UNIVERSITY OF OKLAHOMA
GRADUATE COLLEGE

HEALING A FRACTURED SPIRIT: INDIGENOUS USE OF THE SWEAT LODGE FOR THE HEALING OF DEPRESSION

A THESIS
SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the

Degree of

MASTER OF ARTS

By

ALLISON STEINMEYER
Norman, Oklahoma
2020

Downloaded from SHAREOK. Persistent Handle URL: https://hdl.handle.net/11244/324365

HEALING A FRACTURED SPIRIT: INDIGENOUS USE OF THE SWEAT LODGE FOR THE HEALING OF DEPRESSION

A THESIS APPROVED FOR THE
DEPARTMENT OF ANTHROPOLOGY

BY THE COMMITTEE CONSISTING OF

Dr. Lucas Bessire

Dr. Kimberly Marshall

Dr. Daniel Swan

© Copyright by ALLISON STEINMEYER
All Rights Reserved

ABSTRACT

In this ethnographic study I use my personal life experiences to explain the use and healing properties of the Native American sweat lodge. I look into sources of mental trauma common in Native communities such as historical trauma, lack of help-seeking, and medical mistrust to explore reasons for seeking practices outside of Western therapy. I further discuss how dehumanization and emotional suppression are contributing to a need for more methods of healing which are culturally centered. I then analyze the dichotomy of mental health from both Western and Indigenous perspectives. These sections include discussion of the history and treatment, grief practices, and the power of language in discussing mental health. Finally, through an analysis of different approaches to healing I discuss how Native communities are not only teaching themselves traditional methods of healing but are actively using the education system to foster a new generation of individuals able to control how the manage their ability to heal their spirits. Throughout the paper I incorporate stories told to me from different tribes regarding their origin and purpose of sweat lodges, and the interactions when participating in building a community sweat lodge to explain the more symbolic reasoning that Native groups find purpose in this ceremony. These stories also explain how so many groups of people can see this practice so differently, yet maintain its importance in spiritual, mental, and physical health.

TABLE OF CONTENTS

Acknowledgements **VI**

Introduction: The Place it all Began/A Reintroduction to Religion **1**

Chapter 1: Indigenous Sources of Mental Trauma **11**

Historic Trauma *13*

Minimizing Pain and the Lack of Help-Seeking *16*

Sterilization and Medical Mistrust *18*

Chapter 2: Dehumanization Through Grief and Violence **26**

Emotional Suppression of the Cyborg Veteran *27*

Violence Against Women and the Missing and Murdered Indigenous Women Movement *28*

Chapter 3: The Cultural Dichotomy of Mental Health **39**

Western Views of Mental Health *42*

Language and Defining the Problem *45*

Approaches *52*

Chapter 4: The Transition from Western to Indigenous **54**

Indigenous Views of Mental Health *56*

Indigenous Approaches to Grief *59*

Chapter 5: Approaches to Healing **64**

ACT and REST Therapy *67*

Duality of Art Therapy *69*

The Modern Symbiotic Relationship between IHS and Traditional Medicine *71*

Community Healing *74*

Indigenous Education *75*

Sweat Lodge Practices *79*

Conclusion **86**

Bibliography **95**

ACKNOWLEDGEMENTS

I would first like to thank my family. You have all been supportive and encouraging throughout this process. For all the times I was ready to throw in the towel and you all helped me remember the worth of my project…I will forever be grateful.

To my husband who allowed me to sit in bed with the lights on till 6am (sometimes later in the morning) writing, reading, and sometimes ranting to myself. The first person always willing to be my guinea pig whenever I needed one. The person who gives me a reason to do this research. Thank you, I could not have asked for a more supportive best friend and companion.

To my kids who have spent the last three years dealing with my spontaneous tears, and have sat in sweat lodges with me, sat in interviews with me, and have ridden in cars across the United States so I could complete this research- I hope you know how much you inspire me to be better than I was yesterday.

To my mom and aunt who sometimes forgot I was working on two degrees at the same time and provided me with many distracting chores- Thank you for being my friends and allowing me to call you at random times and ramble and talk through ideas I was having problems with. All of your sacrifices made my life possible.

I have to express the genuine gratitude I have for my committee. To Dr. Lucas Bessire, your faith in me and my ability to do this will never be forgotten. I will forever be grateful for the times you have challenged me and helped me believe in the things I could do. To Dr. Kimberly Marshall, thank you for being so understanding and letting me cry in your office when imposter syndrome set in. To Dr. Daniel Swan, thank you for taking a chance on me and agreeing to be on my committee. Your expertise and encouragements have been so appreciated through this process.

Finally, to my cousins, aunts, nieces, nephews, adopted parents, siblings, and friends that I was not able to name individually, Thank you. You have all made me feel loved and supported. Even when I did not want to talk about research and you all would ask about it and put me back on track I am so touched and humbled at your ability to remember this aspect of my life.

HEALING A FRACTURED SPIRIT: INDIGENOUS USE OF THE SWEAT LODGE FOR THE HEALING OF DEPRESSION

Finding the Place it all Began

It is an unusually warm temperature today. The sun is shining; there is a gentle breeze…it is a nice change from the 40-ish degree weather I have gotten used to. It is not the bright sunshine that makes today stand out or the warm weather. Today is my birthday.

I have been sitting outside of the church for a couple of hours now. It is a good day for thinking about the things I have survived in my thirty-nine years. This act is a small yearly tradition. I find a spot that has become significant to me over the year and reflect on important memories on my birthday. This year, in particular, I have been thinking more about my experiences, the things that I have overcome, the places in life where I needed change.

I have been coming to this spot for three years now. This spot has been a place of reflection more times than I care to admit, it has been a place of healing for my mental and emotional self, it has been a place where I have been able to reclaim my life. I catch myself thinking about the one thing that I initially agreed with myself that was off-limits today—this project. I have slowly learned that when my mind starts wandering to my work, it is best just to listen and let the ideas work themselves out; otherwise, it will dominate everything I do, and I will be distracted and useless until I get it all out on paper. I might as well let go of the urge to fight the thoughts and ideas and just see where it all goes. I have been thinking that I was missing something, and apparently, today is the day that I need to work through it all and go back to the beginning.

I used to think that the beginning of my need to heal began five years ago, but the story began years before that. Sitting outside, I am letting my thoughts wander so freely, and it feels like I am getting so close to that moment when a switch will flip. I reflect, almost urgently,

getting closer and closer to finding these points on a map or a timeline maybe, where the sources of these points of pain stemmed from. I need to go back further. I need to dig deeper. I need to stop emotionally blocking out these memories. It feels like I am becoming Alice in Wonderland. I have gone down a rabbit hole, and now I have to decipher what memories are needed to help me, and which ones are just there to make me feel more confused and lost. It is all chaos. These memories are strange, things that should not be normal. It feels like one of those movies where the scenes are mixed up, and you have to watch the ending first and the beginning last and piece the middle altogether. It is getting to be too much. It is too loud. All of the thoughts are running together, and the memories are displaced. I need to get back to the church. I need to slow down. I need to breathe; I need to remember that the past is not my life anymore. Eventually, my brain goes quiet. The world goes from a fuzzy blur of colors to something clear and vibrant. I feel like I have a starting point.

It had been a rough year; I had no idea that the upcoming years would be no picnic either. I had not seen the things my husband had seen, I did not have the experiences, and I could not possibly understand, yet here we were. I watched him drink bottle after bottle of whiskey; a small fortune went into that habit. Money and time that I knew could be better spent, but I would not comment on it, any of it. I knew one day he would come around, or one day we would have to talk about the problem that was forming. The drinking was normal; it was something I had seen growing up in a family full of generational trauma. I understood this as a coping mechanism; maybe that is why I let it go as long as I did. Watching the whiskey flow was a reminder. It brought it all back and put me in that place I remembered from my childhood, the place that just existed in my life. It reminded me of the memories I had tried to forget. I did not realize that my husband and I were both living with debilitating trauma. We continued day after

day, working to live with our trauma- hide it or ignore it, whichever was more comfortable. Eventually, he realized what he needed to do, but I did not. I continued, not understanding that what I was feeling was not a healthy way to live or was even what could be considered life at all. It was not until almost ten years later that I would embark on a journey that would lead me back full circle, to this time. My grief and awareness of this long path of trauma did not begin in 2015 when I thought it did. It was older and more mature than that. I had just lived with this perception of mental health that I did not see my internal destruction coming to fruition.

2015 marked the time in my life where I began actively avoiding processing any negative emotions, specifically grief. Over the next three years, this avoidance would become so overwhelming that I eventually would realize I had a problem and needed help; any help I could get. I had finally become so tired, physically, and emotionally that I was willing to try anything I could to feel like I had some kind of control over my life. I suppose that is an excellent place to start, the search for an answer, the reasoning for the trauma I had not personally experienced, and a place to heal.

A Reintroduction to Religion

It had been a rough couple of years by this point, and I was not entirely sure what was in store for me. It was a hard thing to do, walking through that door. I sat outside in my car for a few minutes before building up the courage to even turn the ignition off. Since moving into Norman to finish my bachelor's degree, my family suggested that the church would be good for me. It seemed like my mother and uncle often reminded me of my proximity to the church several times a month. Our family had been moderately religious most of my life. I had been married in the same church as my parents, which was the same church my kids were christened

in, which was the same church my great-grandfather had helped build in his younger days. Over the years, I slowly lost touch with religion. We became a family of practicing Christians on holidays. I was never opposed to religion. I just felt like I was capable of living a good life without being instructed on how to accomplish that feat.

The church my family referred me to is a small structure but has a beauty that comes with the good feeling that one feels walking through the door. The fellowship hall seems to be filled with sunshine, even on the cloudiest or rainiest days. The architect who designed the building grew up as a member of the church. His family attended services every Sunday when he was a child. He designed the building as a temporary fellowship hall until the church could raise funds for a proper sanctuary. Every month the congregation hosts a "first Friday taco sale" to contribute to the general funds for the new Worship Hall. In addition to the taco sale, the church is host to many different tribal activities from Native hymn singings, Veteran lunches, and youth group meetings. To its members and the surrounding Native community, the church is a cornerstone. To think it is not a proper church is a misunderstanding of what the members feel a church is supposed to be.

There are three walls of floor to ceiling windows on the North, East, and South side of the building. The North windows allow the congregation to see large beautiful trees behind the pulpit. In contrast, the East and South windows reveal a large pasture where occasionally Indigenous students from the surrounding community come to have powwows and stickball games. Beyond the field, there is a row of privacy fences reminding onlookers the church exists within a neighborhood just off of a busy street. The South windows open up to the parking lot, which I always kind of laugh at because it allows the pastor to see who is on time and late for their weekly dose of religion. The pastor never called anyone out for being late, but on more than

one Sunday, I would hear the worship leader remind the congregation that services start promptly at 11:00 A.M. not on "Indian time." I grew to love the view through the North window the most, though, because it provided a view to the church's community sweat lodge. I would often sit on Sunday mornings, looking through the North window, thinking about everything and randomly catching myself and re-centering before the pastor noticed my thoughts wandering. Over the years I would bond with many people out there in the sweat lodge, I would hear their stories, pray for them and their loved ones, but most of all I would appreciate their lives and mine.

You never really know how one day or one decision can ultimately impact the course of your life. Walking into the church or spending a hot summer day with my kids and four gentlemen would go on to give me more insight and purpose than I could have realistically imagined at that point in my life. These two small acts would lead me to see my little world through rose-colored glasses, and they would lead me to a love of volunteerism and charity that I never really had before my grief led my life. Before any great revelations would become clear to me, I had one job, one mission, *walk through the front door and sit through that first service with an open mind*. I was not looking for a research project or any life-changing experience; I was so sad, so lost that I was willing to try anything to make my heart feel something besides broken. I had often thought that I was not very good at finding the healthiest ways of working through my grief. Working through grief for me mostly consisted of avoiding feeling anything at all.

Something had to change. It was a beautiful day the first time I wandered into Norman First American United Methodist Church. We shook a few hands with everyone, and for the first time in years, I sat through a church service with my daughter, surrounded by new faces, tribal hymns I had never heard, and a feeling of hope. I looked around and wanted to believe that I had

possibly found what I needed to have in my life feel like a complete human being. I would eventually grow to love all of these new faces, these people who would encourage me, challenge me, and love me unconditionally. It all had to start with a single day, though, it had to begin with this one experience.

From that first Sunday on, I have continued to attend services; I have found myself crying during sermons, laughing countless times, and sometimes I have felt like the pastor was talking directly to me. She often speaks of what it means to be a "good person" and has taught me what it means to have good intentions yet perform life all wrong. Through my experiences in this church, the small sweat lodge that can be seen from its windows, and with the people who call this place home, my life and my grief I had acquired for five years would change. I would take that grief and manipulate it from constant despair to a mission for finding meaning in the pain that went along with loss. Through the church and the community sweat lodge, I would create a stronger bond with my culture and have the opportunity to grow in a way I had never expected.

My experiences over time at the church, with its members and its community sweat lodge, would allow a question to begin to form slowly: How and do traditional Indigenous healing methods provide a more wholistic recovery than Western medicalization? Why does this Native spiritual practice provide a space for healing for both Native and non-Native people?

For the first few months of my research, I did a lot of personal reflection of my time participating in the community sweat lodge at Norman First American thinking about the purpose of my work. If it would benefit the community I loved so dearly. I realized in my early discussions with participants who encouraged me, the rates of suicide and violence in Native communities were too high to be acceptable. There was a lot of hurt in local Native communities

that still existed from the past that was repeatedly brought back to the surface when public displays of racism and abuse are sensationalized through social media and television. Leaders of sweat communities expressed that those who are suffering through depression and grief need to know there is a place for them, whether they were raised in a traditional environment or not.

Over two years, I interviewed many individuals involved in different sweat lodge communities. I became a regular member of the community sweat lodge. In the beginning, I thought that attending the sweat would be a good bonding experience for my kids and me. But as time progressed, I realized that the benefits I saw first-hand should be shared with those who may be looking for something more unorthodox. As I expanded my ideas of sweat lodges and determined that I wanted to focus on the benefits of this ceremony, I decided that I wanted to discuss the perceptions of wellness with sweat lodge participants. Through many discussions, I found that in the formal interview process, the knowledge passed unknowingly may become a place of complication. Even though I was familiar with aspects of the ceremony, there were some things mentioned that I did not feel should be included in recorded interviews. Much of this frivolous talk may have been due to the participants not knowing it was inappropriate to talk about. I eventually found that it was better to restrict my interviews with individuals who were experienced in running the ceremony. I made this decision because it ensured that the topics discussed would be aspects of the ceremony I should have access to as a researcher and not details that should not be addressed to the general public. Maintaining trust between myself and my sweat community remained the most critical aspect of my process. The interviews did not consist of the traditional back and forth question and answer interactions. Due to the nature of the ceremonial importance of the sweat, finding individuals willing to discuss this aspect of their lives took longer than initially expected. The initial interactions with potential interviewees were

spent establishing how I was not looking for any specific information on medicines used in the ceremony, no expressions from inside of the sweat would be used in my research, and I did not want any informants to feel like they had to discuss anything that they were not comfortable discussing. After the purpose of the study and the structure of the interview was presented, many individuals were excited to be a part of the project. On the interview day, I would meet the participants, set up my laptop and microphone as a recorder and remind the individuals that I would give them one overarching question and they could talk for as long as they wanted about any aspect of their lives concerning sweat lodges they were comfortable with. With just that prompt, 80% of the interviews were over sixty minutes long, with one being over two hours long. Over the time I conducted interviews, no one pulled their participation, and many referred me to other individuals who would want to talk about their involvement in the sweat community.

In many cases, it was if individuals were vetting me, and with their approval, allowed to interview further. I traveled across the United States and spent time observing and participating in the sweat ceremonies of different tribes, including Comanche, Cheyenne, Arapahoe, and Lakota. The insight gained from these interactions helped me shape and translate the literature from a Western perspective into an Indigenous epistemology.

Upon the conclusion of the interviews, I spent countless hours reflecting on the conversations and replaying the talks for transcription. As I repeated this process, the layers of theory made sense in the context of traditional healing for those within and from outside of Native communities. In the beginning, I read and absorbed everything I could on depression and grief. I researched how gender contributed to how categories of people healed, how social expectations contributed to the ability for people to ask for help at the hardest times in life, and waves of feminism and the need for male empowerment in different communities. I read

countless articles on medical mistrust, forced sterilization, and historical trauma. I was given the unique perspective on Native religion through the lens of legal analysis, and the complicated history Native people and religions have with the laws regulating them. I read books about hope and books about despair. In the end, I found a pattern. In my conversations with many sweat participants, I learned that it is through this process I myself had experienced how individuals can work through their problems in an environment free from judgment. Utilizing both culture and personal narrative, many have found a place where they can spend time not just reflecting on their mental or physical health, but also their spiritual health with others who are seeking time with their creator.

Through my research, I argue that a culturally centered healing approach can provide the opportunity for more genuine healing than the pharmaceuticalization and medicalization of an aspect of life we all experience at some point in our lives.

Ward Churchill, author, political activist, and professor of ethnic studies once said "Activism ain't therapy," this was a concept I had never overthought about before I began my research. As the months, cups of coffee, and conversations with friends and family went by, I slowly began to grasp the reality of that statement. I started with a personal understanding of what it meant to be depressed, have overwhelming grief, and what it was to see someone I loved living with a traumatic brain injury and Post-traumatic stress disorder. However, it would be a long journey to understand how the body found physical and spiritual healing. The same could be said for traditional healing methods and medical pluralism and the contributions my upbringing had on my understanding of physical and mental health. Eventually, I was able to see that I would need to come to terms with my healing before I could advocate for the use of traditional methods of healing. The more I tried to work out the how and why of healing without

a clear mind and working through my trauma, the further I felt I was sliding down the complex and sometimes chaotic paths of theory.

It was not until I woke up one day and realized I could write without the usual flood of emotion. I could tell stories about my loved ones who had passed without having to take a deep breath and brace myself for the uncontrollable outpouring of anguish. I could listen to songs that reminded me of the past and not have to turn the radio off that I knew I had made my own kind of peace. At that point, I felt free. I knew that the time I had spent studying and participating in different healing methods had made a difference for me. I knew that I had not reached a level of complete healing, and I would never fully come to terms with the circumstances of the last two years, but I had found a way to live with the hurt and still appreciate the life that was in front of me.

Indigenous Sources of Mental Trauma

If one looks at a sweat lodge, the first thing noticed is that it is a large dome shape. The form is made from large Willow branches, harvested in the early summer so that they are full of life and can be bent and tethered to create a sturdy frame. Some tribes teach that the shape of the sweat lodge is representative of the pregnant belly of a woman.

The individuals entering the sweat lodge are the developing humans within the womb. They experience the warmth, the safety, and the purity they once had sharing the body they once did with their own mothers. The second lesson is that the first thing people do when they come into the world is cry. That first cry is proof of survival of the time in the womb, the development, and the journey through the birth canal. An essential purpose of the sweat lodge is to teach it is ok to cry, ok to express all of the things happening in one's life; sometimes, these expressions come with tears.

During this ceremony, the individuals inside the sweat lodge sit and pray for four rounds, and some tribes say that these rounds represent the four primary life cycles.

The first stage is short and meant to help the individuals get to know each other a little. This round represents being a small child. The life of a child is never easy, there are trials and tribulations, but as children adapt and grow, they learn how to react to uncomfortable situations.

The second cycle represents the pre-adult years. This round is a little longer but also goes by fast, much like the years of youth. The third round is much longer and is the hardest of the four rounds for some tribes.

The third round represents adulthood and the transition to elderhood. This time in individual lives is often the hardest; you are no longer a child or a young adult, there is an expectation of caring for a family to work hard and provide. During this life cycle, we learn how to experience and understand loss. We learn to say goodbye to those that we love so dearly. We learn and prepare for embracing our own mortalities.

The final round is the round that brings the most relief. After the third round, the shorter final round is most welcome. This last round represents the life in elderhood. The purpose of this time is to give individuals time to reflect on their time in the sweat lodge. This round is an opportunity for participants to think about prayers that were said, songs sung, and the circumstances that brought them to this ceremony. Through the completion of that fourth round, the sweat ceremony ends.

To leave the sweat at the end of the ceremony is to expose the one's self back into the world that so often causes pain and suffering. The participant emerges reminded of what it is to be reborn from that safe, dark, and warm space. The end does not represent something negative but invites the individuals to think of the small blessings that we sometimes take for granted. We are reminded of how good it is to feel a cool breeze caress you and soothe your skin, the nurturing breath of soft, fresh air in lungs that have been challenged, and have that sense of accomplishment when we have made it through each round. Attending a sweat ceremony is not a once a month event, or something to do if you have some free time; it is life. Sweat lodge participation is something that helps an individual control change in their life. It reminds the individual that through praying for others and hoping for their healing, it also heals and creates hope in ourselves. We are reminded of the million little blessings that we seem to take for

granted, the things that give us life that we were torn from for those four moments in time, the four rounds meant to bring us closer to our Creator and help us appreciate our Creator's gifts.

Historic Trauma

Unfortunately, trauma is no new concept for Native people. The difference between what was experienced in the past and what is being experienced today is that there is a name that can go along with the pain that is suffered. Today, Native people know and understand mostly what Post-Traumatic Stress Disorder (PTSD) is; today, there is a phrase used to explain and describe the aftermath of hurtful and damaging experiences.

For both Native men and women, the attacks made on both groups creates a pattern of avoidance in help-seeking that has contributed to a mistrust of healthcare systems. For many groups, the trauma suffered as a group has impacted generations now requiring help. Due to members of these groups suffering from a negative association with therapeutic practices and counseling, they were sometimes avoiding talking about hurtful and traumatizing life events. Some individuals carry distressing emotional baggage throughout their lives. Through this behavior, they effectively teach later generations to be mistrustful and cautious of an institution established for their well-being.

Understanding the ways sweat lodges and other traditional healing methods in Native communities are contributing to the ways that generations can heal, it is critical to understand the history that Native people still experience. The effects of colonial atrocities slowly and deeply affected Indigenous mental health. The trauma, unfortunately, did not stop with that first generation. Many Native people today still suffer the traumas of their ancestors.

The Indigenous and non-Indigenous people of the United States have had a very convoluted past. Today, the actions of non-Indigenous ancestors are still lingering in Native communities. The varied ways that Indigenous and Western society view the challenges that were faced in the past can easily play into how healing can commence. James B. Waldram (2014) provided a story where the historical traumas that haunted one Indigenous prisoner were put into question by a non-Indigenous therapy group leader. Interestingly, where he viewed the reasons for being put into a position where his histories played a part in his life view, the non-Indigenous therapist took that to be excuse-making. In an alternate therapy session with other Native inmates, they all seemed to understand the pain that passed down through the traumatic events of elderly family members, helps provide a background for making their unfortunate life choices. "Historical trauma is a term used to describe the intergenerational collective experience of complex trauma that was inflicted on a group of people who share a specific group identity of affiliation such as nationality, religious affiliation, or ethnicity" (Ehlers, Gizer, Gilder, Ellingson & Yehuda, 2013). The pain left behind by historical trauma can manifest itself in many different ways. Ehlers et al. (2013) found that in addition to common symptoms such as anxiety, guilt, and depression that survivors felt, some of those same PTSD-like symptoms were present in the children of survivors. For many Indigenous people, the key to working through the historical traumas that are plaguing the generations post-assimilation and boarding school eras is a conversation (Mohatt, Thompson, Thai & Tebes, 2014). Mohatt et al. (2014) note that even though many know the stories of the injustices that Indigenous people have suffered, it is essential to remind people in the contemporary that these events are still very real to the communities that have endured over the years. Many of the injustices forced on Native people

have left many communities economically destroyed, psychologically scarred, and with no means of healing from sensational trauma.

There are many ways that communities have shown resilience after trauma. For some, resistance comes in the form of knowledge and recognition. The role of historical trauma is recognized more in current literature and appears less prevalent in early research. In the more recent research on forced and coerced sterilization, trauma plays a significant role. "The theory suggests that an event can impact an individual, even if not experienced personally, through shared memories and through the sustained deleterious effects of trauma on the group…" (Cackler et al., 2016). Therefore, the memories of events that happened to almost half of the Native women of that era would continue to cause harm in the collective groups. Christina Cackler (2016) also says that the possibility of memories and feelings associated with forced sterilization are moving through generations and causing a detriment on the mental health of individuals who did not personally experience the event (Cackler et al. 2016). Barbara Gurr (2011) takes this theory a step further. She says that even in communities that may not have an individual that experienced the older traumas such as forced removal or the removal of children to attend boarding schools, these emotions could quickly be brought to the surface and associated with alternative introduced traumas (Gurr, 2011).

For many generations, the pain of historical trauma manifested in many other ways bringing the relationships of parents and children under scrutiny. For some parents, the ability to provide productive and loving child-rearing was brought into question (Warne, Dulacki, Spurlock, Meath, Davis, Wright & McConnell, 2017).

One study even found that the mental trauma observed in young people was seen to cause the same psychological fragility seen in older adult members of the community (Thayer, Barbosa-Leiker, McDonnell, Nelson, Buchwald & Manson, 2016).

Minimizing Pain and the Lack of Help-Seeking

Help-seeking engagement is a problem in many different communities; it is specifically a more significant problem for men of many different ethnicities and backgrounds, for a plethora of reasons. Sylvia Lindinger-Sternart (2014) found that for men of different racial backgrounds, there were various reasons for their resistance in seeking help. She argued that because of African American and Native American experiences with racism, distrust of the federal government, and issues with healthcare systems, there was found to be a greater comfort in traditional healing practices. Historical systematically racial issues of the past were taking their toll on the mental health of individuals from these groups in the contemporary (Lindinger-Sternart, 2014).

Currently, suicide is the tenth highest cause of death in the United States, and the number of men committing suicide is over three times higher than women (Pirkis, Spittal, Mousaferiadis & Currier, 2017). In their research with Male Veterans with PTSD, Erika R. Carr, Lindsey C. McKernan & Shahar Golan comment, "The depressive experience has been discussed as 'incompatible' with masculinity, as the overt emotions (e.g., crying), sense of powerlessness, a vulnerability that often accompanies a depressive experience are stereotypically "feminine" traits"(Carr, McKernan & Golan, 2015: 253). These incompatibilities to the male social expectation and the comparison of the feminine versus the overt masculine emotions are a common theme in help-seeking research. Michel Foucault talks about similar ideas in his essays.

For Foucault, institutions like the military or the workplace are an ideal place to create these divisions. These institutions are where the groups as a whole can mold the individuals into the perfect citizens. In this case, male community members are molded into the all-knowing, never weak authoritarian, and the females are molded into the nurturing yet obedient contrast (Foucault, 1984). Through his writings, Foucault (1984) says that to only live according to what is perceived as normal in society is often harmful. In the case of male help-seeking, to live life believing that asking for help is wrong, or expressing any sort of open emotion is feminine, then Foucault is right, and in some cases normal is dangerous. Due to the ways that male emotions are minimized, and communication strangled, this demographic is suffering. As a biological construct, the variance with female and male maturation plays a big part in the ability to work through emotion as well as ask for help in trying situations. Statistically, adolescent females mentally and emotionally mature sooner, while it is in male nature to physically mature earlier in life. This maturity issue is a cause of the male inability to seek help when not only necessary but also openly discuss emotions and distress.

According to the World Health Organization (WHO), "gender differentially affects the power and control men and women have over these socioeconomic determinates, their access to resources, and their status, roles, options, and treatment in society" (Astbury, 2001). In their study of gender disparities, the WHO comments that there are significant differences in the prevalence of male and female percentages of individuals who are suffering from Major Depression Disorder (MDD). One thing that the study does not adequately explain is that to be counted in the study, people had to self-report their illness. While it is more highly self-reported in women, there are statistically more males who die from depression-related deaths every year. Along those same lines, only two out of every five people who experience depression or a

similar mood disorder seek help in the first year that they notice a change in life patterns (Holm, 2017).

Sterilization and Medical Mistrust

Indigenous women hold extraordinary places in Native communities, and harmonious community roles work when everyone involved knows their niche. Many Native communities are currently patriarchal societies, but that has not always been so (Ralstin-Lewis, 2005). "Traditionally, Native women held positions of esteem in tribal societies and were thought to be born with certain dispositions toward spiritual guidance, and so could offer important knowledge in many matters" (Ralstin-Lewis, 2005).

Andrea Smith writes about how the colonized world enforces the patriarchal society as a deviation of normality based on domination and violence of its female members (Smith, 2003). The patriarchal system teaches that it is reasonable and, in turn, is the only option for the achievable living of civilized life. Through the observance of the patriarchal system, Euro-American society pressured its members with ideas of the demonization of Native women to maintain control over European women (Smith, 2003). In her paper on the struggle against genocide and supporting reproductive rights, Marie Ralstin-Lewis considers how Christianity may have played a part in the undermining of women's roles in Indigenous communities. She analyzes how a successful conquest is dependent on cooperation, and cooperation is only possible when the autonomy of women collapses, and men are taught to dominate their households (Ralstin-Lewis, 2005). Much like Smith, Ralstin-Lewis argues that the demonization of Native women and the rationalization of male-centered society being the only civilized norm,

was a justification to regulate the rights of all women, especially the ones that were socially fit for reproduction.

The subjection of the feebleminded to sterilization often happened out of a belief that through their operation, individuals would no longer be able to pass on their defective genes to future generations. As a result, the doctors performing the surgeries were singly ensuring the desirable quality of future citizens (Pickens, 1967). The assaults on the group thought to be mentally inferior continued in other ways for years to come. Years later, the public learned that IHS had been using the contraceptive Depo-Provera on its mentally impaired patients before its approval from the FDA in 1992 (Ralstin-Lewis, 2005).

"Forced and coerced sterilization is inherently a discriminatory practice. The motivating reason for forced and coerced sterilizations is to deny specific populations the ability to procreate due to a perception that they are less than ideal members of society" (Patel, 2017). One reason for the targeting of Native women for forced or coerced sterilization was that "according to the US Census in 2013, American Indian and Alaska Natives experience the highest rate of poverty of any racial group (Burnette, 2017). While this census estimate is dated 2013, many years after the sterilization era, the circumstances have not changed over the years. Native people are merely still suffering from the same poverty that has plagued their communities for generations. The social stigma associated with lower economic status was often a reason for sterilization at many facilities. Social stigma sterilization practices affected many cultures of women. In a case in the early 1970s, one doctor commented that he was tired of paying his taxes so that welfare women could keep "running around and having babies" (Davis, 1993). The state of North Carolina supported the doctor's decision to force women into a type of voluntary sterilization by

commenting that the doctor has the right and the "moral obligation" to do what he sees fit (Davis, 1993).

In the 1970s, Dr. Connie Pinkerton-Uri began investigating disturbing stories of Native women who had been unknowingly sterilized (Rutecki, 2011). While some individuals were young adults, others were as young as eleven years old. Doctors were deceiving patients in many cases, patients often informed the practices would cure them of ailments such as alcoholism or appendectomies, (Rutecki, 2011). After learning of these atrocities, the doctor requested a formal investigation to take place with the Government Accounting Office (GAO). Upon the completion of the investigation, the GAO report told of high instances of sterilization practices at four IHS facilities, Albuquerque, NM., Aberdeen, SD., Oklahoma City, OK., and Phoenix, AZ., (Rutecki, 2011). In the report, none of the women who were coerced into sterilization were allowed to tell their stories. The only given story that would make it into the report was information cataloged on a cold and sterile chart.

Unfortunately, in the end, the women had signed consent forms, and the GAO office did not check to see the procurement process for the forms.

When analyzing high numbers of sterilizations, discrepancies in informed consent paperwork, and the young age of some of the patients, new regulations would help keep doctors accountable in the future (Lawrence, 2000). New regulations included doctors and nurses required signatures on all sterilization paperwork, a shift from the standard 72 hour waiting period for surgery to 30 days, and for minors, performing sterilization could only happen if it were in a lifesaving capacity (Lawrence, 2000).

The importance of children and childbearing in the colonial world became critical in a post-relocation period for many tribes. The period between contact and relocation is often associated with widespread disease, death, and violence. While many articles regarding historical trauma discuss colonization as a primary source of contention, looking at sterilization as a source of female-centered historical trauma may provide a more holistic look at gendered trauma. In the colonial world, the Native woman was the one thing that stood between the next generation and the extermination of the Native people. The Indigenous woman represented "the ability to create the next generation of people who can resist colonization" (Smith, 2003). The problem was not just the resistance of colonization, but Puritan standards saw young mothers as a social issue. With a complete lack of cultural relativism at the time, encouragement to young mothers in their Native communities was discouraged in the newfound Christian states (Moss et al., 2013). While early and Indigenous childbearing was a negative social issue or a sinful religious issue, Native communities saw early childbearing as a blessing. Janelle Palacios and others (2014) say, "all mothers face challenges regardless of age and race, and while mothering at younger ages may be viewed as limiting one's life possibilities, it can herald positive life transformations." What are the effects, though, if women never receive the opportunity to create a positive psyche because their ability to become mothers was forcibly stolen or coerced from them? Lisa Wexler (2013), in her study on community healing, found that many young women never realized that senior women in their community shared similar experiences. Through this process of open communication and sharing, both the elderly and the young were experiencing healing and bonding. The young women felt connected to someone who understood them, and the elderly felt they had found a voice that many had never had in their youth (Wexler, 2013).

The power clenched by eugenicists through sterilization was no mystery; on the contrary, the goal to decimate and destroy unfit lives was in the statistics of Indigenous sterilizations. Across the literature, there are various reasons why the Indigenous people were the targets for sterilization ranging from the theft of valuable land (Gurr, 2015) to racism and greed on the part of doctors at the time (Davis, 1993). The apex of the sterilization era pointed out the social stigma that came with being poor and Native. Being economically disadvantaged made Indigenous women a target for the practice of forced or coerced sterilization. For the many atrocities committed against Native communities, in the courts, the doctors escaped punishment for their crimes (Lawrence, 2000). Even during the investigation, when doctors were explicitly told they could not perform sterilizations unless they were to save a life, IHS doctors performed fifty-four more without reprimand (Lawrence, 2000). These actions teach Native women that it is acceptable in society to violate their bodies. How do women learn to come forward and demand punishment for these types of traumas when they see the government that promised to protect their health overlook such horrendous crimes? Among those who had fallen victim to sterilization abuse, when there was silence, there was an immeasurable amount of pain that would outlive some of them and firmly adhere to future generations. There were many reasons that the women who experienced assault had remained quiet and never forced justice. Some of the women lived in fear of retribution and loss of services. It was no secret that others felt shame in what had happened to them and the person they had been forced to become, while some were intentionally silenced by the institutions that sought to exterminate Native culture (Klutchin, 2007).

Looking back as an adult at my own experience of being told I would not have children, I have to remember that I was a child myself. I was thirteen when I started having horrendous

stomach pains. After several tests all designed to torture my little body, a doctor concluded that I was damaged, he said that there was almost a zero chance I would ever have children. At such a young age, I did not understand what was being said. It would not be until later in life that I would feel this grief for my inability to have children. My young heart was not broken at the time; my dreams not destroyed yet. I did not think about the oppression Native people had to face up to that time, or how oppression had taught mistrust and doubt. I did not know about how little anyone wanted to talk about the experiences of Native people. I did not think about the evanescing felt for the Native experiences that were being forgotten or maybe ignored over the years. My doctor did not sympathize with a young girl who was just told she would never have children of her own; he did not sympathize with my ancestors or with me. He never offered cedar or asked me about how my cycle and pain affected my ability to go in a sweat lodge. He never asked if I had tobacco to offer my grandmother so she could pray over my wounded body. He sent me on my way with a bottle of pills and no explanation. I think back and wonder how many Native women and girls over the years had a similar experience, how many are still having comparable experiences to what I had? How many women were not like me, accepting of my inability? How many died inside and had to begin their search for healing when they heard the same words I had?

If there were a culmination for shifting towards a culturally sensitive direction for bioethics in Native communities, it would be the aftermath of the forced or coerced sterilization of Native women. A more culturally sensitive experience can happen in IHS. However, this type of experience takes a mutual willingness to teach and learn on the parts of patients and caregivers. Through this process, communities can move forward while working through feelings of rage to get to a place of forgiveness. Not necessarily forgiveness for the people or

institutions that had taken something so sacred and beautiful away from so many Native women and girls, but forgiveness that would help those communities heal. After I revisited some of my research, I found that this is already happening. The resiliency emanating from so many women and girls through this painful era is continuing to those who are experiencing other types of trauma. Palacios and others (2014) talk about "mothering a community" in her article about teen mothering in Native communities. She uses the dreamcatcher to discuss mothering in Native communities. The metaphorical dreamcatcher catches the harmful teachings and only lets the good teachings through to impact the young, much like each strand inside the dreamcatcher helps steady all of the strands around it, all of the women in the community help steady each other and make the community stronger (Palacios et al., 2014).

In her project, women in the community all contribute in a positive way to the experiences of Native youth. The saying "it takes a village" becomes a reality as it once was in many Native communities. Women rely on each other's knowledge and draw strength from the lessons each one contributes to the raising of the young in the communities. She discusses how community mothering relies on the strength of its members (Palacios et al., 2014). Everyone in a mothering community works towards the creation of happy, healthy generations of Native people. What if this is the key to healing? What if giving the individuals who experienced such abuse the opportunity to contribute their motherly instincts and knowledge somewhere positive? Who is to say that other community members can not contribute to the healing of their wounded sisters? Is this how Native women will heal?

Smith (2003) says, "When a Native woman suffers abuse, this abuse is not just an attack on her identity as a woman, but on her identity as Native." Being able to communicate and fall back on culture and community after abuses allow those who were targets to gain understanding,

strength, and heal in surprising ways. Lisa Wexler (2013) discusses how women elders and youth show resilience in their communities by having an open discussion about their life experiences that had caused trauma. The long-term effects of forced sterilization do not impact only one individual, but in some cases, many community members. For some, it revives thoughts of historical traumas, reminders of other abuses of care, depression, and reminds some why they have an apprehension of health care providers.

Dehumanization Through Grief and Violence

Cultural trauma is the term given when communities as a whole experience horrendous events that leave marks on how we transmit our knowledge, experience, and teachings (Lehrner & Yehuda, 2018). The idea of collective groups all experiencing the same psychologically altering events contributes the idea that healing as a group is necessary to change the stories the members of a community share about what it means to exist as a survivor. The psychological consequences of attempted genocide, forced separation, or extreme grief create mental challenges that affect the quality of life for not only the individual but the group (Lehrner & Yehuda, 2018). Hannah Arendt (1951) gives insight into why there is an uncertain amount of faith we can have in our fellow man when it comes to living life with fear and uncertainty. For Arendt, it is not until there is a certain amount of dehumanization that the oppression of a group can happen. Arendt, however, gives a solution to the problems in oppressive environments. She says the solution is that the structures of oppression and alienation have to break down. Albert Memmi says that the racist is attracted to the oppressed instinctively. He describes the actions of the oppressors as being driven by the fear for survival "Every living thing, animal or vegetable, will search for what favors its survival, and will defend itself against what puts it in danger" (Memmi, 1968). In Native communities, the occurrence of dehumanization and oppression contribute to high statistics of suicide and Post-Traumatic Stress Disorder. It is estimated that individuals from Native populations are twice as likely to develop PTSD across the lifespan (Bassett, Tsosie & Nannauck, 2012). Along with substance abuse, alcoholism, and diabetes, depression, and Post-Traumatic Stress Disorder, both are growing in community perceptions of modern health disparities.

Emotional Suppression of the Cyborg Veteran

For many veterans, certain expectations instilled from basic training say they must maintain a certain amount of emotional suppression for the safety of those around them. For many, in times of high stress and pressure, the ability to manage a calm and clear head are highly coveted qualities in subordinates. In these environments, suppressing high emotions can be the difference between life or death for other squad mates. These teachings inevitably have led to breeding a group of individuals who believe that they can suppress and move on, but in reality, they are profoundly suffering and feel like if they ask for help, they are no longer good at what they are trained to do. In the military world, the soldier is expected to operate the same way Donna Haraway says the cyborg exists in the "post-gender world" (Haraway, 1991). Recruits are trained to disconnect a certain amount of humanity, to become the hybrid of machines and soldiers to maintain the survival of themselves and their fellow soldiers.

Writing about veterans and veteran depression is a very bittersweet topic for me. I have been a military wife for fifteen years, and my husband has been through three deployments over his twenty-six-year career before he retired. My experience with Veteran depression and help-seeking is from my time talking to him and the squad mates who deployed with him. After his first deployment, my husband came home and began drinking heavily. I figured, if he wanted to talk, he would…instead he kept drinking. Eventually, he slowed down and became more like what I knew him to be. After His second deployment, he drank less, but now there was a new surprise; whenever large planes or artillery from the nearby military base would hit, he would blank out and hit the ground in absolute terror.

At this point, I knew we had a significant problem. Over the first year of being home, I realized he had nightmares every night, his temper was easily triggered, and his memory was quickly depleting. Along with all of these new developments, he had physical injuries that were giving him problems, and he was trying to handle them on his own. It was not until years later that he was finally able to talk to me, not about his deployments, but his behaviors when he returned. He explained that upon return, he had spent a year transitioning and living with these disturbances and coming out of the mindset that he lived with for a year was hard. When I asked why he did not want to go to see a doctor, he responded that there was nothing wrong. It was not until another of his squad mates went to the Veterans Affairs hospital for PTSD that he agreed to talk to someone, reluctantly. It was almost ten years after his second deployment that he found himself in a therapist's office participating in prolonged exposure therapy. I later asked why it was hard for veterans to talk about their experiences, and he told me a story. He said to imagine you are an adult, and you want to talk about something that happened, but the only ones around are kindergarteners. They are not only somewhat innocent, but they are not like adults, and they cannot adequately communicate with you on your level. The little ones cannot ever really understand what you mean and how you feel. That is what it was like for him, no one here could understand what he had gone through, and even though they could be compassionate as to how he felt, they just could not get it.

Violence Against Women and the Missing and Murdered Indigenous Women Movement

Native people are being targeted for violent crimes, sometimes without any protection. It is hard to talk about Indigenous communities without talking about the violence it has endured and for many are still experiencing. In a study done between 1997 and 2004, it was found that Canada had reported a total of 470 Indigenous men and women had been murdered (Innes &

Anderson, 2015). The surprising fact was not that there were so many individuals counted, but that 329 of them had been male. There has been an uprising in recognition of the Missing and Murdered Indigenous Women movement in recent years, but not much to recognize the violence directed towards Indigenous men. Statistically speaking, "Indigenous men were victims of homicide nearly two and a half times more than Indigenous women, almost seven times more than non-Indigenous men, and over fifteen times more than white women" (Innes & Anderson, 2015: 6). These are incredible figures because these represent how communities have come to be who they are. The Native body, therefore, becomes a site of resisting Western dominance in the performativity of grief allowing tradition to dominate medicine and Western norms. The same way that Paul Farmer says that structural violence is best understood directly from the stories of the poor and marginalized (Farmer, 2005), understanding and realizing the oppression of these same people only exists through their stories of the mechanisms of their continued dehumanization (Burnette and Renner, 2017). Due to jurisdictional grey lines, not much information exists about realistic statistical violence against Native women and girls (Burnette and Renner, 2017).

Violence against these two groups, female and Native American, is, on average, much higher than any other group in the United States. Statistically, along the lines of one of every three Native females will experience some form of violence in her life (Gurr, 2015). It is alarming how little existing literature there is on the violence experienced by Native American and First Nations women. While today's Indigenous-focused scholars are writing dissertations about forced sterilization, there are very few that make the connection between the vulnerability of the sterilized and the growing epidemic of Missing and Murdered Indigenous Women in North America. I will use the term Missing and Murdered Indigenous Women (MMIW) to speak

about the individuals who are involved in particular case studies where the individual is recognized by friends and family to be a current Missing or Murdered Indigenous Woman. What MMIW means is discussed from a community perspective as those women who come from Indigenous, Native American or First Nations ancestry. The several fights for reauthorization contribute a discussion of the perceived worth, value, and safety of Native women on and off of reservations. The need for fighting for a protective policy is a direct result of generations of violence against not only women but poor minority women.

Gendered, racialized, and classed violence is not a new occurrence, but something that has been in existence for many generations. Native women have lived through the trauma of seeing the effects of disease after the first contact, the abuse from within boarding schools, the aftermath of forced sterilization, and now the mass disappearance and murder of Native women. The idea of a community having nowhere to turn when violence occurs contributes to the inability to heal. Along with fighting to ensure safety from past atrocities, communities now have to prepare youth for today's predators. There is an acute awareness that the internet can provide opportunities for community assistance as well as being a resource for predator behavior is now a bona fide truth that Indigenous people have to face. Jane Bailey and Sara Shayan (2016) consider in their analysis of technology-facilitated violence that the plethora of images that predators see on the internet are causing a shift in visual sensitivity when it comes to Indigenous people existing as human beings. Because there is such ease in seeing violent images towards marginalized and at-risk groups, predators grow into a state where individuals not viewed as anything more than objects. Besides the target social media introduces, Indigenous women and girls have to learn to be vigilant in their daily lives. Because of the high instances of violence brought upon Native women and girls, the need for these groups to be hyper-aware of their

surroundings and acquaintances has become a critical part of their lives. There is a lot more to the MMIW movement than just understanding that it involves Indigenous women who have been abducted or murdered. There is an ever-growing concern that even though the campaign initially focused on the violence that Native women experience, today, we realize that there is a need for a growing acronym or a broader scope for the focus of awareness. There have been a few key people whose stories are essential to what the Missing and Murdered Women (MMIW) movement has grown into for me. These stories have shaped how I view the relationships between community and policy, violence, and the police. When I think about the MMIW movement, I think about my niece, whose story is a short and tragic one. I think about a childhood friend who was killed during a home invasion by her landlord. I think about a distant cousin who passed away while in police custody. All these women were in the prime of their lives, all dreamers of a life they would never get to live through.

Unfortunately, I also have to think of the lifelong friend whose sixteen-year-old daughter was taken from her front yard and found brutally tortured and murdered. I have to think about the fifteen-year-old girl who was found in a river in Canada while living in foster care eight days after being reported as missing (Palmater, 2016). I think about all of the girls, along with my loved ones, who are mourned across North America. I have to think of one of my first college friends, stabbed and killed defending his pregnant girlfriend. I think about the story of a seventeen-year-old young man who was shot in the back of the head by a fourteen-year-old boy to gain acceptance into a gang. I think about those men who are ignored by the majority and yet fought for in their small communities. Finally, there is a need to recognize those LGBTQ+ members of the Native community who were also taken by violent means in this crisis. There is a growing awareness of the need to create a change in the acronym to bring awareness for the men,

boys, and LGBTQ+ missing and murdered individuals. When we talk about those key people whose stories impact the views that individuals have with the meaning of the MMIW movement, we keep their spirits alive. Those stories that relay complicated relationships between community, policy, violence, and police give a better view of how the intertwining of all those elements create a sad picture of disappointment and entanglement. Today we see that there is not just a problem for Indigenous women in the United States and Canada, but there are issues for young girls and men as well. The ability to create inclusivity designs space where the full spectrum of injustice can be observed.

This inclusivity also does something positive within communities; it creates a way to see a need for community action. Many Native people feel like law enforcement agencies are erasing them on purpose through not listening to their valid concerns. While 5,712 cases of MMIW existed in 2016, only 116 of those cases were logged into a Department of Justice Database (Lucchesi and Echo-Hawk, 2016). Community members feel like If violent offenders are allowed to walk on and off tribal land able to commit crimes as they want without proper punishment, how will the MMIW crisis ever end. In 2016, Canada launched an official inquiry into the high numbers of MMIWG (Hutchinson, 2017). Today, the families have mixed reviews of the investigations. Some say that its recognition as a way to appease the First Nations people who began gaining attention around the world. Families have said that the Royal Mounted Canadian Police do not seem to be wanting the input from the families that seem necessary to make any positive changes in their loved one's cases (Hutchinson, 2017).

In 1967, Donald K. Pickens said that "Sterilization, historically, is often interpreted as an exotic flower in the garden of reform or is simply ignored" (Pickens, 1967). The term eugenics was the standard term for the creation of the privileged, and it is "the method of improving the

intellectual, economic, and social level of humans by allowing differential reproduction of superior people to prevail over those designated as inferior" (Ralstin-Lewis, 2005). Before the stigma associated with the term during World War II, the use of the word eugenics was widely accepted. Post-World War II, in an attempt to distance the views of the Nazi from the opinions of the American citizens, phrases such as planned parenthood, Social Protection, or Human Betterment dominate conversations as opposed to the term eugenics (Pickens, 1967; Largent, 2002).

The garden of change that is idealized in discriminatory commentary regarding sterilization is one that has expelled all traces of the unfit, the feebleminded, the criminals, and the minorities from a twentieth-century utopia. Through selective breeding beliefs, eugenicists sought the authority and ability to identify and control the breeding of within society (Ralstin-Lewis, 2005). The public view of inferiority came from the idea that the "physically and psychologically" unfit needed regulation for the reassurance and safety of the nation at large (Pickens, 1967). Unfit was an all-inclusive term used for any individuals that were undesirable among the masses. Within this group were the feebleminded, criminals, minority women, and low-income women. The word unfit was the most dangerous because it was at the discretion of the user. By the end of the 20th century, "more than half of the 50 states passed laws permitting the sterilization of people diagnosed with mental illness and disabled persons, criminals, persons with specific physical illnesses such as epilepsy, Native Americans, and African Americans (Patel, 2017).

The wardens, doctors, and suffragettes who advocated for the sterilization of unfit minority persons were without retribution. The justification was found in the eyes of the law, where they were contributing to enhancing the quality of the nation. Ironically, in 1946 the

United States government prosecuted German doctors who also practiced eugenics, albeit on a different scale (Glauner, 2002). Punishment for forced or coerced sterilization can also be biased in favor of the privileged. For example, while the Nazi doctors were convicted and sentenced to life imprisonment or sometimes death, IHS doctors have never been reprimanded for their actions. Some American doctors even earned high esteem for their efforts (Glauner, 2002). As many cases saw dismissal from the courts, the public learned that it was legally approved for doctors to take responsibility for the sterilization choices of the unfit (Glauner, 2002). Herbert Spencer said, "To be a good animal is the first requisite to success in life, and to be a nation of good animals is the first condition to national prosperity." For some, the bygone era provided a way to ensure the success of the good animals.

As an institution designed by the government for the well-being of Native people, the high turnover rates within the IHS facilities create a significant cause for apprehension towards the rapidly changing health professionals (Gurr, 2011). Creating an environment of trust is difficult when there is a revolving door of health care providers that patients may interact with a small handful of times before they find employment in a different facility. This apprehension exists due to an obvious flaw in the system. Mistrust of current patients and the continued suspicions about IHS professionals come more from the interactions that involve deliberate deceitfulness. "American Indian women are susceptible to uninformed or involuntary sterilizations because of the different ways in which doctors or health care professionals present hysterectomies and tubal ligations" (Carpio, 2004). In the ways that doctors use the technical language of sterilization procedures and long-term consequences or the lack of both, coerced women talk themselves into feeling secure and optimistic about their procedures until after completion when they realize the scope of the damage done by the doctors (Kluchin, 2007). It

was estimated that "Between the early 1970s and 1980s, [IHS] programs forcibly sterilized more than forty-two percent of all Native American women of childbearing age" (Glauner, 2002). Minority women, especially Native women, were easy targets because of the years of oppression that many communities had suffered. Due to the long-term oppression, Native women were often impoverished and maintained a reliance on IHS and state-run medical facilities (Ralstin-Lewis, 2005). Events that point out the deliberate policing of Native families, for example, forced removal, assimilation, sterilization, and the kidnapping and abuse of Native children in boarding schools directly point out a population-wide abuse of care (Gurr,2011). In the aftereffects of such personal violations of body and trust, it was only natural for some of the sufferers to experience substantial mental health disparities (e.g., depression). In her research on some of the lawsuits that followed forced or coerced sterilizations, Rebecca Kluchin (2007) says that several women conveyed that they kept their sterilization a secret due to shame. While some experienced personal feelings of remorse, grief, and regret, others said that the procedure had adverse effects on relationships with romantic partners (Kluchin, 2007).

Veena Das says, "Can the terms *affliction* and *Malheur* together or in a hyphenated relation carry the weight of lives in which even those who had been able to overcome a severe illness or had cared for a sick or dying relative were left with a feeling that such experiences had darkened their world, or that the world had lost some of its benign quality?" (Das, 2015: 4). In talking with individuals who are living with depression, there is no word for what they feel or the emotion that goes along with wanting to take the pain from their loved ones. Affliction may be a term used that encompasses the description of the relationships between illness and poverty for Das, but, is there indeed a word for the pain we feel when we see our loved ones suffering? Paul Farmer contributes to the idea of structural violence into this discussion of sterilization, violence,

and grief. He describes structural violence as the idea that the structures in an individual's life actively contribute to the violence that they experience (Farmer, 2005). The healthcare systems that Native people must utilize, the social expectations for soldiers, and the socio-economic standings from generations of stolen land and opportunities all intersect and contribute to the structural violence Native people experience.

Around the world, Native people have suffered and faced the effects of disease and colonization by people who sought to seize and transform their entire world. In North America, the Indigenous people were the targets of genocidal actions and forced assimilation. Many Native people in early childhood were torn from their families and sent to boarding schools where they would endure mental, physical, and even sexual abuse in the name of assimilation. Because of the trauma experience, generational healing is critical. Sadly, the trauma occurring in many Native communities left behind is a legacy of high numbers of suicide, homicide, and addiction. Frantz Fanon (1967) describes living within a race as a third-person habit. He describes race as a performance, something done out of knowledge, but not truly realized until it is seen through the eyes of the dominator. His insight tells readers there is a solution, and the solution is, in this case, to assert himself as and become the human being that outside society does not expect him to be. In "The Fact of Blackness," he expresses that the White world expects him to be the animal, the weak Negro, and evil. Instead of becoming those things, Fanon says it is more important to look past those harmful labels that remain associated with race. Emily Martin (2007) references James Baldwin (1972) in her explanation of what it means to live with depression. She says his description of what African Americans throughout American history have been forced to face is unbearably similar to what it means to be living with mental illness. The feelings of not being fully human, or a nonfunctional person (Martin, 2007) eventually begin

to consume and make the feelings of inadequacy and depression even more real and threatening. Social issues have caused a paradigm shift in the preparation of Native children for the world. Social media has become a comprehensive resource for mass communication for individuals within and outside of safe communities. Native American and First Nations women have experienced the shock of seeing the effects of disease after the first contact, the abuse from within boarding schools, the aftermath of forced sterilization, and now the mass disappearance and murder of fellow Native women. When we talk about the presence of violence in different communities, it is hard not to factor in gender and sex, race, and class. "Race and Gender are social constructions and are not only a product of colonization, but a requirement since the oppression of one group over another relies upon the creation of inequality" (Kubik, Bourassa, and Hampton, 2009).

Violence across classes is sadly familiar. The question of authentic indigeneity quickly comes into question if a group of Native people does not meet certain social expectations. From the most impoverished to the wealthiest gaming tribe, there are implications for their socio-economic status. In the past, the phrase was "the only good Indian is a dead Indian," but today, we see more instances of people feeling like "the only good Indian is a poor Indian" (Cattelino, 2008). Cattelino focuses on the entanglement between the gaming and investment success of the members of the Seminole Nation in Florida and the traditional lives that they are currently pursuing that was almost lost because of intense poverty a generation ago. She says that in many ways, the newly wealthy tribal members become targets for violence and scams. Both men and women must learn to be wary of newly found friendships and quick relationships because of the probability of non-Seminole locals that are seeking to take advantage of Native wealth. There is

a mirror to that lifestyle, though. From the wealthiest gaming tribe to the most impoverished, there are implications for their socio-economic status.

The stereotype for life on reservations is one of violence and abuse. The ideas that Native people are less than human because of their socio-economic status has become a justification for the mistreatment and abuse of Native people. Indigenous women are targeted for their want to leave an impoverished environment; Native men become targets for their inability to escape the world they were born into. Paul Farmer (2005) says, about social suffering, we as the public can read about suffering, and we can look at graphs that show the numbers of people who are suffering, but we cannot always understand what life is like for these people. We create a disconnect between them and us, and it is not until we are confronted with a story that could quickly become our own that we can comprehend that these lives are not far from our own (Farmer, 2005). In an environment that is already suffering from high rates of suicide, drug and alcohol abuse, and gang violence is already no stranger without adding predators who seek to target a vulnerable population and contribute to the suffering. While the reality is that the violence may not end anytime soon, the communities who experience this hatred are rising and creating places for teaching safety, vigilance, and forgiveness.

The Cultural Dichotomy of Mental Health

I sit under this big tree, the sun shining through the leaves. It is an entirely peaceful feeling thinking about how far everything has come. Yes, 2017 marked a time in my life when I was able to recognize a problem, one I refused to admit I had. I had survived a lot up to that point. I thought I could go on pretending that I was fine, that everything was fine. In my heart and my spirit, I knew it was anything but fine.

Two years before walking in that church and finding a family I did not know I needed, my heart shattered. It began in October of 2015; I received a call from my mother telling me about the passing of my older cousin, Victoria. She was wonderful; she helped me raise my kids. She played a significant role in raising all of the kids in our family for two generations. She was selfless. She would watch three of her best friends die from alcohol-related illness or accident before she would also be taken similarly. According to what I understood of the five stages of grief, with Victoria, I experienced more anger than anything; I had the same rage Renato Rosaldo talked about in *Grief and a Headhunters Rage.* He says that the men describe their feelings before a raid as "…the burdens of life have made them heavy and entangled, like a tree with vines clinging to it" (Rosaldo, 1993). These same feelings were present long after her death. I was so angry at her; my heart was so heavy. It was like I was being pulled in ten different directions at once, and I did not know where to turn to find peace.

Six months later, almost to the day, In April of 2016, I received a call from my husband asking if I had seen Facebook. He told me I needed to call my father. I learned from my stepmother and father in Alabama that my grandmother had passed away. We had recently rekindled a relationship that had been estranged for several years. It hurt; we were finally having

the relationship that I missed out on for several years of my life. I was getting to know her, not only as my grandmother but also as a friend. She had shared stories about old boyfriends when she was a young woman, tales about visiting her father's oyster bar every day, and life as a child growing up in what was then rural Alabama. For a moment, every day at three o'clock, I knew we would be able to visit. I would hear about her day, her visitors, and my family I never really knew growing up. Two days before her passing, I looked at her Facebook and saw nothing but smiles and family; she had gone to Birmingham for the christening of her newest great-granddaughter. Much like Victoria, it was completely unexpected.

Growing up, I spent every summer with her. She was my Nanny; she held a place in my heart that will forever be hers alone. As I matured, we were not able to have the relationship we once had, I got married and had children of my own, and she had new grandchildren to care for. We all lost touch, and I went almost ten years before I heard anything from my family in Alabama. Then our relationship picked back up one day, just as fast as it had ended, and felt as if not a second had passed. Then it was over again. With the death of her, I felt depression the most. I never felt denial; it seems like it was all happening too fast to experience the familiar feeling of it not being real. I was never angry; my heart was just broken. When I heard those words, I packed a bag, and we were in Alabama within sixteen hours. I walked through the house I grew up in one last time, then it was over. She was gone, the remnants of my childhood were gone, and I had none of the emotions that aligned with the five stages of grief.

Nine months and six days later, In January of 2017, I received a call from my younger cousin, the oldest of three sisters. She had said that the Comanche County Sheriff department posted a notification that an early 20's female had been found shot outside of Lawton. She just knew it was her youngest sister. We were all very much in a strange denial; one where we knew

the truth deep down, but we refused to accept that it was Ci'lina. She had been very close to Victoria, and a part of her never healed when Victoria passed away. Ci'lina was our "Silly Bell"; she was young and foolish, beautiful, and smart. She worked tirelessly for her family and tried so hard to be what everyone expected her to be that somewhere along the way she had forgotten who she was. When Ci'lina passed, I found myself bargaining, not on my behalf, but on behalf of her baby girl. It broke my heart that she would never know who her mother was. She would never have that one person who was supposed to be there to help her through life. It was not fair, and I felt so helpless.

In February of 2018, when I thought maybe life was beginning to feel normal again, I got that call. I knew it was out of the ordinary for my father to call so early in the day, but I hoped it was just to say hi. "I think you need to sit down." Those seven words that I did not want to hear. It was my younger cousin, by all rights, my little brother. We had both been raised by my grandmother, who we had just lost less than two years earlier. We had both felt like we were orphaned when she passed. I ignored the pain and tried to fight through all the hurt and confusion. He was consumed by it. Again, I found myself in tears, driving to Alabama non-stop. I wanted to go to our home, be in my bed; I wanted to sit and talk to them both just one more time. I wanted to call her; I wanted them back.

This was the straw. Mentally I had exceeded what I knew I could handle. It had just been too much over too short of a time. I survived what had happened, but I stopped living. I threw myself headfirst into whatever was thrust in front of me. I would take on any endeavor that would distract me from reality. It was finally time to face that. I was exactly where I was meant to be when I walked into that church for the first time. I may not have known then, but soon, afterward, an opportunity would present itself. It felt like one of those moments when you ask for

a sign, any sign of what to do next. Like pleading for a cosmic being just to give you one break. I do not remember asking for a sign, but I got one.

A couple of weeks after my first church service, I sat in my newly established "regular" seat and did a quick read-through of the program for the service I was about to attend. The booklet announcements caught my attention because it asked for any help in building the next sweat lodge for the church. The first sweat lodge had been built several years earlier at the request of a member who is a veteran working with other veterans at the Oklahoma City Veteran Affairs (VA) Hospital. He focused his work on the advantages of using traditional means of healing for veterans who had Post-Traumatic Stress Disorder (PTSD) and long-term physical health disorders as a result of their military service. He was able to talk to the pastor of the church, and because of the unique views of this particular facility, he received approval to contact a long-time friend to come and build a sweat lodge for the church. The man approached his nephew, Tim, and put him to work immediately. Tim has been the long-term caretaker for the Norman First American Methodist Church sweat lodge ever since.

I found Tim after the service and told him that my son, daughter, and I would love to help if we could be of any use. Tim seemed excited about having the extra help, even though I disclosed that I did not know a lot about the building process, but I wanted to learn.

Western Views of Mental Health

Ideas surrounding mental health in Westernized culture has adapted and changed over the years. Hippocrates and the ancient Greeks believed the four humors were a useful way to diagnose health issues. Around 400 B.C. they found that the four temperaments of health; sanguine (blood), choleric (yellow bile), phlegmatic, and melancholic (black bile) with

regulation, could maintain health and the body (Kushner, 2013). The humors could also be the reasoning for personality and behavior in individuals. The terms would continue to be used and would adapt to the needs of later eras, for example, melancholic, or melancholia, as would be used later by Sigmund Freud, is defined as "feeling or expressing pensive sadness" and "suffering from or denoting a severe form of depression" (dictionary.com). In 1922, Sigmund Freud wrote the essay "Mourning and Melancholia" in response to assessing the common reactions people have to loss. In this essay, he writes that people have different reactions to grief and mourning of the loss of the "love object" (Freud, 1922). The "love object" can be anything that brings on a sense of emptiness at the idea of it being gone. Practices in mental health continued to shift from those that were painful and harmful to those that allowed the patient to express grief and depression in productive and healthy ways.

Concerning mental health, the female role has consistently been that of the patient and not the healer. Slocum (1975), provides the background theory to discuss how gender inequality has shaped the medicalization of mental health, and how the male perspective has dominated social norms. In her writing, she focuses on the way the female roles contributed to the home and the evolution of the species. Until her contribution to the essential functions the gatherer played in the development of the family, males were acknowledged as the drivers of culture dominated ethnography. Her work points out a challenge to how questions of contribution to culture are asked and answered. These questions give the potential to assess the actual role of gender in the formation of cultural practices as well as healing practices. Through the lens of Slocum's work, the focus shifts from accepting that a historically male-dominated profession will determine the fate of mental health to a possibility of equally effective alternative options. As a criticism of the medical profession, this work gives a way to assess how historically the medical practice has

never had a way to cope with the female ability to express emotion openly. From the origins of the medical explanations of hysteria and the justification for the institutionalization of women based on their skills and willingness to express emotion, *Woman, the Gatherer*, allows the reader to make the connection between male and female dichotomies as hunter/gatherer to stable/fragile (Slocum, 1975). I argue that due to an inability to connect with emotional openness, the male-dominated medical field has forced pharmaceuticalization as a way to cope with misunderstanding.

Foucault (1980) gives his readers a way to discuss power relations and mental health. In "Madness and Civilization," he discusses the treatment of mental health and those experiencing different disparities. He explains how, at one point in time, those experiencing mental health issues were left to wander freely and be themselves. According to Rashmi Nemade et al. (2007), depression has been seen over centuries as a mental health issue that has a wide range of understandings including, evil spirits, spiritual affliction, and the aftermath of violent rage and fear. It was not until the 18th and 19th centuries that the ideas of depression were an inherited disease which should be studied and looked at as a mental illness (Nemade, Reiss, Dombeck, 2007). Shortly afterward, the goal of mental health professionals moved in a direction that allowed for the dehumanization and subjugation of patients (Foucault, 1980). In these early years, depression was an illness that was understood to be a manifestation of spiritual unrest or a defect of the soul that was treated through sometimes violent and abusive means. Inhumane therapies are luckily something that no longer exists and were traded for a more compassionate, although more heavily pharmaceutically based source of relief. Later, medicine looked to massage, diet, bath, music, and early use of poppy (Schimelpfening, 2017) as methods for treatment. In the early 20th century, Freud discussed the ease of melancholia as only coming

about after the individual sufferer found a replacement for the lost "love object." Over the years, treatments based on the understanding that people had some control over their illness found favor. From the perspective that beatings would motivate the individual to let go of their illness to Freud telling individuals to simply replace their lost "love object" to find relief, treatment was based on an individual's eagerness to find comfort. In the 1950s, the American Psychiatric Association introduced the *Diagnostic and Statistical Manual* to provide clinicians a description of symptoms and treatment recommendations for many mental treatments for depression. While there have been five official DSMs, there have been eight different manuals, including reprints and alternative versions. The most current DSM, published in May 2013, has been met with apprehension because health professionals partially utilize the DSM for insurance payment purposes (Cherry, 2018). Today, a wide variety of professional treatments focus on active engagement with those who are suffering. Acceptance and Commitment Therapy (ACT), Prolonged Exposure (PE), Reduced Environmental Stimulation Therapy (REST), and Traditional Healing Practices (THP) are all methods that are utilized as therapeutic practices today.

Language and Defining the Problem

Biologically, depression is described as the result of proinflammatories being overly produced. This production results in the overproduction of cortisol and the lack of the production of dopamine and serotonin. Depression can also be the result of the abnormal output of hormones due to a dysfunctional amygdala or hippocampus. Unfortunately, these explanations mean nothing outside of individuals that do not have a strong understanding of the human brain and the hormones it should and should not produce. Narratives, on the other hand, can provide a different level to the healing aspect of language. In a study by Nick Caddick, Brett Smith, and Cassandra Phoenix (2015), the team says, "Narratives have the capacity to act on, in, and for people in ways

that can have both good and dangerous implications for their psychological health. Narratives act on people in the sense that they constitute certain emotions, beliefs, and practices as appropriate in the context of a particular story, whereas others are necessarily eschewed. They act by shaping our awareness of what good psychological health is and can be, and also what health behaviors are seen as important for promoting it" (Caddick, Smith & Phoenix, 2015: 77). A better understanding of the difference between the disease and the illness can allow those who are seeking alternative healing methods a way to talk about what they are experiencing as well as process the emotions that go with these experiences.

This section provides a discussion of the disease and the illness in relation to depression and PTSD and why it essential for health care providers to explain them in a way that everyone can understand, and when we are burdened with dense biological and medical language what do these explanations mean in simple English.

In the essay, *"Politics and the English Language,"* George Orwell (1968) discusses the decline of the English language where politics is concerned. Still, I feel like the same argument can be made in the language of illness and disease. What he says, is that in many ways, language is used as a means to confuse and create a subterfuge. While some confusion is done out of the ignorance of the language, other chaos is born out of the purposeful intent to separate people and create a divide between polarizing mindsets.

Illness is defined as "the lived experience of monitoring bodily processes such as respiratory wheeze, abdominal cramps, stuffed sinuses, or painful joints, etc. The illness experience includes categorizing and explaining, in common -sense ways accessible to all laypersons in the social group, the forms of distress caused by those pathophysiological

processes" (Arthur Kleinman, 1988). In depression, PTSD, and TBI, the illness is the inability to sleep without night terrors, headaches, anxiety, and various unique feelings manifested after their experience. On the other hand, a disease is defined as "the problem from the practitioner's perspective. In the narrow biological terms of the biomedical model, this means that disease is reconfigured *only* as an alteration in biological structure or functioning" (Kleinman, 1988). From the medical professionals, we learn the name, and in turn, are given the opportunity to take a certain amount of power from the disease. While it is heavily argued if PTSD is a disease or should be only classified as significant trauma, there are chemical changes and some structural changes that happen after long periods of high stress and traumatic living that have substantial side effects and valid illnesses.

Depression can be discussed in a multitude of ways; for some, there is power in language when it comes to diseases and illnesses. Long-term sickness can affect an individual's identity. Studies in identity change say, "emotion, in addition to cognition and behavior, may also serve as an important source of information as they come to an understanding of who they are in interaction" (Cast & Welch, 2015: 244). By using the more formal medical language, it creates a disconnect between the person and the body.

Language can provide sufferers a way to understand and easily help foster an environment to learn and talk about depression in a way that allows them to empower themselves and others. Nancy Scheper-Hughes and Margaret Lock argue that "we lack a precise vocabulary with which to deal with mind-body-society interactions and so are left suspended in hyphens, testifying to the disconnectedness of our thoughts" (Scheper-Hughes & Lock, 1987: 10). At the same time, medicalization takes the individual out of the stories of illnesses and create separations in communities.

The body has a natural response to go into fight or flight mode due to a traumatic event. Sometimes the traumatic event is so profound it becomes hard for the fight or flight response to regulate down. When the body goes into fight or flight mode, it begins to produce cortisol. This proinflammatory is incredibly vital, but when not necessary for a fight or flight response, cortisol abundance can have very adverse outcomes. When the brain is continuously pushing to produce cortisol, it cannot produce serotonin and dopamine; these are the motivational and happy molecules the brain needs to maintain healthy sleeping and activity levels. When applied to something like PTSD, the brain is consistently in a state where the individual feels like they could potentially be harmed; therefore, they are always in a state of fight or flight. Because of this, they tend to have erratic sleep patterns, irritable moods, and can be overly anxious. Reflecting on "Neurobiology of Depression" by Nestler et al. (2002), before explaining how chemicals contribute to depression, it is critical to understand the severity of depression in the population. The team says, "severe forms of depression affect 2%-5% of the U.S. population, and up to 20% of the population suffer from milder forms of the illness" (Nestler et al. 2002: 13). There are various ways that chemicals contribute to depression in the human brain.

A healthy brain maintains high levels of the neurotransmitters serotonin and dopamine. When these two things are out of balance, they can cause a wide range of side effects, including a change in mood, anxiety, and impulse control. Deane Alban says, "Serotonin is called the "happy molecule" …Dopamine is the "motivation molecule…Serotonin-based depression is accompanied by anxiety and irritability, while dopamine-based depression expresses itself as lethargy and lack of enjoyment of life" (Alban, 2018). According to Lestra et al., a significant decrease in serotonin can lead to suicidal tendencies and overactive aggression. When the brain experiences high levels of stress, the defense mechanism is the buildup of cortisol, which inhibits

the production of serotonin and dopamine. Wayne C. Drevets, Price & Furey (2008) explain that the structure of the brain contributes to how abnormalities are a cause of mood disorders and depression. The team provides evidence that morphological abnormalities in certain parts of the brain contribute to the depressed mind by causing an alteration in neurocircuitry. Even a slight change in the neurocircuitry causes a strain to be put on other parts of the brain to compensate for normal function, thereby creating an environment that fosters high emotional responses and depressive behavior. These changes, in turn, cause several mood disorders, the more significant of these being depression. In this scenario, the structure of the neurocircuitry sends the brain into a state where it is continuously misfiring. This misfiring causes the prefrontal cortex, the hippocampus, and the amygdala to also react in adverse ways (Nestler et al. 2002).

Although depression is understood to be an inflammatory disease, there is also a physical component to this. The structures within the brain are of considerable importance. When we discuss the amygdala and the hippocampus, we are talking about two small organs within the brain. The amygdala is critical in fear-induced stress and short-term memory. The dysfunction of the amygdala is also partially responsible for PTSD; it exists as a secondary site for depression-related symptoms. The hippocampus is the part of the brain that is designated to regulate emotion and plays a significant role in our ability to retain long-term memories (Alban, 2018). Dysregulation of this small, yet substantial organ results in high amounts of frustration, and the inability to adequately control emotional responses. TBI depression is significantly different from other forms of depression due to the injury, usually causing various mood disorders, depression being one of those disorders. TBI is substantially more easily diagnosed because of its physical characteristics in computed tomography (CT scans). CT scans suggest that TBI has distinctive lesions on the anterior-orbital frontal and anterior temporal regions of the brain,

oddly, these lesions show up in the same places despite where on the brain the injury took place (Rosenthal, Christensen & Ross, 1998). Because of physical, and mental changes that happen after TBI, the probability of an individual suffering from either major or minor depressive episodes is exponentially higher than those who do not suffer from TBI (Hart, Brenner, Clark, Bogner, Novack, Chervonea, Nakase-Richardson & Arango-Lasprilla, 2011). Suggestions for treatment options for TBI induced depression are unique because, while early treatment can make worlds of difference for those having to live with injury-induced depression, the ability to treat only comes after self-reporting. According to Mark J. Rapoport et al., TBI related depression is often associated with severe TBI, even mild cases of traumatic brain injury can result in major depression as a complication (Rappaport, McCullagh, Streiner & Feinstein, 2003). This makes the probability even higher of an individual having a long-term secondary side effect after a head injury.

According to Gerd Kempermann and Golo Kronenberg (2003), the hippocampus is often forgotten and should be studied for its role in depression. They say, even though the hippocampus is rarely associated with depression, there is a reason to believe that one cause of depression is a structural change that occurs later in life and produces an onset of depression. The team argument is founded upon observed changes in grey matter and an alteration in response to stimuli. This response is similar to what is seen in the depressed brain. Switching to the relationship of the long-term memory retention part of the brain to the short-term memory retention section of the brain, the amygdala is critical in fear-induced stress and short-term memory. The dysfunction of the amygdala is often responsible for PTSD, and it is a secondary site for depression-related symptoms. One thing mentioned repeatedly was the ability of the healthy functioning brain to communicate efficiently across the left and right hemispheres. In the

depressed brain, the right side fires neurons at a higher rate than the left side (Jesulola, Sharpley & Agnew, 2016). In this same study, the authors found that with greater severity of depression, came higher differences in the firing patterns. In researching these same phenomena, Sheline et al. (2010) found that the use of magnetic resonance imaging (MRI) to scan the depressed brain to have a visual image of critical regions of the brain often showed a disfunction between the communication between the hemispheres.

Learning about the relationship between tinnitus and depression is also beneficial because it correlates depression to the chronic pain aspect that it is not commonly associated with. While being complicated, it is also an exciting addition because this is an auditory-based long-term injury and not a form of depression brought about because of a direct chemical imbalance. Tinnitus is "the awareness of a tone, a ringing, or a buzzing sound in the absence of an external auditory stimulus, also defined as a phantom phenomenon"(Joos, Vanneste, Ridder & Langguth, 2012: 1). The research conducted by Kathleen Joos et al. (2012) explains that the long-term effects of tinnitus contribute to depression. For those that suffer from tinnitus, the constant auditory distress adds to the stressed brain by way of unrestful sleep, which leads to a lack of energy and high levels of stress. Like in other forms of depression, the source of distress in the tinnitus brain revolves mostly in the inability of the body to adjust to what would generally be manageable stressors. While discussing the symptoms and feelings associated with long-term tinnitus, I have been told by individuals living with chronic pain and tinnitus that there are many similarities between the lives of those with tinnitus and chronic pain.

Many scholars debate how to diagnose depression effectively. Some individuals say that the changes in the brain can be seen through Positron Emission Tomography (PET scans) or CT scans, while others argue that this is not an accurate way to understand depression. Others say

that if we were to focus on pictures of scans, there would be many individuals self-diagnosing or concentrating on how they were different rather than focusing on how they are not (Dumit, 2003).

Through epigenetics, the traumas of the past have a connection to the current generation. Epigenetic modifications are the molecular changes in the body that contribute to the survival instincts in individuals who have experienced extreme trauma. On account of the numerous hardships that Indigenous people have faced, including concentrated poverty, inadequate healthcare, and education systems, and various sources of violence and abuses Adverse Childhood Experiences (ACE) is seen in higher instances in Reservation-based Native Americans (Brockie, Heinzelmann, & Gill, 2013). Research on trauma suggests that neglect, witnessing or experiencing violence, racism, and historical loss associated symptoms all lead to changes in the genetic make-up of the individual. These changes in the genotype give rise to disparities such as lower life expectancy, high rates of suicide, and high rates of psychiatric disorders such as PTSD, depression, anxiety, and drug and alcohol dependence (Brockie, Heinzelmann & Gill, 2013). Native people have been targets of genocide, forced to assimilate into Western mainstream society, and in some cases, torn from their families to attend boarding schools. These events left lifelong scars and played an active role in the ongoing pain that exists in many Indigenous communities.

Approaches

Over the last few years, the American public has been introduced to many different faces of depression from the little Zoloft egg to the Rexulti smiley face. Unfortunately, a commercial that accurately represented the majority population of sufferers would look a lot different.

Western grief processes have led society to believe that if the mourning process is not going as planned or as smoothly as it should, there is a necessity for the introduction of medicalization. Robyn Ord says, "The medicalization of grief is problematic because it assumes that grieving is a condition or illness necessitating a treatment or cure" (Ord, 2009). Through the medicalization of grief, outside forces have the authority to put limitations on how to mourn and heal. In the age of pharmaceutical enlightenment, society has accepted the idea there is a pill for anything that ails. This type of medicalization of grief introduces a new kind of hegemony. This hegemony establishes that the medical field has the authority to dominate people through their insecurities and emotions. The medical field has positioned itself to a position to say that healthy grief is only healthy grief with the introduction of the proper pharmaceuticals to maintain stability. Sadness is no longer an acceptable way to live life.

With the medicalization of grief, decisions on how to grieve became a process controlled by regulation and pharmaceuticalization. Sadness is almost an abnormal emotion and contributes to an unacceptable quality of life.

In a recent news interview, Helen Coffey, the mother to a woman who committed suicide nine years ago, said that she often thought about what mental illness would look like if people approached it in the same way they approached a disease like cancer (Slipke, 2018). What would life for those suffering be like, if instead of continuing to address mental illness as a stigma, the people in need of help found themselves surrounded by love and support? For many, the social representations of mental illnesses hurt the probability of men engaging in help-seeking. According to Paul Rabinow (1996), the judgments that turn into our epistemologies, become what we take to be absolute truths. He says discourse is deliberately stated for a purpose, and what we absorb shapes our views (Rabinow, 1996).

The transition from Western to Indigenous

Through the medicalization of grief and western mourning practices, society has been told that only through the proper facilitators, can we begin to work on creating a new life without the love-object. I argue that when Native people continue their unique grief and mourning practices involving artistic expressions, they are asserting an unparalleled dominance over a Western model that insists on mourning in a restrictive manner ineffective for traditionally-minded peoples. When indigenous methods are part of a traditional way of moving through the mourning process for Native people, it allows individuals to control how and when they grieve while maintaining a connection to their ancestral practices. What is the Western perception of Grief? In "Mourning and Melancholia," Sigmund Freud (1922) says that there is a fine line between feelings of grief and feelings of depression. The Western perspective of grief and mourning is that as long as the line between mourning and melancholia is not crossed, a person can heal from grief healthily and productively. In researching what grief meant in Western societies, it was clear that there is a specific pattern that people should follow, and once that pattern of healing is complete, grief is concluded.

Elisabeth Kubler-Ross (1982) worked with individuals who were facing terminal illnesses and developed the five stages of grief. The original five stages were the main feelings these people went through while their illnesses progressed, and later Kubler-Ross applied these stages to those who had lost their loved ones from these illnesses. She said that initially, everyone felt denial, anger, bargaining, depression, and finally, acceptance.

This model is particularly unfortunate because it infers that recovery from grief is not only universal but also a guarantee after the steps have been completed without the possibility of

failure (Ord, 2009). Judith Butler says, "Perhaps, rather, one mourns when one accepts that by the loss one undergoes one will be changed, possibly forever. Perhaps mourning has to do with agreeing to undergo a transformation (perhaps one should say *submitting* to a transformation) the full result of which one cannot know in advance" (Butler, 2004). This account of grieving is more in line with how Indigenous practices view the result of mourning.

There is a fine line between the role of a researcher and the role of an anthropologist. The researcher has to understand the facts, the numbers, the statistics behind the topic. The anthropologist, though, has a responsibility to understand the person and their suffering. It is essential to know that it is impossible to pull biology away from culture, where there is an illness, and there are cultural explanations and ideas for how that illness should be treated. We are living in an age where 2%-5% of the population is suffering from major depression, and another 20% of the population is living with milder forms of depression. Still, yet another 1%-2% are living with a manic-depressive bipolar disorder (Nestler et al., 2002). Every day 22 veterans commit suicide, yet active duty and Veteran Affairs hospitals will not treat individuals or even mention treatment to individuals who have confirmed traumatic brain injury or have been living with tinnitus or chronic pain for extended periods (Holm, 2017).

Mental illness can be a hard thing to talk about. According to an article published by NewsOK on May 2, 2018, even when there are people who have gone seeking treatment for severe depression, the help might just not be there. About 800,000 Oklahomans seek support for some sort of mental illness or substance abuse issue, and sadly, this is often where budgets are cut (Slipke, 2018). In Oklahoma, psychological illness has slowly become more of a socioeconomic health disparity than anything else. Reflecting on the work of Paul Farmer and Nancy Scheper-Hughes, it becomes evident that the suffering that people in lower

socioeconomic classes experience is not something that is only seen in Brazil or Haiti, but here. Individuals who cannot afford private insurance and are dependent on state-run health facilities are falling through gaps in the public health system and are being forced to self-medicate in any way they know how, in many cases, alcohol or more severe substances.

Indigenous Views of Mental Health

It was on a Wednesday that we all met at the church bright and early at 7:00 am. The morning was cool and crisp, well, as cold as can be expected in July in Oklahoma. I knew that the day would end up being hot and sticky, and work would be hard, but I knew my heart needed to do this. I needed to be a part of something that would help in the healing process, my healing, and community healing. The kids and I still didn't know anyone, and I felt like I was more in the way than anything else.

Tim had been up since before the sun came up to harvest the perfect willow branches in hopes that the sweat would surely last five years or more. Thirty minutes into the operation, and I was ready to go home and just quit! Everything I did was wrong. I tried to follow orders exactly as told and eventually found myself teary-eyed and rethinking many of my life choices. It began when Tim unloaded all of his carefully and perfectly chosen branches. He hands me a saw and says to strip the branches, and I excitedly get to work. A few minutes later and I already have hot spots on my hands. As Tim comes over to inspect my work, I see him slowly turning a very impressive deep, deep shade of crimson. He says in a very calm and controlled voice, "you were supposed to leave the small branches on the ends so it would have a grip. There is now nothing there for the ties to grip". I didn't know that. I hadn't been told. Tim walked away in total silence,

and I felt so disappointed in myself. I must have looked petrified because one of the other guys working that day rushed over to me and asked if I was ok. I wondered if I had completely messed everything up, and the response I was given was a chuckle and "Nah. We'll just go get all new branches". I was done. This was my first real time around all of these people, and I single-handedly sabotaged their project. I couldn't even tell you their names, and yet I felt like the fate of their project was doomed because I decided to try and invade their space. The chuckling onlooker was a gentleman named Grey. He must have noticed how upset I felt, and he quickly reassured me that nothing could not be fixed, and he was delighted that my kids and I were there, and we were all learning the process. I felt much better…at least until he took my saw away. In the meantime, I noticed an older red Monte Carlo meander into the grass, and another gentleman joined our endeavor.

Randy is a tall, kind, and memorable man. In his younger days, he was a bit of a hell-raiser. When he tells stories of his youth, he tells them with a mischievous look in his eyes that tells his audience that even though he is a different person now, those days are not so far behind him. He was taught how to run sweat lodge ceremonies. His education as a prayer man spans a 120-year lineage, and he prides himself in running his sweats the same way that his mentors ran their sweats, which is exactly how they learned them from their teachers and so on. Randy quickly became someone that I enjoyed being around. I grew to look forward to his insight, his knowledge, his being.

We sat outside, under the large shade tree, in the heat of the day. We talked about our lives, our friends, our families, and how fate had drawn us both to the church despite our lack of Christian religion. On that day, we talked about the battles we both fought, the ones we won, and the ones we had lost. We talked about all the times our hearts had been broken and how we had

healed. We talked about Vietnam, fear, diabetes, and day-old spaghetti. Hours went by. We laughed, cried, and accidentally discovered mutual family love.

While growing into adulthood, Randy was overcome with a sense of duty. While his stories of war are his own and I would never ask him about it, the most important story he says he has is one he didn't expect.

He eventually found himself on a plane headed home from Vietnam, sitting next to another Native American soldier. The two laughed and talked and never realized that they would become more than best friends over the years to come; they just figured that they were lucky to have another Indian on the flight. It happened though after the plane landed, and the two went home one to Yukon and the other to Weatherford, they were close enough to maintain contact and the friendship eventually became the most special brotherhood. He told me the story of their closeness and the pain that his brother lived with. He told me of his brother's secret alcoholism, of all of the pain that he kept inside. Slowly, the story that Randy said to me of his most treasured friend, of his brother became oddly familiar.

I sat and listened to a story of a man battling things in his life he had no control over. He sat at night, isolated in his room, drinking because he refused to do it in front of his wife and children. He would not hurt them by letting them see him like this. He kept this secret alcoholism so well that as adults, his kids never remember thinking there was a problem. He told me the story of my uncle. A story I had never heard.

In the article *Art and Healing for Native American Indians*, Phoebe Dufrene and Victoria Coleman argue, "Native American Indians regard art as an element of life, not as a separate aesthetic ideal" when discussing the importance of art in the healing process for Native people.

They argue that for Native people, one method alone is not as effective as compiling it with traditional artistic practices. Through their writing, they convey that to some societies, there is no distinction between art and religion. For example, the Diné utilizes sand painting as part of several healing rituals with the same colors and designs used for generations determined by the blessing being performed (Selbach, 2000). "Native people see painting as indistinct from dancing, dancing as indistinct from worship, and worship as indistinct from living" (Dufrene and Coleman, 1994), and treatment for mourning and grief should reflect this epistemology of interconnectedness. For my mother, she utilized shawl making as a way to cope with her feelings during the grief process. Actively participating in cultural activities even through the self-exclusion has helped her maintain a tie to a life she misses, but also gives her mind time and way to think through what has happened, Through this, she has been able to find a way to have control over when and how she expresses her feelings. By this act of restructuring her means of grieving, my mother is actively going against what Paulo Freire calls "banking education," or the stifling of knowledge and creative power of the oppressed for the benefit of the oppressor to prevent a transformation of self. Freire says that in adults, the epistemology of oppression will never allow students to critically consider what their reality is because they are taught to accept the roles they play without question. By taking control and repositioning the self to control the knowledge of how we grieve and change, it all becomes an act of personal sovereignty.

Indigenous Approaches to Grief

Historically, Comanche women would cut their arms and fingers, while members of communities would burn the possessions of their loved ones and cut their hair when they went

into the mourning process. One practice that is rarely seen in the contemporary world is cutting the skin. Robert Thomas, in his 1937 account of life as a shopkeeper on Ft. Sill speaks of the burial and mourning process saying that even though most of the older practices regarding sacrificing the horses and the burning of goods belonging to the deceased had ended, one could still see the older women with slashes on their arms for everyone in their family that had passed on. Another old Indian way was in extreme grief when the pain was immense, women would cut their little fingers off. I never asked where this custom came from and can only find interviews of people who knew others that did it. I can imagine though that the same way people experience feeling a "phantom limb" or the sensation that a limb is still attached to the body (Schmalzl et al., 2011), individuals experience feeling I call "phantom love" or the sensation that the deceased's spirit is still attached to those still living, for those who have passed on.

Contemporary practices commonly included in the mourning process are the avoidance of powwow activities and ceremonial practices for different amounts of time, as well as changes in regalia. Part of the mourning process for our family is to not participate in any powwow activities for one year. There is no good way to describe how this feels sometimes; it is almost as if everything that you know that you love is just out of your reach. It is an extremely esoteric feeling. This also serves as a constant reminder that the year away from the arena serves a greater purpose. Another practice that is still seen in traditional Comanche families is the cutting of hair.

Growing up, I was often told that there were certain rules of conduct or etiquette regarding my hair, which was always kept long. My grandmother seemed to repeat the same lessons that she had learned. I did not understand the importance of her lessons until I was much older, but her rules have always stayed with me. She taught that it was only an improper girl that would let someone touch her hair, which was an intimate act. She would tell me that my hair was

sacred, it was like a visual representation of my soul; by taking time to care for my hair, I should have the same care for my soul. For several years, even after I was married and had a daughter of my own, I did not cut my hair. I never questioned it; I just knew that it was a part of who I was as a person. When my daughter was eighteen months old, my maternal grandmother passed away. Even thinking back on that time, I cannot remember the service, who was in attendance, what stories were told at the funeral, but I remember sobbing as my hair was cut. I understood at that moment why cutting my hair was so significant, the loss broke my soul, my life had changed most profoundly, and this was a visual representation of that change. I wouldn't cut my hair again for thirteen years, the night of my niece's funeral twelve women in our family all cut our hair together, and we put our braids in her casket, the same way we did my grandmother, to give her that piece of our soul and our strength to help her find her way to our ancestors.

For groups like the Diné that mourn for four days and proceed with their specific ceremonies to ensure that the deceased will not remain in this realm and torment them, sometimes the four-day period is not enough time to work through their grief (Nagel, 1988). John Nagel argues that for some Diné, mourning for the short time has not provided some with the emotional healing that they need after traumatic experiences, this unresolved healing has manifested itself in hallucinatory experiences of the deceased. He argues that among Diné and Hopi women that say that their past loved ones torment them, the reasoning is that "Disturbed grief and unresolved mourning occur when the bereaved person is unable to complete this process" (Nagel, 1988: 34).

Medical professionals debate the ways they can diagnose and efficiently discuss illnesses. One option is through the use of Positron Emission Tomography (PET) scans or Computed Tomography (CT). Some doctors believe that while these are effective methods for having a

visual picture of some neurological conditions, many think that this would not be the right way to go about diagnosing. Joseph Dumit says that by providing images of illnesses it would be a way for people to not only disconnect themselves from mental illness, but it would also put them in a position to not focus on how they are the same, but magnify how they are different (Dumit, 2003). The five stages of grief that Ross observed can be observed in the linear projection that is expected. Still, for many, the stages can be repeated multiple times or individuals can speed through some and drag their way through others and sometimes even wholly skip steps. The pain people feel causes them to have many ups and downs when moving towards acceptance. Unfortunately, because of the strong belief that someone working through the process should be traveling down a linear static process, not only do people tend to self-criticize, but have been criticized by the medical field for not working through grief properly.

Indigenous grief allows sufferers a way to control those aspects of the process and become who they are meant to become. For many tribes, the practices that have been utilized for hundreds of years are still employed today as a way to stay in touch with traditional epistemologies of the world. These alternatives to healing can comfort when Western methods have failed for Native families. Judith Butler (2004) says that it is easy to get caught up in the process of grief and lose sight of one's place in the world when we lose someone who comprised our world, Indigenous grief practices assist in the individual keeping sight of who they will become.

When we lose certain people, or when we are dispossessed from a place, or a community, we may simply feel that we are undergoing something temporary, that mourning will be over, and some restoration of prior order will be achieved. But maybe when we experience what we do, something about who we are is revealed, something that delineates the ties we have to others,

that shows us that these ties constitute what we are, ties or bonds that compose us. It is not as if an "I" exists independently over here and then simply loses a "you" over there, especially if the attachment to "you" is part of what composes who "I" am. If I lose you, under these conditions, then I not only mourn the loss, but I become inscrutable to myself. Who "am" I, without you? When we lose some of these ties by which we are constituted, we do not know who we are or what to do. On one level, I think I have lost "you" only to discover that "I" have gone missing as well. (Butler, 2004).

According to Eric J. Nestler et al., the current treatments and understandings of depression are not only slowly emerging. Still, they are inadequate in meeting the needs of the more significant population that is in need of help living with this condition (Nestler, Barrot, Dileone, Eisch, Gold &Monteggia, 2002). People grow and change from loss, and native populations have had to evolve to accommodate the emotions that go along with senseless violence. While it is uncommon to see the older cutting practices, when I was a young girl, I remember going to see the possessions of the deceased being burned. My grandmother explained this practice to me. She said that this practice was so important because it severed the tie between the deceased and their material items. One did not want their deceased loved ones staying here for the sake of material things. She said that while it is easy to be selfish as a human being to want to keep a loved one with them, to deny someone we love of his or her place with God was an unforgivable selfishness.

Approaches to healing

I had met Charlotte in 2007 when I was a student at Comanche Nation College. My time at the college had been my first real interaction with Native professors and professionals. Charlotte had been transplanted to Oklahoma and decided in 2010 that her physical and mental health was dependent on returning to the reservation, returning home. During the three years she was in Oklahoma, she became a second mother to me, another grandmother to my kids, and, most importantly, a sister to my biological mother. Over the years, we have maintained the connection we established thirteen years ago, and she has remained one of my biggest cheerleaders throughout my educational journey. With the adoption of a second mother, I was also adopted as a sister to Charlotte's daughter Dene. In gaining a sister, I also gained a prized storyteller. It never failed; if I asked Dene about Lakota stories, she could recite a lengthy oral history of star knowledge, origin stories, and of course, all of the recent drama around the reservation. Many hours I have sat in absolute awe of not only her ability to draw people in with the animation of her face and limbs and intense language she used to tell her history but also the emotion that transferred from her to the listeners that seemed to gather out of nowhere to listen to her. Dene has one of those spirits that is like a beacon, pulling and captivating people to her. She is the perfect balance to me, where I find comfort in having a more dark, quiet, and solitary life, she is pure light, surrounding herself with friends and relatives and never meeting a stranger. She inspires me.

We all sat around a big table. It had been a long, exhausting day. I was 1,180 miles away from home, the day before I had driven with my daughter for twenty hours straight to make it to Crow Agency, Montana. I would be meeting family at Crow Fair, famed for being the teepee capital of the world, one of the biggest powwows in the United States. I looked forward to this

event for months because I would be camping with my adopted mother and sister for a week, then following them to Pine Ridge, South Dakota, for a short stay.

Like most Native families, even the smallest gatherings revolve around food and stories, Crow Fair, as vast as it was, would be no different. After setting up our camp, Dene was hard at work getting dinner ready, and preparing the next day's breakfast. It was if no time had ever passed, I grabbed a knife and started helping her cut fresh vegetables and buffalo meat, assembling jalapeno poppers, and washing dishes. As always, the first question I got from her was the same which I usually get from my family, "So how is school going"? After giving her the synopsis of where I was in my program, and my thoughts on how my research was going, I realized she had stopped what she was doing, and I had her full attention. This was relatively new to me; usually, the tables were turned, I was the one who could not pay attention to what I was doing because I was so enamored with the stories that I was being told. After immediately becoming self-conscience, I asked what she thought. "I think that is fantastic!" she said with a huge smile. "I think I might have a story for you."

A long, long time ago, our Creator would come from the heavens to walk among the Native people. The Creator was enamored with us and our way of life, our ability to sacrifice for our people, those we knew, but also those we had never met. The Creator saw a group of people who were selfless, who had a love of community that he had never seen before. Over the generations, we had become the most favored and most loved beings. The Creator would spend days and days, as often as possible, walking and talking, listening, and laughing with all of the Native people. Sadly, like with the most wonderful things that come to us in excess, the people

slowly began to change. The Creator noticed that over time, prayers became sparse, and the million little blessings that Creator gave to the people went unnoticed. The people gradually became entitled, they came to expect the visits, the blessings, and they had forgotten how special it was to be so loved and cherished by their Heavenly Father.

Eventually, the Creator would come for a visit, and the people no longer were in awe. They no longer treated the Creator with the reverence that was deserved. The day finally came when the Creator had to make the most painful decision. The Creator told the people that they had forgotten their place. He said that they had become prideful because of his love. Creator said that human beings no longer appreciated being in his presence, and they expected his blessings. They had become so comfortable that they no longer prayed for healing, guidance, or gave thanks but became angry when it did not just happen. The Heavenly Father told the people that he would no longer come to them so easily. He told them that when they wanted him to hear their words, they must prove to him that they loved him as deeply as he had loved them. As quickly as the Creator came into their lives, he disappeared. His physical presence had left them, but in his place, he left a sweat lodge behind and told them how to live in his good graces. The message that was left with the people was when you enter here, your prayers would be heard because I will feel you're your love through your sacrifice. When a human being feels the type of pain experienced in a sweat lodge, in order to pray for others, the Creator will listen. When the steam and smoke rise, they will carry your prayers to him. The sweat lodge was given to us to remind us that these prayers should not be taken lightly when we talk to our Creator; it is not done lightly. When we experience that pain, we are taking that pain so that our loved ones do not have to feel it. When we make that sacrifice, it is not for vanity but to sacrifice for our people.

We are willing to take that pain because we are looking for a form of healing that purifies not only the body but also the spirit.

ACT and REST Therapy

According to Acceptance and Commitment Therapy (ACT) trainer Russell Harris (2011), the goal of ACT is to teach individuals how to live with unpleasant thoughts, feelings, memories, etc. instead of avoiding or suppressing those things. This approach shows individuals that it is ok to have these thoughts, feelings, memories in your mind. Still, one has to understand that they are in control over, these things which cannot physically harm them, and there is a way to be happy and live with these negative musings at the same time. A great way to think of the goal of what is learned through ACT, is an analogy by Harris where he states that these memories are like quicksand, the more a person struggles with them, the faster they will be overcome by them, but if they embrace the memories and do not struggle but work out the pain, they will be able to slowly and calmly work their way back to the surface.

I woke up one morning after a long night of reading and had pods on the brain. Reduced Environmental Stimulation Therapy (REST) is similar to what was once known as "Sensory Deprivation." In REST, the individual often uses floatation therapy in a float tub or pod that contains about ten inches of water, which include several hundred pounds of Epsom salt and has been heated to 93 degrees, this is approximately the temperature of the skin. This provides an environment where the individual can float in what feels like zero gravity. The pods or float tubs are also equipped to be light and soundproof, allowing the individual to be able to rest without any outside stimulus to the brain. The idea is, this type of environment allows the brain to work in a completely different way, here the mind is not having to register and assess sight, sound,

smells, etc. it is free to regulate down and reboot if you will. With regular use of REST therapy, individuals experience an increase in relaxation, better over-all health, and a heightened sense of happiness and well-being (Feinstein, Khalsa, Yeh, Wohlrab, Simmons, Stein & Paulus, 2018). It did not take long to find a facility nearby that catered to this type of service. I booked an appointment, and that afternoon my husband had an appointment.

"I have a surprise for you," I casually told him after I got him into the car with the promise of lunch. "I know…lunch, right?" I could hear the worry in his voice. By this point in my research, he fully accepted his role as supporter and part-time guinea pig. "I've made you an appointment at a sensory deprivation chamber!" I try to say this with as much pleasant-sounding excitement as I can muster, knowing full well the resistance I am about to receive. "You're kidding me, right??!!" there may have been a slight hint of anger in his tone. I explain to him that after all of the research I did over the last twenty-four hours, I felt like a professional and felt like it would be an incredibly relaxing experience for him, and I would need him to tell me about his experience because of his past injuries. "It just won't be the same if I do it…I already think it'll be a better use of our money if you get to do it." By this point, I had already gone through a quick drive-thru and pulled up to the door to the spa. I may have neglected to tell him that his appointment was for that day. An hour later, he comes out of the spa and recaps his experience start to finish, more excited about the process than he was going in.

Over the next couple of days, he noticed that he was less tense, and he found it easier to relax at night, but the effects diminished quickly. The downside that he noticed was due to his having tinnitus due to a TBI from his second deployment. He commented that being in a soundproof chamber intensified the ringing and made him feel anxious. Overall, providing he does not have any small cuts or scrapes it is a method that he would pursue again in the future.

Duality of Art Therapy

According to the American Art Therapy Association, art therapy is "the use of creative processes as a means of aiding one's well-being." This they say can be done through expressions such as dance, sculpture, creative writing, etc., but the key to success using this method for grief processing is that it only be "facilitated by a professional art therapist." (Arttherapy.org) The questions become, what is the proper way to perform grief? Who gets the authority to determine how we, as individuals, show our sorrow to the outside world? Do individuals determine, does culture determine, or do professionals in the field get to tell people how grief should look? In the documentary, *Art Therapy has Many Faces,* Judith A. Rubin (2004) says that the therapist's job is to provide a place of trust and safety for those looking for sanctuary. By giving patients a place to let images emerge without judgment, patients can work through their past experiences. She asks, though, is the therapy in the art or the talking?

Native art therapy is something that has been around for many generations, existing in its own terms. Beadwork, shawl making, and painting have been utilized as different components of the healing process. Much like the visual reminders of mourning, the process of creating art can also be another visual representation of the pain that is felt, and the slow emergence of someone new when the process is happening. I was told that during the contemporary practice of spending one year away from the arena, it was a time of transformation. When we return to the arena, it was proper practice to have spent that time making new regalia. This is a representation of becoming a different person through the loss. The new beadwork is a visual representation of being a different human being and the process of creating the beadwork is coming to terms with this new place in the world. The same way that cutting one's hair represents starting over creating new regalia, shawls, and painting serves the same purpose. This path of creation is meant to

foster feelings of rebirth and renewal in the healing process. Not only is one supposed to be controlling how they heal, but in a symbolic way, who they are meant to become through their loss.

In the documentary, *When the Fall Comes,* Adriana Marchione (2014) reflects a lot of the feelings I experienced while creating new beadwork during my mourning period. Adriana says that grief is an alienating process; it leaves the survivor to relive the process and feelings. She comments that survivors are often left feeling the guilt in continuing life, guilt in moving on, guilt in any happiness. For Adriana, the release of intense anger, and guilt provided her with the power to honor her loved one through art and work through feeling alone because her loved one was infused in her art, the same way our loved ones are infused in our beadwork.

Greensky et al. (2014) address depression and Indigenous feelings of living with chronic pain through perceptions of traditional practices and personal stories. This team found that individuals who were living with constant suffering and lived in a more traditional lifestyle were more open to seeking alternative healing. One participant said, "…I feel very peaceful and very centered when I go to a traditional healer …Western medicine doesn't have all the answers" (Greensky et al., 2014: 1798). According to Deborah Bassett et al., even though Western biomedicine is replacing traditional medicine and healing in the developing nations, 30% to 70% of the population throughout the world are still looking to traditional medicine for healing (Bassett, Tsosie & Nannauck, 2012). That is the relationship between Indigenous people and mental health disparities, that is the unwillingness to accept that there is more than one way to find healing for these types of pain.

The Modern Symbiotic Relationship Between IHS and Traditional Medicine

Throughout history, Indigenous people and the United States government have had a strained relationship, and the issue of healthcare has been no exception.

In a historical analysis of Indian Health Services (IHS) in Indian country, Jane Lawrence (2000) says that IHS was initially a large cluster of government programs designed to work with the Native people in the early 1800s. In 1832 as part of a treaty agreement, Congress approved and funded the first IHS in Nebraska, and shortly after that, the Bureau of Indian Affairs (BIA) left the War Department and took health care with it (Lawrence, 2000). In 1955 IHS transferred from BIA control to the Public Health Services, and while this was an improvement from the services of the past, it still lacked in quality of care for Native people (Lawrence, 2000).

As service providers, IHS works to provide promised care for the Native people under that first treaty in the early 1800s, all free of charge to the enrolled members of federally recognized tribes. IHS facilities experience shortages of health care professionals in communities that are battling high rates of substance and alcohol abuse, poverty, suicide, and various health disparities (Barlow, 2015). The lack of health care professionals is not the only area that facilities are lacking; in many IHS hospitals, because the hospitals funding comes from the government, they must abide by the same federal regulation that restricts certain services that would typically occur at non-federal hospitals.

Joseph Calabrese (2013) notes that Native people must be apprehensive of Western therapeutic practices because of their roots in colonization. He uses the term *cultural psychiatry* (Calabrese 2013: 24) to refer to the ways that culture and psychiatric practices can intertwine and allow culture to tell the story of the illness, as well as the way culture is shaped to the needs of

the community. In the past, there was a lack of control that prevented many individuals from utilizing the services that IHS facilities offered (Rainie, Jorgensen, Cornell & Arsenault, 2015). Today many Native people still do not use IHS services, but it is mostly due to locations and ease of travel and quality of service. In some cases, the difference in worldview makes all the difference for Indigenous people when it comes to healthcare (Hartmann & Gone, 2012). A few IHS facilities have seen this as an opportunity to incorporate traditional healing practices and healers into their facilities. Many see having a traditional healer in facilities not only creates a safe place for those who live a more ceremonial heavy lifestyle but also has the potential to provide a new source for cultural competency within the facilities (Horowitz, 2012). According to Everett R. Rhodes (2009), many individuals within IHS facilities advocate for the incorporation of traditional healers. Still, issues of credentials, payment, and government employment status have been a complication in making this plan a complete reality.

Traditional healing practices are utilized in many different Indigenous populations. In many communities, a spiritual healer and various ceremonies are used to help combat the bad feelings and hurtful emotions that cause pain to individuals, and in turn, society as a whole. For many in Native communities, depression is the side effect of historical traumas such as attempted genocide, forced assimilation, loss of cultural practices or language, and community suffering because of high rates of suicide, poverty, and despair. In these communities, the utilization of sweat lodges, sundances in the summer, and healing ceremonies are the most common ways people treat illness in Indigenous communities (Horowitz, 2012).

Traditional healing practices are natural, holistic methods that have been passed down verbally or through formal training with another healer (Struthers, Eschiti & Patchell, 2008).

Native healers spend many years learning all they need to know about using their medicine and developing their techniques.

An essential aspect of healing that some have to consider is if it is appropriate or not to Doctor those who are not Native American along with those who are Native. One healer commented that his wife had criticized him for working with non-Native people, and his reply was, "When I die and when I have to stand up before that spirit up there…are you going to be able to talk for me when He asks why did you help this person or why didn't you?" (Struthers, Eschiti & Patchell, 2008: 73). For some healers, they maintain this same mentality, which they were given a gift, and they should heal anyone they can help.

One community sweat lodge member told me a story about a pain study she read about where people were told to put their hands in ice water to see how long they could stand the pain from the freezing water. She said that the most significant difference people showed throughout the study, was that if there was someone in the room with them that cared about them at the time of the study, they could withstand pain levels twice that of the initial amount. Her perception of the findings has been a guiding factor in my research. To this individual, the ability for participants to be in situations where they feel like they are in a place of understanding and encouragement them to express feelings without judgment can be an immeasurable stride towards healthy healing. Finding ways that community members can maintain surroundings where they do not feel like their emotions or roles in the community are being minimalized or suffered judgment has been crucial for understanding how community members heal. Recognizing that these individuals are attempting to live in two worlds, that of becoming mentally healthy and maintaining that health without pharmaceuticalization providing false happiness through traditional teachings is vital for the success of their practices.

One of the fantastic things about Indigenous communities is their resiliency, and part of that resiliency is the ability to work together to accomplish the feat that seems impossible from the outside. When we look at things like PTSD, depression, historical trauma, suicide rates, drop-out rates, we see negative aspects of a population, but Native communities look at these things as an opportunity to bind together and work as a team for a greater good. Community-Based Participation Research (CBPR) gives communities a chance to voice what they see as being critical for community survival and health, and also provide input for the most favorable ways that research can be conducted in Indigenous communities. Many studies have been done that utilize CBPR as a way to bring attention to a specific community issue and bring researchers and those within the group together to share expertise to solve problems. This is being utilized as a way to actively combat the damages not only done by trauma, but also the damages being created by individuals within the communities. Community response is where it all begins. This is the place where healing and teaching begin. This is where communities reach out to their young people and help them learn how to maneuver through an outside world that has been targeting the destruction of their culture for generations.

Community Healing

Being able to communicate and fall back on culture and community after abuses allow those communities to gain understanding, strength, and heal in surprising ways. Native groups have responded in different ways to violence, grief, and historic trauma. One response has been the creation of varying support/empowerment groups. Organizations such as Matriarch provide a safe place within the urban Native community where knowledge can be shared, and Indigenous

women can come together in a non-judgmental space and learn about themselves and their culture. Matriarch is a three-year-old organization founded by two Native women from Oklahoma. The women got together and decided that enough was enough. There was too much bad going on in Native communities, and they were tired of seeing the violence and victimization of Indigenous people. They decided that the best way to help Native communities was to empower Native women. When Native women are empowered and know their worth, they raise their kids to know their worth and be empowered. The cycle of positive cultural knowledge transmission from parent to child is the key to finding places where trauma can be reversed with the help of sisterhood.

Indigenous Education

Studies on various populations have concluded there are instances where sometimes the trauma that an individual suffers as a child can permanently shape the individual so profoundly that it causes fragility and susceptibility to physical and mental illness in adulthood (Thayer, Barbosa-Leiker, McDonell, Nelson, Buchwald & Manson, 2017; Wilson, 2014). The teams acknowledge that people experience stress, but those that suffer extreme bouts of traumatic experiences, either due to disease or traumatic mental experiences, will be more prone to physical or psychological frailty in their adult years. Growing up, I was told countless times one specific story by my grandfather. As a small child, he attended Pawnee Indian School, and he could still vividly remember the abuse he saw while a student at the school. He often told me that even as a grown man, who knew he would never return to the school, hated Sundays. He said every Sunday he was reminded of the times that he would have to leave his mother, walk to

catch the train to go back to the school. Years later, he said he still feels that same dread and fear on Sundays because it was so ingrained and conditioned into his spirit. Due to the trauma brought about by the boarding school era, it became a priority for many tribes to gain some sort of control over the environment their youth were being subjected to.

Because of the Self-Determination era of federal policy, Native communities were able to have input on how and what Indigenous children were being taught in their own schools. While many children in public school systems are still sometimes subjected to the negative portrayals of Native life, i.e., stereotypes, land run reenactments, biased history teachings, tribes are working hard to provide a safe place for Native children to learn about their culture. Communities have taken the concept of boarding schools and completely Indigenized the school process making this environment a positive and empowering place for Native youth to grow and learn. The idea of K-12 Indigenous run charter schools is a solution that was once only a dream for many community members.

In 2019, the first classes of students grade 6th, and 9th began classes at Sovereign Community School in Oklahoma City, Oklahoma (sovereignschools.org). This was a paramount accomplishment in the community, a feat that had not come easily. The Oklahoma City Public School board had rejected the application for Sovereign, yet the community board fought, and eventually, the school became a reality. With a modest staff, the teachers began working towards providing students with a culturally-based study plan that would allow them to be in an environment meant to foster Indigenous pride. Teachers, Kendra and Carrie, both commented that the transitions that they had seen in the children since attending Sovereign had been astonishing. One of the main changes that the teachers commented on was that the students were so used to classes and aspects of wellness being in accordance with what was expected in a

school based on Western norms that it was a hard adjustment to return to traditional epistemologies. An example they were proud to give was a solution to a common ailment, the headache. Kendra said that initially, the children would ask for Tylenol when they had a headache at the beginning of the year. Still, as time went on and the children learned more about traditional medicinal plants and methods for self-doctoring, they began asking for natural herbs and teas as preferred ways of self-care. She said that she has also seen a significant spike in the children taking control over their ability to assess their own needs and use traditional medicines for other ailments such as anxiety and stress. This is so important because the generation of children coming out of the school are relying less on the drugs that can be bought in stores full of synthesized chemicals and are realizing that they can control what is being used to heal them in the same manner their ancestors did. The school has recently added an MMIW honor garden and a sweat lodge to the grounds as places for reflection and healing as needed for the students.

Teachers like Kendra are hopeful for their students. There is a certain amount of reassurance that has come to Native communities over the last few decades. While the very early years of Indigenous education systems were forming, it was something only experienced by very young Native people. Over the years, there has been a rise in the formation of tribal colleges and universities.

According to Haskell.edu, in 1884, Haskell Indian Nations University was founded in Lawrence, Kansas, as a boarding school under the name, United States Industrial Training School. As a testament to the ideas of the time, children were taught cooking, blacksmithing, farming, sewing, and other domestic service skills. In 1887 the school became the more common militarized environment and changed its name to Haskell Institute. It wasn't until the late 1920s that it became a facility for high school-aged students. Finally, in 1967 it became Haskell Indian

Junior College. In 1993, 109 years later, the school became Haskell Indian Nations University and became a place where students were educated in an environment supportive of its student's cultural ties. Haskell, while established as a non-Native run school, has transitioned to one of the leading Native universities.

In 1968 Diné College was founded to give tribal students a place to learn within the four corners area. This school is considered the first tribal college that was established in the United States (AIHEC.org). In 1973 the first six tribal colleges all came together and formed the American Indian Higher Education Consortium (AIHEC). AIHEC's primary purpose is to be a support system for the 37 tribal colleges/universities, which are either accredited schools or are working towards their accreditation. Tribal colleges and universities are working to provide environments where cultural knowledge and practices are celebrated and brought into the curriculum as a way to keep ceremonies alive and utilized by the younger generation. For many students coming from Native communities, leaving the familiar surroundings to attend college can be intimidating; tribal colleges provide a positive, encouraging environment (Benham and Mann 2003: 187).

Native communities do not tend to see depression as one person's problem, but a problem for the community and that group encouragement makes a big difference in healing. Many things go into determining the people we become. Our life experiences play a significant role in the ways we grow into new phases of our lives. The way we view our history, culture, and family all shape the way we live our lives. Unfortunately, depression can alter our identity as individuals. In many marginalized communities, "some individuals seem to be more "cognitively vulnerable"

to depression because of how they respond to stressful events" (Cast & Welch, 2015: 246). Community support groups like Matriarch are working to provide their members with a place where they can go to find support and resources. Many of the members, Tribal and Indigenous ran K-12, and higher education institutions are combating this by giving Native children and young adults a place to learn the practices of their ancestors in an environment that honors those traditions. Kendra and Carrie take pride in the fact that their students are in a place of a cultural renaissance. Both teachers commented that at one time, the education system was established to take cultural teachings and traditions away from the younger generation; today, it is used to re-introduce those crucial teachings back into the community by way of those children.

Sweat Lodge Practices

Many cultures have acknowledged the positive health benefits of using heat and steam as a therapeutic technique (Schiff and Moore, 2006). The early Greeks and Romans enjoyed hot baths and sauna in conjunction with relaxation and social activity for drawing out bad humors and toxins in the body (Schiff and Moore, 2006). Other groups such as the Japanese, the Russians, and the Finnish also saw this practice as a healing method for expressing toxic elements and regulating mental health (Schiff and Moore, 2006).

In environments were individuals feel that there is an active hierarchy between males and females, there are disciplinary feelings that go along with expressing emotions related to mental health. By sufferers surrounding themselves with same-sex equals as opposed to historical unequal opposite-sex individuals, they create a safe place for discourse. By creating spaces for protected conversation among equals, honest conversation about mental anguish can help begin

the healing process. Concerning healing from depression through sweat lodge practices, one preliminary discussion gave me insight into why this field becomes a place of healing. Newcomers to the Norman First American Methodist Church community sweat lodge, similarly, are taught that once they enter the sweat lodge, age, color, size, and sex disappears. There is a reminder given to participants that we are there to pray. Through the absolute darkness inside, we lose the physical sight of those around us and can talk without the worry of judgment. For the sake of additional healing and comfort to those who still experience intimidation being around those of the opposite sex, the use of all-female or all-male sweat lodges is an option.

In a proper environment, the sweat lodge is a practice believed to ensure the cleansing of the mind, body, and spirit (Garrett et al., 2009). Part of its effectiveness is in its contrast to a Western perspective of individual healing and guides participants to heal with the support of a network of loved ones (Garrett et al., 2009). Because of the ease at which individuals can perform this ceremony in some areas, it is not uncommon to see a community, family, or personal sweat lodges on private property (Garrett et al., 2009).

Unfortunately, because of its popularity, it was also, at one time, the target for new-age self-help healers. One specific incident brought to my attention by several participants resulted in the deaths of three individuals in October 2009 (Frazier, 2010). Upon research, I found that a false "ceremony" was held in Sedona, Arizona, by a self-proclaimed "spiritual warrior" for the cost of $10,000 per person (Frazier, 2010). It was found that he had a structure built of metal and plastic, and super-heated the structure beyond a point of healing and traumatizing the sixty-four participants and killing three. This event could have had catastrophic effects on Native religion.

I had only heard of this horrendous event in passing from individuals who know about my research. It was not until I was speaking with one sweat lodge facilitator that the story's significance to the practice made sense.

I had spent the morning making the 60-mile trek to Concho Oklahoma, home to the Cheyenne and Arapaho tribal headquarters. It was already a hot late July morning, and the afternoon was getting a little more intense than I enjoy. This was day two of the 68th Annual Oklahoma Indian Nations Powwow. I had scheduled an interview with a distant relative to take place the day before, but a family emergency prevented us from getting the chance to visit. Today I knew what to expect; I knew that I would have to wait for a time after the powwow started after family members were dressed in their finest beadwork and dresses, and after friends and relatives from far and wide had a chance to come by and say hi and get a bite to eat. I had been given the opportunity to meet family members, eat a small feast, and visit the local casino and eat hot wings with other family members the day before. They all shared funny stories about each other from a recent trip. The family of thirteen had just returned home from a two-week adventure to Wyoming for their yearly Sun Dance. While visiting, they all went and were doctored by a well-known medicine man from the area that the family matriarch had known for many years. She had told me that when she was pregnant several years ago with her first child, the doctors noticed there was a problem with the baby, this was the medicine man she went to and thankfully gave birth to a beautiful and healthy baby girl. That baby girl is now a grandmother, still happy and healthy. The family has always been traditionally minded, participating in Sun Dance every year, attending sweat lodges regularly, and socializing at as many powwows they can over the year.

The day went by as expected, lots of friends and family stopping by for a small visit before moving on to the next camp. I had talked about my project with everyone at some point by now; they were all excited to hear about the books I had read, the opinions of non-Native people on Native religion. It was rejuvenating to be around so much support and positivity; it made the multiple drives worth it. It was almost 11:00 PM that Seth asked if I was ready to do his interview. He said that a cousin of his that assists him in running sweats would be joining us. I was ecstatic to be getting another perspective on sweat culture.

"So you know there's some stuff we can't really tell you, right?" Seth started. "Yea, I'm not really looking for any information about the sweat specifically; I'm really looking for why you enjoy running them, like how going makes you feel," I responded. "Oooohhhh! Ok, I was a little confused, but that'll be good," Jeff interjected. We talked a little about the process, and what exactly I was researching for, they were both excited about me getting my degree and said they were happy to help however they could. This initial interaction was one that I had never gotten. I had not thought too much about the information that the interviews had produced up to this point, but Seth and Jeff both made it clear that even though I knew about sweats, and they knew about sweats there was a lot that was not meant for the outside world. This was the first time I truly both the emic and etic perspectives of research. I did have a different perspective that I would have to be mindful of when it came to what I shared.

"Sweats aren't bad; they aren't hard. You pray you concentrate on the heat…meditate," Seth commented. "It's up to the person being willing to go to the sweat, willing to commit," he said. "One of the biggest aspects of it is it is like going into the unknown and for a lot of people, they feel like they are reborn," Jeff clarified, "I see it as a conduit for sharing something with our family that is having problems." "It can be overwhelming...ennit?" Seth asked Jeff smiling.

"Some of those guys can get it too hot in there; it's hard for people to focus when it's like that," Seth continued. "Yea, man, they can treat it like a tough man contest, and that's not what it's about, you know." This was something I had noticed going to sweats ran by different people. Sweats are utilized as a healing ceremony, not one that should harm those who use it. "Have you heard about that guy down south that killed those people?" Seth asked, eyes wide. Jeff looked at the ground and shook his head, "man, that was no good." I had heard about James Arthur Ray and knew that many people who ran sweat lodges had very strong feelings about the tragic event. "Yea, what do you think about all that?" I already asked, knowing that the response would not be good. Jeff thought about it for a second and then remarked, "You know, guys like that really give people who try and do good a bad name, they are scaring people, hurting them, and you know what…asking for money, those are the worst kind of people". "Yea, this isn't something we do for money, we go in there, and we humble ourselves, we touch the ground and go in on our hands and knees, you keep living this way, and it can heal you. It'll make you stronger…you know, through that humility." Seth added after a couple of seconds, "you know, it's those people who don't understand, those ones who aren't humble that hurt people by doing this without really knowing what it's about."

As Jeff and Seth pointed out, participation in the sweat lodge is to remind individuals how to live a good life, but it has been abused in the past. Due to its ease in being erected for ceremonial use wherever needed, the sweat lodge has been duplicated many times over by various non-Natives for personal and financial gain. Glam-spirituality is the term I use to describe the spa and resort sweat lodge "experiences" that can be purchased and performed by genuine spiritual gurus and spiritual warriors. This practice was not unique to James Arthur Ray, the most notorious though to all of my interviewees. A quick google search of sweat lodge spas

returned a plethora of facilities and retreats full of pictures of participants from all different backgrounds smiling in bikinis sitting in a sweat lodge shaking colored plastic rattles and hitting "ceremonial' drums; one even promoted that the conclusion of their weekend package included an authentic pipe ceremony. William Clements (2001), comments, these new-age sweat lodge ceremonies are some of the most appropriated religious practices in the world. The groups that he worked with remain just outside of the public eye, practicing their version of the sweat lodge in hiding from those who would call it appropriation. This practice in itself is dangerous and causes some communities to call for oversight on Native religious practices. In a recent ABC article (Kolpack, 2020), one community sweat lodge was bulldozed after police mistakenly arrested male participants for suspicion of being vagrants. This sweat lodge is the only one for hundreds of miles for some participants and has been a source of community building for many years. The City of Fargo North Dakota told residents that until there could be proper oversight, they would not allow their community to be jeopardized. They cited the 2009 Sedona Arizona tragedy as one reasoning for their decision.

This is not the first time that there has been a call for oversight of Native religious practices. Currently, Indigenous people must carry a permit for the care and usage of Bald and Golden Eagles feathers. The Bald and Golden Eagle Protection Act (1940) restricts the use of feathers to only members of federally recognized tribes. By creating this restriction, members of state-recognized tribes, or those from tribes that were terminated have no access to these sacred items. In cases regarding the violation of First Amendment rights, the court holds firm that this process, while hindering, is the best way to ensure that federally recognized Native people are allowed to practice before any other non-recognized Native group.

The Religious Freedom Restoration Act Amendment (1994) created a vessel for Native people's use of peyote in their religious ceremonies. Peyote remains a Class 1 substance, regulated and restricted because of its hallucinogenic properties. Before 1994, Native people active within the Native American Church could not legally utilize peyote in their ceremonies or transport it across state lines from the Rio Grande Valley, where it grows back to their home states. Joseph Calabrese (2013) resonated the dichotomy of peyote medicinal worth when he says Euro-Americans imprison those who possess peyote on the grounds of public health and social control; ironically, this medicine is helping Native people fight alcoholism and is a source of teaching morality and culture. Much like with eagle feathers, the use of peyote in Native American Church ceremonies is legally restricted to those individuals who are members of federally recognized tribes. Once again, for those who are state-recognized, from terminated tribal groups, or non-Native, the usage of peyote, even under supervised conditions, is illegal.

What this means for sweat lodges is, if they were to be regulated in the same ways that other aspects of Native religions are regulated, then those individuals who are non-members of a federally recognized tribe would be affected. At the end of the day, the question becomes, will these glam-spiritual and appropriated false ceremonies determine the fate of those sweat lodges that have been working to provide healing for many who need it?

Conclusion

Randy sat in silence for a little bit, no doubt having a bit of nostalgia for his friend. I sat with him, happy that I could finally be learning about my uncle. I thought about his kids and my aunt, I was amazed at their strength. I thought about my husband; I remembered some of the same traits that Randy, my uncle, and my husband all shared. I couldn't stop thinking about the hurt that they all shared, the expectations that were put on them. "You know, I think I miss spaghetti the most," I heard Randy say. The small voice shook me out of my head. I felt my tearstained face smile. I had not realized that I had been crying, but I smiled as I saw Randy looking at me, "I miss garlic bread." We were both amused at our ability to be so open with a virtual stranger. We had started our conversation by talking about physical health, diabetes, and food that was worth breaking the rules given to us by Indian Health Services professionals. We had been talking about breaking those rules the whole time. My uncle broke those rules when he stepped into that first Sweat to find healing for his pain. Randy respectfully taught how to defy those rules of Western ways of healing to anyone willing to sit through four rounds of prayer and expression.

We sat and watched the new Sweat Lodge slowly take shape. Eventually, the long willow branches that scattered the ground were shaped lovingly into a large dome. Tim, Grey, Hodge, and the kids all took turns standing up inside to make sure the structure was the most comfortable and well thought out Sweat in the history of Norman First American Church sweat lodges. I saw people stand in the middle and check the center height, to ensure everyone would be able to enter and exit the mound comfortably. I saw people sit with their legs outstretched to safeguard their toes would not be burned by the rocks. I saw the more experienced men walk heel to toe to make sure that the entrance was the proper distance from the altar, which needed to

be an appropriate distance from the fire. At the time I did not understand everything I was observing, Randy picked up on that. I do not know if he was excited to be teaching these ways because it was an opportunity to continue the traditions he knew and loved, a way to ensure their survival or if it were a way to help me bond to my surroundings and the people I would be sharing this sweat lodge with. He chuckled and said that his sons would have had the structure up and ready to go in about an hour start to finish. I looked around and reminded him that we had started building at 7 am, and it was now 1:30 pm. I was met with a mischievous look that told me that Randy was more amused with the process and the precision into every detail that the builders provided than he would have gotten in a one hour build by his sons. What I was told out loud was, "well, my son's sweat might not survive a tornado, but I think this one will be safe."

We moved all of the lava rocks to the woodpile and carefully laid them down and built a fire. We started the fire at 3:00, so we would be ready to go by 5:00. The closer we got to 5:00, the more jubilant the energy in the air. The exhausted workers renewed by the excitement of seeing the fruits of their labor in action. All of the frustrations from the job transformed into the joking stories that we all would hold on to. We all laid in the cool grass sipping water and recapping the individual stories from the day, perhaps keeping those little moments alive … "remember, Tim looked like steam was gonna come out of his ears!"…"I stood up, and there was a dang wasp looking straight at me!"…"Y'all broke out the measuring tape, lookin' like real architects". We did this till it was finally time to go inside. I did not realize how it would feel to be back inside a sweat lodge. I thought back to the last time I sat in one, and everything came flooding back to me. It was my husband's second deployment.

He had already been gone for a while, and it was a crazy time for me. It is hard to describe the feelings that go along with that situation. It feels like the world should stop moving,

but it doesn't. Life keeps going, but then it also does not. You spend 365 days expecting the worst news possible yet praying that you never get that news. Where there was once stability was chaos and a need to try and control something utterly outside of reach. That was the first time I went to a sweat. I needed clarity and reassurance. I sat in that sweat lodge, and I wept, not from the lack of air, or the heat but in desperation for a way to feel better for my situation. I was desperate for my Creator to hear me beg for his safety. Remembering my own experiences, I thought back to every day going through the motions of a life that could be shattered in an instant, maintaining a fragile existence. All the while having to live up to the expectations of the people around you who assume your life did not really change when, in reality, there are no words to describe how lost you feel. It felt like everything was spinning, and there was no anchor. The same chaos I felt last time was coming back. The same sights, sounds, smells everything was familiar, but my association was that old breathless fear I thought I had let go. I felt a hand on my shoulder, and I was pulled back into the moment, laughter still surrounding me. In an instant, I left 2008 and returned to 2017. Randy told me it was time to go in. My daughter and I were directed to places just north of the entrance of the sweat, Randy told us that this was a place that he reserved for any women or girls participating, he would take the spot just south of the entrance. Everyone settled into their spots, and the lava rocks made their transition from rock to grandfathers as they entered the structure. When Randy was sure that everything was exactly as it should be, from the placement of the sage water to the number of grandfathers placed in the hole in the center of the enclosure, he closed the door.

Every time I go to a sweat, I am amazed at the feeling I get when the door closes. I have heard countless first-time attendees talk about their reluctance because of their fears of small places, but when the door closes, the structure does not feel smaller, the darkness gives a feeling

of limitlessness. It is a complicated feeling you get in complete darkness, is it limitless, or is it small and confined? I immediately get the urge to reach out and make sure the claustrophobic feeling I am suddenly getting is all in my head, but fear gets the best of me. I am too scared to reach out, just in case. I know I am in a huge structure I watched come to fruition over the day, but what if that was not real? All I can do is try and let my mind wander; think about why I am here, what good could possibly come from it, is there a future for me here? Then an amusing thought comes out of nowhere. We all just became vanishing Indians. Not the ones that we learned about as brand-new anthropology students. That was one of the first lessons in socio-cultural anthropology, the idea of the vanishing Indian and the nostalgia for what would happen after extinction set in. We discussed how the preservation of life, language, and culture was critical for the disappearance of the Native people to not be in vain. As a Native student, I did not question the documentation of culture or that Native people still live and thrive today; I questioned why there was no effort at the time to save the people. As a brand-new Native student in higher education, I was familiar with the ways Indigenous culture was often forgotten until November when Native people were asked to perform and "share" their culture, not talk about life as a Native person today. At the time, though, it seemed obvious that in early Boazian anthropology, the loss of Native people and culture was an inevitable thing that was the object of researcher nostalgia far before we were ever gone. Through my writing, I have concluded that although we no longer look to preserve the vanishing Indian, by ignoring the atrocities that Native people have faced in the recent past we are creating a new type of nostalgia, one that focuses on the experiences of the good Indian, the romanticized culture, not the reality of the hardships Native people face. The forgetfulness of IHS responsibilities, the lack of ongoing literature; these are the reality of the experiences of Native people; these are the sources of pain

and trauma in Indigenous communities. Violence across races for Native people is a longstanding tradition when we see the story in relation to colonialism. Native people have been targets of genocide, forced to assimilate into Western mainstream society, and in some cases, torn from their families to attend boarding schools. These events left lifelong scars and played an active role in the ongoing pain that exists in many Indigenous communities. The varied ways that Indigenous and Western society view the challenges that they faced in the past can easily play into how healing can commence.

Culture plays a significant role in healing and maintaining perceptions of self-identity. In a study on Chinese depression, researchers found that there is a particular cognizance that comes from having a strong sense of belonging with a culture (Chang, Jetten, Cruwys & Haslam, 2017). In Indigenous communities, this is no different. Understanding that there is something that binds a person to something bigger and more important than themselves can be a motivational factor in the want and need to heal, not only the individual but also the community as a whole. Driving this motivational factor forward, the opportunity to begin conversations about experiences, and moving forward can be a great benefit in community healing (Maxwell, 2014).

One of the more profound observations that Greensky et al. and Bassett et al. both made were, the ideas that these mental health disparities were not just injuries to the head, but they were injuries to the mental, physical, and spiritual entities within the body. In one interview with a healer discussing PTSD, the healer said that in his experience after Vietnam, he knew that a piece of his spirit was missing. For many, suffering from depression, they too have a portion of their soul missing, this is similar to what Freud said when he discussed the loss of the "love object." At the beginning of this paper, I mentioned that Eric Nestler noted that current treatments and understandings of depression are slow in acceptance and development, and all of

the needs of the population in need are not being met, and he is right. There are many options for finding ways to work through depression. From the chemical imbalances to the spiritual unrest, in these times of slow development, maybe we are given an opportunity. This should not be a time to wait for developments, but to utilize the methods that have been in use for many generations around the world for many Indigenous groups.

A small noise next to me snaps me back into the here, and now, I sit and try to force my eyes to adjust to the absence of light, only the glow of the grandfathers can be seen, and that is such a dull light that the lumens only provide enough light to keep me from burning my toes. Randy begins by putting medicine on the glowing stones, and the smell is intoxicating. The smoke from the burning cedar, tobacco, and other traditional Indigenous medicines filled the space. I can hear the prayers from those around me beginning, and a sudden hiss and crackle of water hitting the stones drown everything except my own thoughts. The burst of heat and steam strike me and make me involuntarily turn my face and struggle to find a way to breathe. Once I adjust to the humidity and lack of physical comfort, I close my eyes and embrace the lack of control I have in my new environment. Randy tells everyone to introduce themselves and tell us all why we are there.

I hear the voices of my companions and, for the first time, genuinely recall that I'm not alone. It gets to me, and I completely give myself over to the process. I was the last to talk, and by this point have heard the things going on in the lives of these people I was only superficially familiar with a few hours prior. I listened to the most personal stories and painful life recollections of people who I instantly envied for their ability to tell their stories, and I wanted to

be that. I realized in that instant that they were not telling me or anyone else in the sweat lodge their story, they were recounting the many complex aspects of their lives with their Creator. Asking their Creator for a way to make it through the pains they felt or the pains their loved ones felt. They asked for guidance, patience, healing, and compassion some for themselves, some for family members and friends, some for complete strangers and people they would never meet. I spent the next three rounds thinking about the selflessness I was able to witness. I am still amazed at the relationships these individuals were able to have with the world around them. We took small breaks in between each round to go outside, cool off, drink a little bit of water, and think about what we were doing. After the first round, I went outside and laid in the grass and sipped ice water and talked to Randy. The fresh air rejuvenated my body, the weight of the past lifted, and I felt truly at peace. Since it was my first time in a sweat for a long time, Randy wanted to make sure I was doing ok, all of the guys checked on my daughter and me, something I should have expected but did not anticipate. These people who spent so much time carefully preparing an outlet for healing and felt discomfort so that they could tell their Creator about the pain they saw every day in themselves and their loved ones cared for my child and me. In those moments inside of the sweat, relationships that the attendees share seem to change, strangers become friends and family, we grow instantly as we learn the most intimate aspects of each other's lives. It is incredible how good I feel. At that moment, lying in the grass looking at the sky, I knew I had let everything go.

Birthdays… it is a cruel irony to sit and contemplate grief and pain on the day that is so celebrated for life. It all begins and ends on this same small clump of grass, looking at this small structure. Moments earlier, I felt so turbulent and now, thinking back to the chain of events that

had led me to this place gave me a clarity I had only once dreamed of. This may have started out being a way for me to understand his story, a way to understand my story, but it turned into our story. This research turned into a way for me to understand the people we are, the people we became through our experiences, and our healing.

That day is one that I could never forget. Sitting in the quiet, thinking about the events of that day, I remember a phrase that I cannot seem to let go of, one I heard over and over. "This sweat is here for whoever needs it. It's always here when you need it the most". That thought makes me smile. I eventually talked my husband into attending some of the community sweats; he eventually became friends with some of the participants. It did him some good. We did not know what his reaction would be, I suppose you never do until you are there, but he did it. He was willing to try anything to feel better. At one point, he was willing to agree to surgery for the possibility of the chronic pain subsiding. With the Chronic pain came depression, with the depression came the feeling of defeat and anger. I think back to these sources of pain and suffering, I think about the physical and mental anguish many other people are also experiencing. I think about the way history tried to take this away, and I am glad it failed. I only have theories as to why the use of sweat is effective for depression and PTSD, and it all revolves around connectedness.

There is scientific backing for the use of saunas, sensory deprivation, and the use of medicinal herbs, but the sweat lodge adds an emotional component. The sweat lodge gives its participants a place to talk about the traumas that they and their ancestors faced, the atrocities that they may have never seen first-hand, but feel in their soul. It provides an environment where individuals can reach out and seek the help they may be searching for. Ultimately, it is a place where people can control their healing, they can use these teachings that have survived. Every

Matriarch meeting begins and ends with a prayer and a reminder, "We are the descendants of the strongest and bravest. Our ancestors were survivors, and we are here because of their sacrifices". The sweat lodge is the embodiment of this idea.

Bibliography

"About Art Therapy". American Art Therapy Association, n.d. Web. Accessed 12 January 2018. https://arttherapy.org/.

Alban, Deane. 2018, April 28. "12 Effects of Chronic Stress on Your Brain". Be brain fit. http://bebrainfit.com/effects-chronic-stress-brain/. Web.

Arendt, Hannah. 1951. *The Origins of Totalitarianism*. New York: The World Publishing Company. Print.

Art Therapy Has Many Faces. Dir. Judith A. Rubin. Expressive Media, 2004. Kanopy. Web. 2 December 2017.

Astbury, Jill. 2001. "*Gender disparities in mental health.* In: Mental health". *Ministerial Round Tables 2001*. 54th World Health Assemble. Web.

Bailey, Jane and Sara Shayan. 2016. "Missing and Murdered Indigenous Women Crisis: Technological Dimensions." *Canadian Journal of Woman and the Law* 28.2: 321-341. Web.

Bald and Golden Eagle Protection Act, 16 U.S.C. 668-668d (1940).

Baldwin, James, and Margaret Mead. *A Rap on Race*. New York: Dell, 1972. Print.

Bassett, Deborah, Ursula Tsosie, and Sweetwater Nannauck. 2012. "Our Culture Is Medicine": Perspectives of Native Healers on Posttrauma Recovery among American Indian and Alaska Native Patients." *The Permanente Journal* 16.1: 19-27. Web.

Benham, Maenette K.P., and Henrietta Mann. 2003. "Culture and Language Mattes: Defining, Implementing, and Evaluating." *The Renaissance of American Indian Higher Education: Capturing the Dream.* Lawrence Erlbaum Associates, Inc.: 167-191.

Brockie, Teresa N., Morgan Heinzelmann, and Jessica Gill. 2013. A Framework to Examine the Role of Epigenetics in Health Disparities among Native Americans. *Nursing Research and Practice*.

Burnette, Catherine E., and Lynette M. Renner. 2017. A Pattern of Cumulative Disadvantage: Risk Factors for Violence across Indigenous Women's Lives. *British Journal of Social Work* 47: 1166–1185.

Butler, Judith. 2004. Precarious Life: The Powers of Mourning and Violence. Verso. Print.

Cackler, Christina, Valerie B. Shapiro, and Maureen Lahiff. 2016. Female Sterilization and Poor Mental Health: Rates and Relatedness among American Indian and Alaska Native Women. *Women's Health Issues* 26: 168-75.

Caddick, Nick, Brett Smith, and Cassandra Phoenix. 2015. "The Effects of Surfing and the Natural Environment on the Well-Being of Combat Veterans." *Qualitative Health Research* 25.1: 76-86. Web.

Calabrese, Joseph D. 2013. A Different Medicine: Postcolonial Healing in the Native American Church. Oxford University Press.

Carpio, Myla Vicenti. 2004. The Lost Generation: American Indian Women and Sterilization Abuse. *Social Justice* 31: 40–53.

Carr, Erika R., Lindsey C. McKernan, and Shahar, Golan. 2015. "Keep Your Chin Up": Treating Male Veterans With Posttraumatic Stress Disorder From an Integrative Feminist Theoretical Perspective." *Journal of Psychotherapy Integration* 25.4: 253-66. Web.

Cast, Alicia D., Bridget K. Welch. "Emotions and the self: Depression and Identity Change." *The Sociological Quarterly* 56 (2015): 237-266. Web.

Cattelino, Jessica R. 2008. "High Stakes: Florida Seminole Gaming and Sovereignty." Durham and London: Duke University Press.

Chang, Melissa Xue-Ling, Jolanda Jetten, Tegan Cruwys and Catherine Haslam. 2017. "Cultural Identity and the Expression of Depression: A Social Identity Perspective." *Journal of Community & Applied Social Psychology* 27: 16-34. Web.

Cherry, Kendra. 2018, February 12. "What Is the Diagnostic and Statistical Manual (DSM)?".Web.

Clements, William M. 2001. "The New Age Sweat Lodge." *Healing Logics: Culture and Medicine in Modern Health Belief Systems.* University Press of Colorado. 143-162. Print.

Das, Veena. 2015. "Affliction: An Introduction." *Affliction*. NewYork: Fordham University Press. 1-25.

Davis, Angela. 1993. The Historical Context: Racism, Birth Control, and Reproductive Rights. *Race, Poverty &Amp; the Environment* 4: 21–23.

(Broader) Definition of Art Therapy. June 2017. American Art Therapy Association. Retrieved from https://arttherapy.org/about/.

Drevets, Wayne, C. Price, and Joseph Furey. 2008. "Brain Structural and Functional Abnormalities in Mood Disorders: Implications for Neurocircuitry Models of Depression." *Brain Structure and Function* 213.1: 93-118. Web.

Dufrene, Phoebe M., Victoria D. Coleman. 1994. “Art and Healing for Native American Indians”. *Journal of Multicultural Counseling & Development.* 22(3), 145-152. JSTOR.

Dumit, Joseph. 2003. "Is It Me or My Brain? Depression and Neuroscientific Facts." *Journal of Medical Humanities* 24.1: 35-47. Web.

Ehlers, Cindy L., Ian R. Gizer, David A. Gilder, Jarrod M. Ellingson, Rachel Yehuda. 2013. “Measuring historical trauma in an American Indian community sample: Contributions of substance dependence, affective disorder, conduct disorder and PTSD.” *Drug and Alcohol Dependence* 133: 180-187. Web.

Fanon, Frantz, and Mary Turner. “The Fact of Balckness” *Black Skin, White Masks*. New York: Grove Press, 1967. Print.

Farmer, Paul. 2005. *Pathologies of Power*. Berkeley. University of California Press, p. 29-50.

Feinstein, Justin S., Sahib S. Khalsa, Hung-wen Yeh, Colleen Wohlrab, W. Kyle Simmons, Murray B. Stein, Martin P. Paulus. 2018. "Examining the short-term anxiolytic and antidepressant effect of Flotation-REST." *PLoS ONE.* 13.2. Web.

Foucault, Michel. 1980. “Truth and Power”. *Power/Knowledge: Selected Interviews & Other Writings 1972-1977*. Pantheon. Print.

Foucault, Michel. 1984. "Docile Bodies," "The Means of Correct Training." *The Foucault Reader.* Edited by Paul Rabinow. New York. Pantheon.

Foucault, Michel. 2006. *History of Madness*. Khalfa J, editor, translator & Murphy J, translator. New York: Routledge.

Frazier, S. (2010, February 10). Legislating the sweat lodge ceremony is not the solution. Retrieved from https://www.nativetimes.com/life/commentary/3054-legislating-the-sweat-lodge-ceremony-is-not-the-solution

Freire, Paulo. 2005. *Pedagogy of the Oppressed.* The Continuum International Publishing Group, Inc.

Freud, Sigmund. 1922. "Mourning and Melancholia." *The Journal of Nervous and Mental Disease* 56.5: 543-45. Web.

Garrett, Michael Tlanusta, Edil Torres-Rivera, Michael Brubaker, Tarrell Awe Agahe Portman, Dale Brotherton, Cirecie West-Olatunji, William Conwill, and Lisa Grayshield. 2009. “Crying for a Vision: The Native American Sweat Lodge Ceremony as Therapeutic Intervention” *Journal of Counseling & Development.* 89: 318-325.

Glauner, Lindsay. 2002. The Need for Accountability and Reparation: 1830-1976 The United States Government's Role in the Promotion, Implementation, and Execution of the Crime of Genocide Against Native Americans. *DePaul Law Review* 51: 911-1215.

Greensky, Crystal, Mollie A. Stapleton, Kevin Walsh, Leslie Gibbs, Jacque Abrahamson, Dawn M. Finnie, Julie C. Hathaway, Kristin S. Vickers-Douglas, Joan B. Cronin, Cynthia O. Townsend, and W. Michael Hooten. 2014. "A Qualitative Study of Traditional Healing Practices among American I Indians with Chronic Pain." *Pain Medicine* 15.10 : 1795-802. Web.

Gurr, Barbara. 2011. Mothering in the Borderlands: Policing Native American Women's Reproductive Healthcare. *International Journal of Sociology of the Family* 37: 69–84.

Gurr, Barbara. 2015. *Reproductive Justice: the Politics of Health Care for Native American Women*. Rutgers University Press.

Haraway, Donna Jeanne. 1991. *Simians, Cyborgs, and Women: The Reinvention of Nature*. Routledge.

Harris, Russell. "Embracing Your Demons: An Overview of Acceptance and Commitment Therapy. https://www.psychotherapy.net/article/Acceptance-and-Commitment-Therapy-ACT . (2011). Web. 27 Apr. 2018.

Hart, Tessa, Lisa Brenner, Allison N. Clark, Jennifer A. Bogner, Thomas A. Novack, Inna Chervoneva, Risa Nakase-Richardson, and Juan Arango-Lasprilla. 2011. "Major and Minor Depression Following Traumatic Brain Injury." *Archives of Physical Medicine and Rehabilitation.* 92. 1211- 1219. Web.

Hartmann, William E., and Joseph P. Gone. 2012. "Incorporating Traditional Healing Into an Urban American Indian Health Organization: A Case Study of Community Member Perspectives." *Journal of Counseling Psychology* 59.4: 542-554. Web.

Holm, Tom. 2017. "Strong Hearts, Wounded Souls Revisited: The Research, the Findings, and Some Observations of Recent Native Veteran Readjustment." *Wicazo Sa Review* 32.1: 118-28. Web.

Horowitz, Sala. 2012. "American Indian Health: Integrating Traditional Native Healing Practices and Western Medicine." *Alternative and Complementary Therapies* 18.1: 24-30. Web.

Hutchinson, Brian. 2017. "Broken Before it Begins." *Maclean's* 130.5: 34-35. Web.

"Introduction." *Indigenous Men and Masculinities: Legacies, Identities, Regenerations.* Ed. Robert Alexander Innes and Kim Anderson. University of Manitoba Press, 2015. 3-17. Print.

Jesulola, Emmanuel, Christopher F. Sharpley, and Linda L. Agnew. 2017. "The Effects of Gender and Depression Severity on the Association between Alpha Asymmetry and Depression across Four Brain Regions." *Behavioral Brain Research* 321: 232-39. Web.

Joos, Kathleen, Sven Vanneste, Dirk De Ridder, and Berthold Langguth. 2012. "Disentangling Depression and Distress Networks in the Tinnitus Brain (Disentangling Depression and Distress Networks)." *PLoS* ONE 7.7: E40544. Web.

Kempermann, Gerd, and Golo Kronenberg. 2003. "Depressed New Neurons--adult Hippocampal Neurogenesis and a Cellular Plasticity Hypothesis of Major Depression." *Biological Psychiatry* 54.5: 499-503. Web.

Kleinman, Arthur. 1988. *The Illness Narratives: Suffering, Healing & the Human Condition*. New York: Basic Books, pp. 3-55.

Kluchin, Rebecca M. 2007. Locating the Voices of the Sterilized. *The Public Historian* 29: 131–144.

Kolpack, D. (2020, March 8). Native Americans scramble over shutdown of Fargo sweat lodge. Retrieved from https://abcnews.go.com/US/wireStory/native-americans-scramble-shutdown-fargo-sweat-lodge-69468438

Kubik, Wendee, Bourassa, Carrie, and Hampton, Mary 2009. Stolen Sisters, Second Class Citizens, Poor Health: The Legacy of Colonization in Canada. *Humanity & Society*, 33(1-2),18–34.

Kubler-Ross, Elisabeth. 1982. *On Death and Dying.* MacMillan Publishing. Print.

Kushner, Irving. 2013. "The 4 Humors Erythrocyte Sedimentation: The Most Influential Observation in Medical History." *The American Journal of the Medical Sciences* 346.2: 154-157. JSTOR.

Largent, Mark A. 2002. The Greatest Curse of the Race: Eugenic Sterilization in Oregon, 1909-1983. *Oregon Historical Quarterly* 103: 188–209.

Lawrence, Jane. 2000. The Indian Health Service and the Sterilization of Native American Women. *The American Indian Quarterly* 24: 400-19.

Lehrner, Amy and Rachel Yehuda. 2018. Cultural trauma and epigenetic inheritance. *Development and psychopathology.* 30: 1763-1777. Web.

Lestra, D'amato, Ghaemmaghami, Perret-Liaudet, Broyer, Renaud, Dalery, and Chamba. "Biological Parameters in Major Depression: Effects of Paroxetine, Viloxazine, Moclobemide, and Electroconvulsive Therapy. Relation to Early Clinical Outcome." *Biological Psychiatry* 44.4 (1998): 274-80. Web.

Lindinger-Sternart, Sylvia. 2014. "Help-Seeking Behaviors of Men for Mental Health and the Impact of Diverse Cultural Backgrounds." *International Journal of Social Science Studies* 3.1: 6. Web.

Littleman, Seth and Michael Toahty Jr. 2019, August 4. Personal Interview.

Lucchesi, Annita, and Echo-Hawk, Abigail. 2016. *Missing and Murdered Indigenous Women and Girls: A snapshot of data from 71 urban cities in the United States.*

Martin, Emily. 2007. *Bipolar Expeditions Mania and Depression in American Culture.* Princeton University Press, Print.

Maxwell, Krista. 2014. "Historicizing historical trauma theory: Troubling the trans-generational transmission paradigm." *Transcultural Psychiatry* 51.3: 407-435. Web.

"Melancholic." 2018, April 27. *Dictionary.com* Unabridged. Random House Inc. http://www.dictionary.com/browse/melancholic.

Memmi, Albert. 1968. "Treatments" *Racism*. Internet resource.

"Mission and Vision" Sovereign Community School, n.d. Accessed 7 March 2020. https://www.sovereignschools.org/apps/pages/index.jsp?uREC_ID=1545082&type=d&pREC_ID=1672081.

Mohatt, Nathaniel Vincent, Azure B. Thompson, Nghi D. Thai, and Jacob Kraemer Tebes. 2014. "Historical Trauma as Public Narrative: A Conceptual Review of How History Impacts Present-day Health." *Social Science & Medicine* 106: 128-36. Web.

Moss, Erin L., Henderikus J. Stam, Diane Kattevilder. 2013. From Suffrage to Sterilization: Eugenics and the Women's Movement in 20th Century Alberta. *Canadian Psychology/Psychologie Canadienne* 54: 105–114.

Nagel, John. "Unresolved Grief and Mourning in Navajo Women". 1988. *American Indian & Alaska Native Mental Health Research.* 2(2), 32-40. JSTOR.

Nemade, Rashmi, Natalie Staats Reiss, Mark Dombeck. "Historical Understandings of Depression."2007, September 19. http://www.mentalhelp.net/articles/historical-understandings-of-depression.

Nestler, Eric J., Michel Barrot, Ralph J. Dileone, Amelia J. Eisch, Stephen J. Gold, and Lisa M. Monteggia. 2002. "Neurobiology of Depression." *Neuron* 34.1: 13-25. Web.

Nowell, Carlotta. 10 October 2017. Personal Interview

Ord, Robyn. 2009. "'It's Like a Tattoo' Rethinking Dominant Discourses on Grief" *Canadian Social Work Review* 26.2: 195-211. JSTOR.

Orwell, George. 1968. “Politics and the English Language.” *The Collected Essays, Journalism and Letters of George Orwell.* Ed. Sonia Orwell and Ian Angos. New York. Harcort, Brace, Javanovich.

Palacios, Janelle F., Carolyn J. Strickland, Catherine A. Chelsla, Holly P. Kennedy, and Carmen J. Potillo. 2013. Weaving Dreamcatchers: Mothering among American Indian Women Who Were Teen Mothers. *Journal of Advanced Nursing* 70: 153–163.

Palmater, Pamela 2016. Shining Light on the Dark Places: Addressing Police Racism and Sexualized Violence against Indigenous Women and Girls in the National Inquiry. *Canadian Journal of Women and the Law*, 28(2), 253–284.

Patel, Priti. 2017. Forced Sterilization of Women as Discrimination. *Public Health Reviews* 38: 1–12.

Pickens, Donald K. 1967. The Sterilization Movement: The Search for Purity in Mind and State. *Phylon* 28: 78–94.

Pirkis, Jane, Matthew Spittal, J. Keogh, Louise Mousaferiadis, and Tass Currier. 2017. "Masculinity and Suicidal Thinking." *Social Psychiatry and Psychiatric Epidemiology* 52.3: 319-27. Web.

Rabinow, Paul. 1996. Essays on the Anthropology of Reason. Princeton University Press; Princeton, NJ.

Rainie, Stephanie Carroll, Miriam Jorgensen, Stephen Cornell, and Jamie Arsenault. 2015. “The Changing Landscape of Health Care Provision to American Indian Nations.” *American Indian Culture and Research Journal* 39.1: 1-24. Web.

Ralstin-Lewis, D. Marie. 2005. The Continuing Struggle against Genocide: Indigenous Women's Reproductive Rights. *Wicazo Sa Review* 20: 71–95.

Rapoport, Mark J., Scott Mccullagh, David Streiner, and Anthony Feinstein. 2003. "The Clinical Significance of Major Depression Following Mild Traumatic Brain Injury." *Psychosomatics* 44.1: 31-37. Web.

Religious Freedom Restoration Act, P.L. 103-141 (1993).

Rhoades, Everett R. “Virtual Mentor.” *American Medical Association Journal of Ethics* 11.10 (2009: 793-798. Web.

Rosaldo, Renato. 1993. “Grief and a Headhunter’s Rage”. *Culture and Truth*. Beacon Press. 1-21. Print.

Rosenthal, M., B K Christensen, and TP Ross. 1998. "Depression following Traumatic Brain Injury." Archives of Physical Medicine and Rehabilitation 79.1: 90-103. Web.

Rutecki, Gregory W. 2011. Forced Sterilization of Native Americans: Later Twentieth Century Physician Cooperation with National Eugenic Policies? *Ethics & Medicine* 27: 33-42.

Scheper-Hughes, Nancy & Margaret Lock. "The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology." *Medical Anthropology Quarterly* 1.1 (1987): 6-41. Web.

Schiff, J.W. and K. Moore. 2006. "The Impact of the Sweat Lodge Ceremony on Dimensions of Well-Being." *American Indian Alaska Native Mental Health Resources.* 13.3: 48-69.

Schimelpfening, Nancy. 2017, December 17. "The History of Depression: Accounts, treatments, and beliefs through the ages." *Very well mind*.

Schmalzl, Laura, Erik Thomke, Christina Ragno, Maria Nilseryd, Anita Stockselius, H. Henrik Ehrsson. 2011. "'Pulling telescoped phantoms out of the stump': Manipulating the perceived position of phantom limbs using a full-body illusion". *Frontiers in Human Neuroscience.* 5.121. JSTOR.

"School History." Haskell Indian Nations University, n.d. Web. Accessed: 10 March. 2020. https://www.haskell.edu/about/history/.

Selbach, Gerard. "Interview with Harry Walters, Navajo, Director of the Diné College Museum, Tsalie, AZ, USA, October 29, 2000. Retrieved from *Revue LISA/LISA e-journal*, Vol. II - n°6 | 2004, 85-90.

Sheline, Yvette I, Joseph L Price, Zhizi Yan, and Mark A Mintun. 2010. "Resting-state Functional MRI in Depression Unmasks Increased Connectivity between Networks via the Dorsal Nexus." *Proceedings of the National Academy of Sciences of the United States of America* 107.24: 11020-5. Web.

Slipke, Darla. 2018, May. "Oklahoma's suicide rate ranks among the worst in the nation." *NewsOK.* 1A. Print.

Slocum, Sally.1975. "Woman the Gatherer: Male Bias in Anthropology". *Toward an Anthropology of Women,* edited by Rayna R. Reiter, Monthly Review Press. 36-50. JSTOR.

Smith, Andrea. 2003. Not an Indian Tradition: The Sexual Colonization of Native Peoples. *Hypatia* 18: 70–85.

Stevens, Mary. 2019, July 18. Personal Interview.

Struthers, Roxanne, Valerie S. Eschiti and Beverly Patchell. 2008. "The Experience of Being an Anishinabe Man Healer: Ancient Healing in a Modern World." *Journal of Cultural Diversity* 15.2: 70-75. Web.

Thayer, Zaneta, Celestina Barbosa-Leiker, Michael McDonell, Lonnie Nelson, Dedra Buchwald, and Spero Manson. 2016. Early Life Trauma, Post-Traumatic Stress Disorder, and Allostatic Load in a Sample of American Indian Adults. *American Journal of Human Biology* 29: 1-10.

Waldram, James B. 2014. "Healing history? Aboriginal healing, historical trauma, and personal responsibility." *Transcultural Psychiatry* 51.3: 370-386. Web.

Warne, Donald, Kristen Dulacki, Margaret Spurlock, Thomas Meath, Melinda M. Davis, Bill Wright, and K. John McConnell. 2017. "Adverse Childhood Experiences (ACE) among American Indians in South Dakota and Associations with Mental Health Conditions, Alcohol Use, and Smoking." *Journal of Health Care for the Poor and Underserved* 28.4: 1559-1577. Web.

Wexler, Lisa. 2013. Looking across Three Generations of Alaska Natives to Explore How Culture Fosters Indigenous Resilience. *Transcultural Psychiatry*, 51: 73–92

When the Fall Comes. Dir. Wyatt Roy. Creative Source, 2014. Kanopy. Web. 2 December 2017.

"Who We Are." American Indian Higher Education Consortium, n.d. Web. Accessed 13 March. 2020. http://www.aihec.org/who-we-are/index.htm.

Wilson, Jeremy. 2014. "Paradox and Promise: Research on the Role of Recent Advances in Paleodemography and Paleoepidemiology to the Study of "Health" in Precolumbian Societies." *American Journal of Physical Anthropology* 155: 268-280.

Wilson-Clements, Kendra and Carrie Lehi. 2019, September 26. Personal Interview.