dream about them. That's always a good sign. They came and visited you. So they're looking after you. So there's kind of different signs and different connotations with that… We're taught from an early age to really pay attention to your dreams. And like, even when you wake up in the morning, like, the way my mom always said, "Don't ever talk about a dream before lunch, or before you eat because it won't come true if you want it to come true." And so there's still this power of this dream that, you know, so we never told our dreams, you know, before lunch or whatever, or breakfast. For us, that was lunch. So there's always that, that power behind them, I guess. I don't know how else to describe that. So, and then language, I don't know, I mean, like, I've been exposed to different languages through my life and so I actually dream in different languages sometimes. And so, I think that that can have a factor in it. I mean, 'cause there are some words that don't translate and there is no cultural equivalent. Like (tribe's name) (name of spirit)…they're like evil spirits, you know. Well, I was always raised to think of them as like, Big Foot or Sasquatch or something. But in dreams, I used to have dreams about (spirits' names) when I was little, you know, 'cause they're like, you know… Course, I think every parent in every culture does that about, you better go to sleep or, you know, so and so is going to get you or whatever. Well, I used to dream about, you know, the Boogie Man or the (spirit name) is what we called them, the equivalent. And so, I would dream about him every once in a while. And so I think there are certain cultural concepts that you can carry over in your subconscious that, that you, that are there. So when you dream they become more evident. And it's very prevalent with all my, well I think with the old ones, I don't know about my, my younger cousins, but all my older aunts and uncles and my mom. When I hear them talking, they, they'll talk about their dreams and there's a lot of relevance there. So, you know, I dream about so and so, and so, you know, it's important. Or again, this person did that and so that's important. And so they, I think I

they put a lot more into their dreams than what maybe my generation or even younger does.

Frank, an Elder, used a story from his life to describe to me a significant personal experience that shaped his life and guided what he described as his cause. In this extended excerpt, Frank talked about how knowledge had been passed down to him from his Grandfather and how he is now able to do the same:

> **Frank:** I have been inspired by what I'm doing, and possibly more than I know what I've done by what happened in my youth, and I'm not sure if this inspiration, it had to start...let's see...it had to be about in the eighth grade when this happened. And again, my life, I don't know if it's based on duty, but I think it's based in inspiration by my Grandfather. Because when I was, I have to say it was eighth or ninth grade, I can't recall what grade I was in, but my Grandfather passed away. And I used to visit with him all the time, you know, as he was in the sickbed. And one night I left and I lived about a quarter of a mile from their house and had probably got to the house when he called for me, he called my name out, in (tribe's language) of course, and I used to sit at the end of the table, his bed there, and my Grandmother told him, "Well, he left about fifteen or twenty minutes ago, he's probably home by now." But he said, "No, he's sitting there in that chair. Could you get him?" Grandma said, "Well he's gone, he's not here." He said, "No he's sitting there, could you get him please?" So Grandma said I got up from my chair, walked over to the empty chair, like I escorted you to his side, and when we got to his side he gave me a light. Light. I don't know if it was a candle, if it was a match, if it was a flashlight or if it was a lamp from the whatever, but he gave me a light, and this was something that was given to me spiritually. It wasn't physically because I wasn't there physically. And I think it was spiritually and emotionally and through I'm not sure what else but that has really made a difference in what I've done

over the years, I think. Not just by dwelling on that, but it gave me some, not even directions, but it gave me a cause, why this and why that. And I went through a lot of different, how can I say it, I guess ups and downs on why that was, you know, looking for an answer myself, because I felt like I should have been there physically to get that. It would be physical, emotionally, and spiritually, all in balance to get that, but I wasn't. So there was no way to find out, so I went to a lot of spiritual people, tribal people, to find this out, but everybody said the same thing, basically that you are doing what you are supposed to be doing – educating students. I was an educator for years, and I'm an artist and painter and sculptor and they said that you are doing that work in the true sense of the (tribe's name) artist, you know. Everything that you do is related to (tribe's name) history and culture and educating. And they even said that one of these days you are going to be a leader of your people. That's what this light meant. And maybe that's all true, but the more I keep, and my Grandmother said that you will know when you find this light to pass it on. But I think I'm really starting to get to that point where I'm starting to find a lot of the thing is, what I'm doing now with language is I think what he was talking about. Because this is something, it's really been a cause for me because when I started working with this program, language graduation and language teaching, it's not a chore, it's not a job, it's, it's, I mean it's just a thing to do. I don't care, with me, this is, I have to do this, and people, irregardless...and it kind of fell into my lap. I'm allowed to do pretty much what I can with this language, you know, really teach it, work it, write it, and everything else. So I think this is part of this light that he was giving me. Now I'm able to take this knowledge that I have and spread it to the people at large in the (tribe's name) Nation and I'm seeing with my own vision, within twenty years, we are going to have a population of speakers. Within fifty years, I can see, and I can envision this, and I believe it's going to happen, and I believe in it truly that it's going to happen. Within fifty years, the (tribe's name) Nation tribal complex is going to be conducted in the language, (tribe's name) language, like they did when I was a kid. And I know it's going to happen. I can see it happening. So to me, that's where the light is. I'm

starting to see that light flicker, and it's getting brighter and brighter. So I think I'm right where I need to be at this point in time. So I think that's what this is all about. And there again it may be inspired by, it's not a program of life based on duty, but inspiration by my Grandfather. And I think that's a cultural thing. When you have that type of inspiration through that generation before you, and that's two generations before me, my Grandfather, it really inspires a person, it really gives you direction. You may not find it right away. Not everybody finds their calling in life right away. Some find it early, some find it late, some find it midway, and some never find it, so I think *right now I'm right at the gates of the knowledge, where I'm really beginning to do some things that are going to make a difference in people's lives* (emphasis added). Not to say that the ones that worked with the years before in education as a counselor and teacher that it didn't change their lives, but this seems to me to be the real big thing. Because our language is dying, we don't really think about it, you know. So I'm hopefully going to be part of that group that's going to inspire the people to make this language alive again. So I think that's where the light is starting, like I say, to flicker and where it's going to get brighter, like I say, in the next fifty years. So I think that's where we're at today. And again, it's inspired by my Grandfather's wisdom.

Jill: Not duty, but Elders.

Frank: Not a sense of obligation, sense of duty, but the inspiration of my Grandfather. And really not understanding the whole significance, spirituality aspects of what happened. It's just one of those things that when, I think when a person gets that type of message from somebody, that really has a meaning, that really has something to that, and that goes back to one of those questions earlier on, how much we believe in spirituality and things like that, you know, that things like that have a meaning. They have meanings. So, along with what was taught to me has inspired me to do what I'm doing today and over the years. So it's a pretty good thing, this tribal thing, this cultural thing.

Theme 2 (Scale 9): Core belief system

As the above narratives illustrate, this theme is strongly related to the previous theme. While the previous theme speaks more to factors involved in the development of the core belief system, this theme reflects more on the elements of that belief system.

Echoing Jane's remarks from the same theme on Scale 8, Bob spoke of a relative's frightening experience and similar experiences and how those experiences were interpreted based on this core belief system:

> I've heard of people who've wakened up from sleeping and they're cognizant but they can't react or move, and it takes, and they feel like they're being held down or something like that, and things of that nature. But, well I remember my brother once, well I don't know how common this is for (tribe's people), outside of some of these immediate stories, that there was like a, someone was probably cunjuring him, and so he woke up and he couldn't move, he was frozen, and he was just trapped and he couldn't control anything but he was awake, he couldn't talk or anything like that. That might have happened a couple of times. And I know of other people who have happened, that has happened to them in that same sort of context. Feeling like, the way they phrased it was they felt like they were being held down by someone, someone was holding...although they couldn't move any part of their body or what have you. So I've heard of that… And people know why. I mean, whenever you've, when you're being conjured, something like that is happening, you know it, because they talk about like they feel it, they feel the presence in the room or something holding them down. They can articulate the cause of their inability to move or speak.

Commenting on an item unique to Scale 9, Bruce revealed elements of this core belief system and discussed how he could see very traditional persons from his tribe agreeing with the item's content:

> There is people that look at dreams, try to determine what that dream's telling them, and then there is others that, you know, it means nothing, it's just a dream. But there is, I'd say, probably on the average, I'll say like a large amount of Indian blood, like, say, you know, I don't want to put a figure on it, but people that's actually come, as we say, like, from the all Indian communities, that's out there living their culture and growed up that way, they strongly believe in this… Some people believe that a dream warns you of things to come or you know maybe a dream will give you a warning that, you know, well let's say like something has happened to somebody and then if it does and they hear it, you know, it's to them, then it locks in even that much tighter with this belief, you know, when something like that does happen. Whereas, I couldn't tell you if it's right or wrong or if it's myth or whatever but when it does happen, you know, it's just like, you know, even from my view, if I took that dream and said that dream told me this, and them sometime along it happened, then I'm going to say you know, that dream was right, that's what it told me. And growing up, you know, we was always taught, you know, look at your dreams and analyze it, you know, what is it telling you or what is it showing you?

Jane described elements of her core belief system as they relate to information gained from dreams and how she believes this is information to which everyone has access:

> I have a lot of dreams and they always tell me something. Some people understand their dreams more than others do. If someone will just give it a couple of days sometimes they will understand what their dream meant. I think everyone has that level. They just don't maybe understand it. But I

> think everybody has dreams and they tell them something…A lot of things tell them stuff. We have certain things, like you dream about water, and it's okay to be around the water and it's really good if you dream about fish, but if you dream that you are in the water, that's not good. There's something there. If they could just learn what those things mean, and it could be a warning itself. It wouldn't necessarily mean something bad's going to happen.

Theme 3 (Scale 9): Responsibility and accountability to the community

Similar to Scale 8, this theme relates to the strong sense of responsibility and accountability participants feel toward the community. Thomas, an Elder who served the Nation in the tribe's administration, described historical aspects of these culturally based values and how that affected his service:

> I think all of our leaders, almost all of our leaders, probably have had that. Chief (name) was the Chief of the (tribe' name) Nation nearly forty years and he could probably have been the Chief another forty years if he had lived long enough. He was well-respected because even though he was very small in blood quantum, he was all (tribe's name) in his heart and how he treated his people. So, I, I think you can't go wrong if that's the attitude that you take with you, if you want to have a position of authority and respect and the respect of the people. But I think you have to be fair with them, you have to be, you have to seek their thinking as well. Don't close your door when people want to see you and talk to you about some matter. Our door was always open and we tried to see everybody who came. And I know I spent more hours doing my office work at night than I did during the day because people were (working) during the day.

Louise spoke directly of the deep sense of responsibility and love she has toward all members of her community and how that is based in cultural tradition:

> That…is all I've talked about since I got in here, how we were raised to believe that we have a responsibility to take care of ourselves and others. And, you know, that we still love each other and we show that and practice that. So I guess that's a cultural upbringing, to me, is that we have that sense of responsibility that's sort of given to us. I don't think it's brainwashing but (laughing), you know, it's just a sense that, you know, I feel like it's just like, you know, that you have to love everyone. And so you love them like you love your own, so you just...and to me, I think, the romantic side of life, you know, that's really nice. You love each other, the other loves you, people and that. Of course, you know our written law says that we can't love certain people like this (laughing) but, you know, we can, you know, love people.

Scale 9 Concept Maps

Figures 8 and 9 graphically represent all three themes for Scale 9.

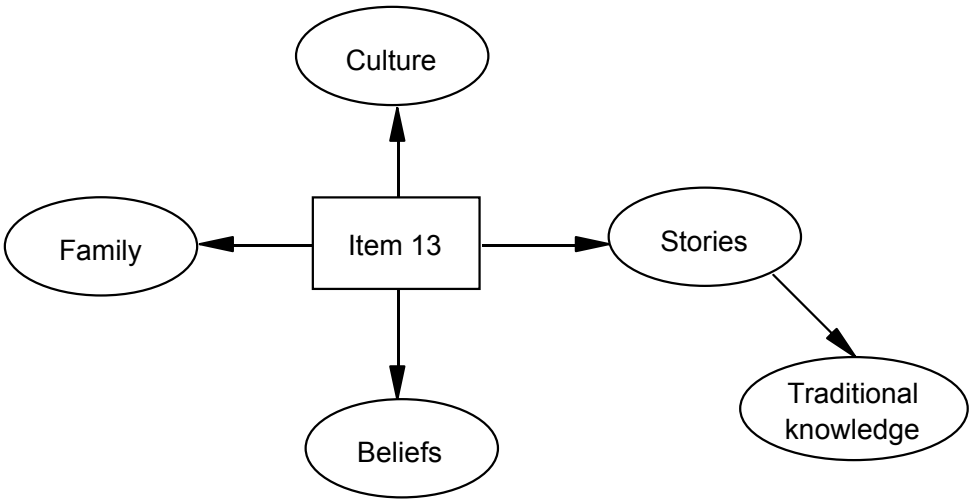

Figure 8. Concept map for MMPI-2 item 13 (for Scale 9).

Figure 8, a concept map of MMPI-2 item 13, is mostly representative of the theme, core belief system. However, the element of stories is present as well as its relationship to traditional knowledge. The map shows how this particular item taps several elements within the core belief system. In a more general sense, the map illustrates that the core belief system is informed by culture, family, and stories.

Figure 9 represents the themes of stories as traditional knowledge and responsibility and accountability to the community. Each of the

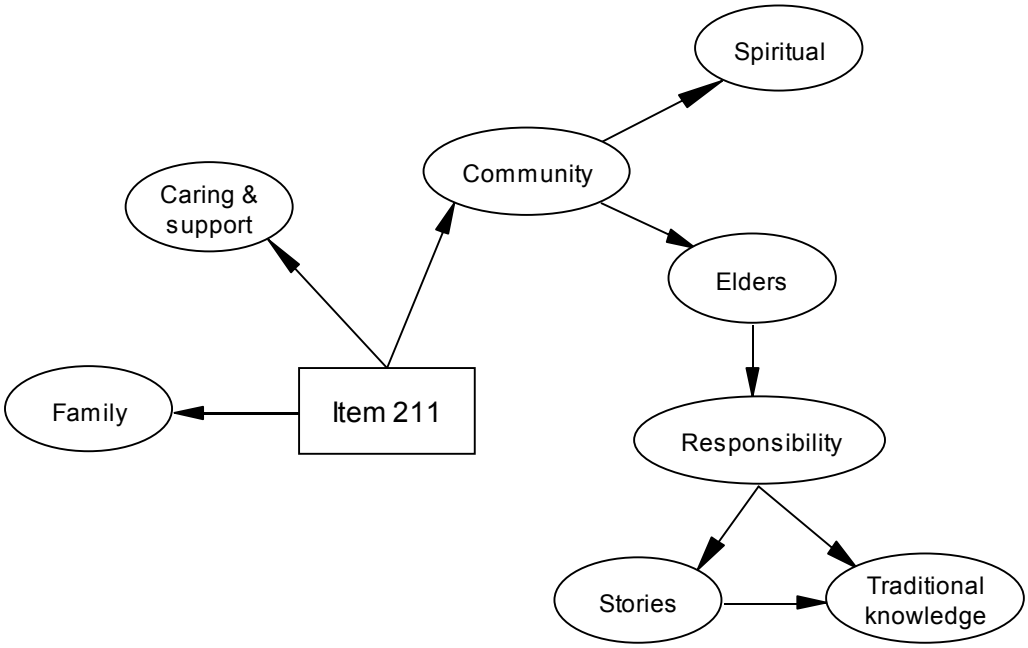

Figure 9. Concept map for MMPI-2 item 211 (for Scale 9).

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scale's themes are related, however, this map best illustrates the relationship between the responsibility of Elders, as members of the

community, to pass on traditional knowledge to the younger generations within the community. One method of ensuring the transmission of this traditional knowledge is through stories. Many of the younger participants immediately thought of stories that related to the items' content and those stories influenced how they interpreted and responded to the items. The stories had been passed down from Elders within their community.

Graham (1993) reports that Scale 9 was originally "developed to identify psychiatric patients manifesting hypomanic symptoms. Hypomania is characterized by elevated mood, accelerated speech and motor activity, irritability, flight of ideas, and brief periods of depression" (pp. 74-75). Specific features of hypomanic disturbance include excitability, activity level, irritability, and grandiosity. This scale assesses psychological and physical energy. Some of the items from the scale cover content areas of family relationships, moral values and attitudes, and physical or bodily concerns (Graham, 1993, p. 75).

Greene (2000) states that unstable mood, psychomotor excitement, and flight of ideas are also covered by items on Scale 9. In his factor analysis, (Comrey, 1958) identified 11 significant sources of variance for the scale: "shyness, bitterness, acceptance of taboos, poor reality contact, thrill seeking, social dependency, psychopathic personality, high water consumption, hypomania, agitation, and defensiveness" (as cited in

Greene, 2000, p. 169). Two of these sources seem to be related to the scale's emergent themes within this study, poor reality contact and social dependency. The interview data supports the view that participants within this study expressed a distinct core belief system. This theme occurred on each of the 5 examined scales. In a society where conformity to Western standards and norms is highly valued and privileged, persons of divergent belief systems are often marginalized and disempowered. This appears to be what happens when one compares this tribe's core belief system with the concept of poor reality contact. Participants' acknowledgements and explanations of several elements inherent within their belief system run in direct contrast to basic elements of a Western belief system. This has been illustrated throughout most of the examples cited above.

Concerning the concept of social dependency, another value participants consistently expressed was of community and collective responsibility and cooperation. This is a foundational value whose primary function is to keep the culture alive. Cultural, social, and behavioral norms are derived from this value as evidenced in the narrative examples above. Such a collectivist orientation is often pathologized or marginalized by individualistic societies such as the one we live in. Participants in the study expressed that they gain peace, strength, indeed their very identity

through *community*. This is also in contrast to societies who privilege independence and reward individual achievement.

This chapter presented results of the qualitative analysis of data obtained through individual semi-structured interviews with thirteen leaders and Elders of an Eastern Woodland tribe. Themes that emerged from this analysis included experiences of racism and discrimination, core belief system, traditional knowledge, living in two worlds, conflicting epistemologies, community and connectedness, language, stories as traditional knowledge, and responsibility and accountability to the community. Each scale examined included at least two of the above themes with the theme of core belief system emerging for each scale. Chapter four will present discussion of the study's results, study limitations, and recommendations for future research.

Chapter IV – Discussion

The MMPI was originally designed as a diagnostic screening instrument. According to Hathaway and Monachesi (1953),

> The MMPI is a psychometric instrument designed ultimately to provide, in a single test, scores on all the more clinically important phases of personality. In devising the instrument, the *point of view determining the importance of a trait was that of a clinical or personnel worker who wishes to assay those traits commonly characteristic of psychological abnormality* [emphasis added] (p. 13, as cited in Butcher & Williams, 2000, p. 11).

Though the use and application of the test has expanded far beyond the original purpose of the MMPI, the primary objective of the restandardized version, the MMPI-2, still remains one of "objectively" assessing psychopathology as defined from a Western psychological perspective.

Very few studies of the MMPI/MMPI-2 have been conducted with American Indian samples. With the exception of Pace et al. (in press), studies that have been conducted have consistently failed to acknowledge cultural, contextual, political, historical, and linguistic factors that inherently contest and affect the test's validity. As an extension of Pace et al. (in press), the primary objective of the current study is to challenge the field's uncritical consumption of these and other studies by identifying and examining item-level differences between the MMPI-2 normative group and an Eastern Woodlands non-clinical sample which reflect strong evidence of cultural bias. I conducted a qualitative study of item content

and relations to cultural and language factors in item interpretation with thirteen identified leaders and Elders of an Eastern Woodlands tribe. This study was conducted within a cultural and contextual framework unique to this tribe. Rather than pathologizing this Eastern Woodlands tribe's knowledge, the current study asserts the validity of that knowledge and contributes to the tribe's efforts to reclaim greater control over how psychological maladjustment or psychopathology is defined and assessed within its community. It affirms and indeed advocates the rights of the citizens of this Nation to psychological self-determination.

Toward Psychological Self-Determination

I purposely use the concept of self-determination here to identify its origin within Indigenous discourses and connect it to the field of psychology, more specifically with regard to assessment of American Indian people. Self-determination is a very powerful and foundational concept within Indigenous communities. For many Indigenous peoples, the only purpose of Western-based assessment instruments, after more than 500 years of colonization, is to assimilate what's left – the psyche. Rather than viewing the psyche as colonized space, it is much more empowering (and accurate) to view it as a space of resistance to assimilation. Forms of resistance include maintaining histories, language, cultural knowledge and beliefs, ceremonies, stories, social practices, and

community – all of which the participants in this study do everyday. Psychological self-determination, for the purpose of this study, is the right of Indigenous peoples to be the *only* authority in defining, conceptualizing, and assessing psychopathology within their own cultural systems.

This study examined thirty items identified via item analysis from five of thirteen MMPI-2 validity and clinical scales: F, 1, 6, 8, and 9. The results of the qualitative analysis of semi-structured interviews revealed nine themes, all of which are interconnected in that they reflect cultural beliefs, standards, behavioral norms, experiences, customs, and traditions unique to members of this tribe. The themes consisted of the following: core belief system, experiences of racism and discrimination, conflicting epistemologies, living in two worlds, community connectedness, responsibility and accountability to the community, traditional knowledge, stories as traditional knowledge, and language.

Core Belief System

The theme of core belief system emerged for each of the five scales. Some of the elements included in this core belief system include: medicine, medicine people, spiritual beliefs, spirits, ceremonies, cultural sense or intuition, core values, stories, as well as the relationships among these elements. Rather than measuring characteristics of

psychopathology included within the five scales, such as strange thoughts, peculiar experiences, preoccupation with or fears of disease, suspiciousness, bizarre mentation, irritability, and psychomotor excitement or agitation (Graham, 1993; Greene, 2000), the items on these scales appear to tap into and pathologize fundamental aspects of a core belief system unique to members of this Nation.

The items from the five scales seem to access what persons from this Nation understand and believe about life, how they approach life in general, and how to live it. While not all of the participants subscribe to this core belief system, each acknowledge it and demonstrate not only tolerance but also deep respect for it. Most of the participants spoke of either personal experiences or experiences of close relatives with regard to spirits, the power and use of medicine (both positive and negative) and its effects, spiritual beliefs, and how stories with which they've been brought up have shaped their belief system and continue to inform their approaches to life. Rather than serving their basic function of accurately identifying and assessing psychopathology across the five specific scales the items on these scales seem to bring out aspects of this belief system that are considered to be very positive, healthy, and normal within this particular culture.

Experiences of Racism and Discrimination

The next theme, experiences of racism and discrimination, emerged for three of the scales: F, 6, and 8. The majority of participants shared personal and collective experiences of racism and discrimination. These experiences occurred in various contexts, however, participants who were 45 years of age and older spoke more frequently of prejudicial, racist, and discriminatory treatment they were subjected to in academic settings. Some of these participants talked about how they were prohibited from speaking their own language while in school and how they would have most certainly lost the language if their parents had not insisted they speak it at home. Other participants had different home experiences, however. They spoke of how they had lost the language because their parents would not speak it around them. One participant described this as just one of the numerous damaging effects of the boarding school system that was inflicted upon the tribe.

While younger participants acknowledged the prevalence of racist and discriminatory practices within school environments, many also spoke about personal experiences of both overt and covert racism and discrimination in other contexts such as at work or while traveling outside the community. Still others placed these types of experiences within an

historical context. One characteristic each of the participants shared, however, was resilience in the face of these experiences, whether personal or collective, historical or current.

Scales F, 6, and 8 are designed to identify and assess different areas of psychopathology such as feelings of isolation, social alienation, and persecutory ideas (Graham, 1993, Greene, 2000). It can be concluded with this particular sample that participants' legitimate and valid reports of experiences of personal and collective racism and discrimination are inaccurately pathologized with regard to these scales and their respective items. From the interviews, it is quite apparent that these extensive and pervasive experiences go far beyond simple alienation and estrangement (Graham, 1993), two terms that imply former connection or significant relationship to an entity (society). For many in this sample, a strong connection with the dominant society has never existed and neither historically nor currently has such a connection been allowed to develop in a healthy manner. The connections and relationships that do exist with the dominant society are most often fraught with conflict.

Conflicting Epistemologies

The third theme, conflicting epistemologies, also emerged for scales F, 6, and 8. This theme involved identification of striking differences and struggles between participants' ways of knowing, thinking, understanding, and being and White or majority culture ways. Many of the participants reported experiencing a clash of values and social norms between White culture and their own culture. Also inherent within these conflicts was an explicit statement that knowledge, beliefs, experiences, and practices considered normal and healthy within the participants' culture are considered strange, abnormal, and pathological in the dominant culture. This also certainly seems to be the case for the relevant MMPI-2 scales with regard to this theme.

Participants repeatedly commented that items from scales F, 6, and 8 seemed to be much more reflective of White culture norms and more pathologizing of norms, beliefs, and values unique to their own culture. Rather than accurately assessing for peculiar perceptions, acknowledgement of delusions, or unlikely beliefs (Graham, 1993; Greene, 2000), items from these scales appear to tap into and pathologize certain beliefs, behaviors, experiences, and perceptions that are accepted,

valued, and considered healthy and important to maintaining this particular cultural system.

Living in Two Worlds

The next theme, living in two worlds, is strongly associated with the previous theme, conflicting epistemologies. It emerged for scales F and 1. On a very consistent basis, participants reported that their very survival depended upon their ability to know how to deal with and live in both the White world and their own. The struggles, tensions, and difficulties this creates are enormous as persons negotiate expectations and obligations they have in both worlds. This required shifting also makes it very difficult to maintain a strong sense of balance and harmony in one's life.

The function of the items on scales F and 1 is to assess aspects of psychopathology such as preoccupation with physical symptoms, persistent fears of illness, and contradictory beliefs, expectations and self-descriptions (Graham, 1993; Greene, 2000). These views of psychopathology, as all notions of psychopathology inherent within the MMPI-2, are defined according to a Western paradigm that decontextualizes cultural experience. While participants in this study acknowledged the nature of the items on both scales, they also responded to and interpreted these items from their own cultural perspective and

context. In the case of this theme, participants provided detailed accounts of physical, emotional, and spiritual distress they experience as a result of being forced to accommodate the expectations, values, and norms of the dominant culture at the expense of their own. Participants also detailed the many ways their collective worldview collides with the majority culture worldview. Certainly such consistent experiences may result in contradictory beliefs, expectations, and self-descriptions. It is very difficult to constantly operate in survival mode between two distinct cultures. Many participants in this study expressed the physical, emotional, and spiritual distress they experience as a consequence of having to live in two worlds and stated that this type of distress is oftentimes the most harmful.

With regard to this theme, the items on scales F and 1 may actually successfully tap into these content areas. However, when these experiences are not placed within the proper cultural context (living in two worlds), they are inappropriately pathologized and consequently punish the individual. Pathologizing an individual for honestly reporting experiences of distress caused by contextual factors does nothing to alleviate that person's suffering nor does it address those causal factors. Further, rather than addressing the real underlying issue, it decontextualizes the person's valid experience, denies the person the

right to psychological self-determination, and validates the Western value of rugged individualism, all of which result in greater harm to the individual.

Community Connectedness; Responsibility and Accountability to the Community

Due to their shared base, the themes of community and connectedness and responsibility and accountability to the community will be discussed together. The first theme, community and connectedness emerged for scales F and 6. The second theme emerged for scales 8 and 9. Taken together, these themes reflect a very fundamental social norm within this culture: Community is paramount. Being a member of the community is the core of identity for many persons of this Nation. As members of the community, each individual has many responsibilities and is also accountable to that community regardless of age or generation. This strong social norm is based in cultural tradition and its purpose is to keep the culture alive and strong Members of the community commit their involvement, provide nurturance and support to other members, practice and propagate cultural knowledge, beliefs and traditions, and do all they can to revitalize and maintain the language. There is a reciprocal relationship between the individual and the greater community; by keeping

the culture and community strong, the members of the community also survive.

The items for scales F, 6, 8, and 9 are designed to assess characteristics of psychopathology such as interpersonal sensitivity, questions of self-worth and identity, and social dependency (Graham, 1993; Greene, 2000). Once again, it appears these scales' items pathologize the collectivist orientation or worldview exhibited by the participants in this study. Nearly all the participants reported they developed their identities through their affiliation and involvement with the community. They also expressed that they find strength, peace, comfort, and support within the community. The MMPI-2 scales privilege majority society which is overwhelmingly individualistic. In so doing, the test marginalizes and pathologizes individuals who consider their survival as well as the culture's to be dependent upon the value (in both practice and concept) of community.

Traditional Knowledge; Stories as Traditional Knowledge

The themes of traditional knowledge and stories as traditional knowledge will be discussed together as they share the same foundation. The first theme, traditional knowledge, emerged for the F Scale, while the second theme emerged for scale 9. Traditional knowledge is not

considered to be universal but rather unique to the persons of this Nation. There is no question as to the validity or legitimacy of traditional knowledge within the cultural system. This knowledge, transmitted generationally, is also considered to be essential to the well-being and survival of the culture. Participants in the study emphasized that traditional knowledge is accessible to all within the culture, however, they stressed that this knowledge is developed over time – a lifetime – and requires the seeker's patience, respect, and reverence. Traditional knowledge is sacred to the members of the culture and is protected as such.

Within the culture, traditional knowledge is cultivated through many methods, for example, ceremonies, songs, stories, close relationships with Elders, and other cultural practices. For traditional American Indian persons, stories impart traditional knowledge, connect the past with the future, and provide "coherence to experience…provoke being, and affect lives" (Robbins & Harrist, 2004, p. 26). Oftentimes, stories are only told during ceremonies or specific times of year (Robbins & Harrist, 2004). In this study, participants spoke frequently of stories and how they have shaped and organized their worldviews, behaviors, and approaches to life. For members of this community, stories also engrain a profound sense of cultural knowledge, values, and norms.

The F Scale is a general indicator of the severity of psychopathology as defined and measured by the MMPI-2 (Graham, 1993). Scale 9 is designed to measure poor reality contact, unstable mood, excitability, irritability, grandiosity and other hypomanic symptoms (Comrey, 1958, as cited in Greene, 2000; Graham, 1993). Cultural, social, and behavioral norms and values derived from traditional knowledge and its modes of transmission, both unique and specific to this culture, appear to be identified as psychopathological by items from these two scales. Thus, for some members of this Nation, these scales fail in serving their basic functions of validly assessing psychopathology in the above mentioned areas.

Language

The last theme, language, emerged for scale 8. The fact that it emerged for only one scale does not diminish its fundamental importance within this culture. Language is intimately connected to traditional forms of knowledge. Many participants commented on the fragility of the language and with it, the fragility of the culture. For this theme, an interesting paradox emerged concerning generational differences. In one sense, many participants discussed the current and strong efforts within the tribe to revitalize the language. In another sense, older participants talked

about the younger generation not being as connected to traditional ways and becoming acculturated into the dominant culture.

In the follow-up interviews, I asked participants to reflect on this paradox, its causes, and implications. In an extremely forthright and clear manner, one participant, an Elder, articulated her perceptions. She related loss of the language directly to the boarding school system. A result of the boarding school system was near extermination of the language from which much of the culture's traditional knowledge and information was also lost. This participant also described Christianity's strong presence and forceful hand in separating tribal members from traditional ways, both historically and contemporarily. She spoke of Christian churches within or near the community whose pastors outright deny the legitimacy of traditional practices, knowledge, and beliefs and in effect, demonize them by categorizing them as evil and satanic. This creates a painful internal struggle between Christian and more traditional members of the community. In the follow-up interviews, nearly all participants reflected on language loss and its relation to families leaving the community, mostly for economic or educational reasons. Once families leave, they and their descendents become progressively more separated from the community, Elders, culture, language, and traditional ways.

As previously described, scale 8, one of the more complex of the MMPI-2's clinical scales, is designed to assess general distress, unusual thought processes and content, peculiar perceptions, and social alienation or estrangement (Butcher & Williams, 2000; Greene, 2000; Graham, 1993). It appears that rather than accurately assessing these types of psychopathological symptoms, items on scale 8 tap into components of language. For members of this culture, it is essential to place language within the context of the boarding school system and consider it in relationship to community, traditional knowledge, and cultural information. The MMPI-2 is an instrument that effectively decontextualizes human experience. As such, items on scale 8 incorrectly pathologize the contextual factors related to language within this particular sample. None of the MMPI-2's items have the ability to take into consideration the disastrous consequences the boarding school system, the influence of Christianity, and the forced separation of many community members have had on this particular Nation's culture. Yet for these participants, those are factors that matter the most. Pathologizing contextual factors such as these does nothing to assess, address, or heal the psychological wounds of a people and it certainly doesn't foster psychological self-determination.

Conclusions

Viewing the themes holistically, it is essential to see the connections among each of them. Traditional knowledge, language, and community, taken together, can be viewed as the glue that holds the culture together. Stories impart traditional knowledge and enable development of community values and cultural norms. They also provide essential information and tools in dealing with the world outside the community where one is consistently exposed to pressures and conflicting worldview of the White world, racism, discrimination, and prejudice. All aspects of the core belief system are based in traditional knowledge, language, and an impenetrable sense of community. Participants derive physical, mental, and spiritual strength from the elements contained within and across these themes. Several participants reflected on the loss of the language and the current language revitalization movement within the tribe. Loss of the language, for these members, directly results in loss of cultural knowledge and information. Each of the components within these themes are considered to be normal, healthy, and essential to the culture's continued survival. It appears that each of the five scales of the MMPI-2 examined within this study actually incorrectly pathologize beliefs, behaviors, and emotions all considered to be healthy, positive, and integral to cultural and community survival for this particular sample.

While the MMPI-2 normative sample, based on the 1980 U. S. Census, represented an improvement over the original MMPI normative sample in terms of racial and ethnic minority representation, questions have long lingered about the test's validity in assessing psychopathology in members of these various groups. Utilizing qualitative methods, the present study seeks to address these questions and gain a deeper understanding of the meanings behind observed differences between the MMPI-2 normative group and a distinct American Indian sample. Even though some of these issues have been addressed by this research and other quantitative studies (e.g., Pace et al., in press), clearly some issues remain with regard to the validity of the MMPI-2's application with American Indian adults specifically, and more generally to members of other racial, cultural, or ethnic minority groups.

In their efforts to address these questions and issues, members of the MMPI Restandardization Project (e.g., James Butcher, W. Grant Dahlstrom, John Graham, Auke Tellegen, Beverly Kaemmer, etc.; Butcher & Williams, 2000) as well as other MMPI/MMPI-2 researchers have conducted several hundred studies since the introduction of the MMPI-2 in 1989 (Greene, 2000). In research that addresses the issue of cultural bias within the MMPI-2, leading MMPI-2 researchers have strenuously advocated for investigations of empirical correlates (Arbisi et al., 1998;

Butcher & Williams, 2000; Graham et al., 1999; Greene, 2000; Greene et al., 2003; Robin et al., 2003). While these researchers consider this to be a strong method for determining cultural bias within the MMPI-2, this approach is quite flawed due to the glaringly unexamined ethnocentric assumption inherent within it: Extratest measures used to determine empirical correlates are "universally" applicable. Unfortunately, the assumption of universality is fundamental within Western psychology. Most of the theories within the field are based on this assumption. The problem is Western psychology and all its derivatives are cultural products that reflect and reproduce a specific (Western) cultural context (Cushman, 1993). The history of Western psychology demonstrates its power to define supposed "universal" constructs, dismiss conflicting conceptualizations, and maintain its hegemonic status.

Ethnocentric assumptions allow researchers to define correlates of psychological adjustment and maladjustment from their own (Western) epistemological framework(s) without having to ever acknowledge or even take into account epistemological frameworks different from their own. Indeed, Hathaway and Monachesi (1953) explicitly privilege the point of view of the clinician (most assuredly trained in the Western tradition) in determining characteristics of psychological abnormality. This assumption precludes any acknowledgement of differing cultural perspectives on

psychological maladjustment. In fact, this assumption renders invisible local cultural knowledge regarding psychological adjustment or maladjustment. Most aspects of the study participants' core belief system and traditional knowledge base that significantly differ from the dominant Western worldview are inappropriately pathologized by the MMPI-2. For example, a traditional person seeking help from a medicine man for treatment of physical, emotional, or spiritual symptoms may not be adequately understood from a Western perspective or worse, would be considered to be engaging a primitive way of handling any type of illness. Yet, traditional members of this Nation would consider it pathological *not* to seek treatment from a medicine man. Indeed, concerning the MMPI-2, such cultural knowledge and practice is also proclaimed illegitimate or worse, non-existent, by the dominant system established by the test's developers and leading researchers. Whether consciously admitted or not, the purpose of privileging this system is to ensure constant validation and perpetuation of its own hegemony. What is very clear from this study's results is that for persons of this particular group, the MMPI-2 does *not* assess psychopathology as defined from an Indigenous worldview or cultural context.

Robin et al. (2003) rationalize the use of an etic approach to personality assessment, via the MMPI-2, by stating the overwhelming

processes and enormous tasks involved in adopting an exclusively emic-based assessment approach for over 500 tribes. Certainly no study has been conducted with an American Indian sample that has incorporated extratest measures that are reflective of the tribe's cultural beliefs, standards, norms or conceptions of psychopathology. The absence of Indigenous perspectives on psychopathology in the form of extratest measures raises the foundational question of the MMPI-2's validity. If the MMPI-2 does not validly assess psychopathology for American Indian adults (e.g., participants in this study), how ethical is it to perpetuate its use whether with persons of this Nation or any other Nation? When the MMPI-2 incorrectly pathologizes an individual, it causes harm. The test enjoys institutionalization across such a broad range of contexts. Within each of these contexts, the stakes are much too high to allow such harmful consequences to continue.

Another question emerges: Given the long history of research and application the test has enjoyed, why haven't Indigenous perspectives been valued or incorporated within the field of MMPI-2 research? If the MMPI-2 is ever to be supported as valid with American Indian adults, clearly, a transformation is needed within this area of research. Such a transformation must be formulated and carried out from within an

Indigenous research paradigm with the goal of psychological self-determination.

In her seminal work, *Decolonizing methodologies: Research and Indigenous peoples*, Smith (1999) reflects on the baggage of Western research:

> From an Indigenous perspective Western research is more than just research that is located in a positivist tradition. It is research which brings to bear, on any study of Indigenous peoples, a cultural orientation, a set of values, a different conceptualization of such things as time, space and subjectivity, different and competing theories of knowledge, highly specialized forms of language, and structures of power (p. 42).

MMPI/MMPI-2 research is firmly centered within this context. This placement prevents the research from adequately or even appropriately addressing issues of cultural bias within the instrument. Justifying the use of extratest measures derived from a Western framework in MMPI-2 research with tautological logic only privileges a covert ideological framework (ethnocentric research paradigm) and perpetuates the seemingly endless cycle of studies that do everything but effectively address cultural bias.

Smith (1999) also articulates the context and underlying framework of an Indigenous research paradigm but emphasizes that it is about much

more than simply deconstructing Western scholarship. Its primary objective is self-determination of Indigenous peoples:

> In a decolonizing framework, deconstruction is a part of a much larger intent. Taking apart the story, revealing underlying texts, and giving voice to things that are often known intuitively does not help people to improve their current conditions. It provides words, perhaps, an insight that explains certain experiences – *but it does not prevent someone from dying* [emphasis added]…many Indigenous communities continue to live within political and social conditions that perpetuate extreme levels of poverty, chronic ill health and poor educational opportunities…While they live like this they are constantly fed messages about heir worthlessness, laziness, dependence and lack of 'higher' order human qualities…Within these social realities, questions of imperialism and the effects of colonization may seem to be merely academic; sheer physical survival is far more pressing. The problem is that constant efforts by governments, states, societies and institutions to deny the historical formations of such conditions have simultaneously denied our claims to humanity, to having a history, to all sense of hope. To acquiesce is to lose ourselves entirely and implicitly agree with all that has been said about us. To resist is to retrench in the margins, retrieve what we were and remake ourselves. The past, our stories local and global, the present, our communities, cultures, languages and social practices – all may be spaces of marginalization, but they have also become spaces of resistance and hope.
>
> It is from within these spaces that increasing numbers of Indigenous academics and researchers have begun to address social issues within the wider framework of self-determination, decolonization, and social justice (pp. 3-4).

In privileging the dominant system, a significant site of struggle and resistance is created for Indigenous peoples with regard to the MMPI-2 and its status as "the most widely used and researched objective personality" (Greene, 2000, p. 1) inventory within Indian Country (Robin et

al., 2003) and indeed, the world (Dana, 2000). From an Indigenous perspective, the MMPI-2 explicitly represents Western power and domination as an instrument that denies Indigenous peoples the right to psychological self-determination. Based upon the results of the current study, it is not difficult to conclude that the MMPI-2 is not an instrument that legitimates or even acknowledges Indigenous knowledges, but rather an instrument that legitimates and privileges hegemonic Western standards, norms, values, epistemology, and ontology. As such, it is viewed as a psychological tool which enforces assimilation within the dominant Western worldview resulting in further cultural annihilation of Indigenous peoples. In short, as it currently stands, the MMPI-2 is a very effective and modern instrument of colonialism when used with Indigenous peoples. Clearly, researchers who embark on future MMPI-2 studies with American Indian peoples need to seek other ways of thinking about their projects and proceed with far greater caution when entering the domain of American Indian concerns.

Limitations of Study

One of the unavoidable limitations of this study was the imposed formality and structure of the interviews. Although the follow-up interviews were much more informal, barriers still seemed present. At this point in time, I am still processing my experiences and relationships with each of

the participants. Much in the way that meanings of stories are not meant to be immediately understood, I have no doubt that the meanings and implications of the entire experience of this research will slowly reveal themselves to me over time.

This study utilized a phenomenological approach. While this approach was appropriate for the research problem and for gaining a greater understanding of the meanings underlying MMPI-2 scale differences, it still was limiting in that it was quite impossible to provide a thick description (Bogdan & Biklen, 1992) of the components of this cultural system. An ethnographic approach would enable deeper description of this particular cultural system.

Finally, this study required and included both Western and Indigenous research methodologies. This combination was not always smooth and I did not have a model from which I could work or seek guidance. Smith (1999) states, "the Indigenous agenda challenges Indigenous researchers to work across…boundaries" (p. 140). This was certainly my experience in this study. Negotiating the expectations, responsibilities, and obligations inherent within both Western and Indigenous methodologies required tremendous amounts of time, energy, and patience.

Future Research

A major critique of the reviewed MMPI-2 studies regarded the use of extratest measures with origins in a purely Western worldview. In order to address significant ethical issues, future studies that investigate the validity of using the MMPI-2 with American Indian adults must incorporate extratest measures that are grounded in the participating Nation's cultural system. Using culturally and contextually informed extratest measures to identify empirical correlates and validate the MMPI-2 for American Indian adults will improve the research in this area by leaps and bounds.

Future projects should also include researchers from the involved Nation(s) in designing, coordinating, and conducting the research. This does not assume that these persons know all there is to know about the culture, but rather, this designates space for an Indigenous perspective and voice throughout the research.

Finally, non-Indigenous researchers who conduct future MMPI-2 studies with American Indian adults should reflect deeply upon who will truly benefit from the research. Psychological self-determination must be a priority of any psychological research conducted with American Indian peoples. If the participating Nation receives no direct benefit as a result of the study and psychological self-determination is not fostered, the research should not be conducted.

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Appendix A

MMPI-2 Items significant at $p \leq .05$ (EWO 'true' vs. MMPI-2 norms 'true')

3. (.52 vs. .67)	114. (.10 vs. .01)	243. (.45 vs. .34)
13. (.72 vs. .31)	120. (.87 vs. .73)	246. (.06 vs. .02)
17. (.17 vs. .06)	131. (.56 vs. .44)	247. (.17 vs. .09)
18. (.09 vs. .03)	132. (.86 vs. .75)	252.. (.07 vs. .01)
20. (.70 vs. .81)	138. (.12 vs. .02)	274. (.41 vs. .25)
21. (.5 vs. .37)	141. (.80 vs. .92)	277. (.32 vs. .18)
22. (.26 vs. .09)	143. (.48 vs. .63)	255. (.66 vs. .81)
28. (.21 vs. .09)	144. (.04 vs. .01)	258. (.20 vs. .03)
30. (.13 vs. .83)	145. (.24 vs. .10)	259. (.33 vs. .17)
31. (.27 vs. .13)	147. (.27 vs. .15)	266. (.57 vs. .73)
32. (.37 vs. .21)	149. (.18 vs. .10)	270. (.10 vs. .05)
36. (.17 vs. .07)	150. (.13 vs. .05)	273. (.30 vs. .17)
38. (.41 vs. .26)	152. (.5 vs. .63)	281. (.12 vs. .04)
39. (.23 vs. .13)	156. (.22 vs. .05)	286. (.41 vs. .30)
42. (.27 vs. .03)	168. (.17 vs. .08)	287. (.11 vs. .23)
44. (.20 vs. .08)	170. (.26 vs. .09)	288. (.26 vs. .13)
46. (.35 vs. .21)	175. (.17 vs. .05)	289. (.52 vs. .39)
48. (.27 vs. .12)	176. (.57 vs. .79)	296. (.32 vs. .12)

53. (.43 vs. 22)	177. (.71 vs. .90)	298. (.28 vs. .12)
57. (.52 vs. .70)	179. (.78 vs. .92)	299. (.32 vs. .15)
59. (.22 vs. 09)	180. (.11 vs. .04)	303. (.09 vs. .03)
60. (.12 vs. 03)	182. (.13 vs. .04)	305. (.63 vs. .33)
61. (.93 vs. .74)	186. (.82 vs. .93)	306. (.21 vs. .11)
65. (.18 vs. 08)	190. (.23 vs. .06)	307. (.23 vs. .10)
66. (.17 vs. .03)	192. (.93 vs. .97)	314. (.77 vs. .90)
81. (.72 vs. .47)	198. (.09 vs. .02).	316. (.27 vs. .12)
88. (.71 vs. .86)	210. (.94 vs. .98)	318. (.88 vs. .94)
91. (.77 vs. .89)	211. (.49 vs. .27)	319. (.23 vs. .06)
92. (.15 vs. .04)	218. (.44 vs. .27)	320. (.27 vs. .16)
96. (.26 vs. .07)	220. (.28 vs. .17)	324. (.20 vs. .06)
97. (.21 vs. .11)	221. (.40 vs. .27)	325. (.32 vs. .18)
99. (.13 vs. .05)	222. (.79 vs. .89)	330. (.85 vs. .93)
101. (.13 vs. .05)	224. (.67 vs. .81)	333. (.22 vs. .05)
102. (.93 vs. .97)	227. (.59 vs. .41)	334. (.11 vs. .03)
104. (.51 vs. .40)	229. (.17 vs. .06)	349. (.18 vs. .08)
106. (.71 vs. 84)	234. (.07 vs. .02)	355. (.04 vs. .01)
110. (.78 vs. .54)	238. (.30 vs. .20)	361. (.11 vs. .03)
111. (.17 vs. .08)	242. (.48 vs. .35)	

Appendix B

MMPI-2 Items significant at $p \leq .00001$ (EWO 'true' vs. MMPI-2 norms 'true')

13. (.72 vs. .31)	110. (.78 vs. .54)	190. (.23 vs. .06)
17. (.17 vs. .06)	114. (.10 vs. .01)	211. (.49 vs. .27)
22. (.26 vs. .09)	138. (.12 vs. .02)	252. (.07 vs. .01)
30. (.13 vs. .83)	156. (.22 vs. .05)	258. (.20 vs. .03)
42. (.26 vs. .03)	170. (.26 vs. .09)	296. (.32 vs. .12)
60. (.12 vs. .03)	175. (.17 vs. .05)	305. (.63 vs. .33)
66. (.17 vs. .03)	176. (.57 vs. .79)	319. (.23 vs. .06)
81. (.72 vs. .47)	177. (.71 vs. .90)	324. (.20 vs. .06)
92. (.15 vs. .04)	179. (.78 vs. .92)	325. (.22 vs. .05)
96. (.26 vs. .07)	182. (.13 vs. .04)	326. (.11 vs. .03)

Appendix C

Evaluating the Minnesota Multiphasic Personality Inventory - 2

(MMPI-2)

American Indian norms: An item analysis

A Proposal

Submitted to the _____ Nation

Institutional Review Board

Jill Hill

University of Oklahoma

2004

Evaluating the Minnesota Multiphasic Personality Inventory – 2 (MMPI-2) American Indian norms: An item analysis

Introduction

Statement of the problem

The Minnesota Multiphasic Personality Inventory – 2 (MMPI-2) is currently the most widely used and researched objective clinical assessment instrument within the psychological field (Greene, 2000). The test's developers provided a normative group that was nationally representative with appropriate proportions of minority groups consistent with the 1980 U.S. Census (Greene, 1991). It is used in many different contexts and for a variety of purposes, including treatment planning, personnel selection, child custody evaluation, parole review, and higher educational selection processes.

The MMPI-2 American Indian normative group consists of 77 persons, 57 of which are from a Coastal Salish tribe, and 20 of which are identified only as American Indian. Although this is an improvement over the original MMPI normative group, which was exclusively Caucasian, questions still remain about the representativeness of the MMPI-2

normative group, especially concerning American Indian people. With over 500 tribes in the U.S. consisting of more than 2 million people, it seems the MMPI-2 holds an implicit assumption that all Indians are the same regardless of tribe.

Pace, Choney, Blair, Hill, Lacey, and Robbins (1997) examined mean MMPI-2 profile differences between an Eastern Woodland sample (N = 84) and the MMPI-2 normative group (N = 2600). The MMPI-2 normative group's scores were converted to *T* scores with a standard of *T* = 50. The profiles of the Eastern Woodland tribe's participants were compared to that standard *T* score value across all thirteen basic validity and clinical scales of the MMPI-2. Results of the Pace et al. (1997) study revealed significant differences between the Eastern Woodland sample and the MMPI-2 normative group on five of the thirteen MMPI-2 basic clinical and validity scales. Given these scale differences, it appears that the MMPI-2 does not take into account the linguistic and cultural differences that exist not only between groups but also within groups. Therefore, the question of this instrument's efficacy with American Indian adults still remains.

Purpose of the study

The proposed study is a qualitative follow-up investigation to the quantitative study conducted by Pace et al. (1997). This follow-up study is

an attempt to understand at a deeper level what may be possible meanings or reasons behind the observed scale differences. In short, the Pace et al. (1997) study quantitatively revealed significant differences on the MMPI-2 scales; the proposed study's purpose is to begin to understand – *qualitatively* – what those differences may mean and how they can be understood within a specific cultural context.

Pace et al. (1997) could only speculate about the meanings behind the observed scale differences in their study. What is needed to help make sense of their results is a collaboration with _____ Nation community members. Such a collaboration would provide valuable insights into linguistic and cultural factors that may affect how a traditional _____ person interprets specific MMPI-2 items.

All qualitative research seeks understanding of data that are complex and can be approached only in context (Morse & Richards, 2002). The proposed qualitative study seeks to place the results of Pace et al. (1997) into their rightful cultural context.

Limitations

The research literature is very deficient in this area. There are no published studies examining use of the MMPI-2 with non-clinical samples of American Indians nor are there any comparing MMPI-2 scale scores of American Indians to those of Whites. In addition to the Pace et al. (1997)

study, there is just one other unpublished study (Robin, Greene, Albaugh, & Caldwell, 1999) that has compared mean MMPI-2 profiles of two non-clinical American Indian samples with those of the MMPI-2 normative group. The authors compared a Plains non-clinical tribal sample and Southwest non-clinical tribal sample to the MMPI-2 normative group and found elevations on the following scales: L (Lie), F (Infrequency), 1 (Hypochondriasis), 4 (Psychopathic Deviate), 8 (Schizophrenia), and 9 (Hypomania). While significant differences are expected when conducting such comparisons, there is a greater need to understand what these differences mean. There have been no studies that have attempted to address that need.

Significance of the study

This study is important because it is the first attempt to understand what the scale differences may mean; this addresses the need in the research literature as well as in practice settings. The proposed study is an initial attempt to understand the impact of language and culture on responses to the MMPI-2 within a cultural context.

Procedure

The study will be conducted in accordance with the University of Oklahoma Institutional Review Board, the _____ Nation Institutional

Review Board, and the ethical guidelines set forth by the American Psychological Association.

Assumptions and rationale for a qualitative design

The study will employ a phenomenological design. General assumptions of this type of qualitative design are as follows. This study is primarily concerned with *meaning* – how people make sense of their experiences and their structures of the world. This research will involve fieldwork; the researcher will go to the participants and interact with them in their natural environments. This study will be descriptive in that the researcher is interested in process, meaning, and understanding gained through words. The process of this study will be inductive in that the researcher will build abstractions, concepts, hypotheses, and theories from details gained through interviews with participants.

The role of the researcher

The researcher was part of the Pace et al. (1997) team that conducted the original quantitative study with participants from the tribe. She secured permission from the University of Oklahoma Institutional Review Board to conduct the proposed study contingent upon the approval of the _____ Nation Institutional Review Board. Currently, the researcher is seeking approval to conduct the study from the _____ Nation Institutional Review Board.

Data collection and recording procedures

Creswell (1994) states that the idea of qualitative research is to *purposefully* select participants that will best answer the research question. No attempt is made to randomly select participants. Fifteen participants will be recruited via assistance of _____ Nation Institutional Review Board members and other citizens of _____ Nation. Participants will be traditional _____ individuals who may or may not be bilingual and who reside within the jurisdictional boundary of the Nation. Should there be any participants who are more comfortable speaking _____ as opposed to English, a translator will be provided for them. Only participants who have no direct or peripheral relationship with the researcher will be interviewed. The researcher will strive to sample across a broad age range as well as community locations within the tribe's jurisdictional boundary. Participation in the study is confidential and completely voluntary.

The researcher will then meet individually (face to face) with persons who agree to participate in the study. At the initial face to face meeting, participants will sign the Informed Consent Form and complete the Demographic Questionnaire. Then, they will respond to semi-structured interview questions asking about 30 response items on the MMPI-2.

Rationale for choosing the 30 items

The Pace et al. (1997) study found that the Eastern Woodland sample significantly elevated 5 of the thirteen MMPI-2 scales (scales F, 1, 6, 8, and 9). Examining the items that loaded on those five scales, the researcher conducted an item analysis using the Pace et al. (1997) dataset in order to determine on which items the Eastern Woodland sample differed significantly from the MMPI-2 normative group. Utilizing a conservative alpha level ($p < .00001$), the results revealed 30 items on which the Eastern Woodland sample differed the most from the MMPI-2 normative group in their responses.

The interview will be audio recorded. Estimated time for the face to face meeting is approximately 90 minutes; this is indicated in the Informed Consent Form. The semi-structured interview will involve asking the participants to look over each item and comment on each item in the following three ways:

1.) How do you interpret this question when reading it?

2.) What potential language or cultural factors do you see in the item that would affect how you interpret it?

3.) If possible, how would you rephrase the item to reflect your perspective?

After the interview is complete, the researcher will thank the participant for his/her involvement in the study and then turn off the recording device.

Data analysis procedures

Following the interviews, the researcher will transcribe each recorded interview and will conduct a qualitative coding analysis in order to extract any themes related to each of the thirty identified MMPI-2 items. After the researcher has completed data analysis, a second individual audio recorded meeting (face to face or telephone) will be held with participants to clarify comments and confirm the findings of the researcher. Estimated time of the second interview is 30 minutes. This is indicated in the informed consent form.

Methods for verification

The follow-up interview (also recorded) will involve asking each participant to examine a type-written transcript of his/her first interview and comment on the transcript. Next, each participant will be asked to examine interpretive categories or themes the researcher gleaned from the participant's interview. Each participant will be asked to comment on the accuracy of the themes/categories as well as asked to further refine or change the themes/categories as he/she deems appropriate.

In the event of a telephone interview, the researcher will read the interview transcript to the participant and ask him/her to comment on the transcript. The researcher will describe to the participant the themes gleaned from the first interview. Each participant will be asked to comment on the accuracy of the themes as well as asked to further refine or change the themes as he/she deems appropriate.

After the follow-up interview is complete, the researcher will thank the participant for his/her involvement in the study and then turn off the recording device.

Following the interviews and transcription processes, all tapes will become property of the _____ Nation IRB and will be sent to the attention of _____ _____ to ensure proper disposal of sensitive material and to maintain confidentiality. All transcripts and notes will be kept in a secure location to which only the researcher and her advisor, Dr. Pace, have access. This location will be a locked filing cabinet in Dr. Pace's office on the OU-Norman campus. Interview transcripts and notes will be maintained in the same secure location for a period of 5 years following publication of the study, in accordance with the ethical guidelines of the American Psychological Association. After that time period, all transcripts and notes will be shredded.

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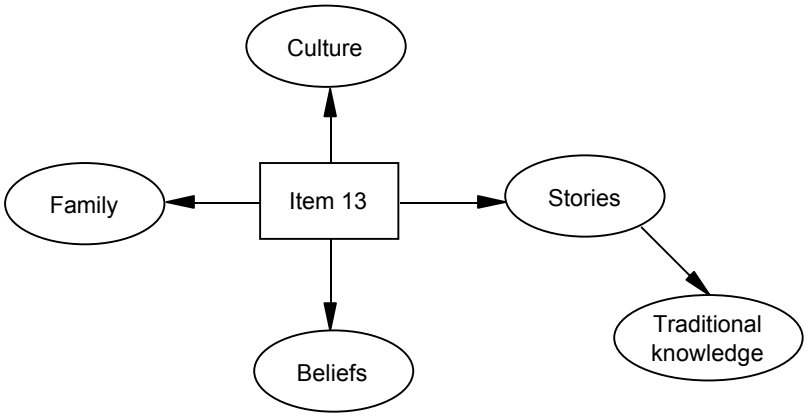
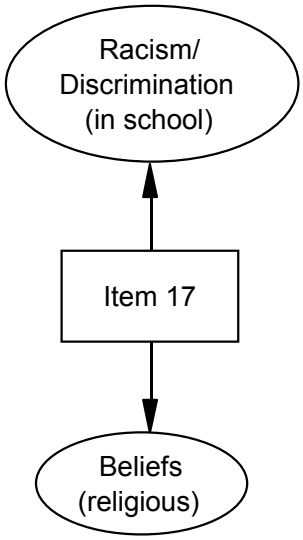
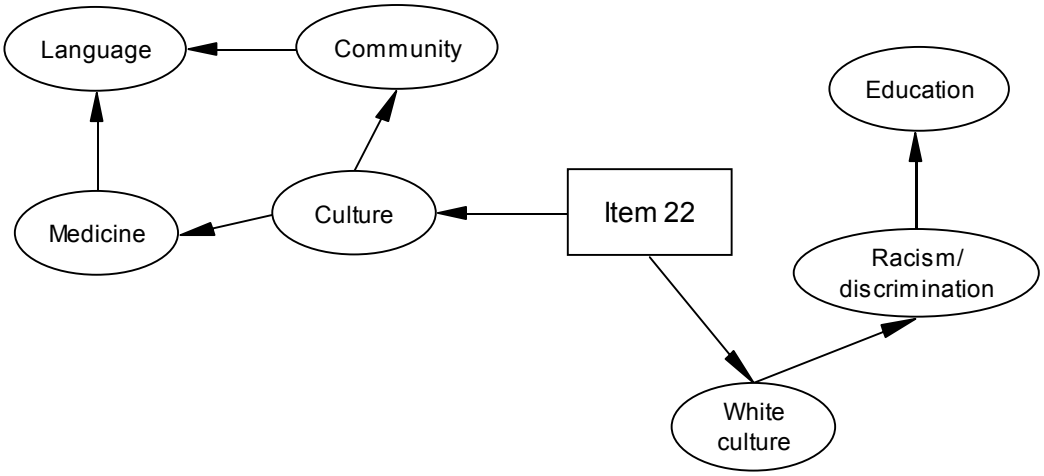
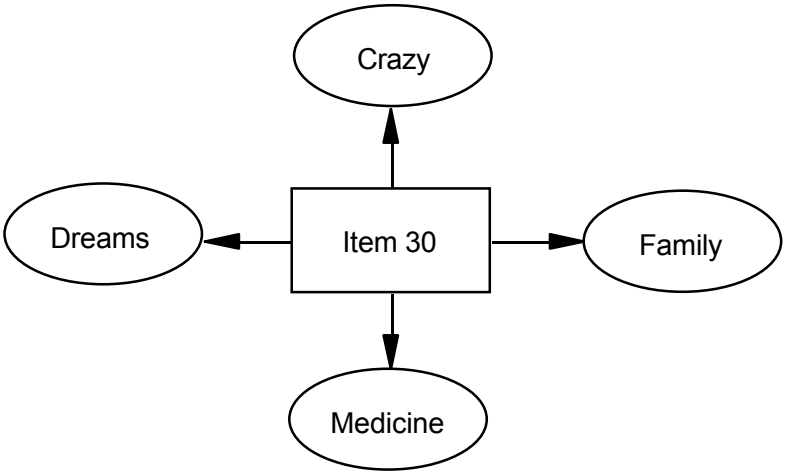
Appendix D

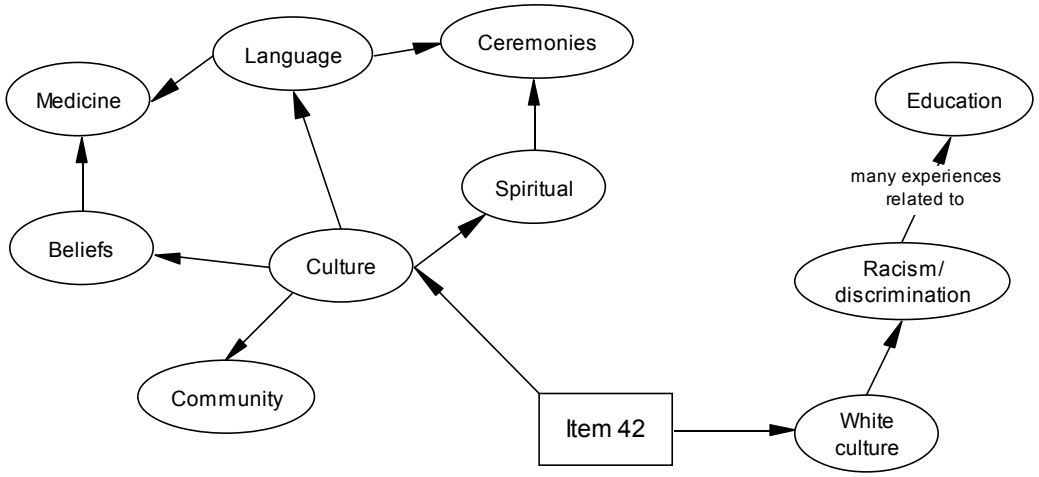
Concept Maps by Item

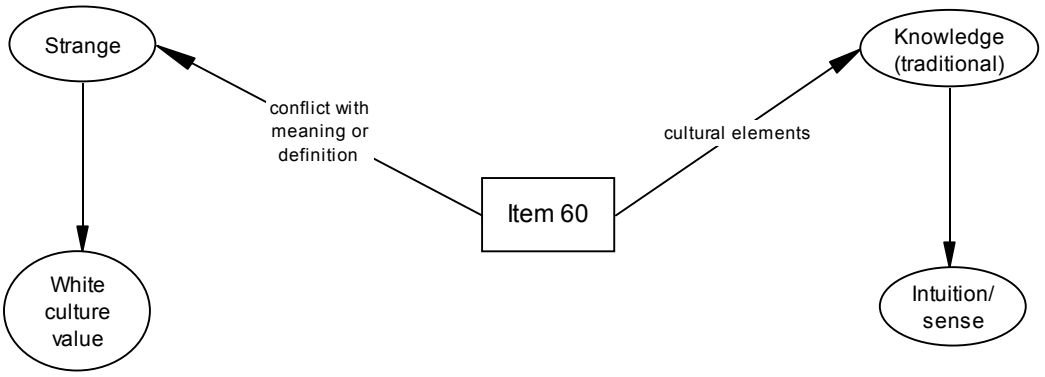


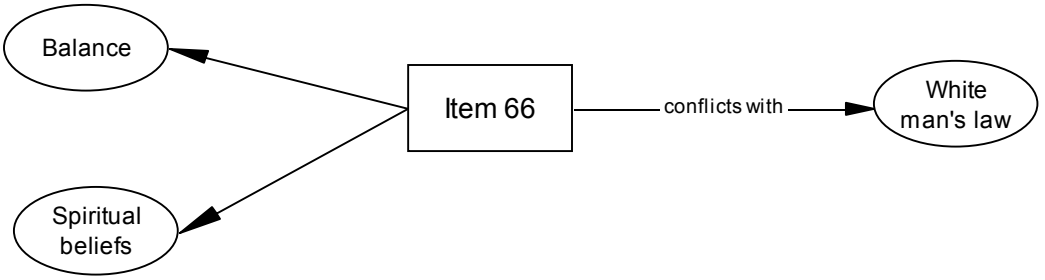


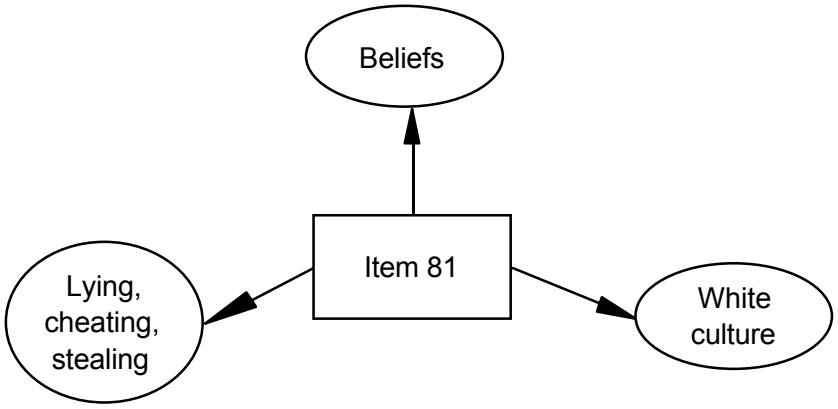

Language
Community
Education
Medicine
Culture
Item 22
Racism/
discrimination
White
culture

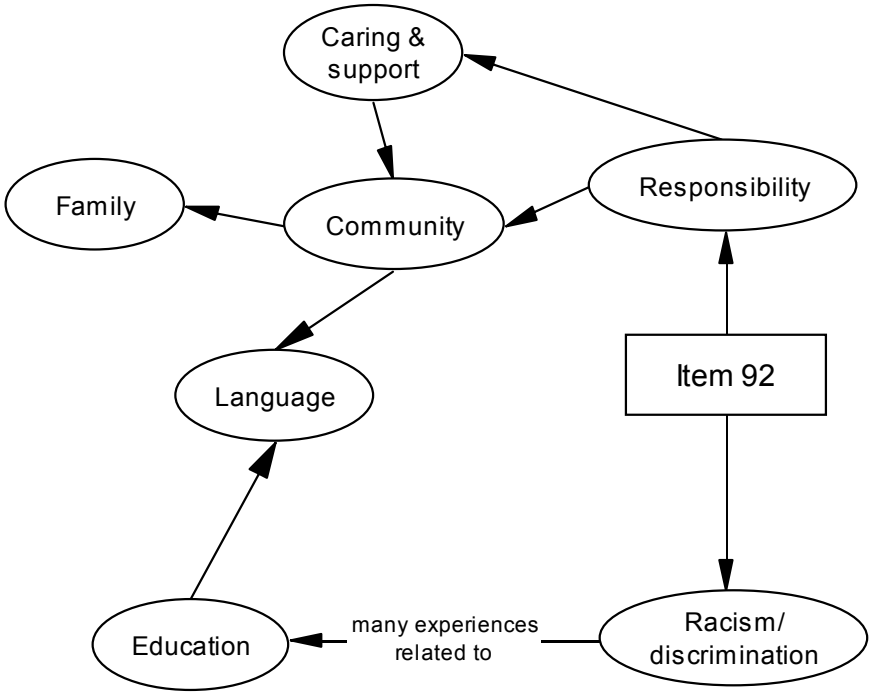

Crazy
Dreams
Item 30
Family
Medicine

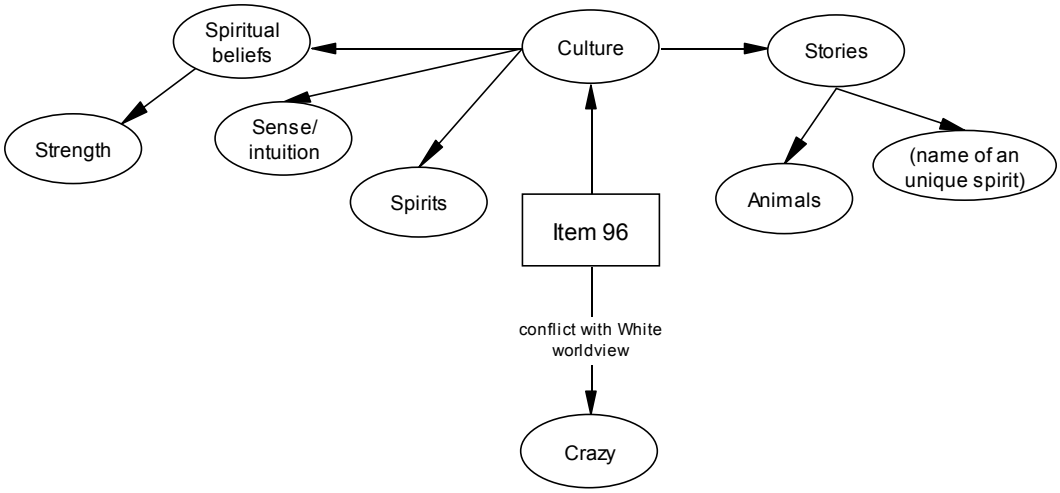

Language
Ceremonies
Medicine
Education
Spiritual
many experiences related to
Beliefs
Culture
Racism/ discrimination
Community
Item 42
White culture

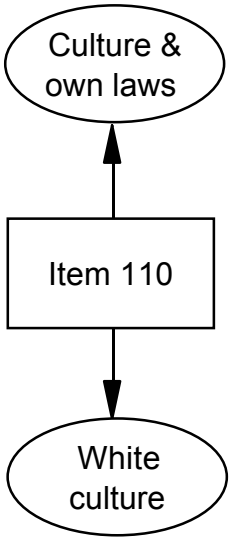

Strange
Knowledge (traditional)
conflict with meaning or definition
cultural elements
Item 60
White culture value
Intuition/ sense

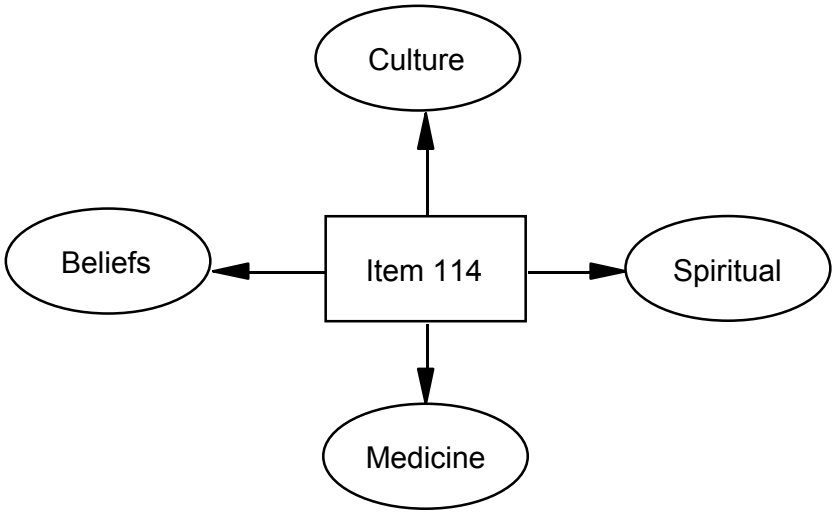

Balance
Item 66
conflicts with
White man's law
Spiritual beliefs

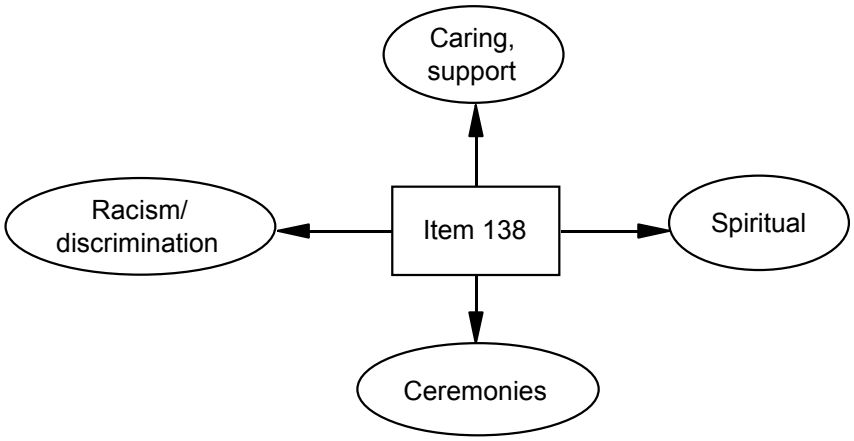

Beliefs
Item 81
Lying, cheating, stealing
White culture

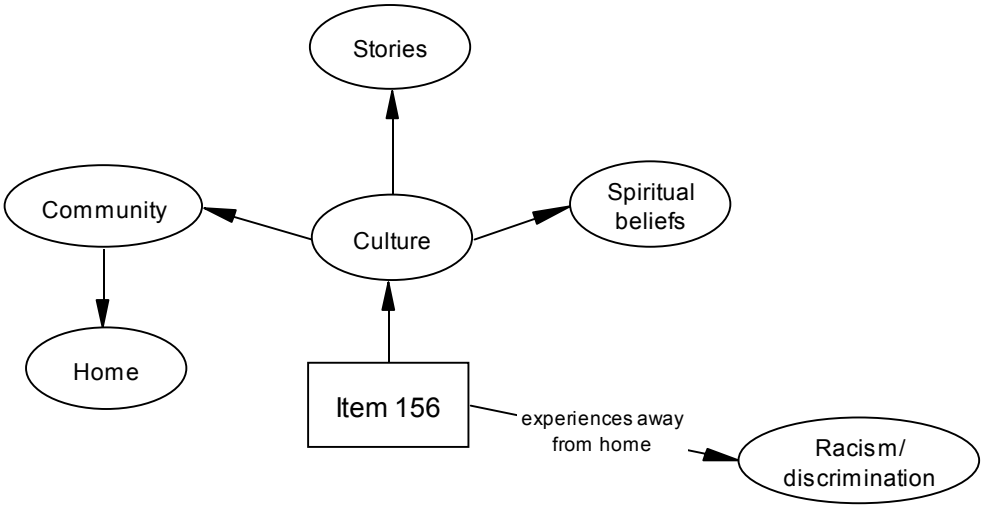

Caring & support
Family
Community
Responsibility
Language
Item 92
Education
many experiences related to
Racism/ discrimination

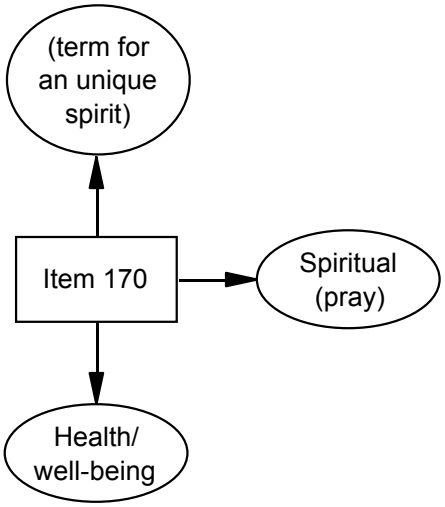

Spiritual beliefs
Culture
Stories
Strength
Sense/ intuition
Spirits
Item 96
Animals
(name of an unique spirit)
conflict with White worldview
Crazy

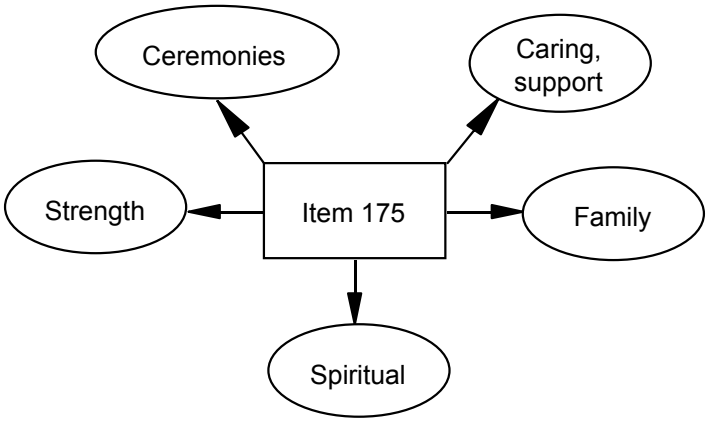

Culture & own laws
Item 110
White culture

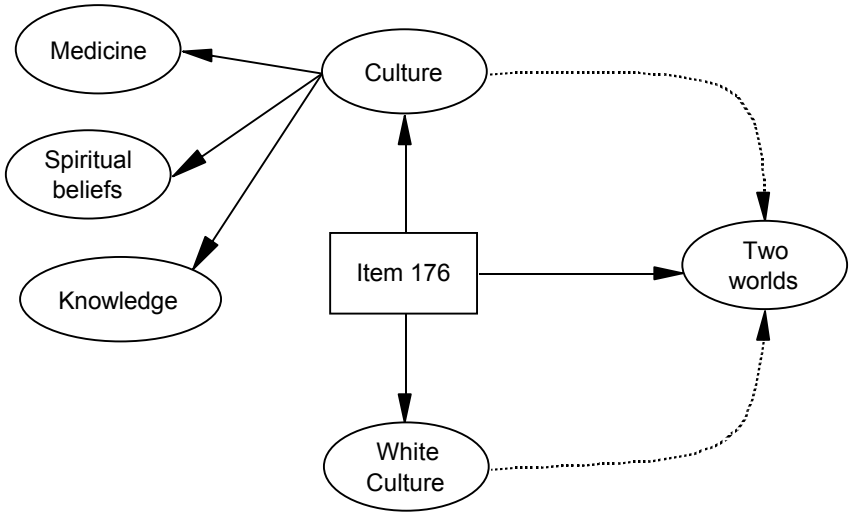

Culture
Beliefs
Item 114
Spiritual
Medicine

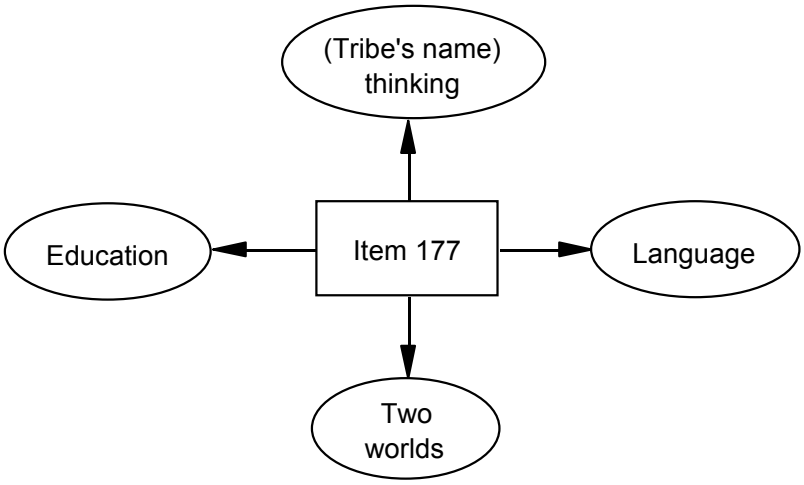

Caring, support
Racism/ discrimination
Item 138
Spiritual
Ceremonies

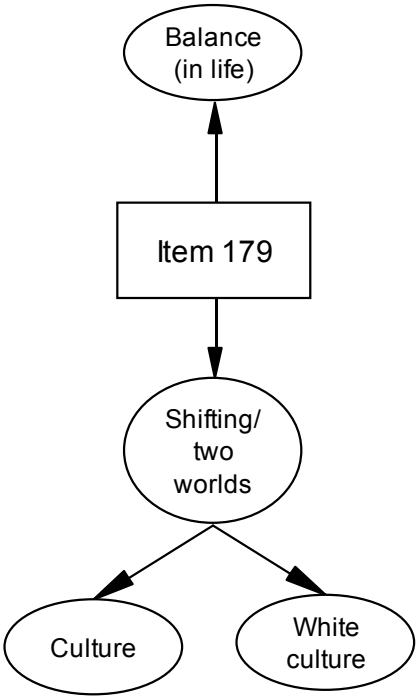

Stories
Community
Culture
Spiritual beliefs
Home
Item 156
experiences away from home
Racism/ discrimination

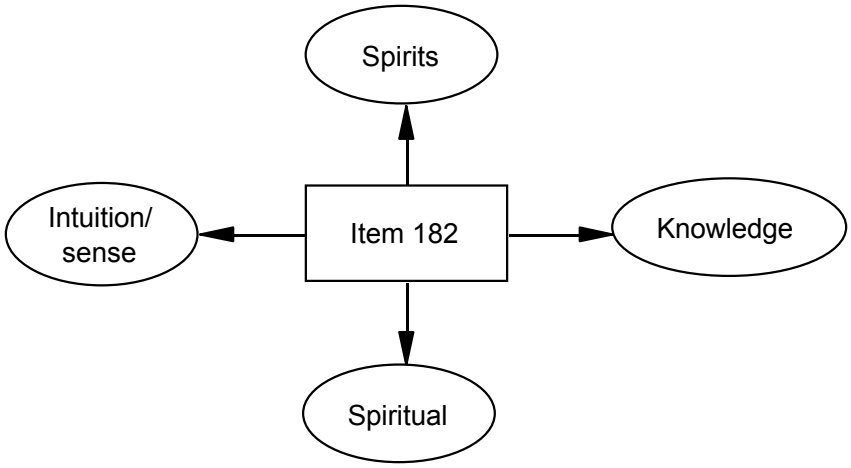

(term for an unique spirit)
Item 170
Spiritual (pray)
Health/ well-being

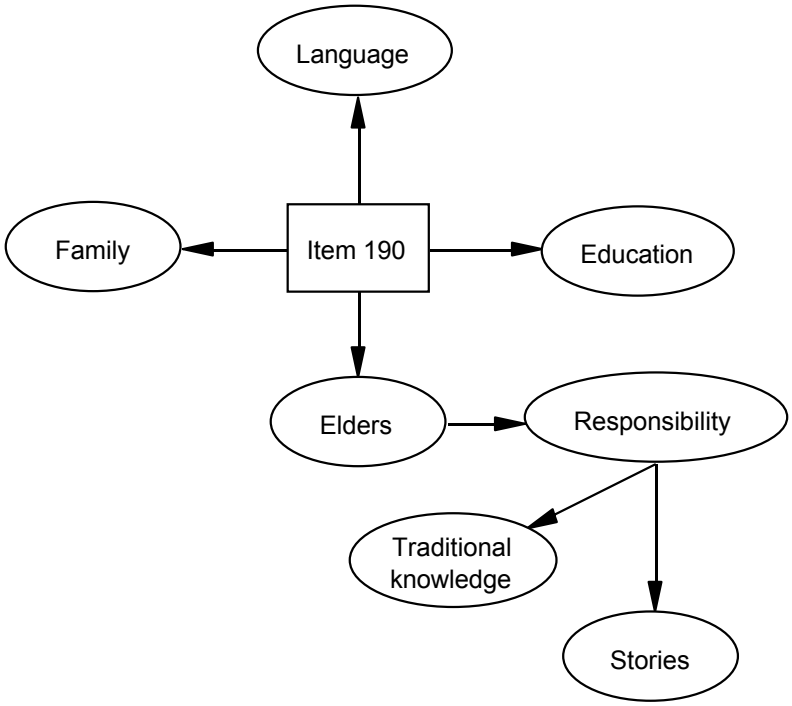

Ceremonies
Caring, support
Strength
Item 175
Family
Spiritual

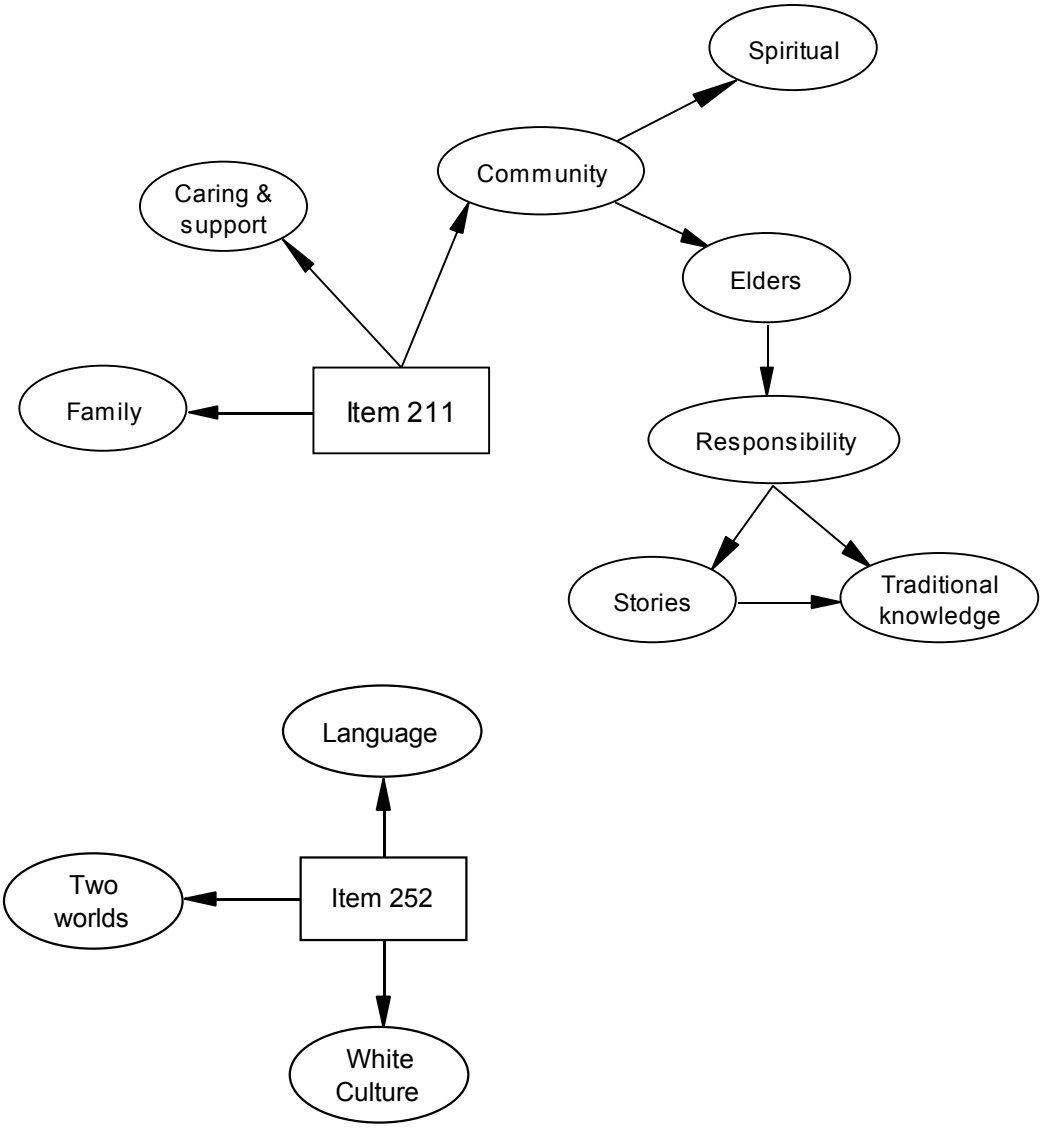

Medicine
Culture
Spiritual beliefs
Item 176
Two worlds
Knowledge
White Culture

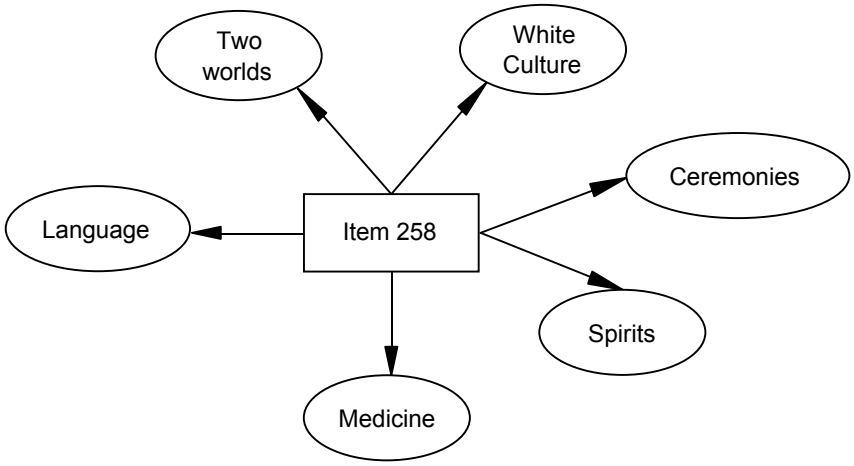

(Tribe's name) thinking
Education
Item 177
Language
Two worlds

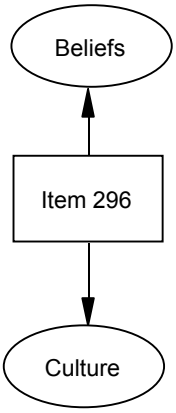

Balance (in life)
Item 179
Shifting/ two worlds
Culture
White culture

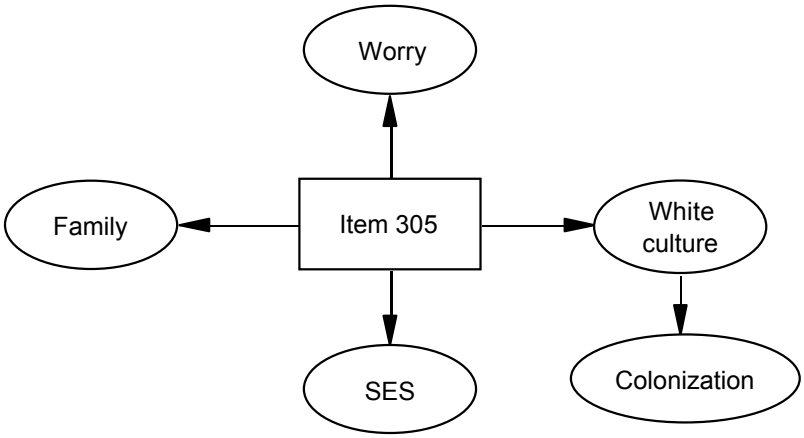

Spirits
Intuition/
sense
Item 182
Knowledge
Spiritual

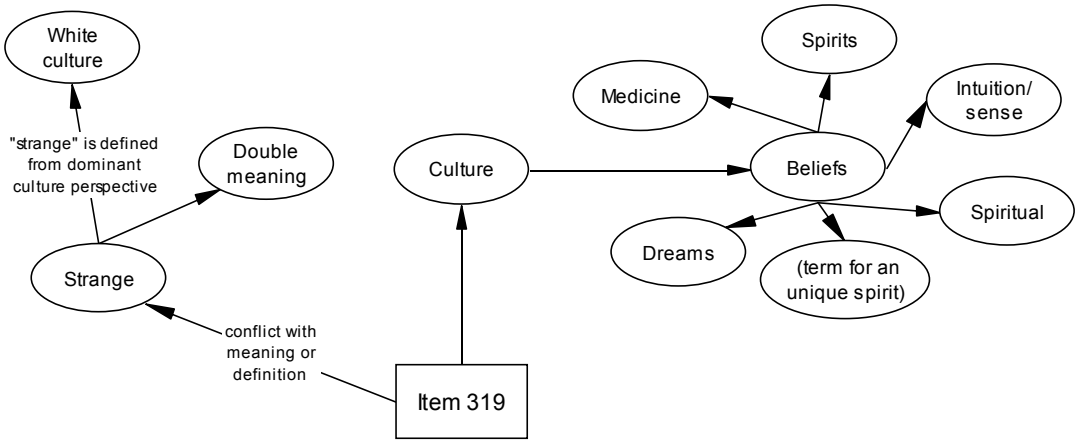

Language
Family
Item 190
Education
Elders
Responsibility
Traditional
knowledge
Stories

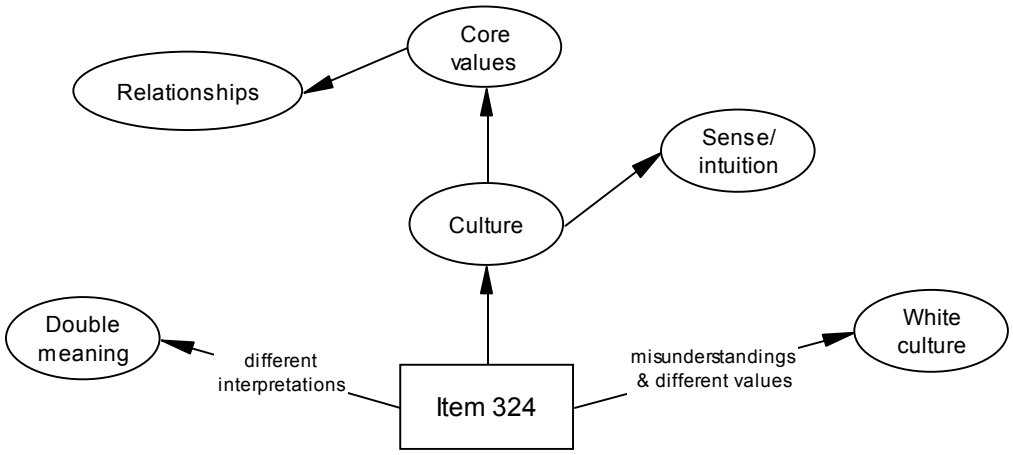

Spiritual
Community
Caring &
support
Elders
Item 211
Family
Responsibility
Stories
Traditional
knowledge
Language
Two
worlds
Item 252
White
Culture

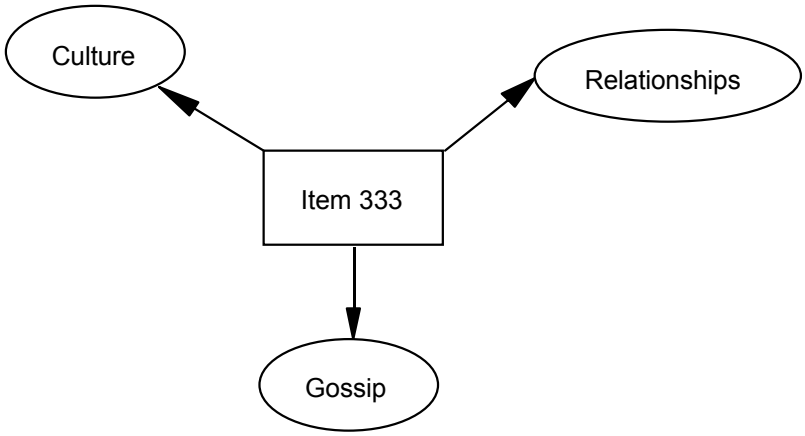

Two worlds
White Culture
Ceremonies
Language
Item 258
Spirits
Medicine

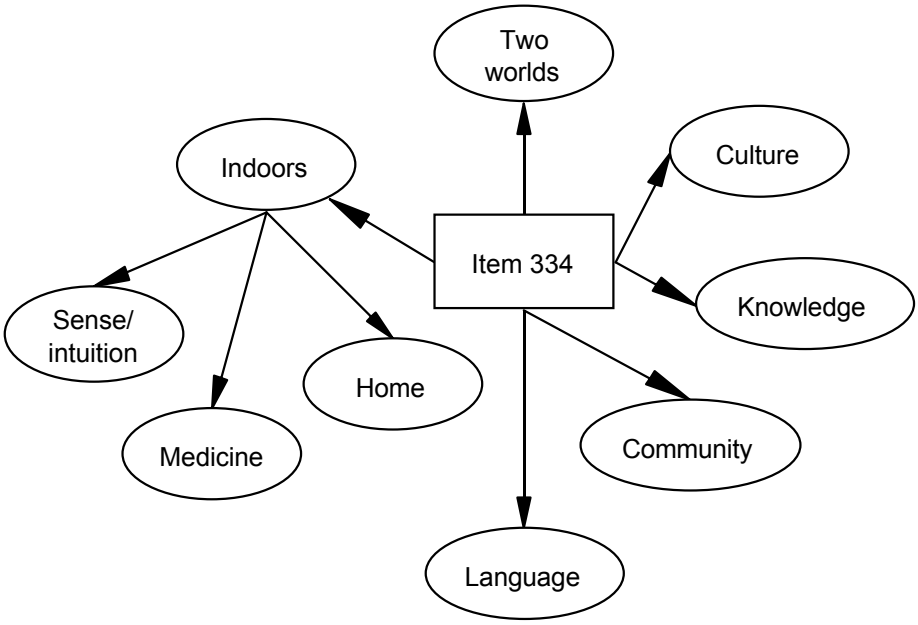

Beliefs
Item 296
Culture


Worry
Family
Item 305
White culture
SES
Colonization


White culture
"strange" is defined from dominant culture perspective
Double meaning
Strange
conflict with meaning or definition
Item 319
Culture
Spirits
Medicine
Intuition/ sense
Beliefs
Spiritual
Dreams
(term for an unique spirit)


Core values
Relationships
Sense/ intuition
Culture
Double meaning
different interpretations
Item 324
misunderstandings & different values
White culture


Culture
Relationships
Item 333
Gossip


Two worlds
Indoors
Culture
Item 334
Knowledge
Sense/ intuition
Home
Medicine
Community
Language

Appendix E

MMPI-2 Item Numbers by Scale

F scale	Scale 1	Scale 6	Scale 8	Scale 9
30.	175.	17.*	17.*	13.
42.*	176.	22. *	42.*	22.*
60.	179.*	42.*	92.	182.*
66.		81.	138.*	190. *
114.		110.	170.	211.
138.*		138.*	177.	
156.*		305.	179.*	
252.		333.*	182.*	
258.		334.	190.*	
324.			252.*	
			296.	
			319.	
			333.*	

Note. * indicates the item loads on more than one scale.

Appendix F

The University of Oklahoma

OFFICE OF HUMAN RESEARCH PARTICIPANT PROTECTION

February 17, 2004

Ms. Jill S.H. Hill
432 Carlisle Blvd. NE
Albuquerque, NM 87106

Dear Ms. Hill:

The Institutional Review Board-Norman campus has reviewed your proposal, "Evaluating the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) American Indian Norms: An Item Analysis," under the University's expedited review procedures. The Board found that this research would not constitute a risk to participants beyond those of normal, everyday life, except in the area of privacy, which is adequately protected by the confidentiality procedures. Therefore, the Board has approved the use of human subjects in this research.

This approval is for a period of twelve months from February 17, 2004, provided that the research procedures are not changed from those described in your approved protocol and attachments. Should you wish to deviate from the described subject protocol, you must notify this office, in writing, noting any changes or revisions in the protocol and/or informed consent document and obtain prior approval from the Board for the changes. A copy of the approved informed consent document(s) is attached for your use.

At the end of the research, you must submit a short report describing your use of human subjects in the research and the results obtained. Should the research extend beyond 12 months, a progress report must be submitted with the request for continuation, and a final report must be submitted at the end of the research.

If data are still being collected after five years, resubmission of the protocol is required.

Should you have any questions, please contact me at 325-8110 or irb@ou.edu.

Cordially,

E. Laurette Taylor, Ph.D.
Chair
Institutional Review Board-Norman Campus (FWA #00003191)

FY2004-218

Cc: Dr. Terry Pace, Educational Psychology

660 Parrington Oval, Suite 316, Norman, Oklahoma 73019-3085 PHONE: (405) 325-8110 FAX: (405) 325-2373

The University of Oklahoma

OFFICE FOR HUMAN RESEARCH PARTICIPANT PROTECTION

March 8, 2005

Ms. Jill S.H. Hill
432 Carlisle Blvd. NE
Albuquerque, NM 87106

SUBJECT: "Evaluating the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) American Indian Norms: An Item Analysis"

Dear Ms. Hill:

Thank you for returning your completed progress report for research conducted with human subjects under the above-referenced protocol. The Board has reviewed and approved your report. Since you indicate the study is continuing, they have extended your approval to continue this research for an additional twelve-month period ending 3/7/2006.

Please note that this approval is for the protocol and informed consent form reviewed by the Board. If you wish to make any changes, you will need to submit a request for change to this office for review.

Sixty days before the expiration of this approval you will receive notice from the IRB secretary that your approval anniversary is approaching along with information you can use to complete your progress report and request an extension of the approval date.

If you have any questions about the approval given your protocol, please contact me at 325-8110.

Cordially,

E. Laurette Taylor, Ph.D.
Chair
Institutional Review Board-Norman Campus (FWA #00003191)

FY2004-218

cc: Dr. Terry Pace, Educational Psychology

660 Parrington Oval, Suite 316, Norman, Oklahoma 73019-3085 PHONE: (405) 325-8110 FAX: (405) 325-2373