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ABSTRACT

Traditional and Contemporary Lakota Death, Dying, Grief, and Bereavement Beliefs and Practices: A Qualitative Study

by

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Bereavement beliefs and practices in the modern, American culture have been well documented. However, virtually no research has been conducted on traditional and contemporary death, dying, grief, and bereavement beliefs and practices among native tribes, such as the Lakota.

The present study was conducted with the Lakota, and fulfilled two goals. First, the contemporary and traditional death, dying, grief, and bereavement beliefs and practices of the Lakota were documented and summarized. Such documentation may help bereaved Lakota tribal members who are experiencing problems with death and bereavement, and may help preserve traditional knowledge, beliefs, and practices. Second, the consensus of opinion among Lakota tribal elders about death, dying, grief,
and bereavement practices and beliefs was qualitatively evaluated and compared with that of mental health and substance abuse workers who serve the Lakota.

Two main theoretical conclusions to this study were reported. First, the Lakota elders’ preferred interventions for bereavement for their people included family, social, community, tribal, and ceremonial activities. These findings likely resulted from the functional aspects of these types of culturally appropriate practices not only to help the bereaved Lakota individual, but also to help “fill the hole in the circle” left by the death of a tribal member. A cultural mechanism for continued tribal unity and wholeness is provided by these tribal bereavement practices. Second, the ancient historical Lakota ceremonies used to ameliorate grief within the tribe appear to have been fragmented over time, but these rituals still exist and their derivatives are used in various contemporary forms.

Two main clinical findings were reported. First, a careful clinical assessment of the bereaved Lakota client’s level of acculturation is required as a prerequisite to treatment planning. Second, intervention with grieving Lakota clients should include informed attention to both “western” bereavement treatment methods and traditional Lakota family, community, and social bereavement practices.

The relative value of various Lakota family, social, community, and tribal bereavement practices and a rank ordering of various Lakota ceremonies were provided. These ceremonies and Lakota tribal practices were compared to modern “western” bereavement treatment methods.
DEDICATION

My grandfather's last words to me, before his death, were a simple, but straightforward metaphor, "Sit tall in the saddle, my boy." It is my pleasure to dedicate the completion of this dissertation study, the final hurdle of a rigorous, but rewarding, doctoral training program in psychology, to my grandfather, the late Joseph B. Stone, Sr.

I credit what I know about "sitting tall in the saddle" to what I learned about "sitting tall in the saddle" as a child while watching and spending time with my grandfather on his ranch in north-central Montana. I know what thanking him through the dedication of this dissertation and the completion of this training program would have meant to him. I am pleased and proud to do so. Thanks, Dad.

Joseph B. Stone
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Without the support and encouragement of my wife, Deanna L. Crask-Stone, I could not and would not have completed either the training program or this dissertation. “Little Chirpy Bird’s” contributions to this effort cannot be overstated. My grandmother, Mary E. Stone, made supportive contributions (financial and moral) to my academic training. In addition, she began the work of preparing me for these tasks when I was still a small child, by reading to me. I could not have accomplished this project without each and everyone mentioned and the entire faculty and staff of the
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Joseph B. Stone
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<td>Iya</td>
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INTRODUCTION

Bereavement is experienced by nearly all people at some time in their lives. While most individuals adjust to the death of a loved one, some experience a prolonged or intense form of bereavement complicated by depression and other psychological symptoms. These problems can markedly interfere with daily functioning (Stroebe, Stroebe, & Domittner, 1988). The types of depressive symptoms that complicate bereavement may include major depression syndrome, or in extreme cases, various psychotic symptoms described in the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; American Psychiatric Association, 1994).

Death, dying, grief, and bereavement beliefs and practices are well documented in western cultures (Toedter, Lasker, & Campbell, 1990). However, the traditional death, dying, grief, and bereavement beliefs and practices of American Indians (hereafter referred to as native, tribal, or indigenous within this dissertation) are not well represented in western research (Stroebe & Stroebe, 1989).

Floerchinger (1991) suggested that unfamiliarity with bereaved clients' cultural beliefs and practices regarding death, dying, grief, and bereavement could undermine the therapeutic relationship, perhaps leading to poor outcomes. Indeed, lack of cultural familiarity or sensitivity among doctors, nurses, mental health practitioners, substance abuse counselors, and other helping professionals has been known to impact a wide range of clinical outcomes (A. Archambault, personal communication, November 7,
1997). For example, one physician repeatedly told a native patient diagnosed with diabetes, "You will die if you don't take your medication." In this patient's tribe, open discussion of death was thought to actually invite death. An expert in traditional tribal mores advised the physician to modify his comment as follows, "If you do take your medication, you will live." Subsequently, the native patient began complying with this medical directive, which was interpreted as being health-promoting (B. Toelken, personal communication, April 24, 1994).

In another case, a female Hopi tribal member who was residing in San Francisco was brought to an urban hospital after cutting her arms, pulling out her hair, and reporting that she was hearing the voice of a recently deceased relative. Although hospitalization was considered by the interdisciplinary treatment team, a psychologist familiar with Hopi people advised the treatment team that the woman was exhibiting culturally appropriate bereavement behavior. Rather than hospitalization, the intervention consisted of obtaining a bus ticket for her to return home to mourn the loss of her relative (C. Wheeler, personal communication, June 7, 1993).

Several authors have suggested that support of traditional cultural practices is critical to the maintenance of health in tribal communities. For example, 20% of Office of Substance Abuse (OSAP) high-risk-youth demonstration projects have been awarded to Native American grantees (Augustson, 1990); cognizant of the importance of tribal beliefs, almost all grantees budgeted a portion of these funds for cultural enhancement activities. Indeed, DeJong (1991) reported that tribal members believe
strongly that efforts aimed at increasing youths’ knowledge of their cultural history, traditions, and values cultivates positive identity and pride. The restoration of traditional ceremonials has long been considered a health-promoting activity within native communities (Jilak, 1982).

Two recent studies of recovery from heart disease among indigenous patients examined the correlates of the following activities: hobbies (beadwork and leatherwork), praying (peyote meetings, Inpi, and Wiwanyag Wachipi), and social activities (hand games, gourd dances, and pow-wows). Important traditional native ceremonial practices are referred to by their tribal names for two reasons: (a) respect for tribal cultures and spiritual beliefs of indigenous people and (b) to familiarize the readers with these terms. The rituals are described in Appendix A and defined in the list of definitions. Involvement in these traditional tribal activities was associated with a reduction in patient stress, and improved recovery from heart problems (Miller, Garrett, McMahon, Johnson, & Wikoff, 1985; Miller, Johnson, & Garrett, 1982).

Tribal rituals and ceremonial practices have been utilized as intervention tools within some native mental health programs (e.g., Guilmet & Whited, 1987; Mitchell & Patch, 1986). For instance, Guilmet and Whited (1987) reported that at a tribal mental health center in Washington (state), several traditional practices were used by staff and clients. These traditional practices included the use of cedar and sage smoke. Cedar and sage smoke (representing power), and prayers were considered useful in “spiritual” cleansing. Pipe ceremonies, traditional talking circles, southwest shamanic practices,
and the Inipi were also used in this state of Washington tribal mental health program. The integration of traditional healing practices appeared to be related to greater numbers of native clients completing therapy.

Despite evidence that clinicians' knowledge about native beliefs and spiritual practices may contribute to successful health, mental health, and substance abuse treatment of indigenous people, many traditionally important tribal beliefs and practices have not been adequately documented. Further, it is unclear whether any important discrepancies exist among the death, dying, grief, and bereavement beliefs and practices of native clients and the knowledge base of the mental health or substance abuse treatment practitioner; certainly, there are times when such professionals are called upon to assist tribal clients who are having problems coping with the death of a loved one. Do mental health-substance abuse professionals (MH-SAPs) know what comprises culturally adaptive, versus maladaptive ways of coping with bereavement issues among native people?

There are 411 federally recognized tribal units in the United States (LaFromboise, 1988). Each of these tribal units possesses unique death, dying, grief, and bereavement beliefs and practices. Thus, a logical starting point for researchers interested in native death and bereavement beliefs and practices to focus on is a single tribe; for example, the Lakota (or Sioux) tribe of South Dakota.

A review of the literature revealed only one study about Lakota death, dying, grief, and bereavement beliefs and practices (McCone, 1968). In 1994, the present
The present qualitative study had two main goals. First, the contemporary and traditional death, dying, grief, and bereavement beliefs and practices of one American Indian tribe, the Lakota, would be documented. Such documentation could be used in the future to inform both professionals and tribal members. Toward this end, it was important to access the main repository of this knowledge, traditional Lakota elders (TLE) and/or spiritual leaders. These individuals were thought to possess whatever historically valid knowledge still exists about both contemporary and traditional Lakota death, dying, grief, and bereavement beliefs and practices.

Second, the question of whether the knowledge of mental health and/or substance abuse professionals is substantially discrepant from the knowledge of TLEs
about traditional and contemporary Lakota death, dying, grief, and bereavement beliefs and practices was of interest. Information about such gaps in knowledge has implications for training MH-SAPs, and for increasing the knowledge base of youthful Lakota tribal members.
REVIEW OF THE LITERATURE

Method

To more strongly emphasize the uniqueness of indigenous death, dying, grief, and bereavement beliefs and practices, the following review summarizes some of the known differences between native and dominant culture beliefs and practices. The available literature outlining death, dying, grief, and bereavement beliefs and practices among a number of tribes is summarized. Characteristics of the available primary research studies were coded by the reviewer (see Appendix B). Further, research documenting the need for mental health professionals to be knowledgeable about, and sensitive to the cultural beliefs and practices of native clients is highlighted. The implications of this research for practitioners serving tribal clientele, such as the Lakota, are summarized.

Description of the Literature Search

A literature search was conducted using computer data bases and content searches. The ERIC, Medline, Anthropology Abstracts, Psychological Abstracts, and Dissertation Abstracts databases were searched for the years 1966 to 1991. Keywords used included: Ethno-psychiatry, Native religion, Native medicine, Native American, American Indian, Indigenous, Sioux, Lakota, death, dying, grief, bereavement, mourning, ritual, ceremony, coping, belief, and world-view. The articles were
searched for additional references that pertained to death, dying, grief, and bereavement beliefs, and practices among native people. The author also hand-searched the reference lists of books, articles, and journals cited in other sources.

Of the 12 articles about native death and bereavement identified and reviewed below, none included experimental designs or reported quantitative data. Articles included case studies and provided specific descriptions of treatment for grief or bereavement, or relevant qualitative data.

The present review describes the most common tribal traditional and contemporary death, dying, grief, and bereavement beliefs and practices published in eight reports. This discussion is followed by a comparison of the death and bereavement beliefs and practices between some indigenous tribes and the dominant or Euro-American culture. Treatment examples incorporating tribal beliefs and practices are provided, and common methodological shortcomings in the literature are outlined. Finally, other research suggesting the import of cross-cultural competence with native clients, such as the Lakota, is summarized.

**Common Indigenous Beliefs and Bereavement Practices**

Many indigenous people consider death an extension of life into the spiritual realm. Ghosts are commonly linked to causes of events, accidents, or illnesses (Putsch, 1988). According to LaFromboise and Bigfoot (1988), “Many American Indians associate personal misfortune, disease, or death with direct or indirect
retaliation by evil spirits or traditional enemies” (p. 23). Putsch (1988) described a phenomenon termed “ghost illness,” in which ghosts are linked to a bereaved person’s wish to die, as well as hallucinations, dreams, and thoughts of the dead. Krache (1984) described a subjective feeling of bodily “spasms” that reportedly resulted from being attacked from behind by the ghost.

Among most native people, death is considered to be merely an extension of life, and ghosts are viewed as having the ability to cause physical and psychological changes in the living. For example, Krache (1984) noted that some tribal precautions are commonly followed to protect the mourners, including the use of fire, herb cleansing, brushing, feasts, and gift-giving.

Perhaps because of the belief that ghosts have the ability to affect the living, bereavement practices among many indigenous groups are often designed to help the spirit on its journey to the spirit world, where it can no longer endanger the living (Steele, 1977). For example, Krache (1984) reported burial practices that included tying and decorating the corpse, and burial positions that are believed to minimize threats to the living.

Mazur-Bullis (1984) described the process of clearing a path from the grave to allow the spirit to leave, Grant (1985) discussed songs and chants, and Putsch (1988) included prayers for the dead and bereaved designed to speed the spirit on its way to the other world (p. 6):
Don’t seek us and we won’t seek you

Don’t yearn for your relatives

Don’t call for us

(Lahu funerary prayer)

Tell them not to trouble us.

Or to come here

and take anyone else away.

(Cree funerary prayer)

Among some natives, grief is expressed in a restricted form with temporal limitations. Mazur-Bullis (1984), for example, described bereavement on the Fort Berthold Indian Reservation in North Dakota. Weeping is encouraged only to the point of burial; afterwards, further weeping is thought to keep the spirit from moving into the spirit world. Krache (1984) reported that excessive weeping is believed by some tribes to expose the bereaved person to supernatural powers. Thus, in many tribes, the direct expression of sorrow is discouraged after the burial of the deceased, and steps are taken to avoid reference to the memory of the deceased.

Examples of the Indigenous Bereavement Process

In three cases reported by Hanson (1978), the value of rituals and ceremonies to tribal mourners was stressed. For example, members of the Hopi tribe attribute all death and illness to witchcraft, spiritual imbalance, and supernatural experiences.
These misfortunes can be redressed through the use of appropriate tribal ceremonies or rituals. Furthermore, the Hopi and many other tribes hold the belief that ceremonies and rituals encourage the spirit to enter the afterlife (Steele, 1977).

Hanson (1978) described the treatment of a Hopi man who experienced auditory hallucinations after a death in the family. He presented himself at a San Francisco emergency room and was diagnosed as having psychotic symptoms. The Native American Social Work Project workers intervened on his behalf. As a result of their intervention, the Hopi man participated in a series of rituals and ceremonies for the dead that are commonly used within his tribe. Following this culturally appropriate intervention, the Hopi man reported that the hallucinations stopped.

Hanson (1978) described the treatment of a 27-year-old Navajo woman who presented at an emergency room for abdominal swelling and suicidal behaviors. This individual also reported experiencing dreams of her father’s recent death in an automobile accident. The Navajo belief system reportedly includes the idea that everyone dies because of some malevolence, with the exception of those who die of old age. The Navajo woman was encouraged by other Navajo tribal members to participate in ceremonies thought to rid her of her father’s spirit. Reportedly, her suicidal behaviors and physical symptoms were reduced following her participation in the ceremonies.

In another case, a “middle-aged woman” was experiencing arthritis that she ascribed to her failure to be “brushed off” properly at a funeral. Brushing off is the
process by which a medicine man or spiritual leader “removes” unwanted spirits of the deceased believed by some tribes to cling to the living. In this case, the woman’s laboratory results and her physical examination were not consistent with her severe incapacity. After a traditional ritualistic treatment to “retrieve her soul,” it was reported that her mental state was improved, although her arthritis worsened. The tribal ceremonies used in traditional treatment of this woman included singing her father’s spirit song, giving something up, and helping with the ceremonial process. She was required to “give up” or sacrifice part of the time that she had previously spent playing bingo. Helping with the traditional ceremonial process included presenting gifts to honor the medicine man, singing her father’s spirit song with the medicine man, and allowing the medicine man to use the smoke from burning herbs to bless her.

In these aforementioned cases, the patients were experiencing physical and psychological symptoms thought to be related to the deaths of family members within their tribes. Native healers from within the community were sought out to conduct appropriate ceremonies and rituals thought to be beneficial for these types of problems within the tribal cultures.

In these three reports, the bereaved individuals mentioned were encouraged to attend the appropriate tribal ceremonies. In each case, the reported symptoms at least partially abated, concomitant with the implementation of traditional rituals. Obviously, there are substantial differences among indigenous, European, and Euro-American death, dying, grief, and bereavement beliefs and practices. In the next section, a few of
Comparisons of Practices of Bereavement: Indigenous Versus Dominant Culture

Writers describing bereavement in both native and western cultures report symptoms including somatic distress, preoccupation with the image of the deceased, and guilt (Lindermann, 1944). Hanson (1978) reported that hallucinations, particularly auditory hallucinations, are a commonly accepted part of the bereavement process among indigenous people. In contrast, hallucinations are not commonly accepted in western European or modern American cultures (Rees, 1967). However, Rees (1971) reported that 49.7% of 293 people in a British sample reported postbereavement hallucinations. Further, R. Crapo (personal communication, February 19, 1998) stated that 70% of fishermen’s widows in Ireland, Wales, and Scotland had reported repeated visits from their deceased husbands’ spirits. Many of the hallucinations lasted for several years after the death of a family member.

Western Europeans and Americans encourage mourners to accept the reality of the loss, experience the pain and grief, adjust to an environment in which the deceased is missing, and invest their emotional energy in another relationship. These practices inform clinical treatment theory and planning for bereavement in the dominant culture (Floerchinger, 1991; Kubler-Ross, 1969).

A denial of the active expression of grief at any stage of the process was presented as prolonging the bereavement process among Euro-Americans. In contrast,
some tribes practice ritual waiting periods during which the deceased are thought to be able to influence the living, and the living influence the dead. Native people engaged in culturally appropriate grieving often simply stop “grieving” at a culturally appointed time.

**Methodological Issues in the Literature**

Although some general themes might exist, it is a mistake to assume that members of various tribal groups adhere to a common set of traditional and contemporary death, dying, grief, and bereavement beliefs and practices. Ladue (1981) addressed the fallacy of describing natives from different tribes and cultures as homogenous. However, few of the articles reviewed for this dissertation included either the specific tribal backgrounds or the estimated degree of acculturation of the subjects. It follows that research on the traditional and contemporary death, dying, grief, and bereavement beliefs and practices of a given tribe, such as the Lakota, is a logical first step in the development of a modern scientific database about these issues.

Furthermore, none of the articles reviewed by the present author reported results based on experimental or quasi-experimental research designs. Though it may be very difficult to manipulate variables of interest, the incidence of death allows for the formation and testing of hypotheses.

For example, the efficacy of traditional native versus Euro-American bereavement practices could be compared in a given sample of tribal people.
Alternatively, carefully constructed interviews and surveys might be designed to enrich the database with common case examples and graphic descriptive data about traditional and contemporary death, dying, grief, and bereavement beliefs and practices, as described by selected members of a particular tribe or native culture (Rew, Bechtel, & Sapp, 1993; Sandelowski, 1986, 1991).

**The Importance of Cultural Knowledge and Sensitivity**

Numerous authors recommended that MH-SAPs intending to serve native clients develop cultural knowledge and sensitivity. It is the present author’s observation that because of the lack of trained mental health workers in “Indian county,” that often substance abuse professionals are the only professional helpers within a given community. Therefore, often native clients must turn to substance abuse counselors within their communities to receive services commonly thought of as being within the domain of mental health professionals. One of these services, bereavement counseling, is typically provided by mental health professionals in dominant culture communities.

The development of cultural knowledge and sensitivity is important because of the challenges of providing services, such as psychotherapy, across cultural boundaries. “Cross-cultural therapy implies a situation in which the participants are most likely to evidence discrepancies in their shared assumptions, experiences, values, beliefs, expectations, and goals” (Manson & Trimble, 1982, p. 149).

An exhaustive review of the material recommending the development of cultural
knowledge and sensitivity as the basis of effective clinical work with indigenous clients exceeds the scope of this dissertation. However, it is important to summarize the central premise underlying this research: Cultural knowledge and sensitivity about tribal cultures may be a prerequisite for effective clinical practice with tribal clientele. Therefore, a brief review of the literature was conducted. The current author located 15 studies discussing various aspects of the importance of cultural knowledge and sensitivity to the practitioner of clinical services in native communities. Although not likely exhaustive, several cultural arenas requiring knowledge and sensitivity of practice are presented in the section that follows: (a) gender stereotyping and other issues of native women, (b) genuine versus pseudo indigenous spirituality, (c) use of tribal archetypes (Heyoka) in counseling, (d) understanding family and community variables, (e) becoming familiar with language differences, (f) recognizing native methods of achieving social justice, (g) traditional models of tribal “group therapy,” (h) identifying the healthy use of peyote rituals, and (i) observing the value of ceremonies for combat veterans.

Native women in research. Medicine (1988) has written that the native woman is usually portrayed in stereotypical fashion in the research literature, usually either as subservient drudges (the Plains Indian, male-dominated warrior culture), or as matriarchal matrons of an Eastern horticultural group. The true diversity of the lives of female tribal clients that exists beyond the stereotypical descriptions in the literature cannot be appreciated without cultural education. Though not identified, tribal social
and work roles for Indian women are as individual and diverse as they are among women in the dominant culture. Certainly, practitioners can best serve female Indian clients if they take the time to learn more about this diversity. One area of importance, when studying native people to develop cultural knowledge and sensitivity, is that of spirituality.

Native women and spirituality. Kasee (1995) explained that reclaiming a positive sense of tribal spirituality and incorporating it into one’s daily lifestyle is critical for native women recovering from mental health and substance abuse disorders. She lamented the difficulties caused by exploitation of tribal belief systems and ceremonials by charlatans and “plastic medicine men or women.”

Professionals working with tribal women must develop accurate cultural knowledge and sensitivity about the real versus ersatz types of indigenous spirituality to which female native clients might be exposed. Such knowledge may strongly influence the social support resources clinicians may rely upon to assist these native clients.

Tribal archetypes (Heyoka). According to Herring (1994) understanding the meaning of various psychological archetypes, such as the clown or contrary figure (e.g., the trickster, a tribal archetype) might underlie the development of powerful mental health interventions for native clients. Such archetypes may be represented in the thoughts and feelings of Indian clients, and may be used by clinicians to illustrate points, make interpretations, and so forth. For example, historically, the role or meaning of the contrary figure (or trickster) was used to draw attention to the tendency
of individuals or groups of tribal peoples to engage in “black and white” or overly polarized thinking or behavior. That is, the clown behaved in a satire or parody of the polarized thinking or behavior and called attention to it as a possible problem, in an indirect and non-threatening manner. Clinicians may use their knowledge of this archetype to help tribal clients gain insight into maladaptive, dichotomous thinking.

Indeed, Herring (1994) strongly cautioned workers to recognize that there is always an underlying, metaphorical message carried within the humor of the clown figure. He only included a few lines about the Lakota contrary figure or “Heyoka” in his writings. However, if Herring’s views are correct, it would be important to learn more about the metaphorical meaning and relevance of the Heyoka, in order to work effectively with Lakota clients. For example, telling a Lakota client a culturally appropriate story incorporating a Heyoka might be an effective means of providing an indirect and therefore nonthreatening confrontation.

Value of tribal affiliation and spirituality. Garrett and Garrett (1994) suggested that MH-SAPs must not separate native clients from their spirituality or affiliation with their tribal group. Therefore, it is incumbent upon workers to understand as much as possible about the meaning of tribal affiliation and spirituality to their clientele.

For example, tribal individuals often belong to historical clans or groups. These tribal groups or clans once had numerous roles that have changed over time. However, a native client may serve a traditional role within the tribe’s historical clan system, or is expected to participate in grieving according to a predetermined manner.
Responsible clinicians would strongly support the client’s full participation in these roles, particularly those who are clinically depressed because of bereavement.

**Understanding community and family variables.** Horejsi, Heavy Runner-Craig, and Pablo (1992) described 12 situational, cultural, and community factors that might impact Child Protective Services (CPS) providers working with indigenous families. Of these 12 factors, 3 are important to discuss in this study: foster care, extended family structure, and living in a tribal community. First, it is doubtful that most clinicians in the dominant culture appreciate the fact that tribal cultures have no words for the concept of foster care (Cross, 1987). The extended family among Indian people is essential to tribal economies and the social fabric. If uninformed professionals attempt to promote foster care, they may be offering recommendations that are offensive, because the concept is at odds with tribal and family values. Rather, clinicians must realize that the extended family can be used to support clinical interventions and compensate for inadequacies in parenting skills among biological parents.

**Silence and language issues.** The phenomenon of interpersonal silence represents another area in which nonindigenous therapists likely need additional training. For example, therapists at a Seattle family therapy clinic were having difficulty communicating with a female native client. Following an observation of their interviewing methods, a consultant familiar with the client’s culture recommended that the practitioners add several more seconds of silence after posing a question.
Additional silence following a query was more familiar to the native woman, and she responded by becoming a more communicative and hard-working client (T. Tafoya, personal communication, June 6, 1995). Several authors have written about the value of silence as a safe or culturally appropriate response by a native client to unpredictable, uncontrollable, or unfamiliar situations such as counseling or psychotherapy (Guilmet, 1976).

Promoting active verbal interaction with clients is a value held by many training programs in the dominant culture. Aggressive pursuit of verbal dialogue with native clients may be counterproductive, however. Often, there is a deeply held belief within native communities that it is inappropriate to notice or discuss another person’s problems or personal issues (Spindler & Spindler, 1957). Such tribal beliefs call into the question the common or general applicability of verbally based psychotherapy for this population (Guilmet & Whited, 1987).

**Tribal judicial systems.** Often, MH-SAPs provide assessment reports and expert testimony to tribal courts. This occurs despite the fact that such assessment methods are not normed on particular tribes, and are rooted exclusively in the judicial system of the dominant culture. Understanding the normative limitations of psychological tests and the value of tribal traditions in achieving social justice may be very important to practitioners working with tribal judicial systems.

Two recent articles argued that native communities have age-old and effective, formal methods of dispensing justice (Bluehorse & Zion, 1993; Mansfield, 1993). For
example, several traditional Northwest tribes recommend that traditional methods of justice (e.g., peacemaking) be formally reincorporated into the tribal court and used to supplant modern methods (Mansfield, 1993). Also, Bluehorse and Zion (1993) recommend the reintroduction of the Hozhooji Naat’aanii or Navajo justice and harmony ceremony. Mental health practitioners who work with tribal courts might benefit tribal justice systems by shaping their recommendations and testimony so as to support tribal traditions and values, rather than those ore typically associated with normative testing outcomes.

Traditional tribal “group therapies.” Within the dominant culture, group therapy is regarded by practitioners as a popular, powerful method for effecting change in clients (Cohn & Osbourne, 1992; Corey, 1990). Such methods can complement traditional native ceremonies and practices. For example, among the Lakota, there are two tribal ceremonies that bear similarities to group counseling work: the Inipi (Sweatlodge ceremony) and the “Talking Circle.” The Inipi and talking circle are important ceremonies, which have elements in common with western group therapy models (Stone, 1994). It has been suggested that these ceremonies be studied and recommended, at appropriate times, by practitioners working with tribal clients (Garrett & Osbourne, 1995).

Appropriate tribal use of peyote rituals. Even within the American military, the Native American Church peyote religion has been accepted. For example, a recent general order allowed indigenous military personnel to practice the ritualistic use of
Clearly, the ethno-psychedelic use of peyote as a preferred treatment for alcohol dependence among native people has long been documented (Albaugh & Anderson, 1974; Chuelos, Blewett, Smith, & Hoffer, 1959; MacLean, MacDonald, Byrne, & Hubbard, 1961; Smith, 1958). However, such a native practice might be viewed as unhealthy or destructive by clinicians adhering to a (dominant culture) Alcoholic's Anonymous model, which strongly advocates total abstinence from all drugs. It would be gravely irresponsible for dominant culture health practitioners to automatically interpret a native client's use of peyote as an attempt to "escape or avoid reality" or responsibility for personal problems. However, given the fact that dominant culture training models shape the views of most MH-SAPs, it might be difficult for these workers to attain the cultural sensitivity necessary to understand the relevance of the peyote ritual to native people.

**Traditional treatment for posttraumatic stress.** According to Scurfield (1995) and Silver (1994), the outcome of treatment for posttraumatic stress disorder (PTSD) manifested by tribal Vietnam veterans has been clearly improved by the addition of indigenous beliefs and rituals. Both of these authors stressed the importance of integrating traditional native practices and beliefs into the treatment of indigenous Vietnam veterans exhibiting PTSD symptoms. For example, both Scurfield (1995) and Silver (1994) reported that the addition of the native sweat lodge ceremony or Inipi benefited tribal veterans. Uniquely, beneficial effects of integrating the Inipi and other traditional tribal rituals into the formal treatment model also proved salutary for
dominant culture Vietnam veterans.

Summary

In summary, there is sufficient documentation in the literature to justify the suggestion that MH-SAPs need to develop cultural knowledge and sensitivity. Furthermore, it naturally follows that specific tribal clientele would benefit from culturally-specific knowledge and sensitivity among practitioners. Therefore, it was deemed important to conduct the present research project to inform professionals about contemporary and traditional Lakota death, dying, grief, and bereavement beliefs and practices. Many of the clinical practices of mental health workers in the dominant culture may or may not be consistent with the Lakota culture. Also, culturally sensitive clinicians may best help Lakota clients by encouraging their involvement in particular Lakota ceremonies and practices.
PURPOSE AND OBJECTIVES OF
THE PRESENT STUDY

The available literature on death, dying, grief, and bereavement among native people supports the contention that each tribe or cultural unit has specific beliefs and practices that are used to deal with the loss of a loved one and to resolve attendant grief or bereavement. However, absent from the literature in this area is an adequate documentation of these sources of bereavement support in particular tribes. Careful documentation might provide a resource to practitioners wishing to increase their cultural knowledge and sensitivity about the traditional and contemporary death, dying, and grieving practices of the native clients they treat for pathological bereavement. Also, a tribe might incorporate this information into training materials designed to increase the cultural competence of future generations of native youth.

Furthermore, the level of knowledge possessed by mental health and substance abuse workers about any given tribe's traditional and contemporary death, dying, grief, and bereavement beliefs and practices has not been assessed. Presently, it is unclear whether major deficits exist in the knowledge of MH-SAPs of tribal death, dying, grief, and bereavement beliefs and practices, such that native people might be given advice or support which contradicts their cultural mores. For example, therapists trained in the western methods of grief counseling appear to encourage clients to actively mourn for much longer periods than is acceptable among various Indian tribes.
Lakota beliefs and practices include burning various herbs and tobacco, chanting, and involvement of nonprofessionals, such as tribal elders. Such practices were not understood and consequently not supported by some of the health care delivery system workers with whom the present author has conversed (Grant, 1985; Putsch, 1988). In fact, one Indian Health Service (IHS) nursing supervisor reported that because of her particular (western) religious convictions, she opposed the integration of Lakota spiritual practices into the care of native patients. Clearly, documentation of traditional and contemporary Lakota death, dying, grief, and bereavement beliefs and practices might be helpful to the professionals involved in the care of Lakota clients.

Certainly, health care professionals’ amount of cultural knowledge might be associated with the degree to which they are ethnically similar to that culture. For example, an Anglo mental health counselor confronted with a bereaved Lakota client might possess different knowledge about Lakota bereavement practices than a mental health counselor who is part-Lakota. Such variance in knowledge due to ethnicity has implications for how much cultural education may be required of persons who have been exposed to specific cultures. However, validation of this speculation about a possible relationship between ethnicity and knowledge has not been assessed to date. Documentation of the death, dying, grief, and bereavement beliefs and practices of a particular indigenous tribe (such as the Lakota) could provide a basis for developing
assessment methods for evaluating the degree to which professionals' knowledge and beliefs about these issues are accurate. For example, structured questionnaires or oral interviews might eventually be developed to assess a practitioner's readiness to: (a) designate recognized Lakota bereavement practices as either factual or nonfactual and (b) affirm plausible, but truly erroneous beliefs and practices as either factual/recommended or erroneous/misguided.

Research Questions

The first four research questions presented below pertain to the goal of documenting the knowledge of traditional and contemporary Lakota tribal death, dying, grief, and bereavement beliefs and practices described by TLEs. Traditional Lakota elders, as key resources of knowledge about Lakota culture, likely would evidence an extremely high level of agreement about cultural beliefs and practices. A lack of a high level of agreement between elders might reflect either a lack of consistent experience and cultural expertise, or it may reflect increasing cultural diversity in the Lakota culture, or fragmentation of the Lakota culture.

The fifth research question below pertains to comparing the knowledge of the MH-SAPs with that of the TLEs in these areas. This question is followed by three research hypotheses, which involve comparing and contrasting the knowledge possessed by MH-SAPs with that of TLEs (about traditional and contemporary Lakota death, dying, grief, and bereavement beliefs and practices).
1. What consistencies exist, if any, in TLEs' beliefs and practices regarding:
   (a) the concept and cultural meaning of death and (b) recommended practices directed
   toward helping Lakota tribal members deal with the deaths of loved ones?

2. Where inconsistencies in the TLEs' reports occur, do they tend to center on
   any of the following areas: (a) basic Lakota philosophical or spiritual fundamentals
   about death and the afterlife, (b) practices and/or beliefs pertaining to burial, or (c)
   beliefs or recommended practices for coping with bereavement?

3. Do the TLEs identify any major themes regarding recent perceived changes
   (during their lifetimes) in traditional beliefs or practices regarding death, dying, grief,
   and bereavement? If so, are these changes generally perceived to have harmed or
   helped the Lakota culture?

4. What practices do TLEs believe should be used to assist Lakota tribal
   members who respond in an unhealthy or maladaptive manner to the loss of a loved
   one (e.g., excessively prolonged mourning behavior, avoidance of family
   responsibilities, or development of a pattern of excessive drinking)? For example,
   would TLEs endorse the use of widely accepted "western" methods such as
   antidepressant medication (for treatment of mood disturbances in bereavement) to the
   extent that MH-SAPs serving the Lakota might? The author expected this question to
   elicit affirmative responses from both Lakota and NL MH-SAPs. With regard to the
   present author's expected responses, do differences exist between informant subgroups
   in the following areas:
Questions expected to elicit positive or affirmative responses from both TLEs and knowledgeable MH-SAPs: (a) Is spending additional time with family members or friends thought important to cope? (b) Is consultation with a Lakota spiritual leader desired to cope? (c) Are making attempts to contact the deceased’s spirit recommended to cope? (d) Is the use of traditional Lakota ceremonies or rituals advocated to cope?

Questions expected to elicit positive or affirmative responses from both modern Lakota and NL MH-SAPs: (a) Is the use of antidepressant medications recommended? (b) Are thinking, imaging, talking, or writing about past experiences with the deceased desired to cope? (c) Is the use of the western “grief-cycle” advocated to cope? (d) Is the use of psychotherapy or support groups sanctioned to cope?

Questions expected to elicit negative or nonaffirmative responses from both TLEs and knowledgeable MH-SAPs: (a) Is it advisable to use alcohol to manage bereavement (considered deeply maladaptive by the Lakota)? (b) Is leaving the deceased’s belongings in their room recommended (a practice clearly contrary to traditional Lakota culture) to cope? (c) Is participation in modern Christian church ceremonies or “New-Age” rituals endorsed to cope (a practice not likely to be endorsed by traditional Lakota)?

Questions expected to elicit negative or nonaffirmative responses from both modern Lakota and NL MH-SAPs: (a) Is changing jobs recommended to cope? (b) Is moving away advised to cope? (c) Is changing one’s diet endorsed to cope?

5. Do MH-SAPs who serve the Lakota differ from TLEs with regard to
philosophical/spiritual beliefs about death, burial, or recommended bereavement practices? Are the recommendations of the TLEs for dealing with each of these problems different from those of the MH-SAPs?

Research Hypotheses

The following hypotheses are designed to further examine possible differences about traditional and contemporary Lakota death, dying, grief, and bereavement beliefs and practices possessed by TLEs versus MH-SAPs.

1. LG MH-SAPs would tend to possess knowledge of traditional and contemporary Lakota death, dying, grief, and bereavement beliefs and practices qualitatively different or dissimilar from that possessed by MH-SAPs of other backgrounds.

2. NL MH-SAPs would generally possess specific knowledge about traditional and contemporary Lakota death, dying, grief, and bereavement beliefs and practices different or dissimilar to knowledge possessed by the TLEs.

3. NL MH-SAPs would recommend one or more treatment strategies inconsistent with the traditional and contemporary Lakota death, dying, grief, and bereavement beliefs and practices reported by the TLEs.
PROCEDURES

Overview of Procedures and Methodology

This section outlines: (a) identification and selection of MH-SAP and TLE informants; (b) development and pilot study of the interview, conducted with TLEs; (c) the development of the structured questionnaires used to survey the MH-SAPs; (d) rationale and use of the structured questionnaires as the basis of oral interviews with six of the MH-SAPs; (e) the development and use of the coding techniques for quantifying the interview and questionnaire data; (f) data analysis methods; and (g) the subjective, qualitative decision rules for supporting versus not supporting the three research hypotheses.

The Identification and Selection of Informants

Identification of TLEs Informants

There are numerous differences in the death, dying, grief, and bereavement beliefs and practices of various indigenous tribes. Therefore, focusing research efforts on a given tribe’s knowledge about death, dying, grief, and bereavement beliefs and practices is a reasonable starting point. The Lakota tribe located in South Dakota provides one useful population for this type of study.

The various Lakota tribal units comprise the largest native tribe in South Dakota. There are several different branches or clans of the Lakota tribe living on
various reservations and urban settings in South Dakota. These tribes include the Oglala Lakota at Pine Ridge, the Cheyenne River Sioux at Eagle Butte, and the Rosebud Sioux at Rosebud. In addition to the reservation tribes, there are large numbers of Lakota living in various urban centers in South Dakota, including Sioux Falls and Rapid City.

Between July 1994 and September 1995, the present author lived in Rapid City, in close proximity to various Lakota reservations. Rapid City is located in the heart of the Black Hills. This community of 60,000 is the economic, geographic, cultural, and population center of Lakota country. It is roughly centered in the catchment area containing knowledgeable Lakota cultural informants (elders and spiritual leaders).

Selection of Informants

Two groups of informants (N = 34) provided information analyzed in this study: five TLEs and 29 MH-SAPs, who serve Lakota clientele. Due to the importance of obtaining the most knowledgeable Lakota experts, initial efforts were made to obtain at least six TLEs (three male and three female).

Wolcott (1994) has stated that few informants are required for oral interview qualitative methodology, if the informants are highly representative of the culture: The informants must possess a knowledge base adequate to fully provide the requested information or a representative sample of it. A careful analysis of the data resulting from comprehensive interviews can provide as valuable and complete an understanding

Further, there are contexts in which the total number of fully expert informants is simply very small (e.g., research involving all living monarchs, or all TLEs). Indeed, in the present study, the total population of TLEs is simply very small.

Initially, six TLEs participated in the interviews. However, one of the six (a female, age 86) subsequently called the author and requested that the information she provided be removed from data analysis. Her rationale was that the Lakota elders who were optimally knowledgeable about the information needed in this study are male, rather than female. Subsequently, the present author discovered that her opinion, that male Lakota elders are more knowledgeable, was shared by all of the Lakota elders interviewed. However, despite this traditional belief, another female Lakota elder agreed to allow the present author to use the information she shared in the interview. After discovering that this traditional belief regarding gender was widely held by the elders, the present author made no further attempt to obtain an equal number of male and female Lakota elder informants.

Selection of TLEs

Initial contact was made with tribal representatives who were capable of nominating a pool of Lakota elders and spiritual leaders. Each Lakota tribe has a specific, designated representative who can arrange meetings with Lakota tribal elders.
Among native people, self-nomination and other-nomination is recognized as a traditional means of identifying persons who possess specialized knowledge about tribal traditions and customs.

In addition, the present author attended various ceremonies, such as the Inipi and pow-wows, where he discussed the present study with known Lakota elders. In several cases, Lakota elders either volunteered to participate in the research or suggested other elders.

When asked by the present author to nominate other potential informants, there was a good consensus among tribal authorities, regarding who tribal elders or spiritual leaders were. The four male Lakota elders interviewed in Rapid City and on adjacent Lakota reservations heartily endorsed one another. Also, it was universally recommended by each of the Lakota elders interviewed that one prospective elder interviewee, who was self-nominated, not be included. This individual was described as a usurper, without adequate credentials to be considered an elder (e.g., “He is just a wannabe, and he doesn’t know anything”).

To summarize, TLEs were, initially, either self-nominated and/or nominated by at least two other Lakota representatives as knowledgeable about traditional and contemporary Lakota death, dying, grief and bereavement beliefs and practices. A common group of Lakota elders was repeatedly nominated by other tribal members. Therefore, five of these Lakota elders were included as informants. Also, these elders were willing to share their knowledge about traditional and contemporary Lakota death,
Elders Demographic Background

The five Lakota elders completed a brief, personal information sheet that included demographic questions. Based on this information, brief demographic profiles of the elders are provided below. Code numbers were assigned to help protect their identity.

TLE #1 was a 75-year-old, male, enrolled Lakota living in Rapid City, South Dakota. He presently works at the Rapid City Oglala Lakota college campus as a teacher of Lakota language and tradition. This elder was born and raised on the Rosebud reservation, and his religious background was in both traditional Lakota spirituality and Catholicism. His spiritual role in the Lakota culture is as a spiritual leader, Pipe Carrier, Sun Dance Chief, and leader of various ceremonies, including Inipi, naming ceremony, and healing ceremonies.

TLE #2 was a 66-year-old, enrolled Lakota female living in Poplar, Montana. She is a retired social worker. Born and raised on the reservation at Fort Peck, Montana, her religious background was in both traditional Lakota and Dakota spirituality, and the Presbyterian Church. While being a recognized tribal elder, she is not considered to be a spiritual leader among her people. However, she possesses strong traditional religious beliefs and has attended many ceremonies, including the
following: Inipi, Yuwipi, Wiwanyag Wachipi, and Wiping of the Tears.

TLE #3 was a 40-year-old, enrolled Oglala Lakota male who was born and raised (and is currently living) in Pine Ridge, South Dakota. He works as an instructor of traditional Lakota religion, language, and traditions at the tribal college. His spiritual background was in traditional Lakota spirituality and the Native American Church. TLE #3 is a spiritual leader in the Lakota culture and leads many ceremonies, including the following: Inipi, Wiwanyag Wachipi, Wiping of the Tears, Keeping of the Soul, various other healing ceremonies. He also acts as Pipe Carrier for the Grey Eagle Society of the Oglala Nation.

TLE #4 was a 42-year-old, enrolled Oglala Lakota male living in Rapid City, South Dakota. He works as an alcoholism counselor and lead technician for American Indian clients at the Addiction Recovery Center (ARC). His spiritual background was exclusively in Lakota traditional spirituality. TLE #4 is a spiritual leader and pipe carrier in the Lakota culture, and he leads many ceremonies. These rituals include: Inipi, Wiwanyag Wachipi, various healing ceremonies, and Sacred Pipe ceremonies.

TLE #5 was a 45-year-old, enrolled Oglala Lakota male living in Kyle, South Dakota, where he works as a spiritual advisor to the Project Phoenix Alcohol Treatment Program. His spiritual background was exclusively in traditional Lakota spirituality. TLE #5 is a Lakota Pipe Carrier and traditional spiritual leader, who conducts ceremonies including Wiwanyag Wachipi, Hanblecheyapi, Inipi, various healing ceremonies, and the Sacred Pipe ceremony.
Selection of MH-SAPs

A complete list of Indian Health Service (IHS) and tribal mental health and substance abuse facilities that serve Lakota clientele in South Dakota and surrounding states was compiled with the assistance of the director of the Sioux San (IHS) Regional Hospital Mental Health Inpatient Unit in Rapid City, South Dakota. Directors of facilities included in the list were asked to both participate in the present study, and to nominate other programs and/or workers serving the Lakota. Thus, the author generated a list of over 45 potential sites and workers. Next, each potential informant or unit was contacted by letter and telephone; the purpose and procedures of this study were described to them. This initial contact was followed by a phone call requesting the names of all potential informants. Potential informants were asked to nominate other workers (who may have been overlooked by the search strategy described above).

Inclusion criteria for MH-SAPs included self-identification in the following areas: service in an IHS, tribal, or urban mental health or substance abuse program serving Lakota clients, or practice in an agency or as an individual provider serving Lakota clients. All MH-SAPs selected for this study were professionally accredited in some manner, either through licensure or certification.

Six of the MH-SAPs were personally known to the author because he had worked with them at the Rapid City IHS Regional Hospital Inpatient Mental Health Unit for 4 months in 1995. In addition to the above-mentioned inclusion criteria, these six mental health-substance abuse informants were selected because they agreed to
respond to an oral interview composed of the same questions asked in a survey instrument. Selection of the remaining 23 mental health-substance abuse professional respondents was based on their completion and return of a written survey instrument mailed to their office or agency.

MH-SAP Informant Demographics

Twenty-nine MH-SAPs were chosen as informants for this study (N = 29). This group of informants included two subgroups of interest: LG Lakota MH-SAPs (n = 17) and NL MH-SAPs (n = 10).

The average age of the respondents was 43.4 years (range 29-71); 48% were female and 64% were male. Eighteen of the respondents were Lakota and one was native non-Lakota resulting in an ethnic proportion of 18 Lakota (62%), 1 native non-Lakota (4%), and 10 non-Lakota (35%).

Each of the MH-SAPs served an average client load of 40% Lakota clients. Each informant also specified the types of training that they had completed related to issues of death, dying, grief, and bereavement among the Lakota. These training percentages are as follows: 36% attended college courses, 50% attended specialized workshops, 46% conducted independent reading, 82% reported training through personal experiences, and 41% had received formal instruction from a TLE.

In summary, the sample was comprised of five Lakota elders and 29 MH-SAPs, including 6 MH-SAPs who provided responses to interview questions and 23 MH-SAPs
who returned written survey instruments ($N = 34$). In the next section, the development of the research materials and methods will be described.

Research Materials

Informants and Data Gathering Methods

Oral interviews and written surveys were used to obtain the data in the present study. Two instruments and three methods were used: (a) semistructured oral interviews with TLEs (see Appendix C), (b) oral interviews with Sioux San mental health workers (see Appendix D), and (c) written survey instruments mailed to other MH-SAPs (see Appendix E).

Data from the responses of MH-SAPs to both written surveys and oral interviews was included for two reasons. Initially, it was thought that to make valid comparisons, all the data should be gathered from oral interviews with both elders and workers. However, the costs, travel, and time constraints of conducting interviews with an adequate sample of MH-SAPs were prohibitive. Thus, it was important to interview a sample of MH-SAPs to ascertain whether data obtained from interviews were similar to, and, therefore, comparable to data obtained from surveys. Examination of the interview data revealed good consistency with the written surveys. Therefore, it was assumed that the data resulting from oral interviews with the elders could be compared not only with the information gathered from oral interviews (with
mental health-substance abuse workers), but with information from returned written
survey instruments.

**Survey Response Rate**

Initially, 45 survey instruments were mailed to potential MH-SAP informants
identified based on criteria discussed earlier in this section. One month after the initial
mailing, only 9 survey instruments had been returned (response rate 20%). As this
was not a sufficient sample, follow-up phone calls were made to MH-SAPs who had
been sent a questionnaire. Additionally, an officer at the Aberdeen Area IHS Mental
Health Office was asked to identify prospective informants. This agency subsequently
sent a list of 10 more potential informants. A second set of 45 surveys was eventually
mailed. The second set of 45 surveys was sent to both the 36 nonresponders from the
first wave of mailings, and to 9 of the 10 potential informants identified by the
Aberdeen Area IHS Mental Health Office. This second mailing of survey
questionnaires was also followed up immediately with telephone calls to the targeted
individuals.

Twenty-nine survey instruments were eventually obtained (response rate 64%).
Six of the returned survey instruments (13%) were not included because the informants
did not work with Lakota clients, or did not complete the items. Therefore, 23
completed survey instruments were included in the final sample (51%). The criteria
for including a completed survey in the final sample were that it contained complete
responses to the research questions and was completed by a MH-SAP who served a Lakota clientele.

Oral Interview Development

Qualitative Interviewing Tribal Elders

During a pilot interview conducted on June 24, 1994 in Pocatello, Idaho, a female Shoshone-Bannock tribal elder offered the following guidelines and recommendations for interviewing TLEs: (a) tribal elders would find research questionnaires regarding tribal customs generally offensive, (b) the author must be prepared to visit an informant between four and five times, and (c) the author should discuss the interview in general terms with the potential informants and be prepared to leave an advance copy of all interview questions (see Appendix C).

The Shoshone-Bannock elder believed that the Lakota elders would likely wish to interview the researcher at length, to “determine where he is coming from and if he will use the information in a respectful manner.” She stated that the author should be prepared to spend between two and three visits building rapport with the informant, giving him or her plenty of time to think about the questions. The formal research interview should only be conducted when an elder was comfortable with the procedure, likely during the fourth and/or fifth visit. The Shoshone-Bannock elder suggested that the author use an audio-tape (with consent).
Qualitative Interview Questions

The author engaged the assistance of 20 native experts who attended the 7th Annual Convention of American Indian Psychologists (Utah State University, June, 1994) and his major professor to develop 11 semistructured interview questions pertaining to Lakota death, dying, grief, and bereavement beliefs and practices (see Appendix C). First, the author developed a list of questions based on the recommendations of the Shoshone-Bannock tribal elder. Following a review of these items with his major professor, the author provided them to the native experts. These experts responded in writing with recommendations for a final set of interview questions. The results of these written responses were examined and a final set of questions was developed. These questions were designed to prompt informants to discuss various aspects of the general research questions posed earlier.

In the literature, it was often recommended that the questions for a qualitative interview be open-ended to allow for multiple responses (Hall, 1994; Miller, 1994; Ponterotto et al., 1995). Furthermore, Hutchinson and Wilson (1992) stated that more specific follow-up questions may be asked as needed, if the information from the open-ended questions was not spontaneously offered. The semistructured, open-ended interview questions and follow-up questions are presented in Appendix C. As discussed earlier, the TLEs had an opportunity to read and think about the questions before the actual interview. Each elder was encouraged to freely discuss and elaborate on the history and tradition of Lakota death, dying, grief, and bereavement beliefs and
practices. In the final item of the interview, the Lakota elders were asked to comment on several treatments cited by the interviewer. These responses were compared to similar items contained on the written survey and interview administered to MH-SAPs (see Appendices C and D).

**Rationale for Inclusion of Semistructured Questions**

To provide a context for reporting the overall results of the study, semistructured questions demanding a basic, positive versus negative response were asked. This simplified comparison of the responses of the TLEs versus the MH-SAPs. Further, it allowed the subsequent integration of individual qualitative responses that explained and enriched the basic outcomes reported within this structured format. Responses to these semistructured questions were provided so as to add structure to the outcomes reported, and to provide a context within which the qualitative material could be integrated.

Certain items were designed to be consistent with Lakota cultural beliefs and practices, and thus it was expected that they would elicit positive responses from the elders. In contrast, other items would be more consistent with non-Lakota beliefs and practices and the author expected that they would elicit positive responses largely from the MH-SAPs.
Written Survey Development

Standardization of the assessment of the knowledge of MH-SAPs about Lakota death, dying, grief, and bereavement beliefs and practices was achieved through the development of a written survey questionnaire. In addition to multiple choice items, the written questionnaire included a series of simple questions best answered with a brief written statement. Questions asked of the MH-SAPs closely paralleled the topics and key questions asked of the TLEs during the open-ended interview.

Development of the survey questionnaire (see Appendix D) included several steps:

1. The author submitted the survey for critical review to both the dissertation committee members and native experts attending the 7th Annual Convention of American Indian Psychologists (Utah State University, June, 1994).

2. The survey instrument was administered to 20 psychologists, 6 of whom offered critical comments and suggestions to the author. Fourteen of these experts subsequently offered their critiques and suggestions in writing.

3. The survey instrument was finalized by incorporating recommendations that appeared three or more times in the various written reviews and verbal comments. The major professor reviewed the instrument and offered a final set of recommendations, which were incorporated. For example, four questions were added to the written survey instrument to help better discriminate the knowledge level of respondents (see Appendix C, items #13, #21, #25, & #28).
4. The completed survey instrument was shared with five IHS mental health workers serving the Lakota, who all agreed that it would adequately evaluate the breadth of knowledge about Lakota death, dying, grief, and bereavement beliefs and practices. Criteria for selecting these particular IHS practitioners was based primarily on the fact that all five IHS practitioners had several years of service with the Lakota in South Dakota. Furthermore, all reported some degree of training in test development and construction.

Survey Questionnaire Problems

Unfortunately, the written survey instrument was not fully pilot-tested. Therefore, there were difficulties with four questions initially designed to help identify items that were culturally consistent or inconsistent. These items generally failed to help specify the knowledge differences between elders and MH-SAPs. Specifically, the survey instrument included questions #13, #21, #25, and #28, which were designed to impress naive readers as plausible Lakota beliefs, but are clearly inconsistent with Lakota culture. In other words, these four items were designed to identify uninformed respondents, who might have been trying to “guess correctly” about Lakota beliefs and practices. It was initially assumed by the researcher that the answer to these items was clearly and simply “no.” However, only item #21 received the expected universal negative response. Each of the other three items, #13, #25, and #28, received several affirmative, descriptive written responses.
Therefore, before including the responses to these items into the final pool of item responses available for analysis, it was important to find out why these responses were so different from what had been expected. The present author traveled to Rapid City and conducted two meetings with experts and informants to discuss the unexpected, affirmative responses to items #13, #25, and #28. At the first meeting, the author discussed his concerns about the written survey instrument items #13, #21, #25, and #28 with four of the MH-SAPs informants and an outside expert (e.g., the director of the Sioux San IHS Inpatient Mental Health Unit). The group consensus was that consistent with Lakota culture, an automatic, negative response was only justified for written survey item (#21). However, the group believed that affirmative responses with written qualifying comments might be appropriate for written survey items #13, #25, and #28.

In a second meeting, the author asked TLE #1 to read and comment on written survey items #13, #21, #25, and #28. In commenting on item #21, he said, “Ghost Dance religion could be thought of as a ceremonial means of restoring the dead. Not necessarily bringin’ someone directly back to life, but bringin’ back powerful spirits, who have been dead a long time.” He stated that his explanation was complex, but he was willing to elaborate if requested.

The author also conducted a phone interview with Belva Weston, a member of the Cheyenne River Sioux, and the IHS community health nurse in Neah Bay, Washington. Mrs. Weston, who is considered an expert on Cheyenne River Sioux
(Lakota) death and grieving traditions, reported that she felt item #21 might not elicit a clear answer, but that responses to items #13, #25, and #28 should provide good information.

Based on the outcome of these discussions, it was determined that a MH-SAP who was truly knowledgeable would likely provide a negative response to item #21. However, contrary to initial expectations, it was decided that affirmative, elaborated written responses to items #13, #25, and #28 might be expected. Certainly, a more careful pilot test of the written survey items would be required. However, the negative responses to item #21 were in line with the original, expected outcome. Experts and informants polled in a meeting agreed that affirmative, descriptive responses to items #13, #25, and #28 were appropriate; therefore, the qualitative responses to items #13, #25, and #28 were coded and analyzed.

Following development of the interview procedures and the written survey instrument, the data-gathering portion of the study was completed. The procedures outlined below were followed.

**General Data Gathering Procedures**

Following the selection of the TLE informants (described in a previous section), Lakota elders were identified, contacted, and interview times were arranged.
Interview Procedures with TLEs

The following steps were taken to complete the qualitative interviews: (a) The researcher made an initial telephone call or visit to the TLEs who were willing to participate; (b) the researcher gave the TLEs traditional gifts, including tobacco, braided sweet grass, coffee, and so forth. (Among the Lakota, it is traditional for one who seeks information from a tribal elder to demonstrate respect by giving gifts.); (c) the researcher disclosed the nature of the proposed study and asked if the elder would participate. Willing elders signed proper releases of information; and (d) interviews began after the TLEs had agreed to participate. Because there were quite lengthy and consistent responses to each research question, additional TLE informants were not contacted and interviewed. Also, as has been noted, the TLEs answered questions similar to those posed in the written multiple choice questionnaires completed by the MH-SAPs.

Each interview with a Lakota elder lasted 2 to 3 hours. Subject-specific personal information was offered by elders on a spontaneous basis before they answered the formal questions. The formal semistructured interview questions were generally completed in 1 to 1 1/2 hours. However, the author simply listened attentively to the elders as they openly discussed other issues and provided broader education about the Lakota belief system. This approach appeared to help promote greater rapport between the author and the elders. Second, interviews were audio-taped and, thus, are available for transcription and further study in the future. As much
information as possible was obtained from the Lakota elders during the interview session.

Lakota Elders' Reactions

The researcher drove 102 miles to Pine Ridge, South Dakota from Rapid City, to interview TLE #3. He invited the researcher into his home for coffee. Following the completion of the interview, this elder conducted an Inipi ceremony with the researcher, in which he prayed for the success of this project.

TLE #5 invited the researcher to Kyle, South Dakota, about 140 miles from Rapid City. He agreed to meet the researcher at two o'clock in the afternoon, but he did not arrive until after seven o'clock in the evening. TLE #5 stated that he was purposely late to test the commitment of the researcher, and that he would not provide the requested information unless he was convinced that the researcher was serious about the project. He honored the researcher by smoking his ceremonial pipe and praying for the success of this study, following the completion of the interview.

TLE #1 and TLE #4 invited the researcher to conduct the interview at their homes in Rapid City, South Dakota. Both offered ceremonial prayers for the success of this research, following the interviews.

A telephone was used to interview TLE #2. First, three traditional gifts (a braid of sweet grass, a package of tobacco, and a bundle of sage) were mailed to this elder's home address. Then, following a brief initial telephone call used to set up the
subsequent interview, the researcher placed the telephone call from the Fort Meade Veteran’s Hospital to the interviewee’s home in Montana at a prearranged time. A speaker phone was used to audio-tape the interview.

**MH-SAP Interviews**

Six Sioux San mental health workers agreed to interviews (which paralleled the written survey instrument). The researcher called these participants at the Sioux San and arranged for a group meeting. At this meeting, the author disclosed the nature of the proposed study and arranged for times within which the entire semistructured interview could be conducted. During the interview, the mental health workers completed demographic information sheets and two sets of written questions. These written questions contrasted contemporary versus traditional death, dying, grief, and bereavement beliefs and practices among the Lakota, and were identical to written questions provided in the survey questionnaire (see Appendix D).

Interviews with the six Sioux San Mental Health workers took about an hour to complete. The interview questions were based on those asked in the paper-and-pencil survey instrument. It was thought by the researcher that informants might elaborate more freely and in greater depth about the items if not constrained to write their answers within the small space provided on the written survey. However, the amount of material gathered by interview was similar in breadth to that gathered via written responses.
Data Analysis Procedures

In this study, interjudge reliability was included through the development and use of easily replicated methods and data analysis procedures, and the use of two methods of triangulation (e.g., across-investigator and across-method) designed to achieve minimally acceptable standards of interrater reliability (Birkimer & Brown, 1979a, b).

Across-Investigator Triangulation

One way of ensuring reliable findings is the use of easily replicated procedures and data analysis protocols. This study relies on both methods to ensure reliable data analysis, and across-investigator triangulation (i.e., having multiple investigators examine the same data; Kimchi, Polivka, & Stevenson, 1991; Morse, 1991). A graphic model of the across-investigator triangulation procedures used in this study is presented in Figure 1. Across-investigator triangulation is a formal procedure designed to ensure a specific level of interrater reliability. In this study, the benchmark figure of 85% was subjectively adopted as a minimum interrater reliability (Bell, personal communication, March, 1997; Birkimer & Brown, 1979a, b).

The following across-investigator procedures are graphically illustrated in Figure 1: (a) the researcher and a research assistant read and coded transcripts of the informant’s responses according to a protocol sheet; (b) the researcher and the assistant
Step 1. Researcher reads and codes transcripts of response

Step 2. Discussion of coding outcome

Step 3. Researcher rereads and recodes transcript items 85% reliable

Step 4. Final coding outcome 91% reliable

Step 1. Assistant reads and codes transcripts of responses

Step 2. Discussion of coding outcome

Step 3. Assistant rereads and recodes transcript items 85% reliable

Step 4. Final coding outcome 91% reliable

Step 1. Researcher and assistant compare coding outcome for 85% reliability

Step 2. Researcher and assistant discuss items not meeting 85% reliability

Step 3. Researcher and assistant reread and recode materials to increase reliability

Step 4. Final minimum reliability achieved

Figure 1. Across-investigator triangulation.
compared and discussed their responses on the coding protocol; (c) if the subjectively adopted benchmark of 85% interrater reliability was achieved, the coding criteria were considered satisfied and the next item in the transcript was read, coded, and discussed; (d) if the 85% interrater reliability was not achieved, the researcher and assistant discussed the item in question; (e) it was then read and coded again, with the goal being the achievement of the minimal interrater reliability criteria.

An 80% agreement level was reached during the initial coding, which was deemed insufficient. It increased to 91% following discussion of decision rules by raters and a recoding of questionable items. Bell (personal communication, March, 1997) suggested that an interrater reliability of 85% was a sufficient benchmark, so the level of agreement achieved in this study was thought sufficient (Birkimer & Brown, 1979a, b). Across-investigator triangulation is illustrated in Figure 1.

**Across-Method Triangulation**

At the onset of this project, the author attempted to develop a written survey instrument to elicit responses from both TLEs and mental health-substance abuse workers. However, after recognizing the cultural inappropriateness of using written survey methods to obtain knowledge from the elders, the researcher looked for alternative approaches.

Across-method triangulation allowed the results from verbal interviews to be compared with the results from pencil-and-paper instruments (Floyd, 1992). This was
important, because the written survey approach possessed a number of strengths that were important to the present study: (a) Where written survey informants are located across a very large geographic area (as in the present study), sampling via mail was logistically critical; (b) at times, written survey respondents worked in settings where written communication is the norm. So the written survey would not be considered unusual or intrusive. This was the case with the remote practitioners sampled in the present study; and (c) relative to work effort, a larger amount of data can be collected from written survey instruments, which may be easier to compare then interview data.

Figure 2 illustrates the across-method triangulation model used for integrating the written survey and interview data. First, MH-SAPs (i.e., with interviews and surveys) and TLEs (i.e., with interviews) were sampled. The written surveys and interviews were as homogenous as possible, so as to sample the same body of knowledge. Once the data were collected, they were subjected to the data analysis procedures described in the section following Figure 2.

**Data Coding Methods**

As has been noted, all of the interviews were audio-taped and transcribed verbatim. Next, the written responses to the survey instrument were carefully rewritten in verbatim transcript format. Each question was followed immediately by the written or verbal response to that item on the verbatim transcripts.
Step 1. MH-SAPs interviews and surveyed

Step 2. MH-SAP data analyzed

Step 1. MH-SAPs interviews and surveyed

Step 2. MH-SAP data analyzed

Step 1. TLEs interviewed

Step 2. TLE data analyzed

Step 1. Data from the MH-SAP and TLE surveys and interviews is integrated

Step 2. Data from the main groups and subcategories is compared

Figure 2. Across-method triangulation.
Coding instruments for the written survey and interview responses were developed in the following manner. First, the present author read the qualitative responses to the oral interviews several times. Next, the present author identified recurrent themes or responses that emerged from his subjective impressions of the transcripts. Written criteria defining these themes were developed. Each of the definitions for themes was assigned a unique color code.

A research assistant was trained to use the resulting coding instrument. They were asked to read the transcripts, the coding criteria, and then followed along as the researcher color coded the definitions of themes in sample transcripts. Finally, the research assistant practiced color coding the themes in the transcripts while being observed by the researcher. Once both researcher and research assistant were able to complete the color-coding process quickly and accurately, they separately practiced color coding parts of the transcript. When the researcher and the research assistant disagreed on how to code a response, the color-coding rationale for that particular item was reviewed. Both the researcher and the research assistant practiced color coding until the desired interrater reliability was achieved.

For example, a set of verbatim transcript responses to the item “the spirit transforms from physical to spiritual and than travels to the spirit world” was initially coded as 40% positive by the researcher and 60% positive by the research assistant. The coding rationale was discussed and criteria for coding the response were developed. This item was then recoded and both researcher and assistant agreed on the
response rate of 60% positive.

Following the training and practice phase, the verbatim transcripts of elders and mental health-substance abuse workers were coded (see Appendices E and F).

Comparison Categories

The MH-SAPs were subcategorized in terms of heritage (Lakota > 25%, n = 17 versus Non-Lakota, n = 10), and their responses were compared with the responses of the TLEs (n = 5). In quantitative behavioral studies, statistical methods are used to compare and analyze differences between the means of various groups. However, subject samples were small and subjects were not randomly assigned to groups in the present dissertation.

Therefore, the responses of these groups were assessed through subjective, qualitative comparison by the present author. While not consistent with the assumptions thought to underlie scientific rigor in quantitative research, there is substantial support for this methodological approach in the literature regarding qualitative research methods (Agar, 1986; Clough, 1992; Ely, Anzul, Friedman, Garner, & Steinmetz, 1991; Fetterman, 1989; Hall, 1994; Lacompte & Pressle, 1993; Lofland & Lofland, 1984; Marshall & Rossman, 1989; Morse, 1991; Sanchez & Eduardo, 1992; Sandelowski, 1993; Smith & Kornblum, 1989; Spradley, 1979; Tesch, 1990; Weiss, 1994).
RESULTS

Descriptive and Comparative Result Reporting Methods

The results section will first outline the results of questions posed to the TLEs that pertain to the first four research questions. Next, the results of questions posed to both TLEs and MH-SAPs associated with research question five are summarized. Additionally, information about differences pertaining to the three hypotheses posed in the purpose and objectives section of the paper will be presented.

Elders’ Responses to Interview Questions

Consistencies in the TLEs’ Cultural Meaning of Death

Audio-taped interviews with the five TLEs were transcribed and analyzed according to procedures described previously (see Appendices E and F). The total number of Lakota elders interviewed was five \( (n = 5) \). If at least three of the five elders provided similar answers, this was seen as a trend toward agreement.

It will become apparent that in a few cases, only some of the Lakota elders responded to or elaborated on a particular question. When one to two Lakota elders provided a markedly different response to a question, the discrepancy is discussed.

Death and the afterlife. All five TLEs agreed that there is an afterlife. Three Lakota elders further explained that the afterlife is either in a “spirit world,” or a
"parallel dimension" that is close to the physical world or earth, but which lies beyond the perceptual abilities of the living. In addition, three Lakota elders believed that the spirit of the deceased lingers near the body following death, for various periods of time. This period of time was specified as being up to 4 days immediately following death; the deceased’s spirit then traveled to the spirit world (according to two Lakota elders).

Immediately following death (but preceding travel to the spirit world), the deceased person’s spirit undergoes a transformation from a physical being to a spiritual being. Two Lakota elders elaborated that death is a process of freeing the internal spirit, which already exists within the human form.

Influence of the spirit. All of the TLEs agreed that following death, a spirit can influence the living for better or worse. Four Lakota elders stated that spirits can influence the living by affecting their thoughts and feeling states, or through dreams, visions, and/or a meta-physical “watching-over” by the spiritual entity. Two elders noted that favorable memory of the deceased by the living could possibly encourage the bereaved to engage in beneficial behavior. Thus, the memory of the deceased can act as a form of direct, causal, spiritual influence.

It was recommended by two Lakota elders that the living can and should, at times, seek to contact the spirit of the deceased, but only through traditional Lakota ceremonies. For example, one of the Lakota elders mentioned that perhaps the spirit
could provide comforting insights or reassurance to a seriously bereaved family member.

Consistencies in Bereavement Practices
Recommended by Elders

Lakota spiritual practices. All five Lakota elders were extremely concerned about the proper use of Lakota spiritual practices and ceremonies during grieving or bereavement. Several traditional ceremonies are commonly conducted among traditional Lakota to facilitate mourning or grieving: (a) Wiping of the Tears, (b) the Wake, (c) the Memorial Dinner, (d) the Memorial Giveaway, (e) giving “Smoke and Water,” (f) funeral songs, (g) an intensive 4-day formal mourning period, and (h) 1-2 years of formal mourning.

The five Lakota elders agreed that many formal traditional Lakota songs are commonly used during grieving or bereavement activities. Also, all the elders agreed that it was improper to sing these formal Lakota funeral songs unless an actual funeral ceremony was taking place. One elder elaborated on the meaning of the traditional Lakota funeral songs. He said that an individual’s honor song, which is first sung when the individual receives a Lakota name, is often sung at a funeral. This is the final time that the honor song is sung, out of respect for the deceased. Often, Lakota people compose their own death songs, which the Elder and others sing out of respect at the funeral. Finally, there are special songs designed to speed the spirit along the spirit trail to the spirit world.
Formal 4-day mourning period. A formal mourning period is a tradition among the Lakota and three Lakota elders elaborated that an intensive, 4-day grieving period was appropriate or desirable immediately following the death of a loved one. During these 4 days, family and friends gather, the body of the deceased is prepared, and the wake is conducted. Mourning during this period is appropriately characterized by loud wailing and crying or keening by those related to the deceased. Often, mourners or entire families weep loudly, until they are so exhausted that they sleep. Other Lakota people, who were close to the deceased, might be so profoundly affected as to grieve aloud, with crying and wailing. People from the community or who were not as close to the deceased can join in with the open weeping as an expression of support for the family’s loss. Thus, mourners, from both genders and all ages, may freely engage in profound expressions of sadness and loss.

The wake. According to the report of four Lakota elders, a wake is conducted during an initial, formal, 4-day-long mourning period. On the night before the funeral and burial, it is customary for friends, relatives, and community leaders to remain awake all night and talk about the deceased. Good stories about the deceased or involving the deceased and various mourners, and laughter about prior interactions with the deceased are as appropriate as tears at this time, but those most deeply grieving are permitted to grieve publicly through tears, wailing, and keening.

Giving “Smoke and Water.” Three Lakota elders spontaneously noted the traditional practice of a spiritual leader providing “Smoke and Water” to those family
members and friends of the deceased profoundly affected by grief. Giving “Smoke and Water” was described as follows: (a) a spiritual leader or “good old man” would bring the mourners tobacco and smoke with either a scared pipe or a cigarette; (b) prayers for the spirit of the deceased and the well-being of the mourners would be provided; and (c) the spiritual leader would counsel the mourners about conducting their grieving according to Lakota traditions and give directions to them about properly resolving their bereavement.

Memorial dinner and giveaway. Three Lakota elders said that after the formal funeral and burial (which follow the wake), a formal memorial dinner and giveaway were both appropriate. Relatives, friends, and needy community members are fed by the grieving family and contributing community members; they are encouraged to take as many of the personal possessions of the deceased as they desire. Often, a deceased individual’s family gives away all of their own worldly possessions as well. It is believed that making a fresh start will help the family complete the mourning process. Community members provide contributions of new worldly possessions to the grieving family to help at this time. Two Lakota elders said that any personal possessions of the deceased remaining after the formal giveaway might be either buried or burned. Further, it is traditional to bury prized personal items or items of spiritual importance with the deceased.

Following the formal period of mourning (discussed below), the family has a memorial dinner and memorial giveaway to honor the memory of the deceased. As
with the belongings of the deceased, items accumulated during the period of formal mourning are gifted to friends and relatives of the deceased, or to needy community members. Often, these gifts are native crafts, such as elaborate beadwork or leather work, made by the mourners during the formal period of grieving.

One- to 2-year mourning period. Four Lakota elders spontaneously noted that the formal, 4-day mourning period was often followed by a longer, 1- to 2-year mourning period. In more ancient times, mourners cut off their hair or portions of flesh during this formal bereavement period. In many cases, one’s traditional long hair was cut short, or fingers or slices of flesh from the arms or legs were removed as a sign of mourning and sacrifice. This sacrifice was thought to help the spirit of the deceased make a rapid and successful transition to the spirit world. More recently (with the adoption of western style garb), traditional Lakota mourners wear black clothing during the entire formal period of mourning.

In contemporary times, the 1- to 2-year period of formal mourning continues to be a practiced, but in a modified manner. Currently, mourners are likely to avoid attending or participating in favored social activities, such as dancing, pow-wows, or going “out on the town” with friends.

Bringing “Out of Bereavement”

Two Lakota elders spontaneously discussed a contemporary process by which a bereaved Lakota person is “brought out of grief.” Following the completion of the
formal mourning period, or at a time deemed appropriate by relatives and/or tribal elders, the bereaved person is brought to a memorial dinner and giveaway honoring the deceased. Following this memorial dinner and giveaway, relatives and friends have the bereaved tribal member remove the traditional black mourning clothing. The bereaved tribal member is then gifted with a new set of clothing. In contemporary times, this new set of clothing typically consists of very expensive western boots, belts, vests, new pants, new cowboy hats, coats, and so forth. Also, the bereaved individual is released from obligations to continue in the formal period of mourning and, thus, may begin participation in formal and informal social activities. Participation in formal and informal social activities was previously avoided as a traditional Lakota mourning practice.

Ancient Bereavement Rituals

Historically, the Lakota practiced a sequence of two bereavement ceremonies: (a) Keeping of the Soul and (b) Releasing of the Spirit (see Appendix A). Included within these two ancient rituals were several practices similar to modern ceremonies used today by the Lakota for bereavement. Typically, these two historical rituals used discrete elements within the formal ceremonies, including: (a) use of the Sacred Pipe, (b) feasting and giveaways, (c) formal funeral singing, and (d) communities and families gathering together during the mourning period.
Significantly, no Lakota elder avowed that the formal conducting of the Keeping of the Soul and the Releasing of the Spirit is done in recent times, because these two ceremonies are extremely rigorous and time-consuming. Despite the fact that these two ceremonies are no longer formally conducted, it appears that the modern Lakota bereavement rituals and practices are, in large part, derivatives of these ancient formal traditional Lakota practices. The recent, progressive fragmentation of these historical methods of dealing with grief is discussed later.

Negative Consequences

All Lakota elders concluded that not practicing the traditional grieving periods can cause negative consequences to the bereaved individual, the family, or the spirit of the deceased. For example, bereaved individuals or the family might experience a period of bad luck if the traditional formal mourning period were ignored. Also, the spirit of the deceased might have difficulty making the transition to the spirit world.

Recent Changes

All the elders unanimously agreed that death and bereavement ceremonies and rituals appear to be changing quickly and that fewer young Lakota are being prepared to understand and practice traditional ways of dealing with death, dying, grief, and bereavement. It appeared to the Lakota elders that young Lakota either do not have the time, or the commitment, to learn the old rituals and the meanings behind them. Furthermore, these traditional Lakota bereavement ceremonies and rituals are not being
taught as frequently in modern times because of certain rigorous requirements. In general, this was strongly lamented by the Lakota elders.

Ceremonial Leadership

The TLEs agreed unanimously that formal Lakota ceremonies and rituals should only be conducted by Lakota elders or spiritual leaders. The consequences of failing to conduct ceremonies or rituals in an appropriate manner could include misfortunes to the family of the deceased, the individual leading the ceremony, or the spirit of the deceased.

Appropriate Versus Inappropriate Bereavement Practices

Any practices that encouraged the use of Lakota spirituality and ceremony were deemed acceptable by all the Lakota elders. Using alcohol or taking drugs as a means of coping with grief or during the ceremonies were not acceptable to any of the Lakota elders. However, there were inconsistencies or idiosyncratic responses about these issues among the elders which are discussed in the following section.

TLEs’ Idiosyncratic Philosophical Beliefs

Death and the afterlife. One of the Lakota elders elaborated on the central Lakota belief about what happens to a Lakota person’s spirit after death. He described how the spirit returns to the “Milky Way,” by following a spirit trail in the stars. In fact, the Lakota have been known as the star people, historically. In their mythology,
it is thought that, originally, the Lakota came from the stars or "Milky Way."

Another Lakota elder made the point that when a child dies before the mother does, the child is taken into a place inside the earth, where it is taken care of by the "Pte" or buffalo people, who live there. Following the death of the mother, they are reunited and subsequently journey to the spirit world together.

Yet another Lakota elder reported that an old woman hides beside the (spirit) trail to the spirit world and acts as a gatekeeper. When a spirit approaches the entrance to the spirit world, this old woman appears from hiding and pushes the spirit off the spirit trail if the deceased had engaged in inappropriate behavior when living. Then, the spirit is doomed to wander the physical world looking for the opportunity to do good deeds. When the spirit has accomplished an adequate number of good deeds, the door to the spirit world will appear and the spirit can enter the spirit world.

In a similar vein, a second Lakota elder stated that spirits perform good deeds, which allow them to cross over into the spirit world. The following example was given: "The spirit might know where there are some kids who are going to be speeding in their car. Well, that spirit might go and do something to the engine so that car won't run, and then those kid won't get hurt." On the other hand, a third Lakota elder reported that the spirits of the deceased are among the living, always.

**Lakota spiritual practices.** All of the Lakota elders agreed that the Wiping of the Tears ceremony was important (see Appendix A). In contemporary times, a spiritual leader in a room symbolically wipes the faces of the mourners with a wet rag.
Two other Lakota elders asserted that the modern version of the Wiping of the Tears ceremony evolved from an ancient ritual which combined both spirituality and the direct influence of an elder or spiritual leader. The elder or spiritual leader smoked sacramental tobacco and provided supportive guidance and advice during an intimate discussion with the mourner or mourners. It was asserted by these two elders that “a good old man” would come to the mourner or mourners, smoke tobacco with a Sacred Pipe or cigarette, and provide prayers for the well-being of the deceased and the mourners. The old man would counsel the mourners about the grief process and direct them to resolve their grief in an appropriate manner, consistent with Lakota traditional beliefs.

This particular description of the Wiping of the Tears is similar to the description of giving “Smoke and Water,” provided previously. Furthermore, the descriptions of the Wiping of the Tears and of giving “Smoke and Water” are similar to descriptions of elements of the ancient Keeping of the Soul and Releasing of the Spirit ceremonies.

**Excessive emotional response.** According to one of the Elders, a more detailed explanation regarding excessive emotionality, anger, or sadness beyond the initial 4 days of intense grief was reported. This was deemed to be inappropriate. That is, following the initial 4 days of formal mourning, inappropriate or excessive mourning might cause the spirit to linger, or be held close to the physical plane, thus impeding the spirit’s journey to the spirit world. Lakota were encouraged to fully participate in
the loud wailing, crying, and keening only until the actual burial, following which they
mourn with less emotional intensity.

The Inipi (sweat lodge). One Lakota elder added that participation in the Inipi
was an important way for the living to influence the spirits. In this ceremony, the
living can pray for the well-being of the deceased’s spirit. Also, they can seek peer
support for the process of letting go (of the spirit of the deceased), so that the
deceased’s spirit can move on.

The wake and Christian beliefs. One Lakota elder noted that it was acceptable
for the Lakota to conduct the traditional Lakota wake at an atypical location, such as a
Christian church, and was in favor of modern Christian practices combined with
Lakota traditions. A second Lakota elder asserted that a strong belief in and use of
Christian practices could be helpful. This Lakota elder practices Presbyterianism first,
followed by Lakota traditionalism, but encourages a balanced use of these methods.
“Blending” traditional Lakota and modern Christian practices was observed by this
elder as a beneficial example of change. Many modern Lakota are quite comfortable
with Christian religious ceremonies. However, it must be noted that two Lakota elders
were uncomfortable with the “blending” of Christian and Lakota beliefs and practices.

Formal mourning periods. One Lakota elder stated that traditional periods of
grieving are not as rigidly observed as they once were. In fact, deciding the length of
the mourning period is often at the discretion of the mourners. One Lakota elder
remarked that the formal 1-2 year mourning period is not as stringently observed in
contemporary Lakota communities as it was historically. However, this elder said that not observing the formal 1-2 year mourning period had caused social repercussions. For example, mourners who ignored this tradition were often shamed by other community members; or a respected elder might take the offender aside and request that they adhere to traditional Lakota bereavement beliefs and practices.

Changes observed. One Lakota elder reported that, besides bereavement over deaths, many more sources of grief exist. These sources of grief include loss of family, tribal identity, tribal language, and tribal culture. Often, Lakota tribal members do not recognize or deal with these sources of “existential” grief. These other losses can magnify problems related to the grief and bereavement caused by a family or tribal member’s death. Therefore, the gradual disappearance of aspects of traditional Lakota culture can leave the modern Lakota overwhelmed with both bereavement for the loss of a loved one, and “existential” grief during the period of time following the loss of a loved one. Furthermore, cultural losses leave the bereaved Lakota with limited traditional resources to draw upon in contemporary Lakota communities.

Ceremonial leadership. All the TLEs believed Lakota spiritual leaders should hold the responsibility to conduct Lakota ceremonies. However, one Lakota elder was in favor of an approach that integrated Christian spiritual leaders and Lakota spiritual leaders, if neither infringed on the other’s rituals.

Inappropriate conduct or leadership of traditional Lakota ceremonies caused the
creation of an evil or malevolent spirit, according to one Lakota elder. Another Lakota elder stated that leadership of a Lakota spiritual ceremony by someone without adequate knowledge was futile; in such cases, the ceremony would likely lack effectiveness. However, futile or ineffective traditional Lakota ceremonies could be redressed by conducting another, appropriate traditional Lakota ceremony, led by a recognized Lakota spiritual leader.

**Summary**

There was a reasonably high degree of consistency in the TLEs responses. However, a substantial number of idiosyncratic descriptions of Lakota beliefs, practices, and underlying rationales were also provided. It may be argued that the genesis of the idiosyncratic beliefs and practices may be a function of the contemporary fragmentation of traditional Lakota culture. Alternatively, it might be argued that particular elders chose to elaborate on some customs, but not others; some elders may have recalled unique details of rituals and practices that the other elders did not recall. In some cases, it is not known whether details represent beliefs or knowledge common to traditional Lakota or whether it was an individual or idiosyncratic report.

**Comparisons of Beliefs and Practices Reported by Elders Versus Mental Health Workers**

Fifteen questions, requiring a “yes” or “no” response, were asked of the TLEs
at the end of the interview, as were several open-ended items which elicited responses about non-Lakota practices and Lakota ceremonies (see Appendix C). As had been noted earlier, a request to complete a set of pencil-and-paper questions would have been taken as an affront by the Lakota elders. These same items were also asked of the MH-SAPs in a written format (see Appendix D). In total, 30 questions about traditional and contemporary Lakota death, dying, grief, and bereavement beliefs and practices were used to structure comparisons.

Summary of Group Comparisons Regarding Three Research Hypotheses

Table 1 summarizes whether a trend in data exists supporting or not supporting the three research hypotheses: (a) that LG MH-SAPs would possess different knowledge about Lakota death, dying, grief, and bereavement beliefs and practices than LG MH-SAPs; (b) that NL MH-SAP would generally differ from the TLEs in their knowledge about specific Lakota death, dying, grief, and bereavement beliefs and practices; and (c) that the NL MH-SAP would recommend one or more grief or bereavement treatment strategies inconsistent with the recommendations of the TLEs.

Decision Rules

The primary researcher considered whether a general trend of agreement or disagreement was evident, when comparing the responses of various subgroups to a question. For example, the first noticeable discrepancy was between the subgroup of
Table 1
Support ("X") Versus Failure to Support Research Question

<table>
<thead>
<tr>
<th>Research question</th>
<th>LG MH-SAP possess different knowledge</th>
<th>NL MH-SAP lack similar knowledge</th>
<th>NL MH-SAP may make contrary recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grieving w/family</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Grieving w/friends</td>
<td>--</td>
<td>--</td>
<td>X</td>
</tr>
<tr>
<td>Consultation with Lakota spiritual leader</td>
<td>--</td>
<td>--</td>
<td>X</td>
</tr>
<tr>
<td>Contact deceased spirit&lt;sup&gt;a&lt;/sup&gt;</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Lakota ceremonies and rituals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wiwanyag Wachipi&lt;sup&gt;a&lt;/sup&gt;</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Inipi&lt;sup&gt;a&lt;/sup&gt;</td>
<td>--</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Hanblecheyapi</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Hunkapi</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Wiping Tears&lt;sup&gt;a&lt;/sup&gt;</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Sacred Pipe</td>
<td>--</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Keeping Soul</td>
<td>--</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Use of antidepressant&lt;sup&gt;a&lt;/sup&gt;</td>
<td>--</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Think about or imagine past experiences</td>
<td>--</td>
<td>--</td>
<td>X</td>
</tr>
<tr>
<td>Talk about or write about past experiences&lt;sup&gt;a&lt;/sup&gt;</td>
<td>--</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

(table continues)
<table>
<thead>
<tr>
<th>Research question</th>
<th>LG MH-SAP possess different knowledge</th>
<th>NL MH-SAP lack similar knowledge</th>
<th>NL MH-SAP may make contrary recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of “Western Grief” cycle&lt;sup&gt;a&lt;/sup&gt;</td>
<td>--</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Self-help or peer-support groups&lt;sup&gt;a&lt;/sup&gt;</td>
<td>--</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Professionally lead support groups&lt;sup&gt;a&lt;/sup&gt;</td>
<td>--</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Individual psychotherapy/counseling</td>
<td>--</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Drink alcohol when sad or grieving</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Collect deceased’s belongings and leave undisturbed 6 months to 1 year&lt;sup&gt;a&lt;/sup&gt;</td>
<td>--</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Modern Christian church ceremonies&lt;sup&gt;a&lt;/sup&gt;</td>
<td>--</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>“New-Age” rituals&lt;sup&gt;a&lt;/sup&gt;</td>
<td>--</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Change jobs&lt;sup&gt;a&lt;/sup&gt;</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Move away to totally new location&lt;sup&gt;a&lt;/sup&gt;</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Change your diet</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

Note: Items marked with an “X” under the column indicate whether the data supports the research question: (a) that LG MH-SAPs possessed different knowledge about the item than MH-SAPs of other backgrounds; (b) that NL MH-SAP possessed knowledge dissimilar to the knowledge possessed by TLEs about the item; or (c) that NL MH-SAPs might make a treatment recommendation contrary to that of the TLEs.

<sup>a</sup> Hypothesis is further discussed.
NL MH-SAPs versus both other subgroups’ question regarding the perceived merit of contacting the deceased’s spirit. In response to this item, the non-Lakota informants who answered were generally more supportive, than either the TLEs or the Lakota informants. Thus, it was assumed that support for all three research hypotheses was evident. This type of subjective, qualitative, decision making was used throughout, because the small sample size made statistical analysis of mean differences or percentage differences impractical. The results of these research hypotheses were provided for each of the questions in Table 1. Items marked with an “X” under the column indicate whether the data tended to support the research hypothesis. When notable differences existed with respect to the research hypotheses items were left blank. Where items were left blank, no notable difference existed.

TLEs and MH-SAPs Responses Compared

It was hypothesized that several of these items that are listed in Table 2 might elicit positive or affirmative responses from Lakota elders and knowledgeable Lakota MH-SAPs, but perhaps not from Lakota and NL MH-SAPs. Furthermore, it was speculated that several of these items were more likely to be endorsed by modern Lakota and NL MH-SAPs, because of their familiarity with Euro-American models of mental disorder etiology and treatment. However, these latter items might not be endorsed by TLEs and Lakota MH-SAPs with strong traditional knowledge (see Table 3).
Table 2

Questions Expected to Elicit Positive Responses from TLEs and Knowledgeable MH-SAPs: Designating

Healthy Versus Unhealthy Bereavement Coping Methods

<table>
<thead>
<tr>
<th>Question</th>
<th>TLEs (n = 5)</th>
<th></th>
<th>LG MH-SAPs (n = 17)</th>
<th></th>
<th>NL MHR-SAPs (n = 10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>H  U  NR</td>
<td></td>
<td>H  U  NR</td>
<td></td>
<td>H  U  NR</td>
</tr>
<tr>
<td>Grieving w/family</td>
<td>5  --  --</td>
<td></td>
<td>16 -- 1</td>
<td></td>
<td>10 --  --</td>
</tr>
<tr>
<td>Grieving w/friends</td>
<td>5  --  --</td>
<td></td>
<td>15 -- 2</td>
<td></td>
<td>10 --  --</td>
</tr>
<tr>
<td>Consultation w/Lakota spiritual leader</td>
<td>5  --  --</td>
<td></td>
<td>16 -- 1</td>
<td></td>
<td>10 --  --</td>
</tr>
<tr>
<td>Contact deceased spirit</td>
<td>2  3  --</td>
<td></td>
<td>2  5  10</td>
<td></td>
<td>3  1  6</td>
</tr>
<tr>
<td>Lakota ceremonies and rituals</td>
<td>5  --  --</td>
<td></td>
<td>15 -- 2</td>
<td></td>
<td>10 --  --</td>
</tr>
<tr>
<td>Wiwanyag Wachipi</td>
<td>--  --  --</td>
<td></td>
<td>11  4  2</td>
<td></td>
<td>3  4  3</td>
</tr>
<tr>
<td>Inipi</td>
<td>2  --  3</td>
<td></td>
<td>15 -- 2</td>
<td></td>
<td>8  --  2</td>
</tr>
<tr>
<td>Yuwipi</td>
<td>2  --  3</td>
<td></td>
<td>16 -- 1</td>
<td></td>
<td>6  --  4</td>
</tr>
<tr>
<td>Hanblecheyapi</td>
<td>1  --  4</td>
<td></td>
<td>8  4  5</td>
<td></td>
<td>5  2  4</td>
</tr>
<tr>
<td>Hunkapi</td>
<td>2  --  3</td>
<td></td>
<td>13  4  --</td>
<td></td>
<td>5  1  4</td>
</tr>
<tr>
<td>Wiping Tears</td>
<td>5  --  --</td>
<td></td>
<td>16 -- 1</td>
<td></td>
<td>5  --  5</td>
</tr>
<tr>
<td>Keeping Soul</td>
<td>4  --  1</td>
<td></td>
<td>12  1  4</td>
<td></td>
<td>7  --  3</td>
</tr>
<tr>
<td>Sacred Pipe</td>
<td>3  --  2</td>
<td></td>
<td>15  1  1</td>
<td></td>
<td>5  2  3</td>
</tr>
</tbody>
</table>

Note. Numbers under the “H” indicate opinions reflecting positive or healthy responses. Numbers under the “U” indicate opinions reflecting negative or unhealthy responses. Numbers under the “NR” indicate opinions reflective or neutral or no answer responses. These numbers represent the number of respondents (UnU = x) responding to this question compared to the total number of respondents in the subgroup; (TLEs; UnU = 5; LG MH-SAPs, n = 17; and NL MH-SAPs, n = 10).
Table 3

Questions Expected to Elicit Positive Response from Modern Lakota and NL MH-SAPs: Designating Healthy Versus Unhealthy Bereavement Coping Methods

<table>
<thead>
<tr>
<th>Question</th>
<th>TLEs (n = 5)</th>
<th>LG MH-SAPs (n = 17)</th>
<th>NL MHR-SAPs (n = 10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Think about or imagine past experiences</td>
<td>H: 4, U: 1, NR: --</td>
<td>H: 6, U: 6, NR: 11</td>
<td>H: 8, U: 8, NR: 2</td>
</tr>
<tr>
<td>Talk or write about past experiences</td>
<td>H: 3, U: 2, NR: --</td>
<td>H: 8, U: 3, NR: 6</td>
<td>H: 9, U: 9, NR: 1</td>
</tr>
<tr>
<td>Enter or remain in counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-help or peer-support groups</td>
<td>H: 2, U: --, NR: 3</td>
<td>H: 12, U: 2, NR: 2</td>
<td>H: 8, U: 8, NR: 1</td>
</tr>
<tr>
<td>Professionally lead groups</td>
<td>H: 2, U: --, NR: 3</td>
<td>H: 13, U: 1, NR: 3</td>
<td>H: 5, U: 4, NR: 1</td>
</tr>
<tr>
<td>Individual psychotherapy/ counseling</td>
<td>H: 1, U: --, NR: 4</td>
<td>H: 15, U: 0, NR: 2</td>
<td>H: 6, U: 3, NR: --</td>
</tr>
</tbody>
</table>

Note. Numbers under the “H” indicate opinions reflecting positive or healthy responses. Numbers under the “U” indicate opinions reflecting negative or unhealthy responses. Numbers under the “NR” indicate opinions reflective or neutral or no answer responses. These numbers represent the number of respondents (n = x) responding to this question compared to the total number of respondents in the subgroup; (TLEs; UnU = 5; LG MH-SAPs, n = 17; and NL MH-SAPs, n = 10).
The items in Table 4 were considered likely to elicit negative or nonaffirmative responses from Lakota elders, and those MH-SAPS who were knowledgeable about Lakota traditions. Finally, it was speculated that the items in Table 5 might elicit negative or nonaffirmative responses from both Lakota and NL MH-SAPs. The responses to these items and the outcomes of the research hypotheses are summarized below.

Questions Designed to Elicit Positive Responses from TLEs and Knowledgeable MH-SAPs

The questions summarized in Table 2 were designed to elicit positive or affirmative responses from Lakota elders and mental health substance abuse workers knowledgeable about Lakota death, dying, grief and bereavement beliefs and practices. The number under the “H” represents the number of informants who believed that the item in question (listed on the left hand side of Table 2) was a healthy or adaptive recommendation. The number under the “U” represents the number of informants who believed that the item in question was an unhealthy or maladaptive recommendation. The number under the “NR” represents the number of informants who did not respond to the item in question. The following acronyms are used in Table 2: TLEs, \( n = 5 \); LG MH-SAPs, \( n = 17 \); and NL MH-SAPs, \( n = 10 \).

In the following sections, two separate, but related sets of results are reported: (a) the outcomes of those research hypotheses which tended to be supported and (b) the
Table 4

Questions expected to Elicit Negative Responses from TLEs and Knowledgeable MH-SAPs: Designating Healthy Versus Unhealthy Bereavement Coping Methods

<table>
<thead>
<tr>
<th>Question</th>
<th>TLEs (n = 5)</th>
<th></th>
<th>LG MH-SAPs (n = 17)</th>
<th></th>
<th>NL MHR-SAPs (n = 10)</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>H</td>
<td>U</td>
<td>NR</td>
<td>H</td>
<td>U</td>
<td>NR</td>
</tr>
<tr>
<td>Drink alcohol when sad or grieving</td>
<td>--</td>
<td>5</td>
<td>--</td>
<td>--</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td>Collect deceased’s belongings and leave undisturbed 6 months-1 year</td>
<td>--</td>
<td>5</td>
<td>--</td>
<td>2</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Modern Christian church ceremonies</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>12</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>“New-Age” rituals</td>
<td>--</td>
<td>5</td>
<td>--</td>
<td>5</td>
<td>11</td>
<td>1</td>
</tr>
</tbody>
</table>

**Note.** Numbers under the “H” indicate opinions reflecting positive or healthy responses. Numbers under the “U” indicate opinions reflecting negative or unhealthy responses. Numbers under the “NR” indicate opinions reflective or neutral or no answer responses. These numbers represent the number of respondents (UnU = x) responding to this question compared to the total number of respondents in the subgroup; (TLEs; UnU = 5; LG MH-SAPs, n = 17; and NL MH-SAPs, n = 10).
Table 5

Questions Expected to Elicit Negative Responses from Modern Lakota and NL MH-SAPs: Designating Healthy Versus Unhealthy Bereavement Coping Methods

<table>
<thead>
<tr>
<th>Question</th>
<th>TLEs (n = 5)</th>
<th>LG MH-SAPs (n = 17)</th>
<th>NL MHR-SAPs (n = 10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change jobs</td>
<td>H</td>
<td>U</td>
<td>NR</td>
</tr>
<tr>
<td>Change jobs</td>
<td>3</td>
<td>2</td>
<td>--</td>
</tr>
<tr>
<td>Move away to totally new location</td>
<td>0</td>
<td>5</td>
<td>--</td>
</tr>
<tr>
<td>Change your diet</td>
<td>2</td>
<td>3</td>
<td>--</td>
</tr>
</tbody>
</table>

Note. Numbers under the “H” indicate opinions reflecting positive or healthy responses. Numbers under the “U” indicate opinions reflecting negative or unhealthy responses. Numbers under the “NR” indicate opinions reflective or neutral or no answer responses. These numbers represent the number of respondents (UnU = x) responding to this question compared to the total number of respondents in the subgroup; (TLEs; UnU = 5; LG MH-SAPs, n = 17; and NL MH-SAPs, n = 10).
general responses reflecting the opinions of the informants. Additional questions were asked by the author to clarify the initial responses to some items.

Grieving with Family

As expected, there was a unanimous response among the five TLEs and 16 of the mental LG MH-SAPs who responded to the item about the value of grieving with the family. All 10 NL MH-SAPs were supportive of grieving with the family. As a rule, MH-SAPs trained in western mental health practices recommend sharing grief and bereavement with family and friends as a means of achieving mutually beneficial support. Further, general mental health substance abuse workers’ responses to other direct questions more specifically supported involving clients in Lakota family rituals for grieving, including: memorial dinner (17%), memorial giveaway (21%), wailing or crying openly with family and friends (38%), and simple visiting or conversation (24%).

For example, consistent with Lakota culture, one elder stated, “When someone is sad, you talk to him, give him gifts, whatever you can, sit with him, visit with him, maybe even a half-a-day…try to make them feel better, talk to them.” A mental health substance abuse professional concurred, “Not saying much to them, other than being there, maybe bringing them tea or coffee, which is an offering to them at that time…a real showing of respect to them.”
Grieving with Friends

As with the above recommendation to grieve with family, the notion of grieving with friends was unanimously endorsed by the five TLEs. Fifteen LG MH-SAPs and all of the NL MH-SAPs endorsed the recommendation to grieve with friends.

Consultation with a Lakota Spiritual Leader

Consultation with a Lakota spiritual leader was reported to be an appropriate recommendation by nearly all respondents, as expected. Sixteen mental LG MH-SAPs, all 10 of the NL MH-SAPs, and all five Lakota elders agreed that they would support or recommend consultation with a Lakota spiritual leader for helping a Lakota person deal with grief.

Five MH-SAPs provided specific endorsements of the recommendation for a bereaved Lakota to consult with a Lakota spiritual leader:

1. “Spiritual leaders, interpreters [medicine men] assist them [e.g., traditional clients].”

2. “Consultation with a medicine man.”

3. “Access their medicine person and follow the advice of the medicine person.”

4. “The reasons should come from a medicine person.”

5. “If they are traditional, I would probably refer them to a medicine man.”

Four of the TLEs added support for the recommendation that a grieving Lakota
consult with a Lakota spiritual leader:

TLE #1: “Yeah, they call me all the time...they stand there and talk about the Ph.D., you know, the mind, Indian people don’t care, don’t understand that.”

TLE #3: “In our way, when someone is dealing with grief, we take them back to the grave and have them talk to them (e.g., the deceased).”

TLE #4: “That is real positive...they have to learn more about it...wiping of tears and memorial dinner after the grieving is over.”

TLE #5: “Yeah, unfortunately, they are not always available...like to Indian people in the big city.”

Contact Deceased’s Spirit

LG MH-SAPs possessed similar knowledge about the advisability of attempting to contact the deceased’s spirit as the Lakota elders. For example, two Lakota elders and two of the LG MH-SAPs favored contacting the deceased’s spirit, under the caveat that it be done in a traditional Lakota ceremonial manner. NL MH-SAPs differed from both Lakota elders and LG MH-SAPs in one manner (see research hypotheses one and two). They did not clarify that contact with the deceased’s spirit should only occur within the context of traditional Lakota rituals. Thus, NL MH-SAPs might make recommendations about contacting the deceased’s spirit contradictory to those provided by the Lakota elders (see research hypothesis three). Of interest was the finding that 10 of the Lakota and six of the NL MH-SAPs did not answer this question. Specific
comments about contacting the deceased’s spirit were made by six MH-SAPs:

1. “The white way, that is unhealthy.”

2. “I think I’ve heard people saying that they have talked to whoever has died.”

3. “In a Uwipi ceremony, certain spirits come back and provide the guidance and healing.”

4. “The spirits are always with us in one way or another.”

5. “Spirits come back to their loved ones...in ceremonies.”

6. “We can communicate through the Sweat Lodge ceremonies that we have.”

The five TLEs provided the following responses about contacting the deceased’s spirit:

TLE #1: “I tell my people just sit there, meditate...feel a presence...you give him a name...call him, Wanblee, say, ahh, Wanblee...talk to him, tell him your troubles...he will help you.”

TLE #2: “We don’t do that...you mean like a psychic...we don’t believe in that stuff...a Uwipi ceremony is requested by the family to contact a spirit...it is a personal thing.”

TLE #3: “No.”

TLE #4: “Trying to bring them back, to cross over again, would be real crazy to think about.”

TLE #5: “How they would do that is through vision quest or ceremony.”
Lakota Ceremonies and Rituals

As expected, there was overwhelming endorsement for the use of Lakota ceremonies and rituals to treat bereavement. It was recommended by all the TLEs, 15 of the LG MH-SAPs, and all the NL MH-SAPs that grieving Lakota should participate in traditional Lakota bereavement rituals and ceremonies. The importance of rituals and ceremonies to help resolve bereavement among the Lakota was further investigated. Questions were posed regarding the usefulness or importance for bereavement of the seven great ceremonies of the Lakota and the Sacred Pipe ceremony (Brouchac, 1993; Brown, 1989; Powers, 1973; Walker, 1991).

The Wiwanyag Wachipi (Sun Dance) Ceremony

The Wiwanyag Wachipi is an extremely complicated yearly ceremony held by many plains Indian tribes. The purpose of the ritual is to give thanks to the creator for blessings, and to petition for help with difficult problems. The Wiwanyag Wachipi occupies a central role in the belief system and ritual practices of the Lakota (it is discussed in greater detail in Appendix A).

Several LG MH-SAPs (n = 11) and three NL MH-SAPs reported that the Wiwanyag Wachipi was important for dealing with bereavement. However, not one Lakota elder supported the use of the Wiwanyag Wachipi for grief (see research hypotheses one and two). Therefore, a small number of NL MH-SAPs might make recommendations about the use of the Wiwanyag Wachipi for bereavement that are
inconsistent with the beliefs of the Lakota elders (see research hypothesis three).

Comments by both MH-SAPs and elders about the use of the Wiwanyag Wachipi for resolution of grief included the five by MH-SAPs.

1. “I do not know.”

2. “I’m not sure about that.”

3. “It might be important if they use it as a way to honor a dead relative, which they do.”

4. “I don’t know.”

5. “Of course, no one would have a Sun Dance for somebody.”

Further information about the purpose of the Wiwanyag Wachipi was supplied by Lakota elder #4: “Your sole purpose in the Wiwanyag Wachipi is to be able to communicate with the creator. If you enter the Wiwanyag Wachipi with worries and conflict, it is real difficult to separate the material.”

Use of the Wiwanyag Wachipi for bereavement did not receive the expected support from the TLEs, but two Lakota elders discussed their opinions about the Wiwanyag Wachipi in relation to grief in general. One Lakota elder said, “At that time, when you are half dead from fasting and dancing, the spirits reveal themselves. That is the time when you’ll see that thunderbird peekin’ over that edge at you.”

Another Lakota elder asserted that the spirits were in the arbor (open space where this ceremony is conducted) of the Wiwanyag Wachipi. Therefore, the dancers are physically close to the spirits of deceased elders and family members while they are
dancing in the arbor. During the Wiwanyag Wachipi, communication with the deceased was thought possible, but not helpful to a grieving Lakota. Clearly, the elders viewed the use of the Wiwanyag Wachipi for bereavement as much less important than did the LG MH-SAPs.

Inipi (Sweat Lodge) Ceremony

The sweat lodge ceremony is a very popular ceremony used not only by Lakota, but by others interested in Lakota religion. It consists of sitting and praying in a small lodge while enduring hot steam created by pouring water on rocks (see Appendix A).

Fifteen LG MH-SAPs and 8 NL MH-SAPS endorsed the recommendation that bereaved Lakota participate in the Inipi ceremony. In contrast, only two TLEs recommended the Inipi for bereavement, but others did not respond.

Apparently, NL MH-SAPs possessed knowledge dissimilar to that of the Lakota elders about the value and use of the Inipi for bereavement (see research hypothesis two). It follows that NL MH-SAPs might either agree to, or recommend grief treatment strategies involving the Inipi that would be inconsistent with Lakota culture (see research hypothesis three). Of interest, no elder (or any other informant) actively voiced dissension regarding use of the Inipi ceremony for grieving. Seventeen separate comments about the use of the Inipi were made by various MH-SAPs:

1. “Some people would want a sweat, but it isn’t for the person who was lost, it is more for the family, a healing sweat ceremony.”
2. “Very important.”

3. “Yeah, I think that is important.”

4. “Yes, I’m sure it is.”

5. “I don’t know.”

6. “Sweat Lodge ceremony for healing...very good for this type of treatment...it helps you look at your feelings.”

7. “We can communicate with them through the Sweat Lodge ceremonies that we have.”

8. “We have sweats...the spirits have something to do with this.”

9. “The sweat lodge to contact the spirits...too take the (deceased) person’s spirit.”

10. “Some special sweats.”

11. “Sweats for four days after the funeral to grieve for the deceased.”

12. “All I know is that in the sweat lodge special prayers are made to help the spirit go on and to help the family at the same time.”

13. “Sweats.”


15. “Sweat.”

16. “Sweat and pipe.”

17. “Do your ceremonies in the sweat lodge and do not be boisterous.”

Two of the TLEs talked about the value of the Inipi ceremony for bereavement:
Elder #4 said, “Maybe the sweats, or the other stuff... Keeping of the Soul.” Elder #5 recommended “talking about their grief or entering the sweat lodge.”

The Yuwipi Ceremony (Calling the Spirits)

The Yuwipi is a complicated ceremony that is held in a darkened room and is attended by family members requesting spiritual assistance (see Appendix A). The three research hypotheses were not examined with respect to the Yuwipi, because the author failed to include a direct question about the Yuwipi ceremony in the interviews or survey. However, two of the Lakota elders spontaneously provided information about the Yuwipi ceremony. Also, several of the MH-SAPs spontaneously responded to the interviews and questionnaires with information about the Yuwipi ceremony.

Two Lakota elders endorsed the Yuwipi ceremony, as did 16 LG MH-SAPs, and six of the NL MH-SAPs. Three of the elders did not spontaneously mention the Yuwipi ceremony during the interviews.

One LG MH-SAP and one Lakota elder, separately provided descriptions of two different Yuwipi ceremonies held following the death of a beloved relative. The Lakota elder asserted that details of this ceremony should not be reported publicly, as did the MH-SAP. However, both agreed that a general description of their impressions and opinions about the Yuwipi could be allowed.

The MH-SAP explained that during the Yuwipi ceremony, the spirit came and reassured various family members that he was safe and happy in the spirit world. The
Lakota elder said that, during the Yuwipi ceremony, the spirit visited the surviving spouse and told her to begin enjoying life and participating in community activities.

In a similar vein, a male’s (deceased) spirit would return and guide his wife along the spirit path, when she was ready to pass on. Both informants agreed that these stories could be reported in the present dissertation, but that they could not be recorded on audio-tape or on audio-tape transcripts.

Qualitative comments about the Yuwipi ceremony were limited to three responses, one from traditional Lakota Elder #2: "It is a ceremony to contact the spirits...you request the ceremony...it is a personal thing.” A second comment from Elder #5: “The spirit is asked to come...the Medicine Man converses with him...says, you are stuck here, you are dead, whether you believe it or not. There is a better place for you, and the spirit is sent there.”

Finally, one LG MH-SAP said, “If you had a Yuwipi ceremony and you asked other spirits to contact them...Yuwipi...certain spirits come back, provide guidance and healing...the Yuwipi is a healing ceremony, so it isn't usually performed on a person’s death.”

The Hanblecheyapi (Vision Quest)

This is a formal means of contacting the advice and presence of spirits in one’s life through fasting and prayer (see Appendix A). Contrary to the present author’s expectations, only one Lakota elder supported use of the Hanblecheyapi for dealing
with grief. This elder’s rationale for supporting the recommendation was, “When we go crying for a vision...often the vision comes from a dead relative...they send a message.” That is, one might receive answers to questions from deceased relatives, which would put one’s mind at ease.

Eight LG MH-SAPs and five NL MH-SAPs provided the expected support for this recommendation, but some did not; dissent was equally split along ethnicity lines between Lakota (n = 4) and NL MH-SAPs (n = 2).

The Hunkapi (Making of Relatives) Ceremony

In the Hunkapi ceremony, relatives are welcomed into a family. It is often performed as a formal acceptance of an acolyte for religious or spiritual instruction (see Appendix A). Thirteen LG MH-SAPs and five NL MH-SAPs endorsed the Hunkapi ceremony for dealing with grief versus two Lakota elders. Three Lakota elders and four NL MH-SAPs did not respond to this question. Uniquely, a small number of Lakota MH-SAPs (n = 4) recommended against use of the Hunkapi for bereaved Lakota.

Opinions that might account for the dissimilar opinions about the Hunkapi were provided by one Lakota MH-SAP. The Lakota MH-SAP stated, “I’m not sure about that, I think I know what it is, but I’m not sure. If it is replacing the dead one, then it could be an important ritual or ceremony.”

In contrast, one traditional Lakota elder stated that the Hunkapi was more useful
for adopting a spiritual acolyte or trainee, than for helping reduce grief. He disagreed with the idea that adopting a bereaved individual into one’s family could ameliorate that person’s grief.

Wiping of the Tears

LG MH-SAPs held knowledge similar to that of the Lakota elders about the value of the Wiping of the Tears. The five Lakota elders unanimously endorsed the Wiping of the Tears ceremony for grieving, as did 16 of the LG MH-SAPs versus only five of the NL MH-SAPs (see research hypothesis one). NL MH-SAPs possessed dissimilar knowledge about the value of the Wiping of the Tears for bereavement from the Lakota elders and Lakota MH-SAPs (see research hypothesis two). Only five NL MH-SAPs endorsed use of the Wiping of the Tears versus five who did not respond. While is was not clarified why the five did not respond, it is possible that this lack of response might underlie treatment, making treatment recommendations about the Wiping of the Tears inconsistent with the beliefs of Lakota elders (see research hypothesis three). Ten MH-SAPs provided the following individual responses to this query:

1. “Wiping of the Tears ceremony.”
2. “Traditional ceremonies such as Wiping of Tears.”
3. “After a year of mourning, a Wiping of the Tears ceremony to end the mourning process.”
4. “Wiping of the Tears to release the spirit and return from grieving.”

5. “Giving Smoke and Water.”

6. “I know that one way is giving Smoke and Water.”

7. “I don’t know.”

8. “I do not know.”

9. “That is probably important, but I don’t think it is used as much as by other tribes.”

10. “They are concerned that you are going too much into grief...bring you out of mourning, by wiping your tears with the Wiping of Tears ceremony.”

The 5 TLEs responded to the question about the Wiping of the Tears as follows:

TLE #1: “You set them down, all the relatives affected by the death. We give them water—a drink of water and piece of meat, just a mouthful for each one...I give them pipe and smoke, or a cigarette, even if they don’t smoke, they can pray with it. Then you talk to them....”

TLE #2: “They smoke and give you some water and you are done with your grieving.”

TLE #3: “They bring the family together and give them smoke, usually by the pipe, the traditional way is to use a pipe, or improvise by using a cigarette.”

TLE #4: “Wiping of Tears...allow us to let go...allow that spirit to leave.”

TLE #5: “Historically...fill the pipe...have them smoke the pipe...have them drink the water...talk to those people...give them encouragement and advice.”
Clearly, the Wiping of the Tears or giving “Smoke and Water,” which are virtually identical in execution, were considered the most significant ritual(s) for the resolution of bereavement among the Lakota.

Keeping of the Soul

Overall, four Lakota elders, 12 LG MH-SAPs, and seven NL MH-SAPs agreed that the Keeping of the Soul had been historically important for bereaved Lakota. Despite the fact that this ceremony was considered valuable, it is not often used in modern times. Much like traditional Catholics might lament the use of English for the modern Catholic mass, the Lakota elders lamented the loss of the use of this ceremony, despite retaining considerable knowledge about it. Four of the Lakota elders responded to the query about the value of the Keeping of the Soul for bereavement (for greater detail see Appendix A):

TLE #2: “Well, I haven’t been through that type of ceremony. Those are really old, really traditional, so I don’t think it is used much anymore.”

TLE #3: “It is a ceremony that detains the spirit from entering the spirit world...an ancient custom...the families would keep the souls until all these relatives had a chance to visit the spirit. Bring food and gifts to the spirit.”

TLE #4: “A family that lost somebody... keep the soul...a religious ceremony.”

TLE #5: “A long time ago, we had a spirit keeping ceremony, which is no longer done, or very, very seldom n my time.”
In contrast, the six responses of the MH-SAPs about the Keeping of the Soul ceremony were less knowledgeable, confident, or detailed:

1. “I’m only familiar with that barest concept.”
2. “I don’t know what that is.”
3. “Keeping of the Soul ceremony--the spirit can be kept for one year--then released to go on to the spirit land.”
4. “Keeping of the Soul.”
5. “Keeping the soul.”
6. “Possibly 'keeping a spirit' ritual.”

Clearly, the perceived value of the Keeping of the Soul for bereavement was high, but a lack of knowledge about the ceremony also predominated, as indicated by a lack of response from four Lakota and three non-Lakota informants.

Releasing of the Spirit

This reference to the Releasing of the Spirit was made in conjunction with the findings about the Keeping of the Soul, because in other literature they are regarded as being closely bound (Brown, 1989). The present author did not directly ask the informants (a priori) any questions about the Releasing of the Spirit. Thus, responses based on the perceived importance of the Releasing of the Spirit were not included. However, four Lakota elders spontaneously mentioned that the Releasing of the Spirit is also an important ceremony for death, dying, grief, and bereavement among the
Lakota. The Releasing of the Spirit is discussed in greater detail in Appendix A.

The Sacred Pipe

The Sacred Pipe ceremony ranges from simple use by an individual to complex use within the context of elaborate rituals. In addition, the Sacred Pipe has much symbolic value to tribal peoples (see Appendix A). Use of the Sacred Pipe ceremony was highly endorsed by three TLEs, 15 LG MH-SAPs, and five NL MH-SAPs. However, two non-Lakota and one Lakota informant opposed the use of the Sacred Pipe, and three non-Lakota informants did not respond. This degree of knowledge dissimilarity with the Lakota elders might lead some NL MH-SAPs to make culturally inconsistent recommendations about the use of the Sacred Pipe for bereaved Lakota (see research hypotheses two and three). Queries about the use of the Sacred Pipe to reduce grief elicited the following nine comments from various MH-SAPs:

1. “I would say yeah.”
2. “I do not know.”
3. “I don’t know.”
4. “I’m not sure that would be important.”
5. “...[C]onnect with the spirit through pipe...”
6. “Others pray with pipe ceremonies.”
7. “Pipe ceremonies....”
8. “Sweat and pipe.”
9. “Pipe ceremonies.”

Three of the TLEs made the following statements about use of the Sacred Pipe ceremony for reduction of bereavement:

TLE #1: “I give them pipe and smoke....”

TLE #3: “The traditional way is to use a pipe [i.e., referring to the giving of Smoke and Water].”

TLE #5: “They talked to these mourners and feed them and smoked, smoked the pipe with them.”

Use of Western Healing Practices for Grieving

In Table 3, the responses from several questions expected to elicit positive responses from modern Lakota and NL MH-SAPs knowledgeable about modern western healing practices for bereavement are provided. The number under the “H” represents the number of informants who believed that the item in question (listed on the left hand side of Table 3) was a healthy or adaptive recommendation. The number under the “U” represents the number of informants who believed that the item in question was an unhealthy or maladaptive recommendation. The number under the “NR” represents the number of informants who did not respond to the item in question. The following acronyms are used in Table 3: Traditional Lakota Elder (TLE, n = 5); Lakota Mental Health substance Abuse LG MH-SAPs (LG MH-SAP, n = 17); and Non-Lakota Mental Health Substance Abuse Professional (NL MH-SAP, n = 10).
The Use of Antidepressants

The present author's speculation that NL MH-SAPs' knowledge about the value of antidepressants was dissimilar to that of the TLEs was supported. Two NL MH-SAPs indicated support for the use of antidepressants, but three were opposed to the use of antidepressants. Four Lakota elders did not support the use of antidepressants for bereavement, with one Lakota elder in favor of their use (see research hypothesis two). Clearly, some of the NL MH-SAPs were more likely to recommend the use of antidepressants than the Lakota elders (see research hypothesis three). However, the trend toward recommending the use of antidepressants for grief was continued by seven of the Lakota MH-SAPs.

Various qualitative responses from the Lakota elders included the following sentiments about antidepressants:

TLE #1: “It is just to deaden the mind--antidepressant, then, you think, oh boy, I’m gettin’ well....We use, sage, cedar, it is powerful...but, you got to know the right prayers, maybe get some help from the spirits.”

TLE #2: “Ahh, in our case, none of us wanted any of that....We wanted to go through the grieving and mourning in the Indian way....I think it just prolongs the grief and pain until later.”

TLE #3: “Grief has to be natural. That is why we have these ways to deal with it. If they put a person under medication, then they don’t deal with it....They have a
difficult time afterwards.”

TLE #4: “In some cases, I would recommend it to get them out of depression—that would OK.”

TLE #5: “If you suppress any kind of feeling...they hold it down inside them...[and] it will come out in a different way, a physical sickness.”

It appears that the elders provided recommendations against the use of antidepressant medication that were consistent with the Lakota philosophy that grief and bereavement are simply another aspect of existence; one should not do things (e.g., use medications) that prevent people from having natural experiences, such as profound grief.

**Imagine or Think about Past Experiences**

Clear support for recommending that bereaved Lakota should think about or imagine past experiences with the deceased was both expected and found among six LG MH-SAPs and, unexpectedly, among Lakota elders (n = 4). Of further interest, eight NL MH-SAPs also support the use of thinking about or imaging past experiences with the deceased as a means of helping bereaved Lakota people.

**Talking or Writing about the Deceased**

Dominant culture therapists might help pathologically bereaved clients cope with their grief through various, so-called cathartic experiences. One such experience might involve having the client talk extensively about past experiences with the
deceased, write farewell letters to the deceased, etc. Three TLEs supported talking about or writing about the deceased, however, two Lakota elders actively opposed this notion. One of these two dissenting Lakota elders noted that talking or writing about the deceased might impede the spirit from making the journey to the spirit world. NL MH-SAPs were expected to possess dissimilar knowledge about this belief of the Lakota elders. Nine NL MH-SAPs and eight LG MH-SAPs favored talking or writing about the deceased (see research hypothesis two). In summary, both non-Lakota and Lakota MH-SAPs might recommend talking or writing about past experiences with the deceased, which conflicts with the prescriptions of some Lakota elders (see research hypothesis three).

The Western "Grief Cycle"

The western "grief cycle" is based on a common set of theories with their genesis in the early work of Kubler-Ross (1969). This cycle suggests that bereaved persons ordinarily must go through several stages of grief: (a) denial, (b) anger, (c) bargaining, (d) sadness or depression, and (e) acceptance. It has been appropriated and used as a theoretical basis to explain the grief reactions to a loved one's death by many mental health workers. Clinicians who use this theory commonly observe clients moving through the stages in a nonlinear or cyclical manner, before resolution of bereavement is achieved. However, the western "grief cycle" as a psychological or social theory was expected to be either unknown, or at least not endorsed by the Lakota
elders. As expected, all five Lakota elders quite openly scorned the western “grief cycle.” Secondly, none of the LGMH-SAPs favored the use of the western “grief cycle,” and 12 agreed with the Lakota elders, with the remainder giving no response (n = 5). In contrast, four NL MH-SAPs indicated support for the western “grief cycle” (see research hypotheses one and two). Qualitatively, the five Lakota elders’ responses contrasted with the MH-SAPs responses:

TLE #1: “That is what they call our way of life, superstitions. No, I won’t let’em do that to my patients.”

TLE #2: “No, we, Indian people have our own way of grieving and mourning.”

TLE #3: “No.”

TLE #4: “There is conflict there, because western society would look at our culture as superstitious.”

TLE #5: “There is no word in the Lakota language for superstition...that is out of the question.”

Thus, NL MH-SAPs might be prone to make recommendations about application of the popular western “grief cycle” that are inconsistent with the recommendations of the Lakota elders (see research hypothesis three). In addition, Lakota elders appear to be very distressed that their beliefs and practices may be thought of as superstitious by persons in the dominant culture.

In the following 12 comments, some of the MH-SAPs supported the use of “western” methods, but other MH-SAPs are more integrative in their approach to
bereavement work:

1. "Traditional Sioux practices."
2. "Psychologically orientated, stages of grief."
3. "Both cognitive-behavioral methods and specific techniques related to the cognitive management of depression."
4. "Rational-emotive therapy."
5. "Reality therapy."
6. "Interactive group or psychodynamic interpersonal psychotherapy."
7. "Basic, standard grief cycle based intervention."
8. "Provision of safe, supportive, nonjudgmental environment."
9. "Elizabeth Kubler-Ross’ material and traditional ceremonies such as wiping of tears or sweats."
10. "Developmental with cultural appropriateness."
11. "Humanistic, client-centered, with awareness of the communities and social healing for Indian people."
12. "Traditional beliefs and, also, Kubler-Ross grief cycle."

Obviously, the various MH-SAPs who responded were comfortable with a wide variety of interventions for grief.

Bereavement Psychotherapy or Grief Counseling

The TLEs were not directly asked about recommendations regarding counseling
or psychotherapy for bereavement. However, the author considered the perceived value of psychotherapy and/or counseling for grief as important to investigate. Therefore, three accessory questions about the value of psychotherapy or counseling for bereavement were posed about: (a) the value of peer-group support, (b) the value of professionally led group support, and (c) the value of professional, individual counseling.

**Self-help or peer-directed support groups.** The speculation that NL MH-SAPS might possess knowledgeable about the value of self-help support groups for bereavement dissimilar to that of the Lakota elders was supported. Eight non-Lakota and 12 Lakota MH-SAPS favored the use of self-help support groups for grief versus two Lakota elders (see research hypothesis two). Dissent among MH-SAPS was from two LG MH-SAPS and one non-Lakota. Therefore, the possibility exists that NL MH-SAPS might make recommendations about the use of self-help support groups contrary to those of the Lakota elders (see research hypothesis three). Responses from four MH-SAPS to this query included the following: (a) “Yes, they would be important;” (b) “These are helpful;” (c) “I think that is helpful;” and d) “These are very helpful, very helpful.”

**Professionally facilitated bereavement support groups.** It was expected that while NL MH-SAPS would support the use of group therapy for bereavement, especially professionally lead groups, TLEs would be less likely to endorse this approach to helping the bereaved. Two elders favored professionally led grief support
groups, and, as expected, a large number of Lakota MH-SAPs ($n = 13$) supported the use of professionally facilitated bereavement support groups. Inexplicably, about half of the NL MH-SAPs ($n = 4$) disagreed with the use of professionally facilitated bereavement support groups. Typical of the opinions expressed by MH-SAPs about the use of professionally led bereavement support groups were:

1. “I think these are very useful for people who are having problematic grief reactions, people who are stuck in grief reactions.”

2. “Those are also helpful; I, generally, for these type of issues, use an interactive group psycho-therapy.”

3. “I think that is helpful.”

NL MH-SAPs endorsed peer-directed over professionally led bereavement groups for helping grieving Lakota. Thus, NL MH-SAPs might make recommendations about the use of support groups inconsistent with the beliefs of the Lakota elders (see research hypothesis three).

**Individual bereavement counseling.** Counseling or psychotherapy for individuals experiencing bereavement is so common in western culture that some professionals make a career specialty of it. It was expected that among the MH-SAPs, support for individual grief counseling would be high. Lakota elders were expected to be at least somewhat opposed to the notion, or at best, “lukewarm” toward it.

Six NL MH-SAPs supported individual bereavement counseling. Three NL MH-SAPs dissented with the idea that grieving Lakota should seek or remain in
individual counseling with a trained professional. Fifteen LG MH-SAPs supported individual bereavement counseling, versus two Lakota elders. Clearly, both Lakota and NL MH-SAPs were more supportive of individual counseling for grief than were the TLEs (see research hypotheses two and three).

Maladaptive Grieving Practices

Several bereavement practices were assumed by the author to be maladaptive, according to Lakota traditions. In Table 4, the number under the “H” represents the number of informants who believed that the item in question (listed on the left hand side of Table 4) was a healthy or adaptive recommendation. The number under the “U” represents the number of informants who believed that the item in question was an unhealthy or maladaptive recommendation. The number under the “NR” represents the number of informants who did not respond to the item in question. The following acronyms are used in Table 4: Traditional Lakota Elder (TLE, n = 5); LG MH-SAPs of greater than 25% (n = 17); and NL MH-SAPs (n = 10).

Use of Alcohol

The first question in this group of items addressed the advisability of drinking alcohol for grief or bereavement. This item was included largely as a check on an informant’s consistency of responding; it is quite well known that the use of alcohol was universally condemned by all the Lakota elders and MH-SAPs as an inappropriate
means of coping with grief or bereavement. Both Lakota elders and MH-SAPs discussed concerns about drinking alcohol when extremely sad or bereaved.

Of primary concern among Lakota elders was that, a bereaved Lakota, who used alcohol or drugs to cope with grief, might become “Iya.” The Lakota term “Iya” implies that once a grieving person begins to drink excessive amounts of alcohol to cope with grief, that person will continue a pattern of maladaptive drinking.

Clearly, this Lakota term denotes a commonly observed developmental process, from problem drinking to alcoholism, observed in both tribal and dominant culture individuals and communities. One NL MH-SAP observed that many issues relating to grief and grieving in the Lakota culture were complicated by the use of substance and the subsequent development of addiction. Clearly, the expected universal response against using alcohol as a means of coping with bereavement was obtained. Specific responses to the question about use of alcohol included the following by 12 MH-SAPs:

1. “Don’t drink or take drugs.”
2. “Intoxication.”
3. “Alcohol abuse.”
4. “Drinking at a wake or funeral.”
5. “Getting drunk.”
6. “Some people party it up (drinking).”
7. “Alcoholic binges.”
8. “Using something to cover it up, such as alcohol.”
9. "Drug use."

10. "Increasing your drinking."

11. "Overuse of alcohol."

12. "If they drink, you tell them, this is Iya, if you drink, you will drink for the rest of your life."

The five TLEs offered the following negative comments about the use of alcohol and drugs to cope with grief or bereavement:

TLE #1: "Never go there drunk or smelly....That backfires, it really backfires.... They can't quit...[and]become alcoholics."

TLE #2: "We feel that is very disrespectful."

TLE #3: "Sometimes, they turn to alcohol and it effects them, some people don't come out of it....They stay that way for years, sometimes forever."

TLE #4: "It takes us away from the pain...rather than deal with the reality of the pain and grief, so I don't recommend it."

TLE #5: "They are just prolonging the grief....Because, if you sober up someday, the problem is still there."

In summary, the use of alcohol to cope with grief or bereavement was deemed universally unacceptable and addictive behavior or dependence was indirectly addressed by the elders. The Lakota elders' admonition against "Iya" is similar to modern theories of self-medication and affect-reduction used to explain alcohol dependence.
Disposition of Personal Belongings

In western cultures, some families will store the key personal belongings of a deceased family member for future reminiscing or gifting to children, grandchildren, and so forth. Some families may, at least for a time, largely preserve the deceased’s bedroom decor to help maintain the memory of the deceased. However, such values are not consistent with traditional Lakota culture. The present author’s speculation that NL MH-SAPs would possess dissimilar knowledgeable about the disposition of the personal belongings of deceased Lakota versus the knowledge of the Lakota elders was supported. The five Lakota elders and four of the LG MH-SAPs agreed that placing the deceased’s possessions in storage in the bedroom was unhealthy. However, four NL MH-SAPs favored saving the personal belongings of the deceased (see research hypothesis two).

Therefore, at least some NL MH-SAPs might encourage bereaved Lakota clients to store the personal belongings of the deceased, placing them in conflict with the elders (who would surely have the bereaved burn or give away the personal belongings of the deceased; see research hypothesis three).

One Lakota elder explained if one expected to have spiritual benefits for oneself or a deceased loved one, he or she willingly disposes of the personal belongings of a loved one following death. Another Lakota elder said that generosity, even in difficult times, was an important virtue among the Lakota. Finally, a third Lakota elder added that getting rid of the personal possessions of the deceased allowed the mourners to
complete their grieving.

Qualitative responses included: one Lakota elder, “No, no, you got to burn them right away. Everything goes, including $2000.00 ring, you throw it in the fire...or give it to somebody that can use it, like, gun, camera...providing that the person knows the deceased”; and one LG MH-SAPs said, “Probably burn within four days or giveaway to friends.”

**Christian Church Ceremonies**

According to two Lakota elders, modern Christian church ceremonies were beneficial during bereavement, since many Lakota people have become “Christianized.” However, three Lakota elders lamented the use of Christian ceremonies in place of traditional Lakota rituals. One of these three Lakota elders was against the use of Christian ceremonies. Twelve LG MH-SAPs endorsed modern Christian Church ceremonies as useful.

A small number of Lakota (n = 3) and two NL MH-SAPs stated that the Lakota were better served through the use of traditional Lakota rituals. However, the majority of Lakota (n = 12) and NL MH-SAPs (n = 7) supported the use of Christian ceremonies as a form of grief reduction for the Lakota (see research hypothesis two). The following nine comments about the usefulness of modern Christian church ceremonies for helping Lakota deal with bereavement included six remarks from MH-SAPs:
1. "...Through ceremonies, or church, or through religion, or a spiritual process...for some people, it might be church...they might belong to an Indian Presbyterian Church."

2. "If they believe in or were a member of a church to seek out their priest or minister."

3. "I know they are used, and can be useful, if an individual perceives them to be."

4. "I would probably refer them to a medicine man...It depends on the individual."

5. "Yes, for some folks they are important, especially if they are nontraditional in religion."

6. "Eclectic, depends on the orientation of the patient, Catholic or traditional or other (a few)."

Three of the Lakota elders expressed the following sentiments about the use of Christian church ceremonies:

TLE #2: "You could have a medicine man....We also have a minister."

TLE #3: "It is according to our traditions or how we were raised....Some of our own people would rather have a Catholic priest or somebody conduct the ceremonies, not the ceremonies, but the Catholic rituals."

TLE #4: "That is an individual’s choice."

There are individual differences in opinion about the value of modern Christian
church ceremonies that are related to the level of commitment to the Christian religion versus tribal spirituality by the various informants. However, some NL MH-SAPs might make recommendations inconsistent with Lakota cultural values about the use of Christian church rituals for bereavement (see research hypothesis three).

“New-Age” Rituals

As expected, the Lakota elders unanimously disapproved of “New-Age” rituals for grieving Lakota. One Lakota elder commented, “water woman, spirit woman, earth woman, just a bunch a wannabes,” referring to several high-profile Rapid City “New-Age” practitioners.

Despite the fact that five LG MH-SAPs did endorse “New-Age” practices, a larger number (n = 11) agreed with the Lakota elders. One LG MH-SAP said, “I don’t know any Lakota who are into that, what is it, crystals and stuff?”

This recommendation did not receive a great deal of support from the NL MH-SAPs (n = 2). In fact, it was decried by five of the NL MH-SAPs either. Based on a small dissimilarity in the knowledge of these two subgroups, a small potential for recommendations by NL MH-SAPs contrary to those of the TLEs about “New-Age” rituals for bereavement exists (see research hypotheses two and three).

The following six qualitative responses to the question about the value of “New-Age” rituals for bereaved Lakota from MH-SAPs included:

1. “What? I don’t know.”
2. “Whatever works; I can’t keep a straight face, turn that thing off for a second.”

3. “Cult? Crystal healers, mystic leaders…oh, NO!”

4. “I think I’ve seen, maybe, one Lakota who was very ‘New-Age’ practice orientated.”

5. “These are looked down upon and said to bring ill luck or bad health.”

6. “Anyone ‘playing’ with the sacred, in whatever form, can bring harm to their family or innocent people involved [illness-accident-death/etc.]”

Three of the Lakota elders provided the following responses about the value of “New-Age” rituals for grieving Lakota:

**TLE #1:** “People are changing things, they write books, these people that are writing books, like that Grandmothers of the Lakota. That is a white woman, she thinks she is part Indian, but those are not the right ways. Those are wanabees. Spirit woman, there is no such thing. Water woman. Earth woman. Ahhhhhhhhh! You know we don’t have those in our tradition.”

**TLE #2:** “We don’t ever do that. You mean like a psychic…HA HA HA….We don’t believe in that stuff.”

**TLE #3:** “No.”

Responses to this question indicated that general disapproval of “New-Age” ceremonies.

Although no formal question regarding reincarnation status was asked, the
usually accepted, universal belief among the Lakota is that the spirit is transformed following death and might return as an animal. This belief did not appear to be designated as reincarnation by the Lakota elders. Four elders recommended against seeking to ascertain the reincarnation status of the deceased or the possible whereabouts of the spirit. But, one Lakota elder was in favor of the bereaved seeking to understand the possible reincarnation status of the deceased: “Yeah, like I told you, reincarnation, we believe in that. Death to spirit is a transition, so you go up there, you got to have knowledge of that.”

Bereavement Practices Contrary to Common Clinical Assumptions

Several bereavement practices were assumed by the author to be contrary to common clinical assumptions about appropriate grieving behavior. In Table 5, the number under the “H” represents the number of informants who believed that the item in question (listed on the left hand side of Table 5) was a healthy or adaptive recommendation. The number under the “U” represents the number of informants who believed that the item in question was an unhealthy or maladaptive recommendation. The number under the “NR” represents the number of informants who did not respond to the item in question. The following acronyms are used in Table 4: Traditional Lakota Elder (TLE, n = 5); Lakota Mental Health Substance Abuse > 25% LG MH-SAPs (LG MH-SAP, n = 17); and Non-Lakota Mental Health Substance Abuse Professional(NL MH-SAP, n = 10).
Advice to Change Jobs

NL MH-SAPs possessed dissimilar knowledge about the value of changing jobs to cope with bereavement from the Lakota elders. Three Lakota elders advised changing jobs as a means of coping with grief. However, as expected, none of the LG MH-SAPs or the NL MH-SAPs agreed with this recommendation (see research hypothesis two). In fact, both Lakota (n = 9) and non-Lakota (n = 5) actively disagreed with the elders (see research hypothesis one). Clearly, the MH-SAPs were more likely to discourage changing jobs to cope with grief. Therefore, NL MH-SAPs might make recommendations about changing jobs to cope with bereavement inconsistent with those of Lakota elders (see research hypothesis three).

Queries about initial responses revealed that some misunderstandings of the question and some personal attitudes had influenced the Lakota elders' opinions about changing jobs to cope with grief. One elder qualified his opinion with the statement that changing jobs was more likely beneficial in instances of racism. It appeared that he was so concerned about racism in the work environment that he was not able to separate that issue from the issue of bereavement when answering this question. Another elder stated that if the job was a painful reminder of the deceased, leaving was an option. Finally, the third elder did not appear to highly value continued salary and employment benefits, saying that "a job is a job." The opinions of the five Lakota elders about changing jobs as a means of coping with bereavement were based on the following rationales:
TLE #1: “If it is racism, then get out, don’t mess with it.”

TLE #2: “That would be up to the individual.”

TLE #3: “Mostly, we encourage them to get back into the swing of things, you can’t run away from it.”

TLE #4: “If their job had an effect on a daily basis, if it was a constant reminder....”

TLE #5: “Yeah, maybe a change would help in that area.”

Advice to Move Away

All five Lakota elders voiced opposition to moving away as a means of coping with grief. No Lakota MH-SAP supported moving away as a means of coping with grief. Six NL MH-SAPs opposed moving away as a means of coping with grief, as did nine Lakota mental health professionals. Of interest, eight Lakota and four NL MH-SAPs did not respond to this question. One NL MH-SAP remarked that moving away was a means of “short-circuiting” the issues and that a grieving Lakota should stay and “work through” the problem before moving away. Various responses to this query from the Lakota elders included: (a) TLE #2, “No”; (b) TLE #4, “No, they just take it with them”; and (c) TLE #5, “No...they say if you run away, it will come back to haunt you. The healing never comes about.” Lakota elders appeared to value facing and seeking resolution to the grief, similar to their attitude about the use of antidepressants.
Advice to Change Diet

Clearly, most health experts would recommend a balanced diet during times of increased stress, such as following the death of a loved one. However, it is unlikely that health experts would provide direct advice to alter one's diet to reduce grief or bereavement. Also, the Lakota have historically valued healthy eating to promote individual and social health.

Two Lakota elders agreed that changing diets might be a healthy recommendation for grieving Lakota; the remaining three Lakota elders did not support this recommendation. One LGMH-SAPs and no NL MH-SAPs favored diet change as an option for helping bereaved Lakota. As with the previous question, there were several informants (11 Lakota and 9 non-Lakota) who did not respond to this item.

One Lakota elder said that any change in eating should be to a healthy diet. This Lakota elder had worked with one grieving Lakota who would not eat regular meals following the death of a loved one, and was subsisting by smoking cigarettes and drinking coffee or soda pop. After providing "Smoke and Water," the Lakota elder convinced this bereaved Lakota to adjust his diet, which he believed helped lead to appropriate resolution of the grieving. Another Lakota elder remarked that often "you have to convince them to eat." Uniquely, there were substantial differences of opinion expressed by the elders in response to this question about the value of diet change for helping grieving Lakota:
TLE #1: “It doesn’t matter, it doesn’t effect them.”

TLE #2: “No.”

TLE #3: “No.”

TLE #4: “I don’t know about changing it, but a good healthy diet helps them...Be in balance, emotion intellect, spirit, it effects everything.”

TLE #5: “Yeah, because people might try to fill that loss with overeating, eat too much....One person would only smoke and drink coffee, that family had me talk to him...convince him to eat.”

Thus, as expected, the Lakota elders encourage healthy eating as a form of coping during crises. They were aware of the broad effects of nutrition on personal well-being, and also of the negative consequences of coping with grief through poor eating habits and excessive use of coffee and cigarettes.
SUMMARY AND DISCUSSION

Introduction

The results of this study will be summarized and interpreted in the sections that follow. These key results focus on the researcher's expectations about consistency of reports by Lakota tribal elders and their relationship to those of MH-SAPs serving the Lakota. Detailed recommendations to clinicians for clinical practice and future research will also be offered.

Key Research Results and Interpretation

The present research resulted in several key findings that deserve summary and interpretation. These include the following:

1. Elders were in general agreement about a variety of rituals and practices, as well as an underlying Lakota philosophy about death, dying, and bereavement. The elders believed that death was a transition from the corporeal to the spiritual realm, that could be facilitated by the practice of the appropriate Lakota spiritual beliefs and rituals. Further, the Lakota elders lamented the loss of interest and decreasing use of traditional ceremonies to cope with grief by bereaved Lakota. The Lakota elders highly valued and advocated traditional and contemporary Lakota ceremonies to help bereaved Lakota people cope with grief. The Lakota elders provided three groups of traditional and contemporary Lakota rituals in rank ordering of their perceived value
for resolving bereavement: (a) Wiping of the Tears ("giving Smoke and Water"), Keeping of the Soul (and Releasing of the Spirit), and use of the Sacred Pipe or tobacco; (b) Inipi (Sweat Lodge), Yuwipi (Calling the Spirits), and Hunkapi (Making of Relatives); and (c) Hanbldecheyapi (Vision Quest) and Wiwanyag Wachipi (Sun Dance).

It is important to note that the contemporary Lakota Wiping of the Tears grief ritual is likely a direct, historical artifact of the more complete, historical, Lakota bereavement ceremony—Keeping of the Soul. Furthermore, the traditional Keeping of the Soul ceremony appears to have become fragmented over time into numerous derivative practices, including the contemporary Wiping of the Tears ritual.

2. Contrary to expectation, the Lakota elders were not as consistent in some of the details they shared and had some idiosyncratic beliefs. For example, only one elder reported that following death, a wandering spirit could atone for mistakes made during life, through the performance of "good deeds." Furthermore, elders differed in their reports on such things as details concerning the nature of the afterlife and whether Christian religious practices could be incorporated into Lakota culture.

3. A key theme that emerged from interviews with elders was the conflict between TLEs and non-Lakota/modern western death, dying, and bereavement practices. In particular, use of antidepressant medications, modern psychotherapy, and opinions about whether Christian religious practices should further encroach into Lakota culture were points of conflict between the traditional Lakota and non-Lakota/western practices.
4. A transformation has clearly occurred within the Lakota culture within the last 100 years or so due to influences of the dominant Anglo culture. Major signs of change and cultural fragmentation due to dominant culture influence are evidenced by the dilution of complex Lakota death and bereavement rituals, such as the Keeping of the Soul.

5. A number of general conclusions regarding areas of agreement between mental health-substance abuse providers and Lakota elders can be gleaned from the results of the study. First, MH-SAPs and Lakota elders both appear to recognize the critical significance of social support networks; perhaps Lakota elders value this point even more than mainstream clinicians. The Lakota elders highly valued certain traditional and contemporary Lakota rituals specifically designed for the resolution of bereavement; these ceremonies rely heavily on involvement of the bereaved with supportive family, community, and tribal members (see Appendix A). Furthermore, a subtle social value is that involvement in the ceremony likely helps bereaved family members and tribal members to retain a sense of tribal unity and to “close the circle,” left by the loss of a tribal member, so to speak. Additionally, there was strong agreement about the value of involving the bereaved person with family members, friends, and consultation with Lakota spiritual leaders.

6. There was also uniform agreement about what constitutes the most maladaptive coping strategies for Lakota people (e.g., failure to maintain good nutritional practices and the use of alcohol to manage negative mood states).
7. Clear gaps in knowledge about traditional Lakota death, dying, and bereavement practices are evident among MH-SAPs. Professionals who have made a career of working with the Lakota evidenced a lack of specific, detailed knowledge about which Lakota rituals were most important during times of bereavement.

8. Mental health professionals who work with the Lakota hold more liberal attitudes about what constitutes acceptable practice for dealing with bereavement than the Lakota elders. For example, they were more likely to endorse the use of “New-Age” rituals or use of the western “grief cycle” model. In general, they were more likely to endorse any number of the diverse practices suggested to them in the research questionnaires. Lakota elders were more selective and discerning. It is probable that when clinicians lack knowledge about what constitutes culturally appropriate practices, they tend to endorse suggestions for helping that seem plausibly “Indian” (though they may in fact, be contrary to cultural mores).

9. Both Lakota and NLMH-SAPs tended to leave more of the questions posed to them about Lakota bereavement practices unanswered, compared to Lakota elders. This was quite evident when they were asked questions about the appropriateness of specific ceremonies. There are several reasons why this might have occurred. First, these informants might have been uncertain and therefore, noncommittal. Second, this might point to a lack of knowledge on the part of these informants. Clearly, it implies a need for more training about Lakota death, dying, and bereavement beliefs and practices for mental health-substance abuse counselors who work with the Lakota.
In summary, two main, underlying themes are apparent and will be used as the theoretical basis for further summary and discussion: (a) Lakota elders highly value ceremonies that integrate the bereaved, the family, the community, and the tribe into a group working to resolve grief; and (b) the current practice of these rituals and ceremonies has been fragmented across time, possibly leading to a loss of their meaning to tribal members.

Bereavement Beliefs and Practices: Recommendations to Clinicians

As has been noted previously, the Lakota beliefs and practices that were discussed by the elders can be best construed in the context of two major themes—strong social support, and the theme that current death and bereavement practices had their roots in ceremonies that are no longer practiced in their entirety. Also, current practices reflect a cultural evolution among the Lakota, due to influences of the non-Lakota or dominant culture.

Clinical Recommendations

All of the Lakota elders advocated the use of traditional and contemporary Lakota spiritual practices, especially the relevant bereavement ceremonies. It is likely that these ceremonies help integrate individuals into a tribal group. According to one Lakota elder, “the traditional Lakota ceremonies and rituals are simply small pieces of a very complicated lifestyle and belief system.” Lakota elders value cooperative
ceremonies, in much the same manner as western practitioners value consultative relationships with experts (J. Skidmore, personal communication, June 10, 1992).

It follows that clinicians who work with the Lakota might benefit from further education. It is the present author's experience that both formal and informal consultative relationships provide an adequate basis for gaining greater knowledge of Lakota cultural and spiritual beliefs and practices. One avenue for such consultation is with other clinicians, who are familiar with or work with the Lakota. But, the present author recommends to those practitioners who work with the Lakota people that they seek out a Lakota elder and form a one-to-one consultative relationship. This is not only important for the clinician, but it is also important for the Lakota community served by the practitioner. It many cases, the practitioner can discuss the possible benefits of "western interventions" with the Lakota elder, and then rely on that Lakota elder to educate other community members and act as an advocate for appropriate treatments (discussed later). Finally, the clinician might need a respected Lakota elder to whom appropriate referrals for appropriate traditional cultural and spiritual interventions might be made.

Such a consultative relationship will likely help the practitioner acquire broader knowledge about Lakota culture and spirituality. It is recommended that care be taken to develop these consultative relationships with widely respected Lakota elders or medicine men. The present author is aware that there exist many less qualified or "plastic" medicine men, who might give a professional erroneous advice. All five
Lakota elders recommended that clinicians utilize great discretion, and strive to consult with a legitimate Lakota elder.

Finally, many informative books and articles are available to assist practitioners. A reading list providing several references to books and articles discussing Native American cultural issues is provided (see Appendix G).

The following questions were developed to help organize the present research findings into principles that may contribute to an effective assessment and treatment plan:

1. How important is the immediate and extended Lakota family for intervention?
   (a) How has the clinician integrated the immediate and extended Lakota family into the treatment plan?

2. Are community and social supports, such as Lakota elders included in the intervention?
   (a) Would the grieving Lakota client benefit from the help of a Lakota elder?
   (b) Does the clinician know culturally appropriate methods of contacting Lakota elders?
   (c) What sort of traditional Lakota activities might help the grieving Lakota client?
(i) Does the professional recognize the role of various Lakota community bereavement practices, such as, the wake, giveaway, formal periods of mourning, and so forth?

(ii) Does the clinician understand the role of traditional Lakota rituals in bereavement, such as, the wiping of tears, Inipi, use of the sacred pipe, and so forth?

3. What interventions are to be implemented or avoided when working with grieving Lakota clients?

(a) What is the general philosophy among traditional Lakota about dealing with the affective pain of grief (escaping the pain versus experiencing the pain of bereavement)?

(b) When should antidepressant medication be used or avoided in cases of bereavement for grieving Lakota?

(c) How might individual counseling, group counseling, peer counseling, or other “western” counseling techniques assist bereaved Lakota clients (versus writing about or talking about past experiences--which seems to be discouraged by Lakota elders)?

(d) Should traditional, bereaved Lakota clients ever be referred to non-Indian practitioners, who espouse generic “Indian” healing methods, such as some “New-Age” practitioners?
(e) Should clinicians encourage grieving Lakota clients to become involved in the ceremonies of established religions?

(f) Should professionals encourage or support the use of traditional Lakota bereavement ceremonies or rituals in hospitals, clinics, mortuaries, and so forth?

(g) Should practitioners support bereaved Lakota clients, who seek to move away or change jobs to escape their grief?

(h) Should clinicians recommend that traditional grieving Lakota clients keep or store the personal belongings of the deceased person whom they are mourning?

These questions are posed as a framework for further discussion of the research findings regarding intervention issues with bereaved Lakota clients.

The Importance of Careful Clinical Assessment

The grieving Lakota client's behavior would have to be considered in the light of their individual level of acculturation. For example, in cases where the bereaved Lakota person espoused a primarily Euro-American lifestyle, deviations from the Euro-American grieving norms would be considered maladaptive. However, in contrast, when bereaved Lakota espoused a tribal lifestyle, deviations from tribal behavioral norms would be considered maladaptive.
All the Lakota elders favored grieving with family and friends. It was recommended that family-centered mourning should take four days and include a wake, memorial dinner and giveaway ceremony (discussed later in this section). Traditionally, this is followed by between 1-2 years of formal mourning (depending on the individual’s degree of acculturation). During the first 4 days of formal grieving, it was acceptable that the mourners (family members, friends, and community members of the deceased) openly express sadness through tears, wailing, and keening (loud mournful, undulating wailing). During the wake, a spiritual leader might provide “Smoke and Water” (wiping of the tears). Grieving with family and friends in culturally appropriate ways was highly recommended.

Professional involvement of the family. It should be recommended, by MH-SAPs, that the bereaved Lakota client make as much use of family support and community/social/tribal bereavement activities as possible. This recommendation should be based on the assessment of the client’s level of acculturation. More traditionally oriented Lakota would likely benefit from greater integration of family, extended family, and community support, as well as rituals. Less traditional Lakota might benefit more from Euro-American interventions that incorporate substantial social support, or perhaps nonintrusive activities involving only immediate family members.
Social support: Obtaining help from Lakota elders. One aspect of community support includes the support of Lakota elders during the bereavement process. It is important that the professional have TLEs available for consultation.

The culturally appropriate protocol for contacting TLEs involves making one’s needs for help or consultation known to various Lakota community members. Traditionally, Lakota community members will informally contact the appropriate Lakota elder.

Usually, a gift of tobacco and some other items, such as coffee, sweet grass, or sage, are appropriate when seeking the advice of a traditional Lakota elder. Clinicians must understand that the traditional Lakota elder may spend considerable time assessing the trustworthiness and motivations of the clinician before agreeing to act as a consultant. Once a helping or consultative relationship is formed, the Lakota elders are likely to make themselves available to the clinician and bereaved Lakota client at either individual’s request.

If the bereaved Lakota client is traditionally oriented, he or she would likely benefit from the integration of a Lakota spiritual leader into their treatment for grief. Often the elders are vested with the authority to conduct the appropriate grief ceremonies and advise the professional and the bereaved Lakota client on behalf of the community (see Appendix A).

Lakota community bereavement practices. Formal Lakota community practices are used to deal with bereavement, including the wake, memorial dinner, formal
periods of grieving, and so forth. At the wake, the mourners are encouraged to talk about the deceased, mourn loudly and cry together, tell stories about the deceased, and provide support to the family members. Often, Lakota elders will provide “Smoke and Water,” a ritualistic instruction in appropriate grieving practices and a form of spiritual support. Following the wake, the family holds a memorial dinner and giveaway. The needy members of the community are feasted and gifted with belongings of the deceased. Special items are gifted to relatives and friends. Finally, items of personal significance to the deceased are often buried with the deceased.

Following a 1- to 2-year formal mourning period, another memorial dinner and giveaway ceremony might be held. A bereaved Lakota practicing the formal 1 to 2 years of mourning must behave in a socially reserved manner and abstain from dancing, pow-wows, and other social activities. However, if requested by the family or close friends, the bereaved could be “brought out of mourning,” at any time during the 1- to 2-year formal period of bereavement. This is a ritual that commonly includes a memorial dinner and giveaway, followed by the mourner shifting out of mourning clothing (typically black) if that option of grieving had been used. The friends and family gift the mourner with new clothes, and permission to engage in typical social and cultural activities is granted. In addition to the community bereavement practice discussed here, there are numerous ceremonies used by the Lakota for bereavement.
Lakota Rituals

The present study revealed that a clear hierarchy seems to exist for utilizing traditional Lakota ceremonies in the service of grieving Lakota people: (a) wiping the tears (giving "Smoke and Water"), (b) Keeping the Soul (Releasing the Spirit), (c) use of the Sacred Pipe, (d) Inipi, (e) Yuwipi, (f) Hunkapi, (g) Hanblecheyapi, and (h) Wiwanyag Wachipi. Also, the potential value of attempting contact with the deceased's spirit was discussed.

Wiping the Tears. All of the Lakota elders endorsed the use of the Wiping the Tears for grief, though there were some differences across the elders with how this ceremony is conducted. Two of the Lakota elders mentioned that this ritual was similar or the same as the ceremonial practice known as giving "Smoke and Water." The present author believes that both of these bereavement practices have their genesis in an ancient sequence of rituals: Keeping the Soul and Releasing the Spirit. These particular ceremonies will be discussed in greater depth in the recommendations for further research (later in this dissertation).

In any event, it is recommended that following an assessment for appropriateness, grieving Lakota be referred to Lakota elders for consultation and help with the Wiping the Tears. Mental health practitioners are cautioned that regional differences and individual differences in ceremonial practice characterize Lakota rituals.

Keeping the Soul. Most of the Lakota elders, in this study, recommended the
Keeping the Soul (which originally included Releasing the Spirit). However, despite the fact that they believed in and valued this ritual for helping bereaved Lakota, the Lakota elders cautioned that the ceremony was rarely conducted in modern times because of the rigorous requirements and waning knowledge in the community about it. It is very cautiously recommended for very traditional, bereaved Lakota, who have the help of a fully knowledgeable elder. The Keeping the Soul ceremony is discussed later in the recommendations for research.

**The Sacred Pipe.** Most of the Lakota elders in this study recommended the use of the Sacred Pipe and tobacco for helping bereaved Lakota resolve grief. This particular ritual was recommended for use in conjunction with the practice of giving “Smoke and Water.” While use of a ceremonial pipe is preferable, a cigarette or other method of burning tobacco can be substituted. Again, it is culturally appropriate that the ceremony be conducted only by a knowledgeable Lakota elder.

**Inipi.** Two of the Lakota elders favored the use of the Inipi as a means of helping a bereaved Lakota. Despite the fact that this particular ceremony has gained widespread popularity in the non-Lakota culture, the Lakota elders believed that other rituals were of greater importance to bereaved Lakota. It is cautiously recommended that the Inipi only be used according to one Lakota elder’s recommendation: “Pray for your family and the spirit...and pray for yourself.”

**Yuwipi.** Two Lakota elders favored the use of the Yuwipi ceremony for bereaved Lakota. In general, this is a ritual that is used for healing or contacting the
spirits for other meta-physical assistance. However, one Lakota elder mentioned that the deceased’s spirit might be contacted in a Yuwipi ceremony to provide reassurance to the surviving spouse, family members, and friends. In general, however, it is not recommended to hold a Yuwipi ceremony for bereavement, unless it is led by a fully knowledgeable Lakota spiritual leader, for a very traditional Lakota client or family. In this, as in other ceremonies, the Lakota elders noted that often the family or friend of the surviving spouse or other primary bereaved individual arrange for ceremonies.

**Hunkapi.** Two Lakota elders recommended the use of the Hunkapi (making of relatives ceremony) in assisting grieving Lakota. However, the other three Lakota elders noted that this ritual was better suited for adopting a spiritual acolyte into the family of a spiritual leader. One Lakota elder said, “I don’t see how that can help with the sadness.” It is not recommended that the Hunkapi be used to help resolve grief.

**Hanblecheyapi.** Only one Lakota elder recommended the vision quest as a means of helping a grieving Lakota. He said that value of the Hanblecheyapi for bereavement lies in the fact that often, the spirits of the deceased would come to provide surviving family members with reassurance of their status in the spirit world. However, in general, it is not recommended that a grieving Lakota seek resolution of bereavement through Hanblecheyapi.

**Wiwanyag Wachipi.** The Sun Dance, which is the central or primary religious ceremony of the Lakota, was not recommended by any Lakota elder as a means of helping a bereaved Lakota resolve grief.
Contact the deceased’s spirit  Three Lakota elders were opposed to attempts to contact the deceased’s spirit to help bereaved Lakota resolve grief. Two of the Lakota elders were adamant that if this were attempted, it be done only within the context of traditional Lakota ceremonies, such as the Inipi, Yuwipi, or Hanblecheyapi. Thus, it is not recommended that grieving Lakota attempt to contact the deceased’s spirit, unless they have the advice of a traditional Lakota elder or spiritual leader, and they do so only within the proper ceremony.

Summary: Lakota Rituals

Three Lakota rituals are recommended for bereaved Lakota following appropriate assessment: (a) Wiping the Tears (giving “Smoke and Water”), (b) Keeping the Soul (Releasing of the Spirits), and (c) use of the Sacred Pipe. Three other Lakota ceremonies are recommended for bereaved Lakota. It should be noted, however, that they are not thought of as highly by the Lakota elders for these purposes: (a) Inipi, (b) Yuwipi, and (c) Hunkapi. Finally, the following two Lakota rituals should not be used for resolution of grief by bereaved Lakota: (a) Hanblecheyapi or (b) Wiwanyag Wachipi. Attempts to contact the deceased’s spirit should only be made within appropriate Lakota ceremonies, under the guidance of a qualified Lakota spiritual leader or elder. It is clear that the presence of a fully knowledgeable Lakota elder and the use of the appropriate Lakota ceremonies might help a bereaved Lakota client deal with these issues.
Interventions: Avoided Versus Implemented

All the Lakota elders agreed that it was best for bereaved Lakota clients to fully experience their grief. This is because the affective pain of bereavement was regarded as a natural process that should not be avoided or "short-circuited." This attitude led the Lakota elders to generally recommend great caution in prescribing antidepressant medications for grieving Lakota clients. The elders prefer that bereaved Lakota not be given antidepressants.

Antidepressant Medication

Of interest, the LG MH-SAPs more highly favored the use of antidepressant medication to treat bereaved Lakota clients. However, in general, both the Lakota elders and the NL MH-SAPs opposed the use of antidepressant medication for resolution of bereavement.

These findings might be related to the fact that among the professionals who responded, the overall years of training and experience for the NL MH-SAPs were greater than that of the Lakota MH-SAPs. Therefore, the NL MH-SAPs might have had more confidence in behavioral treatments and might have observed a higher percentage of beneficial outcomes to clients treated behaviorally for bereavement. On the other hand, Lakota MH-SAPs in tribal communities might have observed better outcomes correlated with antidepressant medications.

Whatever the reason for this result, the Lakota elders preferred traditional
Lakota grief practices and rituals to the use of antidepressant medication. Of course, it might be assumed that the elders believe the use of antidepressants might cause further disruption of "tribally based," interpersonal interventions (rituals, family support, and community support). If these are disrupted by use of antidepressants such that the bereaved Lakota feels better, and less tribally based support is needed, then not only are the rituals disrupted, but the beneficial function of these rituals as a sort of "social glue" (that serves to unify the tribe) is also disrupted.

Careful assessment is recommended before using antidepressant medication with bereaved Lakota. In cases where the bereavement is complicated by a coexistent mood disorder or other pervasive rationale, antidepressant medication might be appropriate. However, if behavioral and/or culturally appropriate treatments for the bereaved Lakota client are available, it might be best to reserve the use of antidepressant medication for situations in which these other methods have limited success.

Finally, it might be very important to discuss the possible benefits of antidepressants with consulting Lakota elders. This may be especially important if classic behavioral therapies and traditional Lakota social support mechanisms (such as ceremonies and community practices) are planned as a treatment. It is the present author's opinion that it is of greater importance to offer honest feedback to the Lakota elders, if the clinician believes in the potential benefits of integrating antidepressant medication into the treatment of a pathologically bereaved Lakota client. Though the
bereaved Lakota client receives antidepressants and appears to benefit, he or she may still benefit from holistic ceremonies.

**Western “Grief Cycle”**

Use of the western “grief cycle” as a theoretical basis for helping bereaved Lakota clients received disapproval from all the Lakota elders and most of the LG MH-SAPs. However, some NL MH-SAPs favored use of the western “grief cycle.” Uniquely, the work by Kubler-Ross (1969) that led to widespread acceptance of the western “grief cycle” originally described the internal bereavement process of the terminally ill. It was appropriated by clinicians as descriptive of the stages of grief experienced by individuals bereaved through death or other loss. While this theory is not approved of by the Lakota elders, it apparently has heuristic value for clinicians. It is recommended that those practitioners who use the western “grief cycle” do so as a means of enhancing and structuring their conceptualization of a grieving client, and timing interventions during counseling. However, it is cautioned that explaining the theoretical stages of grief to a bereaved Lakota client as a form of psycho-education might not be appropriate.

**Bereavement Counseling**

In general, MH-SAPs favored either referring grieving Lakota clients to bereavement counseling or providing psychotherapy designed to ameliorate grief. Three types of bereavement counseling were discussed: (a) peer-directed, or self-help,
or professionally led bereavement group counseling and (b) individual bereavement counseling by a professional.

**Bereavement group counseling.** Because of contrasting responses by the informants, responses about self-help and professionally led bereavement support groups are summarized and discussed together. Two Lakota elders favored the use of either self-help or professionally led bereavement support group therapy. A number of NL MH-SAPs favored self-help or peer-directed bereavement group therapy, versus professionally led bereavement group therapy. Conversely, a number of LG MH-SAPs favored professionally led (vs. peer-directed or self-help) group therapy.

There are several reasons why these types of responses might have occurred. First, the two Lakota elders who supported group treatment for grief were both employed at substance abuse treatment facilities for Lakota clients. Thus, these two Lakota elders might have had prior professional experience in group counseling and perceived that it was beneficial. The LG MH-SAPs endorsed both peer-directed and professionally led group therapy for bereavement. As with the elders, these native workers might have observed or participated in self-help and/or professionally led groups and seen their benefits.

The NL MH-SAPs favored self-help or peer-directed bereavement support groups more highly than they did professionally led bereavement support groups. This might stem from the perception that bereaved Lakota are more capable of helping each other with issues of bereavement than professionals. Alternatively, these NL MH-SAPs
might have believed that professionally led bereavement groups were not as beneficial as other forms of therapy for grieving Lakota.

These results led the present author to form the opinion that peer-directed or self-help bereavement support groups should be utilized, rather than professionally led bereavement support groups. Also, this is a case where consultation with the Lakota elders might be mutually beneficial, that is, elders can learn about the possible benefits of bereavement group therapy for Lakota clients. Peer-directed bereavement support groups have several conceptual similarities to traditional Lakota (group) ceremonies and activities.

**Individual bereavement counseling.** Endorsement of individual grief counseling was provided by the LG MH-SAPs versus the NL MH-SAPs. However, only one Lakota elder favored professional, individual grief counseling. Of course, the Lakota elders favored traditional Lakota rituals and spirituality (as discussed later) over western counseling methods in general. This might be related to suspicion about western psychotherapy in general. As one Lakota elder noted, "They stand there and talk about the Ph.D., you know, the mind, Indian people don’t care, don’t understand that." It follows that this is another case of needing to educate Lakota elders as well as be educated by them. The present author believes that the professional, the tribal elder, and, ultimately, the bereaved Lakota client are benefited by mutual exchange of information with the elders. Based on the endorsement by LG MH-SAPs, referral or
provision of professional, individual grief counseling is recommended for those Lakota clients who are assessed as possibly benefiting from this intervention.

**Two Grief Counseling Techniques**

There are numerous techniques used in grief counseling. Informants commented about two popular therapeutic bereavement interventions: (a) thinking about or imagining past experiences and (b) talking about or writing about past experiences.

Several NL MH-SAPs and Lakota elders favored thinking about or imagining past experiences with the deceased. Only a few Lakota MH-SAPs favored thinking about or imagining past experiences with the deceased. Perhaps the NL MH-SAPs had positive experiences with this type of treatment during counseling. Therapists, familiar with the process of dealing with grief through thinking about or imaging past experiences with the deceased, might provide benefit to grieving Lakota clients using these methods.

Support for having clients talk or write about past experiences with the deceased was expressed by the NL MH-SAPs. The Lakota MH-SAPs provided less enthusiastic endorsement of this recommendation. However, the Lakota elders did not support this approach. In fact, one Lakota elder was adamantly against talking or writing about past experiences with the deceased, because that action might impede the deceased's spirit from proceeding to the spirit world. Again, the recommendation for or against this type of intervention hinges on the clinician's assessment of the grieving Lakota
client’s degree of acculturation.

A cautious recommendation for having the bereaved talk or write about past experiences with the deceased can be made for bereaved Lakota clients, who are modern or contemporary in their degree of acculturation. However, cultural conflict might occur with less acculturated grieving Lakota clients. Therefore, traditionally oriented, bereaved Lakota clients should generally not be encouraged to talk or write about past experiences with the deceased.

The use of peer-directed bereavement support groups or referral to professionally facilitated grief support groups or individual bereavement therapy is cautiously recommended for grieving Lakota clients. These interventions might be viewed by tribal elders with concern or suspicion. It is important to discuss the potential value of interventions with Lakota elders.

“New-Age” Practitioners

According to all the elders, referrals of bereaved Lakota to “New-Age” practitioners for assistance should be avoided. The Lakota elders were adamantly opposed to the practice of all types of “New-Age” beliefs for the Lakota. The Lakota elders believe that “New-Age” practitioners were either powerless, or capable of causing problems or harm for grieving Lakota clients and their families.

Other Religions for Bereaved Lakota

It is recommended that Christian church or blended Christian church and
traditional Lakota rituals be used to help grieving Lakota, after careful assessment of their belief systems.

**Professional Support for Lakota Practices**

One point made by the Lakota elders was that professional support for the use of ceremonial Lakota bereavement practices in hospitals, clinics, and other locations, such as mortuaries, was needed. Often, traditional elders must argue to have their ceremonies allowed; clinicians can gain credibility with tribal elders if they act as advocates for Lakota clients in the use of traditional rituals in professional settings. At a minimum, clinicians must cultivate tolerance or support for these practices, if they treat bereaved Lakota clients.

**Moving Away**

All of the Lakota elders opposed moving away to a totally new location as a means of helping a bereaved Lakota with grief. It was stressed that the emotional consequences of bereavement are natural and should be experienced, rather than avoided. Therefore, it is not recommended that a grieving Lakota attempt to deal with bereavement by moving away.

**Quitting One’s Job**

As has been noted, three of the Lakota Elders favored quitting one’s job as a means of dealing with bereavement for a Lakota. Their rationales included: (a) racism,
(b) constant reminders of emotional pain, and (c) lack of a cultural value for steady employment and benefits. Conversely, two elders opposed quitting one's job as means of dealing with grief.

Clearly, a case could be made that if other therapeutic and culturally appropriate treatments for bereavement were successful, bereaved Lakota could "work through" issues of emotional bereavement pain related to the work situation, and thus preserve employment. Finally, many tribal elders do not value steady employment and benefits as highly as non-Lakota. In general, it is not recommended that a bereaved Lakota quit work to help cope with grief. It is the present author's opinion that the issues mentioned by the Lakota elders can generally be resolved in a beneficial manner.

**Storage of Personal Belongings**

Lakota elders preferred that personal items be shared with family members and needy community members in a giveaway. Personal belongings of great personal or religious significance, such as feathers, religious items, favorite clothing, and so forth, should be buried with the deceased or burned. These recommendations are designed to help the deceased's spirit progress along the spirit trail and enhance the spirituality of the surviving family and friends.
General Summary

Theoretical Findings

The most significant theoretical insight that emerged from this research is that the Lakota elders appear to most highly value ceremonial interventions for bereavement that help reintegrate the bereaved into the tribe and to "close the gap in the circle" left when a tribal member dies. This appears to have a beneficial value to the tribe as a whole, perhaps underlying a continued sense of community unity and wholeness. The second theoretical insight apparent in the themes generated by this research was that the great, ancient, historical, traditional ceremony, Keeping of the Soul, appeared to have been fragmented across time and the resultant fragments are practiced, contemporarily, as Wiping of the Tears, with other aspects embedded in other current rituals.

Clinical Implications

Blended interventions combining psychotherapeutic methods, culturally appropriate ceremonies and lifestyle practices, and the use of Christian rituals are appropriate, depending on the bereaved Lakota client's level of acculturation. More traditional grieving Lakota are generally thought to benefit from an emphasis on more traditional Lakota spirituality and ceremony, while less traditional Lakota might be best served by modern counseling and Christian methods. In either case, for grieving
Lakota clients, the support of family and friends is critical to the resolution of bereavement.

Possible Intervention Errors

Clinicians lacking cultural knowledge are likely to make errors during the intervention process, including (but are not limited to) the following: (a) incomplete assessment of the client's acculturation, (b) not using the Lakota family/community support mechanisms during treatment planning, (c) not developing a consultative relationship with a Lakota elder, and (d) inappropriately recommending Lakota rituals and ceremonies.

Failure to assess the bereaved Lakota client's level of acculturation is perhaps the most potentially harmful error. Appropriate treatment and referral planning is contingent on assessment of client's level of acculturation.

Not making appropriate referral to family and community bereavement practices might impede the resolution of bereavement for a grieving Lakota client. These family and community-based practices are rich in symbolism and offer much needed support for the bereaved Lakota client.

If one is available, not having a Lakota elder as a consultant to the clinician and resource to the bereaved Lakota client is an error, because each geographical area has slightly different bereavement practices. A Lakota elder can usually describe the
appropriate local bereavement practices and beliefs accurately, and lead the appropriate Lakota bereavement ceremonies.

Finally, many Lakota clients are more Euro-American oriented than traditionally Lakota oriented. Recommending that these individuals participate in unfamiliar ceremonies or rituals might not be appropriate.

Shortcomings of the Dissertation

One area of concern with the present study was that the open-ended interview and open-ended written question format introduced unintended variability into the data. For example, there was no way to control the number of informants who would actually answer a question or predict the amount of the respondents’ elaboration. The study would have benefited from the use of follow-up questions. Nearly all the Lakota elders spontaneously elaborated on aspects of Lakota culture that were not initially expected, but which appeared to be extremely informative. It would have been useful to conduct a round of follow-up interviews assessing the degree of support for unexpected comments, assertions, and elaborations offered by the informants during the first round of interviews. It remains unclear whether some elders simply overlooked offering some suggestions or practices, or if they were unaware of them. Ideally, the entire population of Lakota elders would have been available to the present researcher, as the variability in responses regarding Lakota culture was unforeseen.

A second shortcoming of this study was the scope of the subject matter.
Initially, the present author assumed that death and bereavement were reasonably circumscribed subjects. However, over 156 single-spaced pages of data transcripts were generated from the interviews and written responses. Also, the author assumed that there would be an extreme degree of agreement or similarity in the elders’ responses. This high level of consistency occurred only with some topics.

A much smaller study, such as one focusing on certain Lakota ceremonies, might lead to greater in-depth understanding of specific topics. Again, as previously noted, even a smaller study would benefit from a larger number of Lakota elder informants and an interview process designed with follow-up interviews to reduce the variability, which plagued this study. Finally, it is the present author’s opinion that some aspects of Lakota bereavement, such as the Keeping of the Soul ceremony, are of critical importance to study in greater detail. Formal documentation of such practices would benefit both future generations of Lakota, and the clinicians, who serve them.

Recommendations for Further Research

As previously noted, optimal bereavement treatment recommendations for a grieving Lakota client rely on an accurate assessment of his or her degree of acculturation and personal belief system. However, development of an optimal model of bereavement for highly traditional bereaved Lakota clients can be proposed, if it includes sufficient recommendations for further research. That will be attempted here as a framework for proposing further research.
The first recommendation for further research is documentation and preservation of existing knowledge about Keeping the Soul ceremonies for future generations of Lakota. Keeping the Soul appears to form the basis of most "traditional" Lakota bereavement beliefs and practices.

The Lakota elders heartily recommended the preservation and teaching of this ceremony to younger Lakota. However, one elder said that this ritual (Keeping the Soul) was rare for two reasons: (a) knowledge about it had waned in the community, and (b) it was a difficult and rigorous practice.

Thus, interviews of Lakota elders who retain knowledge about the Keeping of the Soul ritual might be conducted and their knowledge documented. Subsequently, a group of Lakota elders might be offered instruction in these documented practices. While expensive, this training would likely help reduce the type and amount of regional and individual variability encountered by the present author in conducting the present study. Through this process of research, documentation, and training, the apparent contemporary fragmentation of Lakota death, dying, grief, and bereavement beliefs and practices might be reversed. Also, as revealed by the breadth of data collected in the current study, further research focusing on particular Lakota grief and bereavement rituals and ceremonies could reveal greater depth of information about these particular areas of interest. Formal training might include interested younger Lakota spiritual acolytes and disciples. The need for this type of research can be generalized to all the Lakota spiritual practices and beliefs.
As discussed earlier, all clinical recommendations must be preceded by an accurate assessment of the grieving Lakota client’s level of acculturation and personal belief system. A valid and reliable structured interview or pencil-and-paper test of Lakota acculturation might be important to develop. In addition, further research into various antecedents and accessory features of complications to grief and complicated bereavement among the Lakota is suggested.

Final Statement

In summary, a substantial amount of work remains to be done in the area of traditional and contemporary Lakota death, dying, grief, and bereavement beliefs and practices. However, some questions have been resolved with the present study. Mental health-substance abuse professionals do not appear to have an in-depth understanding of culturally appropriate clinical practice with bereaved Lakota. However, there is much evidence that the clinicians, responding to this study, engage in cautious practice with grieving Lakota clients. Therefore, disruptive professional recommendations about helping grieving Lakota are not likely to be made.

However, some guidance in the area of counseling bereaved Lakota might be appreciated by both MH-SAPs and behavioral researchers. The most important outcomes of this study included: (a) the summarization and documentation of current Lakota death, dying, grief, and bereavement beliefs and practices; (b) research into the development of a theoretical framework within which dialogue about these issues can
be held; and (c) research into clinical assessment and intervention strategies for bereaved Lakota clients.
REFERENCES


Augustson, K.L. (May 21, 1990) [Memorandum to Thomas R. Burns, Special Assistant to the Director, Alcoholism and Substance Abuse Branch, Indian Health Service]. Unpublished material.


Appendix A

Description of Traditional Lakota Rituals,
Ceremonies, and Practices

In this paper, several traditional Lakota ceremonies, rituals, beliefs, and practices were discussed. These traditional Lakota rituals, ceremonies, beliefs, and practices will be described in this appendix. In several cases, extensive direct quotation from the traditional Lakota elders is used to enrich the descriptions of the traditional Lakota ceremony, ritual, belief, or practice that is provided.

The Sacred Pipe

Long ago, two Lakota men were standing on a hill looking for game during their hunt. They saw a beautiful woman, dressed in white buckskin, and with a bundle on her back, walking across the prairie towards them. One of the two Lakota men stated that he had bad intentions toward her, because of her beauty, but the other said that she must be a sacred or holy woman, so these thoughts should be put aside. When she came close enough, she called to the man with bad intentions and he came over to her. Both were enfolded in a mysterious cloud. When it lifted, all that was left of the Lakota with bad intentions was his bones, being eaten by a snake. The woman told the good man that she was coming to see his people and that she wanted to talk with chief Najin (Standing Hollow Horn). She instructed the good man to return to the Lakota and have chief Standing Hollow Horn construct a large tipi for her arrival.

She came and entered the lodge, walking in a clockwise manner and taking the bundle from her back, stood in front of chief Standing Hollow Horn. She held the bundle and told chief Standing Hollow Horn and the Lakota to look at the bundle and always to love it because it was very sacred/powerful. No one who is impure should be allowed to see it, because it is a Sacred Pipe. A Sacred Pipe with which you will send up your voices to your Father and Grandfather (the creator or God) Wakan-Tanka. She then took out the pipe and a small red stone out of the bundle. She placed the small red stone on the ground and held the pipe up with its stem to the heavens and instructed the Lakota.

Walk on the earth with this Sacred Pipe, the earth is your sacred Grandmother and Mother (the substance of growth or potentiality and furthermore, the producer of all growing things). All steps on the earth should be with prayer. The bowl of the pipe is red stone, it represents the earth. The buffalo-calf is carved in the center of the
bowl and represents all the four-leggeds living on the sacred Mother-earth (the buffalo was most sacred, it supplied food, clothing, and housing, all is symbolically contained in this creature, each specific part of the buffalo represents a “part” of creation, finally the four legs represent the four ages of creation). The wooden stem of the pipe represents all that grows on the earth. Twelve eagle feathers on the pipe represent all the wingeds of the air. When the pipe is smoked, you pray with and for everything.

Touching the foot of the pipe to the small red stone, the woman continued: You Lakota are joined to all your relatives by this pipe, Grandfather, Father, Grandmother, and Mother. The round red rock is earth, where you will live and increase. The great spirit has given you these sacred things, a red earth, red two-leggeds, a red day, and a red road. Each dawn is holy, each day holy, all people who stand on this earth are sacred and must be treated in a sacred way. This pipe will stand in this red earth and the two-leggeds will take it and send their prayers to Wakan-Tanka.

There are seven circles carved on the Sacred Pipe, each of the seven circles has a significant meaning.

The first rite was for the sacred day that one of the Lakota dies. On that day the Lakota must keep the soul in a ceremonial manner. Power comes with keeping the soul, because it increases concern and love for your neighbor. As long as the soul is kept, you will be able to send your prayers to Wakan-Tanka through the soul. Releasing the soul is also a sacred day and requires a sacred ritual.

The releasing of the soul is the second great sacred ceremony of the Sacred Pipe. On the day that the soul is released and returns to Wakan-Tanka, four women will be made holy and each will bear children that will walk the path of life in a sacred manner. The one who keeps the soul should be a good and pure person. He must use the pipe, all the people and the soul shall send their voices to Wakan-Tanka through use of the pipe.

The woman then turned to leave the lodge, but turned and said this pipe is sacred, it will take the Lakota through to the end. There are four ages in me. I am leaving, but I will look back on your people in every age, in the end, I will return to the Lakota. The mysterious woman then walked around the lodge in a clockwise manner and she left.

She looked back at the Lakota after walking a short distance and sat down. When she rose up again, she had become a young, strong, red and black buffalo calf. The buffalo calf walked further and then lay down. It rose again as a white buffalo, walking further, this white buffalo rolled and became a black buffalo. Finally, the black buffalo bowed to the four directions or four quarters of the universe and

The Keeping and the Releasing of the Soul

The Keeping of the Soul ritual is designed to purify the souls of the deceased and increase love for one another among the Lakota. Purification of the soul helps it to return to its spiritual home. A historical description of the keeping the soul ritual is as follows: A lock of hair was taken from the deceased and it was smudged with sweet grass. Prayers were said, which were taken up with the smoke of the smudge. The lock of hair was wrapped in sacred buckskin and placed in a special place in the tipi. The pipe was taken and purified in the smudge, after which it was filled in sacred ritual manner. The pipe was passed around in a clockwise manner, with special prayers, and then it was cared for in a ceremonial manner. The body of the deceased was taken for scaffold burial in a tree.

Keeping the soul was a great honor and a difficult task. No bad person must enter the lodge where the soul is kept, there must be no arguments or disharmony. Whenever food is prepared and eaten, the soul must be fed. The keeper of the soul must never fight or use a knife. He must pray often, both informally and with the Sacred Pipe. When the others hunted, it was his duty to pray for the hunt. Following the kill, the keeper of the soul must go and offer prayers.

In the tipi of the soul that is being kept, a woman was chosen to care for the bundle. She prepared special food and saved it for the day the soul would be released. On good days, the soul bundle is taken and hung on the south facing pole of the tipi. A buffalo robe is placed over the bundle and an eagle feather war bonnet is placed on the over the top of the pole. People visit the soul bundle and bring gifts. Only the keeper could touch the soul bundle, and he carried it close to his heart and offered it to the heavens, the Earth, and the four directions when it was moved.

When the soul was released, all the Lakota people gathered together. A large tipi was prepared, as was special food. The Sacred Pipe was used in a ritual manner with sacred ceremonial prayers being offered. It was then taken to a spiritual leader, so that the spiritual leader would lead the releasing the soul ritual.

The spiritual leader smokes and prays, then makes his way to the sacred tipi. The wife of the soul bundle keeper goes to the tipi of the soul bundle and brings the bundle back. A circle is scraped into the ground, in the form of a buffalo wallow, and the earth is used to form another circle. The soul bundle is placed in the first circle
and the pipe on a cross in the second circle. The stem faces west and the bowl faces east. Then, the soul bundle is moved next to the pipe, at the place where the soul will begin the journey on the good red road. Next, the pipe is used in a very complex ritualistic manner, accompanied by the appropriate prayers. The people then cry, out of mourning for the soul and also out of respect for the great spirit.

A willow post has been set up on the south side of the lodge, the height of a man, with a piece of buckskin on top, which has a face painted on it. An eagle war bonnet is placed on top of this face and a buffalo robe has been placed around the post. This figure is representative of the soul and all the possessions are placed around it. The women enter the lodge and pass around in a clock-wise (Sun wise) manner, leaving food and hugging the “soul-post.”

The food brought for the soul is placed in a bowl in front of two holy men and four virgins enter and sit in the north of the lodge. A small hole is dug at the base of soul post and food is placed in this hole. The food is then covered with wild cherry juice and covered over. The soul has finished its last meal. The four virgins then eat the sacred food and drink some of cherry juice.

Finally, the soul bundle is taken by the spiritual leader to the keeper of the bundle, who embraces it. It is next taken by the spiritual leader and touched to each of the virgins. The spiritual leader then carries the bundle out the door of the tipi, saying to the soul to look at the Lakota for one last time. At the moment the soul leaves the tipi, it is released and goes on the spirit trail (Brown, 1989). Further information about the Keeping of the Soul and releasing the soul ceremonies is provided in the form of direct quotations from the traditional Lakota elders: “Keeping of the Soul, which is, if you lose a relative or loved one, you cut a lock of hair and put it in a bag, you hang it in the house and let that spirit help you for one year. Then, at the end of the year, you release that soul, cuz that soul is in the hair, see. So the soul leaves, departs from the earth, goes back up. That’s called the releasing of the soul ceremony (TLE #1).”

“Well, I haven’t been through that type of ceremony. They are really old, really traditional, so I don’t think it is used much anymore (TLE # 2).”

“In our culture we have a Keeping of the Soul. At the time, they do the ceremony for a cherished child, or a leader, or someone that is well-to-do, a respected person. They keep the spirit for one year, up to four years...one to four years. It is a ceremony that that detains the spirit from entering the spirit world, sort of an ancient custom of ours. Origins of that custom was years ago, when our people were out and about the country following the buffalo. In this vast territory, clans did not see each other for years, so when somebody’s relatives passed away, the relatives didn’t have an
opportunity to attend the burial, so they would...the families would keep the souls until all the relatives had a chance to visit with the spirit. Bring food and gifts to the spirit. So, they had what they called a spirit keeper’s lodge. One of the immediate family or the relatives, usually it’s an elderly person would choose to keep the spirit of this person. Then, all the relatives would come and assist in keeping the spirit. So, he would set-up a lodge and this lodge would contain the spirit bundle. So, he would move into this lodge and his family would move in there. At no time would they leave the spirit bundle. On good days they would bring the bundle out and place it outside, on the tipi where the flap cords go, they would place it there, so that relatives could come through out the day time and visit the spirit, bring food and gifts there. They would bring food offering to the spirit and feed the spirit keeper and his family. But, the reason they did that was to deal with grief. Some families, especially for a cherished child, they would grieve bitterly for that child. The belief was that they were keeping their child or beloved person at that time. They would visit the spirit lodge and bring gifts. But, the way our people did that was to save a scalp lock braid of hair. At the time of burial, that hair was braided and cut, and placed into the spirit bundle. The bundle was a freshly tanned deer hide. On this deer hide was a design of quills—it was quilled with a line of red quill work all the way around and it has an opening in the design that was the path to the spirit world. Lakota believe that they would place that braid of hair into this bundle with the design, along with a braid of sweet grass, or some sage, other medicines, and their ornaments from their person. They would wrap it up, wrap the spirit bundle up and cover it with an article of clothing, something that the person wore before their death-wrap that around it. Then, they would wrap it with an elk hide or buffalo hide. That was the spirit bundle. It was keep, maybe one, two, three, or four years. They would have a feast on the memorial date of that person’s death. Of course, years ago, they did not have calendars, so around that time of year, that the person had died, they would have a feast, the spirit keeper would hold a feast. Spirit keepers and the families of the person that died, they would hold a feast and giveaway. Years ago it was really an elaborate ceremony, they would give everything away at the time of the person’s death. Everything, everything would go, until they had nothing left. The reason they did that, gave everything away until they had nothing left and feasted all the people at the time of the funeral. The reason was so that life could start again...they had no choice but to start up in life again. Begin striving to regain what they gave away. Other people, from other cultures, think it was kind of mean or crude, because they don’t understand. We still do that today. When my father passed away, we gave everything away. When my mother was widowed, she went out and got new things, it was hard, but she slowly accumulated everything. When my mother passed away last June, we did the same thing, gave everything away. We allowed relatives to come in here and take everything. So they did, they took, like dishes, bedding, TV, cooking utensils, everything. All we kept was like, her personal possessions, like papers and pictures. Her clothes, the ones that people didn’t want,
some people came and took care of her good coats - some of the good things she had, we took care of them during the giveaway. They picked it clean, so this whole house was cleaned out, whatever was left over we burned, burned everything, all her personal belongings, everything. The reason for a big giveaway is to give some of the things to some of the relatives as a memory, souvenir, something. Another thing is to honor the people that take care of the funeral rites, to honor important people known to the family. Especially families that have big giveaways, they honor everybody, especially needy people, who are invited to pick something. This is our love and memory of the person. Today we have the same traditions, but we have cakes and flowers, by the relatives and friends. During the memorial dinner, they would bring a stone back, that would have their name on it, that was wrapped in a star quilt. It was derived from the old time ceremonies of releasing the soul. The old ways - at the time of releasing the soul - a year or four years later, depending on how long they kept the spirit...there was a big feast. They would set a stake in the ground, it was four feet tall, and it was the stake that holds the flap cord down on the tipi. They would carve an effigy, a figure of a person on the stake, carve into the top. The eyes, nose, mouth, and heart on the top of the stake. On this stake, they would open the spirit bundle and remove the hair and tie it on top of the stake. They would put the feathers into the person's hair and wrap the stake with the clothing of the person. That would be staked in the middle of the feast. The Releasing of the Spirit would be a whole day of feasting, they would even serve breakfast, lunch, and dinner. Later, in the afternoon, they would conduct the spirit releasing ceremonies. When they do that, they would use pemmican, a traditional, spiritual food. They would pull the stake out of the ground and put pemmican and cherry juice into the hole, then put the stake back in. After that took place, all the people would eat and there would be a big giveaway. After that, they would make prayers for the release of the spirit. Let the spirit make its' passage, they would pray, then pull the stake from the ground and pass it relative to relative. They would embrace the stake, it was wrapped in the clothing, as they passed it from relative to relative. Then, at the end of the ceremony, that person conducting the Releasing of the Spirit would remove that braid of hair and dispose of it, either by burning it or burying it, or tying it in a tree. They might take it to the burial place, so that no-one would disturb it (TLE #3).

"A family that lost somebody in their family, they would keep the soul, or keep that spirit in their house. It is a religious ceremony, but basically, it begins with cutting a piece of that person's hair off and keeping it in your house. What that does is that basically for one year you have to be good. You can't hurt anyone, you have to respect all things. Treat your family, treat your extended family, all people, all living creatures well - be very respectful, do your prayers. After a year of that there is a ceremony involving the disposal of that hair and Releasing of the Spirit (TLE #4)."
“A long time ago we had the spirit keeping ceremony, which is no longer done, or very, very seldom in my time. Maybe four or five times, other medicine men might have experienced it, but it is not common, not as common as it used to be in my grandfather’s time. But, the family will keep the soul, they keep the spirit for one year in the spirit bundle, then after that one year, the spirit is released, that is a ceremony, also, then they have a big feast. Usually, we still have the feast, the memorial dinner, and the giveaway, but we don’t have the spirit keeping ceremonies, or it is very rare. The first thing you do is get the help of a medicine man, and he’ll instruct you on how to prepare that bundle. Then, the reason it isn’t done these days is because it is highly demanding of that person, they have to stay home, they can’t go out into crowds or out in public places, they have to stay home. They have to pay attention and keep that spirit bundle fed, just like it is a person that is alive. It has its’ own place, dinner place, where you put food offerings and tobacco. Like, if it was an older person, who liked to smoke, you have to offer it tobacco, or a cigarette from time to time, of feed him, put a cup of water there, and you talk to that spirit, just like it was a person. That keeper isn’t allowed to mingle with other people. That is really demanding of someone now days, no one has that kind of discipline now days. That is probably why it fail out of practice. It is hard on somebody. They no longer keep the spirit, but that one period of time is followed by a feast - memorial dinner (TLE #5).”

The Wiwanyag Wachipi or Sun Dance

Historically, the Lakota were camped and one of the men, Kablaya, dropped his robe down around his waist and was dancing, by himself, with his hands raised toward the heavens. The old men thought he was crazy and sent another man over to find out. The other man joined into the dance. When the others came over, Kablaya explained that he had had a vision and that this dance was to be a new way of praying, because the Lakota had become lack with the Sacred Pipe. This was to be the Sun Dance (Wiwanyak Wachipi). A complete explanation of the Wiwanyak Wachipi can and does fill several academic papers and volumes, and exceeds the demands of this paper, because it was not a ritual recommended by the traditional Lakota elders for bereavement (Brown, 1989; Dorsey, 1903 & 1905).

The Inipi or Sweatlodge

This is possibly the most common and popular of the plains indigenous ceremonies. It is in common use among indigenous people, others who are genuinely interested in the ritual, and the “new-age” usurpers of indigenous religions. Typically, the inipi or rite of purification is conducted in a small circular lodge carefully
constructed in a ceremonial manner with its' door to the east. A round fireplace in the center of the lodge contains stones heated in a ceremonial fire built outside the lodge to the East. A spiritual leader pours or splashes water on the hot rocks, creating steam. The participants then pray in a ceremonial manner or openly discuss important issues. Again, this ceremony is described in many articles and ceremonies, and a complete description is not required here, as it was not highly endorsed or discussed by the traditional Lakota elders (Brown, 1989; Bruchac, 1993; Weil, 1982; & Walker, 1983 & 1991).

Crying for a Vision or Hanblecheyapi

The Hanblecheyapi or Hanbleyapi ceremony was ancient, preceding the use of the sacred pipe. It consists of ritualistic preparations, including the inipi, followed by the vision seeker going to a sacred place prepared on a mountain top. The vision seeker must pray incessantly in a sacred and ceremonial manner during this quest. He or she maintains attention to the creator and the spirit world for the entire time they are seeking the vision. Often, the spiritual wisdom sought is provided by a winged or four legged creature. The thunder beings might test the vision seeker, as might the bad spirits, but if the vision seeker is consistent, this passes and the spiritual learning is received. Finally, the seeker of visions returns and enters the inipi, again. He explains the visions he has received to the other Lakota. An individual might seek Hanblecheyapi several times within a lifetime. This ceremony has an extensive literature, but was not thought of as curative for bereavement by the traditional Lakota elders, so an in depth discussion of the vision quest is not provided (Brown, 1989; Erdoes, 1990; Walker, 1991).

The Making of Relatives or (Hunkapi)

This ritual is reflective of the relationship between man and Wakan-Tanka. It was originally designed to bring peace to the Lakota and another tribe, the Ree nation. One of the Ree sung over the Lakota, Matohoshila, who then in turn sung over him. A complex ceremony followed, in which offerings were exchanged and the faces of the Lakota participants were painted in a secret and sacred manner by the Ree participants. Through this sacred transformation, the relationship was established. This ritual and others like it, but less complicated are conducted in modern times to make a close relationship or relative. Again, this material was not highly endorsed by the traditional Lakota elders for its' value in treating grief, so an in depth explanation was not provided (Brown, 1989; Walker, 1991).
Yuwipi or Spirit Meetings

This ritual was conducted in darkened houses for purposes of healing the sick or finding lost/stolen items. A house was rendered totally dark inside, with all the furniture removed to facilitate attendance by the spirits. An altar was constructed in the center of the room by the spiritual leader. Next, the spiritual leader turned out the lights and prayed with the sacred pipe. Finally, his hands were bound and he was wrapped in the blanket and secured with rope. The lights were turned out and the spirits manifested with rattling and blues lights. Prayers were said and the participants talked to the spirits through the leader. Finally, the ceremony was completed and the lights turned on. The leader was free and the ropes tightly wrapped into a small ball—the Yuwipi. Curative effects are often attributed to the Yuwipi by the Lakota. Again, this was not a recommended treatment of grief by the traditional Lakota elders (Powers, 1973).

Giving “Smoke and Water” or the Wiping of Tears Ritual

This ceremony was highly endorsed by the traditional Lakota elders, but they disagreed about the manner in which it should be conducted. It appears, to this researcher, that this ritual is an outgrowth of the original keeping the soul and releasing the soul ceremonies, as are most of the other traditions discussed by the elders and MH-SAPs. It seems like the original ceremonies have become disjointed and fragmented over time, as a natural result of cultural disenfranchisement. This is evident, because each of the many, varied modern Lakota rituals, which appear to stand alone, per se; singing of the death song, or the memorial dinner, were actually components integrated into these original rituals. “Giving Smoke and Water,” was described as an elder taking a grieving individual or family aside and providing them with sacred tobacco and prayers, followed by a little bit of food and some water. This is similar to the more elaborate releasing the spirit ceremonies described earlier. Another component which seems to have been added is the actual wiping of the mourner’s face with a red cloth, by a woman circling through the room. This was stated to be symbolic of actually wiping away tears of mourning. Clearly, the act of passing around the effigy or walking up to the effigy and hugging it while loudly mourning, wailing, or keening could have been fragmented across time and translated into the modern “wiping of tears’ ceremony. Further information about the wiping of tears and giving “Smoke and Water,” was provided by the traditional Lakota elders:

“Well, we have a ceremony that we call wiping the tears. What you do, when somebody loses their loved one, is like...I’ll take a blanket, you know, go over to
there, cry with them for a while... we sit them down and talk to them, you know, in a
good way: say, this is just temporary cuz they (the deceased) have gone on to a better
place. Next, you do a wiping of tears, you sit them down, all the relatives that are
affected by the death. We give them water--a drink or water and a piece of meat, just a
mouthful, a mouthful for each one. I give them pipe and smoke, or a cigarette, even if
they don’t smoke, they can pray with it. Then, you talk to them: you can be unhappy
for four days, but that’s all, you can’t carry that (the grief), the only ones who can do
that are the old people. These young people, you talk to them, this is a sacred thing
when someone dies, they gonna rise in four days, the spirit and it is going to leave, be
on its’ way. You got to think about that, the family’s got to let it go, it is going to a
good place, up there. Your relatives are already there, so it is going to meet em. Pray
that way, that they will make it up there. That you will someday by up there yourself.
So, that makes people feel better, otherwise, they will be crying, crying, crying, you
know, until somebody gets sick. You got to realize that this is a transition that takes
place, death to spiritual life is going to take place. You think about this and pray about
this so that the spirit does make this transition in time. People know when the spirit
leaves, they are not tensed up, unhappy, full of anxiety, feeling unhappy. They leave
and feel good, then, you know they have left, so you remember them every year,
though. You take food out to where they are buried, you pray for this body, and they
eat it, the spirits that are left. The spirits look out for each other, so nobody gets left
here. That is why we got to behave ourselves, so that if you die and we were bad
people, we get stuck here, wandering around, we don’t know what to do. We can’t
help those spirits, because we can’t see them, they might knock on your door, so take a
little food and throw it out, take a cigarette and throw it out. It helps them be stronger
while they wonder around waitin’ for that door to open. So, it is really a sacred thing,
you know, you can’t play with it (TLE #1).

“That is done by friends of the family that think a lot of the family, have a lot
of respect for the family. Before it happens, well, it can either be a year later, or when
the friends decide to do this ceremony, at that point they have a spiritual leader say a
prayer, and the family, they honor them by singing an honor song, and the family goes
through the process of going around the arbor, if it is an arbor, or whatever, where
they do this wiping of the tears ceremony. Then, they, if it is for a lady, they will put
a shawl on the lady during this going around in a circle, while they are singing the
honor songs. Then, they smoke and give water and you are done with the wiping of
the tears ceremony and with your grieving. At this point, you have the right to dance
again, or whatever (TLE #2).”

“Our people have another custom. It is called the wiping of the tears. Usually
wait about four days after the burial to conduct these ceremonies. If it is a prominent
family, many organizations would invite the family, and they would have this wiping of
the tears several times. They would bring the family together and give them smoke, usually by a pipe, the traditional way is to use a pipe or improvise by using a cigarette. You sit them down, the mourners, and encourage them to smoke, during the time they are smoking, we believe the spirits are appeased by the smoke, the smoking, the smell of tobacco and through their memory they come into contact with the spirit of this person. They would smoke and talk about that smoke as a comfort, to comfort that person who had inhaled this tobacco and blew it out. The smoke of this tobacco represents the spirit, it is the closest thing to the spirit. As the smoke of the tobacco burns, it disappears, and that is symbolic of the spirit leaving for the spirit world. It is a significant ritual, this smoking of tobacco, and during the smoking of tobacco, the spiritual leader, medicine man, or elder will talk to the family and remind them that it is time for the deceased person to enter the spirit world, and like this smoke, you can’t catch them, they are not physical. After they get done, they will bring water. Water is a significant time for the ceremony, because they say that water represents life, nothing can live without water. Water is the first medicine necessary for all living things. So, by that, they comfort the mourners again by returning that water they shed in the form of tears. They take that water in a trough or some thing and wipe their faces with the water, wipe the tears, restore the tears that flow during mourning time. They would have a feast and they would have a spirit plate in honor of the person that had passed away. So, the family or relatives would cook everything good to eat, that the person might have enjoyed eating, like, you know, cake, a lot of traditional food. They would feed that spirit during the wiping of the tears ceremony. If they are keeping the soul, then they might have several wiping of the tears ceremonies at that time and feed the spirit several times. But, further, our people believe that when we eat a meal, we share it with our departed relatives. In my family, we have sweats and dinners, but, we always feed the spirits first, before we eat. So, we believe that the spirits are here among us and we honor them and always have a portion for them. We believe that we eat the leftovers of the spirits (TLE #3)."

"Wiping of tears ceremony takes place if you can’t do the memorial dinner. People that don’t have resources, we, might get involved in the wiping of tears ceremony. That is, simply, letting go of those feelings you have been hanging on to, letting go of the grief and the pain. Again, that is done with the medicine person, the spiritual leader. That is a mechanism that really allows them to release all that pain and grief. Those people that are participating, they generally respond and react with a lot of grief, bereavement, and crying. It is a big personal sacrifice, because they have had this grief for so long that maybe it is scary, some people are scared. If they don’t do that wiping of tears, they extend that grieving period and carry it with them for years and years and years (TLE #4)."

"That is something that is relatively new, modern. A long time ago, they had a
ceremony that, where the family of the deceased is brought and a man, an older man would talk to them, and a pipe is brought, they filled the pipe. They would have them smoke the pipe and they would have them drink water, because the pipe and water are both symbols of life and they would talk to these people and try to give them encouragement and advice. It is something that goes back hundreds or thousands of years, but it was never called that long ago, it had a Lakota name. So, now days, I've heard this term - wiping of tears, but not traditionally. It is not like you literally wipe their tears. I think this is one misconception, nowadays. I even went to one where they talked to these mourners and feed them and smoked, smoked the pipe with them, and there was this non-Indian lady there, married to an Indian man. She was literally going around wiping their tears with a red cloth, you know, this was a misconception. It isn't something that is physically done, it is more like something that is symbolically done, spiritually done (TLE #5).
Appendix B

Empirical Study Data Coding Sheet

SECTION 1: STUDY DEMOGRAPHICS

Date: ____________ Reviewer: _____________________________

Authorship: _____________________________

Title: ____________________________

Journal: ___________________________

SECTION 2: METHOD

Data reported Y N: __________________________

Conceptual definition of grief, grieving, or bereavement Y N

Indigenous grief or bereavement process compared or contrasted with constructs used by “Western or Euro-American psychology” Y N:

Specific indigenous tribal meanings for death, dying, grief, or bereavement were discussed Y N:

Specific indigenous tribal procedures (e.g., care providers, materials, timing, methods, etc.) for dealing with death, dying, grief, or bereavement were discussed Y N:

Subject(s) and setting(s):

Research methodology:
SECTION 3: RESULTS

Results discussed Y N: _______________________________________

Conclusions discussed Y N: _______________________________________

Limitations discussed Y N: _______________________________________

Comments: ______________________________________________________
Appendix C

Oral Interview Guide for Traditional Lakota Elders

Interview Introduction

The author asked the TLE informants all of the questions listed below. However, in some cases the order of the items was changed or the wording was changed because the TLEs responded in a slightly different order than was initially expected, or their responses to an item contained information that fit the requirements of another item. Care was taken to ensure that all the questions were answered completely, despite some structural and word usage changes during the actual interviews. Questions in brackets were supplementary questions that were asked if the Lakota elder informant did not offer enough information spontaneously, based on the initial, open-ended questions. Question #11(a) through 11(o) asked for the same responses as question #32 in the written and oral format presented to the 29 MH-SAPs (e.g., see appendix C).

1.) What do the Lakota believe happens to a person after his or her death?

2.) What do the Lakota believe about the afterlife? Is there an afterlife or not?

3.) Do the Lakota believe that the deceased person’s spirit can influence the living? If so, how might the deceased person’s spirit influence the living?

   3a.) What do the Lakota believe about the relationship of the physical world to the spirit world?

   [Are the physical world and the spirit world separate or do they co-exist and affect one another?]

   3b.) Can events in the physical world affect the deceased’s spirit in the spirit world?

   [How might the living influence the deceased person’s spirit?]

4.) Do the Lakota possess ceremonies or rituals that they use following a tribal member’s death? If so, could you explain how these ceremonies or rituals are conducted and what they mean?
4a. Who do the Lakota believe should lead or conduct rituals and/or ceremonies following a tribal member’s death?

4b. Which family members and tribal members should attend the ceremonies and rituals conducted following a tribal member’s death?

5.) What might be the consequences if the rituals and ceremonies, that should accompany the death of a tribal member are not carried out, or if they are not properly conducted?

[What might the consequences be if the ceremonies and rituals are not conducted by an appropriate tribal leader, or if they are not conducted in a respectful manner?]

6.) What are the healthy or acceptable forms of grief, grieving, and/or bereavement according to the Lakota?

7.) What are the unhealthy or unacceptable forms of grief, grieving, and/or bereavement according to the Lakota? What happens if someone engages in unhealthy or unacceptable forms of grief, grieving, and/or bereavement?

[Could you share a story of unhealthy or unacceptable grief, grieving, and/or bereavement?]

[Could you share a story of healthy or acceptable grief, grieving, and/or bereavement?]

8.) Do the Lakota believe in and practice a specific period of grief and/or bereavement time?

8a.) If so, what happens if someone ignores the recommended period of grief and/or bereavement?

9.) Do the Lakota use any specific songs, poems, chants, or drumming to deal with death, dying, grief, and bereavement? If so, would you be willing to share any of these with me?

10.) Some Lakota seek help from physicians or mental health practitioners because they are having difficulty with the loss of a loved one and with mourning. What sort of things that are done in this situation are helpful for the Lakota? What sort of things that are done in this situation are not helpful for the Lakota?
11.) Should physicians, counselors, or mental health professionals suggest any of the following remedies to help Lakota clients deal with death, dying, grief, and/or bereavement? In your opinion, are any these suggestions healthy or are they unhealthy? Which, if any of the following statements are descriptive of suggestions you might have made or treatments you might have used with Lakota clients dealing with death, dying, grief, and/or bereavement issues during the past two years? Please respond initially with a statement about whether the intervention or advice is important or healthy versus unhealthy or nonimportant. Feel free to elaborate on your answer:

a.) Advise the individual to consult a physician or seek help obtaining medication (antidepressant)?

b.) Advise the individual to drink alcohol when feeling sad or depressed?

c.) Advise the individual to spend time with family members?

d.) Advise the individual to spend time with friends?

e.) Advise the individual to think about or imagine past experiences with the deceased?

f.) Advise the individual to talk about or write about past experiences that the individual has had with the deceased?

g.) Advise the individual to visit with or seek the advice of an Indian elder, healer, or spiritual leader?

h.) Advise the individual to collect the deceased individual’s personal belongings and leave them undisturbed in her or his bedroom for 6 months to a year?

i.) Advise the individual to change jobs?

j.) Advise the individual to move away to a totally new location?

k.) Advise the individual to change his or her diet?

l.) Advise the individual to seek methods of contacting the deceased individual’s spirit, and inquire about their reincarnation status?

m.) Advise the individual to attend and participate in the proper Lakota
ceremonies and rituals that typically accompany death, dying, grief, and/or bereavement?

n.) Advise the individual to go through the “grief cycle” that is popular in Western psychology, making sure to ignore or avoid harmful superstitions?

o.) Pray for knowledge about the reincarnation status and whereabouts of the deceased individual?
Appendix D

Written Survey Instrument and Oral

Interview Guide for MH-SAP

This instrument was completed as a written survey by 23 mental health-substance abuse professionals (MH-SAPs) who work with the Lakota, and was completed as a oral interview with 6 MH-SAPs who work at the Sioux San IHS Regional Hospital in Rapid City, South Dakota. All 29 MH-SAP informants answered the first 6 items and the final 3 items (e.g., numbers 29, 30, & 31), in writing. However, 23 written survey respondents completed items 7 through 29 with brief written statements, while 6 oral interview respondents completed items 7 through 29 with audio-recorded verbal responses. Complete transcripts of the audio-recorded and written responses are available, but not provided in this paper.

1.) What is your professional title, please check the level and circle the appropriate descriptive letters: ___ M.D.

___ Ph.D., Ed.D., D.S.W., other (specify)

___ M.S., M.A., M.S.W., M.Ed., other (specify)

___ B.S., B.A., B.S.W., other (specify)

___ Associates, A.A., or technical certificate (specify)

___ Certified alcoholism or addiction counselor and level (specify)

___ Other titles (specify)

2.) Highest level of academic training achieved ___ Graduate or professional training (specify)

___ Some college (specify)

___ High school diploma ___ Some high school ___ Other (specify)
3.) Racial or ethnic identification:

   _ Indigenous (specify tribal affiliation and blood quantum)__________________________

   _ White/Anglo/Euro-American

   _ Black/African American

   _ Indigenous and Black/African American

   _ Hispanic

   _ Indigenous and Hispanic

   _ Pacific Islander

   _ Asian/Asian American

   _ Indigenous and Asian/Asian American

   _ Other (specify)______________________________________________________________

4.) Registered or enrolled member of an indigenous tribe (American Indian or Alaska Native) Y N. Please circle one number on each of the following scales, which best describes your behavior:

   Daily practice of the American Indian or Alaska Native
   "traditional" way of life.
   NOT AT ALL <----------------***---------------> VERY MUCH
   LIKE ME 10 9 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 9 10 LIKE ME

   Daily practice of the White/Anglo/Euro-American or
   "modern/contemporary" way of life.
   NOT AT ALL <----------------***---------------> VERY MUCH
   LIKE ME 10 9 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 9 10 LIKE ME
5.) Estimate the percentage of Lakota clients with whom you have worked during the past year, who have had issues related to death, dying, grief, and/or bereavement:

- 20% or less
- 21% to 40%
- 41% to 60%
- 61% to 80%
- 81% to 100%

6.) Identify the types of training that you have had relevant to the death, dying, grief, and/or bereavement issues of the Lakota:

- College courses
- Specialized workshops
- Independent reading
- Personal experience
- Formal training or instruction by a Lakota elder, spiritual leader, or traditionalist (specify important beliefs, values, and practices that were discussed, if possible)

7.) What treatment or model of treatment would you use to help a Lakota client deal with issues of death, dying, grief, and/or bereavement?

8.) Is the treatment or mode of treatment that you would use to help Lakota clients deal with issues of death, dying, grief, and bereavement personally relevant to you? In addition to being helpful to your Lakota clients, is there a personal spiritual value inherent in this treatment or mode of treatment?
9.) What do the Lakota believe happens to an individual following his or her death?

10.) What are the Lakota beliefs about the possibility of an afterlife? Does an afterlife exist or not?

11.) According to Lakota beliefs, can the deceased person’s spirit influence living people? If so, please describe how the spirit of the deceased could influence living people:

12.) What do the Lakota believe about the relationship of the physical world to the spiritual world?

13.) Is it possible for events in the physical world to influence events in the spirit world?

14.) In the Lakota traditional belief, are the living Buffalo sacred because they are reincarnated human spirits?

15.) Is it possible for events in the spirit world to influence events in the physical world?

16.) Do the Lakota believe that a living person can influence a deceased person’s spirit? If so, please describe how a living person could influence a deceased person’s spirit:

17.) Do the Lakota possess ceremonies or rituals that they use following a tribal member’s death? If so, could you explain how these ceremonies and rituals are conducted and what they mean:

18.) Who do the Lakota believe should conduct or lead ceremonies and rituals used following a tribal member’s death?

19.) Which family and tribal members should attend the ceremonies and rituals used following the death of a Lakota person?

20.) What do the Lakota believe are possible consequences of not conducting the proper ceremonies and rituals following a tribal member’s death?

21.) What do the Lakota believe possible consequences of not conducting the proper ceremonies and rituals following a tribal member’s death might be?
22.) What do the Lakota believe are the possible consequences for conducting the ceremonies or rituals called for by the death of a family or tribal member by an unqualified individual or if the ceremonies or rituals are conducted in a disrespectful manner?

23.) Do the Lakota possess a ceremony or ritual that they believe will bring a deceased family or tribal member back to life?

24.) Following the death of a family or tribal member, what do the Lakota believe are healthy or acceptable grief and/or bereavement practices?

25.) Following the death of a family or tribal member, what do the Lakota believe are unhealthy or unacceptable grief and/or bereavement practices?

26.) Following the death of a family or tribal member, what do the Lakota believe are the possible consequences of an individual engaging in unhealthy or unacceptable grief and/or bereavement practices?

27.) Do the Lakota believe that after death, the deceased person's spirit is transported to another world to begin life again as another, different, type of being?

28.) Do the Lakota believe that they can communicate with the spirits by collecting messages from earth elements; such as, rocks, herbs, plants, etc.?

29.) Do the Lakota believe in and use any specific songs, poems, chants, or drumming to deal with issues of grief and/or bereavement? If so, would you be willing to explain these:

30.) There are several Lakota ceremonies or rituals. In your opinion, which of the following Lakota ceremonies or rituals are important or useful during a period of death, dying, grief, or bereavement? Please circle a single number on the line of numbers below the listed ceremony or ritual, that best represents your opinion about the relative importance of this particular ceremony or ritual to the Lakota during a period of death, dying, grief, and/or bereavement:

Sweat Lodge Ceremony

NOT IMPORTANT OR USEFUL <-------- > VERY IMPORTANT OR USEFUL

-5 -4 -3 -2 -1 0 +1 +2 +3 +4 +5
31.) There are some modern or contemporary methods of dealing with death, dying, grief, and/or bereavement. In your opinion, which of the modern or contemporary methods of dealing with death, dying, grief, and/or bereavement are useful or important to the Lakota? Please circle a single number on the line below the modern or contemporary method of dealing with death, dying, grief, or bereavement that best represents your opinion about the relative value of this method to the Lakota:

Modern Christian Church Ceremonies
NOT IMPORTANT OR USEFUL < -------- > VERY IMPORTANT OR USEFUL
-5 -4 -3 -2 -1 0 +1 +2 +3 +4 +5
"New Age" or Shamantic Ceremonies
NOT USEFUL OR IMPORTANT < -------- > VERY USEFUL OR IMPORTANT
-5 -4 -3 -2 -1 0 +1 +2 +3 +4 +5

Self-Help or Peer-Directed Support Groups
NOT IMPORTANT OR USEFUL < -------- > VERY IMPORTANT OR USEFUL
-5 -4 -3 -2 -1 0 +1 +2 +3 +4 +5

Professionally Facilitated Support Groups
NOT USEFUL OR IMPORTANT < -------- > VERY USEFUL OR IMPORTANT
-5 -4 -3 -2 -1 0 +1 +2 +3 +4 +5

Individual Counseling or Psychotherapy
with a Trained Professional
NOT IMPORTANT OR USEFUL < -------- > VERY IMPORTANT OR USEFUL
-5 -4 -3 -2 -1 0 +1 +2 +3 +4 +5

32.) The following statements describe treatments or modes of treatment. Which, if any of the following statements descriptive of suggestions you might have made to or treatments you might have used with Lakota clients dealing with death, dying, grief, or bereavement issues during the past two years? Please **Circle** the number of the statement items or **Write in** methods you have used to help Lakota clients deal with death, dying, grief, and bereavement issues. Finally, place an **X** on the line in front of the item if you believe the item provides healthy (adaptive) advice or describes a healthy (adaptive) intervention; unhealthy (maladaptive) advice or an unhealthy (maladaptive) intervention; or is neutral; that is neither healthy (adaptive) or unhealthy (maladaptive) in nature for the client:

<table>
<thead>
<tr>
<th>Healthy</th>
<th>Neutral</th>
<th>Unhealthy</th>
</tr>
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<tbody>
<tr>
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1.) Advise the client to consult a physician or write a prescription to the client for medication (antidepressant).

2.) Advise the client to drink alcohol when feeling sad or depressed.

3.) Advise the client to spend time with family members.

4.) Advise the client to spend time with friends.
5.) Advise the client to think about or to imagine past experiences that the client had with the deceased individual.

6.) Advise to the client to talk about or to write about past experiences that the client had with the deceased individual.

7.) Advise the client to visit with and/or seek consultation with an Indian healer, elder, or spiritual leader.

8.) Advise the client to collect the deceased individual's personal belongings and leave them undisturbed in her or his bedroom for 6 months to a year.

9.) Advise the client to change jobs.

10.) Advise the client to move away to a totally new location.

11.) Advise the client to change their diet.

12.) Advise the client to seek methods of contacting the deceased individual's spirit.

13.) Advise the client to attend and participate in the proper Lakota ceremonies and rituals that typically accompany death, dying, grief, and bereavement.

14.) Advise the client to go through the "grief cycle" that is popular in Western psychology, making sure to ignore or avoid harmful superstitions.
Appendix E

Written Survey Instrument and Oral Interview Coding Criteria

Coding instrument

This instrument was used to code the qualitative written and verbal responses to the written survey instrument and oral interviews obtained from the 29 MH-SAP informants (e.g., see appendix D). The colors written in the brackets represent the highlighter colors used to code the primary responses. Adequate space was left on the coding sheets to write down qualitative notes about the responses.

1.) What treatment or model of treatment would you use to help a Lakota client deal with issues of death, dying, grief, and/or bereavement?

   [YELLOW] Use Lakota ceremonies or rituals.
   [GREEN] Follow Lakota spiritual traditions.
   [BLUE] Use Euro-American or “stages of grief” theories.
   [PINK] Use an approach that integrates Lakota and Euro-American methods.
   [RED] Use a Lakota Medicine Man or Spiritual Leader as an advisor or guide for the death, dying, grief, and/or bereavement process.
   [ORANGE] Based on personal experience with grief, grieving, and/or bereavement.
   [BROWN] Seek help of Christian Church leaders for advise and help.
   [GRAY] Methods of treatment vary with the client’s level of acculturation.
   [YELLOW/GREEN] Use the Inipi or Sweat lodge.
   [YELLOW/BLUE] Use the Wiping of Tears Ceremony.

2.) Is the treatment or model of treatment that you use to help Lakota clients deal with issues of death, dying, grief, and bereavement? In addition to being helpful to your Lakota clients, does it have a spiritual value for you:
The treatment or model of treatment has personal relevance to the respondent.

[YELLOW] Yes
[GREEN] No

The treatment or model of treatment has a spiritual value to the respondent.

[BLUE] Yes
[PINK] No
[RED] The use of a Lakota spiritual leader or medicine man is spiritually valued by the respondent.

3.) What do the Lakota believe happens to a person following his or her death?

[YELLOW] The spirit leaves or separates from the body of the deceased and journeys to the spirit world.

[GREEN] The spirit remains close to the deceased person’s body briefly, before it travels to the spirit world or afterlife.

[BLUE] Some of the spirits of deceased individuals are held here in the physical world and ceremonial or ritualistic help is required to facilitate their transition to the spirit world or afterlife.

[PINK] The spirit is keep by the family or by a spirit keeper for one year, and subsequently released through a ceremony.

[RED] The spirit makes a volitional choice to remain in the physical world for a period of time, usually one year, before moving on to the spirit world or afterlife.

[ORANGE] I do not know.

[BROWN] If the deceased individual lived an inappropriate life, then the spirit might linger following death.

[GRAY] The spirit becomes integrated into a universal continuum.

4.) Do the Lakota believe that there is an afterlife? What do the Lakota believe about the afterlife?

The Lakota believe that there is an afterlife.

[YELLOW] Yes
The deceased person's spirit is transformed and continues on after physical death. The spirit journeys to or goes to the spirit world. The living and the spirits can and do have contact and/or communication. The spirit returns or "reincarnates" in some form, either animal or human. If the deceased did not live her or his life in an appropriate manner, then the spirit wanders the earth, but relatives can send it on to the spirit world with the appropriate ceremony.

I do not know

There is no equivalent of a Christian "Hell."

There is no heaven or hell.

The spirit might go to heaven or hell.

5.) Do the Lakota believe that a deceased individual's spirit can influence living people? If so, how can the deceased person's individual influence living people?

The deceased individual's spirit can influence living people.

Yes

No

The spirit provides guidance, teaching, and/or help to the living.

The spirit manifests in dreams, visions, and/or visitations.

The spirit is malevolent and torments the living.

Medicine men, elders, or interpreters help the living to understand the spirits.

The spirits watch over the living.

The spirits can come back through ceremonies.

The spirit manifests as a natural force of sign.

6.) What do the Lakota believe about the relationship of the physical world to the spiritual world?

The physical world and the spiritual world are very close. They are connected or are over-lapping in a
metaphysical sense. The inability to perceive the spiritual world is because of human perceptual limitations.

**[GREEN]** The physical world and the spiritual world are interconnected, interdependent, and interwoven on many levels. They are separate manifestations of the same reality.

**[BLUE]** The physical world undergoes a transformational process and becomes spiritual in nature.

**[PINK]** Life in the physical world is a form of preparation for moving on to the spiritual world.

**[RED]** Communication between the physical and the spiritual world is common through rituals and ceremonies.

**[ORANGE]** I do not know.

7.) Can events in the physical world influence events in the spirit world?

**[YELLOW]** Yes

**[GREEN]** No

**[BLUE]** Through Lakota ceremonies, rituals, and spiritual practices.

**[PINK]** Through prayer.

**[RED]** Through thought.

**[ORANGE]** Through everyday behavior.

**[BROWN]** I do not know.

8.) In the Lakota traditional beliefs, are the living buffalo sacred because they are reincarnated human spirits?

**[YELLOW]** Yes

**[GREEN]** No

**[BLUE]** Because of the beliefs about the buffalo calf woman.

**[PINK]** Because of practical reasons, such as being a source of food, raw material, and so forth.

**[RED]** Because of their spiritual or religious significance.

**[ORANGE]** The buffalo are related to the human in a spiritual sense.

**[BROWN]** I do not know.

9.) Can events in the spirit world influence events in the physical world?
Spirits have a disruptive or malevolent influence.
Spirits can influence individuals through visions and dreams.
Spirits can send individuals messages or advice from beyond.
Spiritual manifestations of a physical nature might occur.
Sweat lodge ceremonies can appease malevolent or disruptive spirits.
If the spirits reveal a negative outcome or consequence, then ceremonies can change that outcome in a beneficial manner.

10.) Do the Lakota believe that the living can influence a deceased person’s spirit? If so, how can the living influence a deceased person’s spirit?

[GREEN] Yes
[BLUE] No
[GREEN] Through ceremonies or rituals.
[RED] By mourning and grieving the proper amount of time and then actively letting the spirit go, so that the journey to the spirit world is not impeded.
[ORANGE] I do not know.

11.) Do the Lakota possess rituals and ceremonies that they use following the death of a tribal member? If so, could you explain how these ceremonies and rituals are conducted and what they mean?

[GREEN] Yes
[NO COLOR] No
[GREEN] Sweatlodge
[BLUE] Prayers
[BLUE] Food and water offerings
[RED] Memorial dinner
[ORANGE] Memorial giveaway
[ORANGE] “Smoke and Water” ceremony
[GRAY] Four days of initial mourning following death.
[GREEN] One- or two-year formal mourning period following the
initial four-day mourning period.

Cutting off hair in mourning.

Holding a mourning wake.

Keeping the Soul Ceremony.

Releasing the Spirit Ceremony

Wiping the Tears Ceremony

Use of the Sacred Pipe

Consultation with a Lakota elder or medicine man.

Burning of sage and sweetgrass.

Holding a Sundance ceremony.

Use of a Christian ceremony.

Burn or bury personal belongings.

Singing an honor song.

12.) Who do the Lakota believe should conduct ceremonies and rituals following a tribal member’s death?

Medicine man, spiritual leader, tribal elder, or pipe carrier.

Respected community leader.

Respected family member.

Christian spiritual leader.

Depends on the level of acculturation or the personal beliefs of the grieving family or individual.

I do not know.

13.) Which family or tribal members do the Lakota believe should attend the ceremonies, rituals, or funeral proceedings?

Those who share similar beliefs, values, and practices.

Immediate family members.

Extended family members.

Community leaders.

Friends and others who had a relationship with the deceased.

Those who receive a direct invitation.

All are welcome to attend.

I do not know.

14.) What do the Lakota believe are the consequences of not carrying out the proper ceremonies or rituals following the death of a tribal member?
15.) What if these ceremonies or rituals are not conducted by a qualified leader, or if they are not conducted in a respectful manner?

[YELLOW] Negative repercussions to the surviving family members.

[GREEN] Negative repercussions to the deceased individual's spirit.

[BLUE] Family members won't complete the mourning process.

[PINK] Generally negative outcome.

[RED] Leader would lose respect of community...might not be called on, again.

[ORANGE] Ceremony not be done correctly, cause ill will and bad feelings among participants.

[BROWN] If leader or knowledgeable guide is not available, then humble alternatives are acceptable

16.) Do the Lakota possess a ritual or ceremony that they believe will bring a deceased individual back to life?

[YELLOW] Yes

[GREEN] No

[BLUE] I do not know

17.) What are healthy or acceptable expressions of grief or bereavement following a death to the Lakota?
Practice or participate in a traditional Lakota ceremony or ritual.
Cutting off one’s hair.
Cutting off or sacrificing portions of one’s flesh.
Participation in an intensive four-day mourning period.
Participation in an extended one- or two-year mourning period.
Wearing black in public.
Memorial dinner.
Memorial giveaway.
Openly crying, wailing, weeping, or keening.
Visit with family members.
Prayer.
Support/visiting from community members.
Stop people from engaging in behaviors that they might continue in a repetitive manner for the rest of their lives.
I do not know.

18.) What are some unhealthy or unacceptable expressions of grief and bereavement, following a death, according to the Lakota?

Drinking alcohol or taking drugs.
Expressing anger or fighting.
Depression or prolonged grief.
Negative attitude toward the deceased or toward the belief system.
Not expressing mourning openly.
Repression or suppression of feelings.
Self-injurious behaviors (e.g., suicidal).
Publicly acting out.
Extended, excessive emotionality.
I do not know.

19.) What do the Lakota believe might happen if someone engages in unhealthy or unacceptable forms of grief, grieving, or bereavement?

They might become Ḥya: stuck in a repetitive pattern of maladaptive behavior.
Negative consequences to the surviving family members.
The spirit of the deceased cannot travel on to the other side or spirit world.

The community reacts in a negative manner toward the individual exhibiting the inappropriate behavior.

Another family member might die.

A medicine man or healer is brought in to help the person exhibiting inappropriate behavior.

Malevolent reaction from the spirit world.

Community members talk to the individual who is exhibiting inappropriate behavior. They are first asked to stop, second they are directed to stop.

Grief is not resolved.

20.) After death, is the spirit transported to another world to begin life again as a different type of being?

Yes
No
I do not know

21.) Do the Lakota believe in and practice a specific grief and/or bereavement time period.

Yes
No
Four days and four nights, initially, followed by an extended period of one or two years of mourning.

Four days and four nights.

One or two years.

I do not know.

22.) Please describe what the Lakota believe might happen if someone ignores the traditional time period for grief and/or bereavement?

Negative consequences to the individual.
Negative consequences to the surviving family members.
Negative consequences to the deceased individual’s spirit.
A community member would confront them.
They would be shunned and shamed by the community.
The time period for mourning is a choice of the mourner.

No consequences.

I do not know.

23.) Can the Lakota communicate with the spirits by collecting messages from earth elements, such as, rocks, herbs, plants, and so forth?

Yes
No
Earth elements are mediums through which communications with spirits can be achieved.
I do not know.

24.) Do the Lakota believe in and use any specific songs, poems, chants, or drumming to dealt with death, dying, grief, and/or bereavement? If so, would you be willing to explain these?

Yes
No
Honor songs.
I have insufficient knowledge.
The explanations are too lengthily for the response space.
This information should not be shared, or it must come from a medicine man.
Other ceremonies which include special songs might be used or incorporated.
I do not know.
Appendix F

TLE Oral Interview Coding Criteria

Coding instrument

This instrument was used to code the qualitative verbal responses to the oral interviews obtained from the 5 TLE informants (e.g., see appendix C). The colors written in the brackets represent the highlighter colors used to code the primary responses. Adequate space was left on the coding sheets to write down notes about the responses.

1.) What do the Lakota believe happens to a person following his or her death?

- [YELLOW] The spirit lingers near the body.
- [GREEN] The spirit lingers near the body for four days, then it travels to the spirit world.
- [BLUE] The spirit transforms from physical to spiritual and travels to the spirit world.
- [PINK] The spirit is held here or otherwise it remains here on earth.
- [RED] When death occurs, the spirit returns to the Milky Way on the spirit trail.
- [ORANGE] If a child dies before the mother dies, the child goes into a place in the earth, until the mother dies. Then, mother and child are reunited and travel together to the spirit world.

2.) Do the Lakota believe there is an afterlife following physical death?

- [YELLOW] Yes.
- [NO COLOR] No.
- [GREEN] At a place called the "South Mountain".
- [BLUE] In a spirit world.
- [PINK] In a parallel dimension that is close to the physical world, but lies beyond the perception of the living.

3.) Do the Lakota believe that a deceased individual’s spirit can influence the living?

- [YELLOW] Yes.
- [NO COLOR] No.
Through contact via thoughts, feeling states, dreams, visions, meta-physical watching over and advising, and so forth.

Ghosts and spirits can do good deeds which will enable them to cross over into the spirit world.

Positive memories of the deceased individual cause beneficial behavior...as a form of influence...in memorial...it could be attributed to spiritual influence.

Through and during the keeping of the soul and releasing of the spirit ceremonies.

The spirit is always with the living.

4.) What do the Lakota believe about the relationship between the physical world and the spirit world.

The spirit world and the physical world are very close, that is, overlapping or connected in a metaphysical sense. The inability of living people to visualize the spirit world is because of perceptual limitations.

The physical undergoes a transformational process and becomes the spiritual.

Events and behavior in the physical world can affect the spirit world:

Yes.

No.

Events and behavior in the spirit world can affect the physical world:

es.

No.

The spirit world is like heaven.

5.) How might the living influence the spirits of the deceased?

Through inappropriate grieving or excessive mourning, the living can hold the spirit back from making the journey to the spirit world.

Through prayer.

Through Lakota ceremonies and/or rituals.

Wiping of tears ceremony.
Keeping the soul ceremony.
Releasing the spirit ceremony.
Four days of intense grieving, followed by one or two years of formal mourning.
Smoke and Water ceremony.
Memorial dinner.
Memorial giveaway.
Sweat lodge ceremony.
Uwipi or Spirit calling ceremony.
Food and water offerings.
Holding a wake.
Honor songs to honor the memory of the deceased individual.
Burn or bury deceased individual’s possessions.
Through self-improvement or by living better.

6.) Who should lead or conduct ceremonies or rituals following the death of a tribal member?

Lakota medicine man, elder, pipe carrier, or spiritual leader.
Christian spiritual leader.

7.) What are the consequences of not properly conducting or participating in the ceremonies and rituals that commonly follow a death?

Misfortune to the individual conducting the ritual or ceremony.
Misfortune to the family of the deceased.
Misfortune to the spirit of the deceased.
Creation of a malevolent or evil spirit.
Need to conduct another ceremony to redress the wrong cause by the original ceremony.
The ceremony is futile or powerless.

8.) What family or tribal members should attend the ceremonies or rituals that commonly follow a tribal member’s death?

Immediate family members.
Extended family members.
Community leaders.
Friends and others who had a relationship with the deceased.

All the relatives who are affected by the death.

9.) What are acceptable or healthy forms of grief and bereavement to the Lakota?

- Practice or participate in a traditional ceremony.
- Cutting off one’s hair.
- Cutting off or sacrificing portions of one’s flesh.
- Wearing black in public.
- Prayer.
- Cutting off or sacrificing portions of one’s flesh.
- Sweat lodge ceremony.
- Vision quest ceremony.
- Not participating in dancing, Pow Wows, and other social activities.
- Follow Lakota spiritual customs and traditions.
- Participation in a wake.
- Wiping of tears ceremony.

10.) What are unacceptable or unhealthy forms of grief and bereavement to the Lakota?

- Drinking alcohol or taking drugs.
- Not openly expressing the sadness.
- Expressing excessive prolonged grief or bereavement.
- Holding on to the deceased’s spirit.

11.) Do the Lakota believe in and practice a specific period of grief or bereavement?

- An intensive four day mourning period.
- An extended mourning period of one- or two-years duration.
- An intensive four day mourning period, followed by an extended mourning period of one to two years.

12.) If the Lakota ignore the beliefs and practices regarding the mourning time periods, what might the consequences be?

- Negative consequences to the individual.
- Negative consequences to the deceased’s spirit.
13.) Do the Lakota use any specific songs, poems, chants, or drumming to deal with death, dying, grief, and bereavement?

[YELLOW] Yes.
[NO COLOR] No.
[GREEN] Honor songs.

Would you be willing to share any of these with me?

[NO COLOR] Yes.
[BLUE] No.
[PINK] Releasing the spirit songs.
[RED] A personal song for strength.
[ORANGE] These songs must only be sung when they are needed or used for a ceremony following a tribal member's death.
[BROWN] Mourning songs.
[GRAY] Keeping the soul songs.
[YELLOW/GREEN] Death songs.

14.) What sort of things do medical doctors and mental health professionals do that are helpful for Lakota people dealing with death, dying, grief, and bereavement?

[YELLOW] Be supportive when discussing these issues with the family.
[GREEN] Be open and honest about these issues with the family.
[BLUE] Be respectful of Lakota beliefs and practices.
[PINK] Allow ceremonies to be conducted at the hospital if deemed appropriate by Lakota.
[RED] Contact a traditional medicine man or interpreter to help the family if requested.

15.) What sort of things do medical doctors and mental health professionals do that are not helpful for Lakota dealing with death, dying, grief, and bereavement?

[YELLOW] Behave in a manner disrespectful to Lakota traditional beliefs and practices.
[GREEN] Be too quick in demanding decisions from the family, such as autopsy, move the body to a funeral home, and so forth.
[BLUE] Do not accommodate traditional practitioner such as medicine man, tribal elder, healer, and so forth.
If the professionals are supportive and honest about the diagnosis and prognosis, then the family members can handle the negative aspects of the relationship.

16.) How have things changed in the way in which the Lakota deal with death, dying, grief, and bereavement during your lifetime? Are these changes positive or negative?

[YELLOW] The ceremonies have changed or evolved.
[GREEN] There are fewer young people being prepared to understand and practice the traditional Lakota beliefs and practices.
[BLUE] There are many more sources of grief, such as the loss of family and culture that are not being recognized and dealt with by the Lakota, so the grief of a tribal or family member’s loss through death is compounded.

[PINK] Positive.
[RED] Negative.
Appendix G

Selected Bibliography

The following bibliography is provided as a source of reference materials and readings for clinicians who are interested or who work professionally with the Lakota people. While this is not a comprehensive set of resources, it will serve as an adequate introduction to the resources available.


VITA

JOSEPH B. STONE

Residence: 1229 Columbia Street
Port Angeles, Washington 98362
(360) 457-3099

Office: Director: Lower Elwha S'Klallam Tribal
Behavioral Health Program & Kinuk Sisakta
Consulting and Research
2851 Lower Elwha Road
Port Angeles, Washington 98363
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Home (360) 457-3099

Education: Doctoral Student in Professional-Scientific Psychology, (Clinical
Emphasis, APA Approved)
Projected Completion Date: February 19, 1998,
Utah State University (USU), Logan, Utah
Dissertation Title: Traditional and Contemporary Lakota Death, Dying,
Grief, and Bereavement Beliefs and Practices: A Blended Research
Methodology using Surveys and Interviews.

MS Counseling Psychology, December 1993
Utah State University (USU), Logan, Utah
Thesis Title: The Prevalence of Dual Diagnosis of Generalized Anxiety
Disorder and Alcoholism in the Literature: A Critical Meta-Analytic
Review.

Bachelor of Science: Human Development and Counseling w/ Non-
Teaching Minor: Psychology,
June 1990 Montana State University (MSU), Bozeman, Montana
Clinical Work Experience:

Director: Kinuk Sisakta Consultation, Training, and Research
Provided clinical, consultative, training, and research services

October 2, 1995 to date

Responsibilities: Developed consultation and training modules specific to mental health, substance abuse, and dual-diagnosis assessment, treatment, and prevention. Developed training modules specific to the treatment and prevention of child physical and sexual abuse in Native communities. Provided clinical and training services on a contractual basis to a wide range of agencies and tribes. Consultation for research and grant writing provided and specific research and grant writing conducted. Individuals, families, and groups provided with private psychological services. Native clients, tribes, and agencies serving indigenous clients provided priority services.

Kinuk Sisakta Formal Contracts for Consultation or Training Provided to the Following:

Jamestown S’Klallam Tribal Chemical Dependency Program, Blyn, WA for training.

Kitsap County Mental Health Services, Bremerton, WA for training.

Stillaguamish Tribe of Indians, Arlington, WA for training.

First Step Family Support Center, Port Angeles, WA for research, client groups for fathers, and individual psychotherapy for fathers.

Kinuk Sisakta PRO-BONO SERVICE: Clallam County AIDS Support Project (CLASP) to modify the existing Title II HIV/AIDS Needs Assessment Survey Instrument for urban King County/Seattle, WA, for use in rural and sparsely populated areas of Washington State.

Director: Lower Elwha Klallam Behavioral Health & Chemical Dependency Programs
Mental Health and Psychological Service Provider to the Lower Elwha Klallam Tribe, Port Angeles Washington.

Director - Health Services: John Miller, MA
Director - Medical Services: Nancy Mayer, MD
Director - Behavioral Health & Chemical Joseph B. Stone,
Dependency Services: MS, CAC Level III
Clinical Consultant: Marion Birch, DMH

October 1996 to Current (40 hours per week)

Responsibilities: Developed and implemented comprehensive behavioral health program. Supervised Domestic Violence and Chemical dependency treatment programs. Directed behavioral health services to referred families and individuals: intake interviewing, psychological testing and assessment, report writing, counseling and psychotherapy. Provided services to adults exhibiting the full range of clinical symptoms: substance abuse, personality disorders, thought disorders, mood disorders, anxiety disorders, and other disorders. Screened and assessed childhood and adolescent psycho-pathology and behavioral disorders, including: intelligence testing, achievement testing, attention deficit and hyperactivity disorder assessment and treatment, conduct disorders, and other childhood and adolescent disorders. Provided treatment and consultation for sexual, physical, emotional abuse, and neglect.

Lower Elwha Tribal Formal Contracts for Consultation or Training:

Clallam County Juvenile and Family Services, Port Angeles, WA for staff consultation, assessment of juvenile offenders, and individual and family therapy for juvenile offenders.

Peninsula Community Mental Health Program, Port Angeles, WA for staff consultation and training.

Washington State Division of Child and Family Services (DCFS), Forks, WA Child Protective Services (CPS) for psychological assessment (clinical interviewing and psychometric testing) and report writing.

Kitsap County Mental Health Mental Health Services, Bremerton, Washington for staff consultation.

LOWER ELWHA KLALLAM PRO-BONO SERVICE: Connections Alternative Middle School Program, Port Angeles, WA Public School District 121 for research, consultation with administration and faculty, group and individual counseling with students and families.
Working Committee Memberships:

Grant-based study of heart disease among the Lower Elwha Klallam and Jamestown S'Klallam tribes funded by the Center for Disease Control, Port Angeles, WA.

Development and implementation of a Housing and Urban Development Drug Elimination Technical Assistance Grant at the Lower Elwha Housing Program, Lower Elwha Reservation, WA.

Washington State Department of Social and Health Services (DSHS) working group for implementation of mental health managed care with tribes (Phase III of the Mental Health Plan), Washington State.

Lower Elwha Klallam Head Start Health Advisory Board, Lower Elwha Reservation, WA.

Port Angeles Addiction Professionals Association, Port Angeles, WA.

Port Angeles Olympic Memorial Hospital Health Professional, Port Angeles, WA.

Washington State American Indian Health Board, Washington State.

**Pine Ridge Hospital Indian Health Service (IHS) Human Services and Mental Health Program Consultant**
Mental Health and Psychological Service Consultant at the IHS Pine Ridge Hospital on the Oglala Sioux Reservation in Pine Ridge, South Dakota

Director: Charlie Stewart, MSW

August 1994 to September 1994 (40 hours per week)

**Responsibilities:** Directed mental health services to referred individuals and families. Coordinated services and consulted with Pine Ridge Hospital Human Services staff working with referred individuals and families and others. Provided staff training in areas of assessment, report writing, counseling and psychotherapy.

**Indian Health Service (IHS) Psychology Extern**
Psychology Specialist in Addictive Behaviors at the Indian Alcoholism Counseling - Recovery House Program (IAC - RHP) in Salt Lake City, Utah

Supervisor: Ron France, Ph.D.
June 1993 to September 1993  (40 hours per week)

**Responsibilities:** Presented theoretical information about alcoholism and other drug dependencies, addictive behavior within family systems, and addictive behavior within North American Indigenous cultures. Conducted psychological and chemical dependency assessments: clinical interviews, administration of verbal self-report and projective tests, test interpretation and report writing, and treatment planning. Provided individual and group psychotherapy focused on the issues of Post-Traumatic Stress Disorder (PTSD) and grief as related to alcoholism and other drug dependencies.

Wrote grants to government and private foundations to fund treatment center operations. Developed a computerized alcoholism and drug dependency assessment and report writing method used for assessing the co-morbidity of depression and anxiety. Developed an Alpha-Theta brain-wave treatment and research component for indigenous participants. Initiated a drum making and wood carving project for the residents of the IAC - RHP.

**Consultant on American Indian Issues, Substance Abuse Treatment and Prevention, and Fatherhood Program Staff Graduate Assistant.**
Division of Services, Community-Family Partnership Project (CFP) Center for Persons with Disabilities, Utah State University (USU), Logan, Utah, 84322-0200

Supervisors:  Sebastian Striefel, Ph.D.
Pat Truhn, Ph.D.
Michaelle Ann Robinson, MS

August 1993 to August 1994  (20 hours per week)

**Responsibilities:** Directed mental health and substance abuse assessment and treatment services to referred individuals and families. Consulted and coordinated services with other CFP staff members. Provided staff training in the areas of American Indian issues and substance abuse prevention and treatment. Tested children using the Battelle Developmental Inventory (BDI).

**Consultant on American Indian Issues**
Division of Services, Community-Family Partnership Project (CFP) Center for Persons with Disabilities, Utah State University (USU), Logan, Utah, 84322-0020

Supervisors:  Sebastian Striefel, Ph.D.
Pat Truhn, Ph.D.
March 1993 to June 1993

(10 hours per week)

Responsibilities: Directed mental health services to referred families. Coordinated services and consulted with CFP staff members working with referred families. Provided staff training about American Indian cultural issues.

Clinical Internship Experience:

Psychology Intern (Clinical Psychology)
Psychiatric Outpatient Clinic (POP-C) and E Ward
Fort Meade Veteran's Affairs (VA) Hospital
Sturgis, South Dakota

Supervisors: Sharon Gruber, Psy.D., Outpatient Services and Health Psychology
Mark Cook, Ph.D., E-Ward Alcohol and Drug Dependence Specialist

May 1995 to September 1995

(42 hours per week)

Responsibilities: Pre-doctoral internship training at the Fort Meade VA Hospital. The POP-C training rotation consisted of intake interviewing, psychological testing and assessment, report writing, and individual counseling and psychotherapy with veteran outpatients and their families. Often, POP-C patients exhibit the initial behavioral symptoms of a severe mental illness and are subsequently transferred to inpatient treatment following assessment. Alternately, some POP-C patients are in the process of transition back into the community from inpatient treatment. Finally, some POP-C patients are long term outpatients exhibiting symptoms of mental illness easily managed in the community. Common disorders treated in POP-C include thought disorders, personality disorders, depression, anxiety, PTSD, addictive behaviors, and dual-diagnosis. During this training rotation, the intern acted as co-facilitator in an alcohol and drug dependence therapy group in E-Ward. E-Ward is the dedicated primary treatment for alcohol and drug dependence at the Fort Meade Veteran's Affairs Hospital. Finally, the intern was trained and participated in continual quality assurance monitoring procedures recently implemented (4 months).

Psychology Intern (Clinical Psychology)
Regional Mental Health Inpatient Program,
Sioux San Indian Health Service (IHS) Hospital
Rapid City, South Dakota
Supervisors:  Jim Gardner, Ph.D., ABRN, Neuro-psychologist  
Jim Hagel, CSW, Clinical Social Worker

January 1995 to May 1995  (42 hours per week)

Responsibilities: Pre-doctoral internship training at the Sioux San IHS Hospital. The Sioux San Regional Mental Health Inpatient Program training rotation included intake interviewing, psychological and neuro-psychological testing and assessment, report writing, staff consultation, individual and group counseling and psychotherapy, and individual psychotherapy with outpatients. The Sioux San Regional Mental Health Inpatient Program is for indigenous patients exhibiting a range of acute and chronic behavioral symptoms of mental illness and dual-diagnosis. Personality, psychological, and neuro-psychological testing, assessment, and evaluation report writing were provided at the Sioux San Mental Health Inpatient Program. Indigenous patients requiring in-depth behavioral assessment and treatment spend up to one month in this open ward. Patients exhibited the full range of mental disorders: thought disorders, depression, anxiety, personality disorders, brain injury, addictive behaviors, adjustment disorders, dual-diagnosis, etc. Cultural sensitivity was emphasized in behavioral assessment and treatment methods (4 months).

Psychology Intern (Clinical Psychology)  
Building 145-3 South Psychiatric Locked Ward,  
Fort Meade Veteran's Affairs Hospital  
Sturgis, South Dakota

Supervisor:  Michael Fellner, Ph.D., Chief of Psychological Services

September 1994 to January 1995  (42 hours per week)

Responsibilities: Pre-doctoral internship training at the Fort Meade Veteran's Affairs Hospital. The 145-3 South training rotation included intake interviewing, psychological testing and assessment, report writing, staff consultation and individual counseling and psychotherapy. The one forty-five 3 South Locked Psychiatric Ward was for acute and chronic veterans and active duty military personal from Ellsworth Air Force Base exhibiting severe behavioral symptoms of mental illness. Typically, the residents of 145-3 South exhibited symptoms of thought disorder, severe personality disorders, severe depression and/or suicidal ideation, aggressive, violent, or homicidal behaviors, or chronic PTSD, and often dual-diagnosis with alcoholism or drug dependence (4 months).
Clinical Practicum Experience:

Practicum Intern (Clinical Psychology)
Community Clinic, Utah State University, Logan, Utah

Supervisor: Scott Blinkenstaff, Ph.D.

January 1994 to June 1994 (12 hours per week)

Responsibilities: Provided individual, marital, and family therapy. Conducted intake and discharge interviews and psychological assessments including administration of objective and projective tests, test interpretation, and report writing. Psychotherapy was conducted with a variety of presenting problems and diagnoses, including depression, personality disorders, bereavement issues, interpersonal difficulties, adjustment to adult life changes, and marital problems. Presented cases to practicum group, including videotaped samples of work.

Clinical Group Therapy Training Experience (Clinical Psychology)
Utah State University (USU) Psychology Community Clinic
C. Barcus, Ed.D., Assistant Professor's Private Practice
Psychology Community Clinic
Logan, Utah

Supervisors: C. Barcus, Ed.D.
Susan Crowley, Ph.D.

Responsibilities: Participated in C. Barcus' private practice therapy group, which met in the USU Community Clinic on a weekly basis. The clients in this group were adult females with histories of severe abuse (emotional, physical, and sexual). The focus of this group was the treatment of Post-Traumatic Stress Disorder (PTSD), Borderline Personality Disorder, and Multiple Personality Disorder.

Practicum Intern (Clinical Psychology)
APS Unit One, Wyoming State Hospital.
Evanston, Wyoming

Supervisors: Colm Woods, Ph.D.
Adrian Tolman, Ph.D.

September 1993 to June 1994 (10 hours per week)
Responsibilities: Practicum training at Wyoming State Hospital in clinical psychology during Fall quarter, 1993, Wyoming State Hospital APS Unit One. The APS Unit One training rotation included intake interviewing, testing, assessment and report dictation, and individual and group treatment. APS Unit One was for those patients exhibiting acute symptoms of serious mental illness. Typically, APS Unit One patients are experiencing initial hospitalization for the symptoms of a serious mental illness, or are being prepared for a transition from the Wyoming State Hospital into the community. (3 months).

Practicum Intern (Counseling Psychology)
American Indian Alcoholism Counseling and Recovery House
Salt Lake City, Utah

Supervisors: Ron France, Ph.D.
Carolyn Barcus, Ed.D.

September 1992 to June 1993 (12 hours per week)

Responsibilities: Presented theoretical information about alcoholism, addictive behavior, and related behavior patterns in a didactic format, including facilitated discussion of this material. Conducted psychological and chemical dependency assessments: interviewing, self-report based and projective tests, test interpretation, report writing, and treatment planning. Individual and group counseling with a focus on issues related to alcoholism, drug dependency, and other addictive behavior. Presented cases to clinical supervisors on a weekly basis.

Individual Case Follow-up (Child Clinical Psychology)
Center for Persons with Disabilities (CPD)
Utah State University

Supervisors: Phyllis Cole, Ph.D. Pat Truhn, Ph.D.

Transferred to the Utah State University Psychology Community Clinic

Supervisor: Elwin Nielson, Ph.D.

Responsibilities: Maintained ongoing therapy with an adolescent in a long term case (9 months). Presented case, including videotaped work samples, to Clinical Psychologist at weekly intervals for supervision.

Practicum Intern (School Psychology)
Center for Persons with Disabilities (CPD)
Utah State University, Logan, Utah

Supervisors: Phyllis Cole, Ph.D.
Pat Truhn, Ph.D.

September 1991 to June 1992 (12 hours per week)

Responsibilities: Served on multidisciplinary child psycho-pathology assessment and treatment team. Conducted and participated in psychological assessments including: parent and child interviews, administration of intellectual, projective, and achievement tests, and comprehensive report writing. Provided follow-up counseling and behavior therapy services with children.

Utah State University Psychology Department (Marital Therapy)
Community Clinic, Utah State University, Logan, Utah

Supervisor: Jay R. Skidmore, Ph.D.

September 1991 to February 1992 (3 hours per week)

Responsibilities: Maintained ongoing marital therapy with a long-term case (12 months). Presented case, including videotaped samples of work, to Clinical Psychologist at weekly intervals for supervision.

Utah State University Psychology Department
Community Clinic, Utah State University, Logan, Utah

Supervisor: Jay R. Skidmore, Ph.D.

June 1991 to September 1991 (12 hours per week)

Responsibilities: Provided individual, marital, and family therapy. Conducted intake and discharge interviews and psychological assessments including administration of self-report and projective tests, test interpretation and report writing. Psychotherapy with adult clients with a variety of presenting problems and diagnoses, including depression, personality disorders, bereavement issues, interpersonal difficulties, adjustment to adult life changes, and marital problems. Present cases to practicum group, including videotape samples of work.
Utah State University Psychology Department
Community Clinic, Utah State University, Logan, Utah

Supervisor: Elwin Nielson, Ph.D.

January 1991 to June 1991 (12 hours per week)

Responsibilities: Provided individual, marital, and family therapy. Conducted intake and discharge interviews and psychological assessments including administration of self-report and projective tests, test interpretation and report writing. Psychotherapy with adult and child clients with a variety of presenting problems and diagnoses, including depression, personality disorders, bereavement issues, interpersonal difficulties, adjustment to adult life changes, and marital problems. Presented cases to practicum group, including videotape samples of work.

Montana State University Student Special Services
Advance by Choice (ABC), Montana State University, Bozeman, Montana

Supervisor: Elaine Inamura, MS

March 1990 to June 1990 (12 hours per week)

Responsibilities: Gathered and formatted the program's outcome statistics from a three year service period to support grant writing process. Acted as liaison between ABC staff and Native American Awareness Week and Montana State University Annual Pow-Wow Committee. Provided academic counseling to Montana State University Student Special Services clients. Presented cases to supervisor on a weekly basis.

Montana State University Department of Health and Human Development
Paraprofessional Experience: Transitions, Bozeman, Montana

Supervisors: Ramona Marotz-Baden, Ph.D.
            Beverly Barnhart, MS

March 1988 to June 1988 (9 hours per week)

Responsibilities: Gathered and formatted the program's outcome statistics from a one year period to support grant writing process. Directed the development of a newsletter run by clients of the agency. Coordinated presentations from Alcohol and Drug Services of Gallatin County.
Formal Workshops & Training
Presented (via Kinuk Sisakta):


Professional Presentations:


Bell, K., & Stone, J.B. (1992, July). Death, Dying, Grief, and Bereavement among American Indians. Presentation for the fifth annual Conference of American Indian Psychologists and Psychology Graduate Students, Logan, Utah.

Additional Training Experiences and Workshops:

**Adult Children of Alcoholics with Sharon Wegsheider-Cruse.** Attended one day workshop in Billings, Montana, June, 1987.


**Choices and Consequences: How to Intervene with Adolescents who use Alcohol and/or Drugs (from The Johnson Institute).** Attended two day workshop in Bozeman, Montana, February, 1990.

**First National Conference on Shame** Attended five day conference in Las Vegas, Nevada, May, 1991.

**Fortieth Annual Session of the University of Utah School on Alcoholism and other Drug Dependencies** Attended five-day workshop in Salt Lake City, Utah, June, 1991.

**Forty-First Annual Session of the University of Utah School on Alcoholism and other Drug Dependencies** Attended five day workshop in Salt Lake City, Utah, June, 1992.

**Forty-second Annual Session of the University of Utah School on Alcoholism and other Drug Dependencies** Attended five day workshop in Salt Lake City, Utah, June, 1993.

**Assessment and Evaluation in Chemical Dependency at Montana Deaconess Medical Center** Attended five day training workshop required and accredited by the Montana State Department of Institutions Chemical Dependency Bureau for Certification as a Chemical Dependency Counselor (CCDC) in Great Falls, Montana, August, 1991.

**Utah Association of School Psychologists Fall Conference.** Attended one day workshop in Salt Lake City, Utah, November, 1991.

**Weber State University/Dayspring Second Annual Conference on Addictions** Attended two day workshop in Ogden, Utah, April, 1992.

**Community-Family Partnership Family Conference** Attended one day workshop in Logan, Utah, April, 1992.
Intravenous Drug Use Workshop  Attended one day workshop in Logan, Utah, May, 1992

Substance Abuse Prevention and Intervention in the Schools.  Attended a three day workshop in Logan, Utah, August, 1992.

Seventh Annual Albuquerque Multicultural Conference: Diagnostic and Treatment Implications for Emotionally and Behaviorally Disturbed Minority Children and Adolescents  Attended two day conference in Albuquerque, New Mexico, May 1993.

Focus, Inc:  Clinical Applications of Biofeedback and the Operation of the Focus 1000 Electronic Biofeedback Equipment  Attended a five hour training session with the developers of the Focus 1000 electronic biofeedback system.  The training emphasized the basic use and clinical applications of the Focus 1000 electronic biofeedback equipment in Tucson, Arizona, August, 1993.

Foundations of Chemical Dependency  Attended a five day training workshop required and accredited for certification as an Indian Alcohol/Drug Abuse Counselor by the Southwest Indian Substance Abuse Certification Board under the direction of the Phoenix Area Indian Health Service in Phoenix, Arizona, August 1993.

NANACOA: National Association of Native American Adult Children of Alcoholics  Attended a four day training convention with professional level workshops, including:  Treatment of Indigenous Adult Male Sexual Abuse Survivors, Use of Native Spirituality in Psychotherapy, and Psychotherapy for Grief and Bereavement in Adult American Indian Clients in Albuquerque, New Mexico, November 1993.

EEG Biofeedback and Alpha Theta Brainwave Training for American Indian Alcoholics  Attended a one day training workshop provided by Matthew Kelly of MindLab in Sedonia, Arizona at the Indian Alcoholism Counseling and Recovery House Program (IAC-RHP) in Salt Lake City, Utah, December 1993.

Feeling Good Together: Cognitive Interpersonal Therapy  Attended a one and one half day workshop for mental health professionals by David D. Burns, MD, sponsored by the Brigham Young University (BYU) Student Life Counseling and Development Center and BYU Conferences and Workshops in Provo, Utah, March, 1994.
False Memory Syndrome: Implications for Practice Attended a two day workshop for mental health professionals, sponsored by the Utah Psychological Association in Salt Lake City, Utah, April, 1994.

Seventh Annual Conference of American Indian Psychologists and Psychology Graduate Students Attended a two day conference for American Indian Mental Health professionals sponsored by the Utah State University Department of Psychology American Indian Support Project and the Indian Health Service in Logan, Utah, June, 1994.

Eighth Annual Native American Alcoholism Awareness Week Attended a two day training workshop for Mental Health and Addiction Treatment professionals specializing in the treatment of alcoholism and other addictive behaviors in American Indian populations sponsored by the Indian Health Service and the Sioux San Indian Hospital in Rapid City, South Dakota, September, 1994.

Substance Abuse Treatment in the 90's. Educating the Provider: Comprehensive Interventions Attended a three hour satellite teleconference training on the following topics: Family Issues with Tim O'Farrell, M.D.; Network Therapy with Marc Galanter, MD, & use of the Treatment Services Review Instrument with Tom McLellan, MD followed by a training exercise sponsored by The St. Louis Continuing Education Center at the Fort Meade Veteran's Affairs Hospital in Sturgis, South Dakota, September, 1994.

Relapse to Recovery: Breaking the Chain of Compulsive Reaction and Relapse in Alcoholism and other Addictions Attended a one day workshop for Alcoholism and Addictive Behavior Treatment Professionals with George DuWors, M.S.W., B.C.D. sponsored by the Fort Meade Veteran's Affairs Hospital in Sturgis, South Dakota, September, 1994.

Primary Care: Paradigms, Perspectives, and Problems Attended a presentation sponsored by the Fort Meade Veteran's Affairs Hospital in Sturgis, South Dakota, October, 1994.

Depression and the Role of SSRI's/Antipsychotic Drug Updates Attended a presentation sponsored by the Fort Meade Veteran's Affairs Hospital in Sturgis, South Dakota, October, 1994.

Depression and the new Anti-Depressants Attended a presentation sponsored by the Fort Meade Veteran's Affairs Hospital in Sturgis, South Dakota, October, 1994.

Children of Trauma: Rediscovering your Discarded Self by Jane Middleton-Moz. Attended a one day workshop for professionals working with American Indian clients who have experienced trauma in Rapid City, South Dakota, May, 1995.


Gang/Youth Violence Workshop by Debra Drain, Project Coordinator Inter-Local Gangs Program of Snohomish County. Attended a four hour training workshop covering gang recognition, education, prevention, and treatment strategies at the Lower Elwha S'Klallam Tribal Center in Port Angeles, Washington, April 1996.

Somatization in Primary Care: The Ten Percent of Your Patients Who Take Thirty Percent of Your Time by Edward Walker, MD, Clinical Associate Professor of Psychiatry University of Washington. Attended a one hour medical training lecture covering somatization sponsored by Pratt Pharmaceuticals in Port Angeles, Washington, July, 1996.

Project: Making Medicine - Training in the Assessment and Treatment of Child Physical and Sexual Abuse. Attended a 40 hour Indian Health Service training program at the University of Oklahoma Children's Hospital Department of Pediatrics Center for Child Abuse and Neglect in Oklahoma City, Oklahoma, November, 1996.

Grant-Writing for 0-3 Early Childhood Programs. Attended a 20 hour training program for grant-writing a 0-3 Early Childhood Tribal Program sponsored by Three Feathers Training in Rapid City, South Dakota, January, 1997.
Project: Making Medicine - Training in Treatment and Assessment of Child Physical and Sexual Abuse Supervision and Consultation. Attended a 40 hour Indian Health Service training program at the University of Oklahoma Children's Hospital Department of Pediatrics Center for Child Abuse and Neglect in Oklahoma City, Oklahoma, May, 1997.


Tenth Annual Indian Health Service (IHS) Research Conference. Attended a 2½ day conference for IHS and tribal professionals in Albuquerque, New Mexico, April 27-29, 1998.


Fort Meade Veteran's Affairs Hospital Pre-Doctoral Psychology Internship Training Program Seminar Series (1994-1995):


Professional Issues and the Ethical Practice of Psychology by M. Viatori, Ph.D., & F. Magnavito, Ph.D., September 1994.
Interviewing Techniques, Mental Status Examinations and Diagnostic Formulations by T. Shannon, MD, September 1994.


Issues in the Psychiatric Treatment of Native Americans by J. Hagel, MSW, CSW, Sioux San Hospital, October 1994.

Schizophrenia as a Disease Process: Conceptual Historical Origins; Modern Perspectives on Diagnosis and Treatment by E. Upton, MD, October 1994.

The Depressive Spectrum: Biology, Psychology, Diagnosis and Treatment by T. Shannon, MD, November 1994.


On Managed Care by M. Fellner, Ph.D., December 1994.


Anxiety Disorders: From Freud's Concept of Neurosis to Current Biological Perspectives, Diagnosis and Treatment by T. Jewett, MD, December 1994.

Rural Psychology: From Generalist to Specialist on the American Frontier by J. Gardiner, Ph.D., January 1994.


Medical Ethics by M. Viatori, Ph.D., February 1995.


The Psychology of Aging and Geriatric Psychology by J. Gardiner, Ph.D., February 1995.

Forensic Psychology, Court Testimony and Child Custody Issues by M. Perrenoud, Ph.D., March 1995.


Paraphilias and Sexual Disorders: Conceptualization and Treatment Issues by M. Fellner, Ph.D., March 1995.


Sexual Abuse: Treatment Models for Perpetrators versus Treatment Models for Victims/Survivors by R. Lehr, MSW, CSW, LCSW, April 1995.

Pathological Gambling: Etiology and Treatment by C. Elia, Ph.D., April 1995.

Alcohol and Drug Abuse: Causes, Theories, and Treatments by M. Cook, Ph.D., April 1995.


South Dakota Commitment Law by J. Hughes, JD, May 1995.


Media Psychology by J. Gardiner, Ph.D., ABPN, June 1995.

Sleep Disorders by S. Menlove, MD, June 1995.


Eating Disorders by F. Magnavito, Ph.D., June 1995.

Patient Rehabilitation by M. Viatori, Ph.D., July 1995.

Crisis Intervention and Suicide Assessment and Prevention by M. Fellner, Ph.D., July 1995.

Administrative Considerations in the Delivery of Psychological Services by S. Gruber, Psy.D., July 1995.

Honors:

Membership in Phi Epsilon Omicron, a national Home Economics honorary in 1990.

Selected as the Montana State University Department of Health and Human Development's outstanding graduating senior in 1990.

Selected as a recipient of a Harriet M. Cushman memorial scholarship at Montana State University in 1990.

Selected as a recipient of a Harriet M. Cushman memorial scholarship at Montana State University in 1989.

Selected as a recipient of a Lila Clay memorial scholarship at Montana State University in 1990.

Selected as a recipient of an International Daughters of the American Revolution scholarship at Montana State University in 1990.

Selected as a recipient of an Association on American Indian Affairs, Inc. scholarship at Utah State University/Fort Meade Veteran's Affairs Hospital Internship site in 1994.
Selected as a recipient of an Association on American Indian Affairs, Inc. scholarship at Utah State University in 1993.

Selected as a recipient of an Association on American Indian Affairs, Inc. scholarship at Utah State University in 1992.

Selected as a recipient of an Association on American Indian Affairs, Inc. scholarship at Utah State University in 1990.

Selected as a recipient of a Presbyterian Church Native American scholarship at Utah State University/Lower Elwha S'Klallam Mental Health Program in 1995.

Selected as a recipient of a Presbyterian Church Native American scholarship at Utah State University/Fort Meade Veteran's Affairs Hospital Internship site in 1994.

Selected as a recipient of a Presbyterian Church Native American scholarship at Utah State University in 1993.

Selected as a recipient of a Presbyterian Church Native American scholarship at Utah State University in 1992.

Selected as a recipient of a Presbyterian Church Native American scholarship at Utah State University in 1991.

Selected as a recipient of a Presbyterian Church Native American scholarship at Utah State University in 1990.

Selected as a recipient of an Indian Health Services (IHS) scholarship at Utah State University/Fort Meade Veteran's Affairs Hospital Internship site in 1994.

Selected as a recipient of an Indian Health Services (IHS) scholarship at Utah State University in 1993.

Selected as a recipient of an Indian Health Services (IHS) scholarship at Utah State University in 1992.

Given a certificate for outstanding service by the Indian Alcoholism Counseling and Recovery House Program in Salt Lake City, Utah in 1993.
Given a plaque by the United States Department of Agriculture - United States Forest Service, including monetary benefit, for outstanding work in 1989.

Outside Activities:

I enjoy spending time with my wife, Deanna. I lift weights, practice various martial arts, shoot high-powered pistols, and play foosball or table-soccer in my free time. I won the Montana State Professional Foosball Championship in 1989 and won the Pacific Northwest Regional Collegiate Foosball Championships in 1988 and 1990.

References:

Dr. Carolyn Barcus, Director: American Indian Support Project in Psychology, Utah State University (USU) Psychology Department, (435) 797-1465

Dr. David M. Stein, Department Head, Utah State University (USU) Psychology Department, (435) 797-3274

Dr. Michael Fellner, Chief of Psychology Services (116-B), Fort Meade Veteran's Affairs Hospital, (605) 347-1767

Dr. Jim Gardner, Neuro-Psychologist (116-B), Fort Meade Veteran's Affairs Hospital, (605) 347-1767

Dr. Marion Birch, Licensed Psychologist in Private Practice, Port Angeles, Washington, (360) 417-3065

Assessment Experience:

Tests Given and Interpreted

<table>
<thead>
<tr>
<th>Personality</th>
<th>Number Given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beck's Anxiety Inventory</td>
<td>40</td>
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<tr>
<td>Beck's Depression Inventory</td>
<td>70</td>
</tr>
<tr>
<td>Beck's Hopelessness Inventory</td>
<td>6</td>
</tr>
<tr>
<td>Children's Depression Inventory</td>
<td>7</td>
</tr>
<tr>
<td>Draw-A-House, Tree, Person</td>
<td>9</td>
</tr>
</tbody>
</table>
Hamilton Depression Inventory 7
Human Figure Drawing 5
Incomplete Sentences (Rotter's * Sachs) 7
Millon Clinical Multiaxial Inventory 13
Minnesota Multiphasic Personality Inventory 61
Piers-Harris Primary Self Concept Scale 12
Reynolds Child Depression Inventory 7
Reynolds Adolescent Depression Inventory 5
Rorschach Inkblot Test with the Exner Scoring System 24
State-Trait Anger Expression Inventory (STAXI) 5
State-Trait Anxiety Inventory (STAI) 4
Structured Clinical Interview for DSM-III-R 2
Structured Clinical Interview for DSM-III-R Questionnaire 2
Thematic Apperception Test (TAT) 17

Intelligence:

Kaufman Achievement Battery for Children (K-ABC) 1
Wechsler Adult Intelligence Scale (WAIS) 17
Wechsler Intelligence Scale for Children (WISC) 19
Wechsler Abbreviated Intelligence Scale for Children (WISC) 1
Wechsler Preschool and Primary Scales of Intelligence (WPPSI) 2

Achievement:

Woodcock-Johnson Psycho-educational Battery 6
Wechsler Individual Achievement Test 1

Chemical Dependency:

Alcohol/Drug Use Profile 28
Alcohol History Questionnaire (AHQ) 1
Alcohol Use Inventory (AUI) 30
Alcohol Use Profile (AUP) 5
Michigan Alcoholism Screening Test (MAST) 41
Montana Deaconess Hospital Chemical Dependency Diagnostic Test 34
Subtle Alcohol and Substance Abuse Screening Inventory (SASSI) 3
Other:

Acters (Attention Deficit and Hyperactivity Teachers Rating Scale) 4
Battelle Developmental Inventory 40
Bracken Basic Concepts Test 1
Child Behavior Checklist, Parent Form 23
Child Behavior Checklist, Teacher Form 25
Child Behavior Checklist, Youth Self Report 8
Child Behavior Checklist, Semi-structured Interview 2
Computerized Perceptual Performance Test 3
Developmental Test of Visual-Motor Integration 6
Matching Familiar Figures Test 5
Peabody Picture Vocabulary Test 1
School Social Behavior Scales 2
Suicide Potential Scale (SPS) 8
Symptom Checklist Ninety - Revised 15
Test of Visual and Perceptual Skills 6
Harter Self Concept for Children 1
Harter Self Concept for Adolescents 1

Total Testing Hours > 2000

Graduate Course Work:

Clinical Courses

Principles of Counseling and Psychotherapy (620) 3 quarter hours Basic principles of counseling and psychotherapy including essential interviewing skills and techniques, the therapeutic relationship, and related professional ethics.

Group Counseling and Psychotherapy (622) 3 quarter hours Theories of group counseling and psychotherapy with illustrative experiences.

Theories of Personality and Psychotherapy (623) 3 quarter hours Survey of various theoretical approaches to personality and psychotherapy.
University of Utah 40th Annual School on Alcoholism and other Drug Dependencies (Health Science 548R1) 3 quarter hours American Indian section: Series of presentations about the issues of Alcoholism and Drug Dependency experienced by American Indians, with an emphasis on prevention methodologies and treatment strategies.

University of Utah 41st Annual School on Alcoholism and other Drug Dependencies (Health Science 548R1) 3 quarter hours Professional treatment section: Series of presentations discussing treatment methods used in for treating substance abuse integrated with several training exercises using these techniques.

University of Utah 42nd Annual School on Alcoholism and other Drug Dependencies (Health Science 548R1) 3 quarter hours Drugs - Treatment and Rehabilitation Section: Series of presentations discussing the latest drug dependency treatments.

Rio Salado Community College Chemical Dependency Program Foundations of Chemical Dependency (CHD 100) 3 quarter hours Introduction to the foundations of the alcohol and drug abuse rehabilitation field. Emphasis on the responsibilities and roles of the alcoholism and drug dependency counselor, ethical issues, pharmacology, family dynamics, dual-diagnosis, self-help groups, intervention techniques, levels of care, symptom identification, and conducting drug and alcohol use histories.

Non-Stereotypic Counseling (629) 3 quarter hours Theoretical developments in cross-cultural assessment and intervention emphasizing cross-cultural sensitivity training.

Psychological Consultation (634) 3 quarter hours Behavioral approaches to consultation with agencies and facilitating organizational processes.

Seminar: Transcultural Applications (681) 3 quarter hours Discussion and practice of various cross-cultural intervention techniques, emphasizing work with American Indians.

Psycho-Pathology I (727) 3 quarter hours Discussion of theoretical etiologies of various psychological disorders, including anxiety disorders, dissociative disorders, and psycho-sexual disorders and dysfunction.
Psycho-Pathology II (728) 3 quarter hours Theories, etiologies, and description of various clinical syndromes with an emphasis on the following: psychotic disorders and schizophrenia; affective or mood disorders, psychoactive substance use disorders; organic brain disorders, aggression and violence.

Psycho-Pharmacology (784) 2 quarter hours Basic working knowledge of the field of psycho-pharmacology and the medical uses of psychotropics.

Assessment Courses

Psychometrics (530) 5 quarter hours Evaluation, interpretation, and use of intelligence, aptitude, interest, personality, and adjustment testing instruments.

Career Development (626) 3 quarter hours Theoretical and practical aspects of career development, use of a career development workbook, intensive practice in the administration and interpretation of SIGI, Strong Interest Inventory, and Myers-Briggs Test of Personality.

Group Testing (630) 3 quarter hours Investigation of various group tests to measure interests, achievement, aptitudes, and personality with emphasis on administration, scoring, and interpretation of group test batteries.

Individual Intelligence Testing (631) 3 quarter hours Techniques of individual testing, including intensive practice in the administration and interpretation of the Stanford-Binet, Kaufman, and Wechsler Intelligence Scales.

Assessment of Personality and Affect (632) 3 quarter hours Techniques of clinical interviewing and testing, including intensive practice in the administration and interpretation of the Beck Depression Inventory, Beck Anxiety Inventory, Symptom Checklist Ninety - Revised, and Minnesota Multiphasic Personality Inventory II.

Transcultural Assessment (688) 3 quarter hours Designed to increase understanding of issues involved in the administration and interpretation of psychological tests with minority people, with a specific focus on American Indians.
Assessment of Emotionally Disturbed Children and Adolescents (689) 3 quarter hours
Techniques of clinical interviewing and testing, including intensive practice in the administration and interpretation of the Minnesota Multiphasic Personality Inventory II with adolescents, the School Social Behavior Scales, Structured Behavioral Observation, The Harter Self-Concept Scales, The Child Behavior Checklist, and the Parent Interview.

Advanced Personality Assessment (732) 3 quarter hours Theories and history of projective personality testing and assessment. Intensive practice with the Rorsharch Projective Test and the Exner Comprehensive Scoring System.

Neuro-Psychological Assessment (782) 3 quarter hours Introduction to neurological symptoms and techniques of diagnosis and assessment.

Other Related Courses

History and Systems of Psychology (610) 4 quarter hours Theoretical and historical developments in psychology with primary emphasis on nineteenth and twentieth century developments, although earlier precursors are considered.

Correlation and Regression (660) 3 quarter hours Bi-variate correlation techniques, partial correlation, multiple regression, and factor analysis.

Inferential Statistics (661) 3 quarter hours Various inferential techniques, including t tests, chi-square, analysis of variance, multiple analysis of variance, analysis of co-variance, and tests of contrast.

Principles of Learning (666) 3 quarter hours Current research in learning with an emphasis on cognitive science and information processing theory.

Introduction to Educational and Psychological Research (667) 3 quarter hours Identification of a research problem, reviewing and evaluating the research literature, designing and carrying out a research project.

Seminar in Social Bases of Behavior (781) 3 quarter hours Provides entering graduate students with a common background in social psychology. Emphasis is on applying theoretical knowledge to social processes. This course replaces Social and Organizational Bases of Behavior (713).
Biological Bases of Behavior (710) 3 quarter hours Basic processes of neurophysiology and comparative neuro-anatomy, including sensory and motor systems, and central and peripheral nervous systems.

Developmental Psycho-Pathology (712) 3 quarter hours Current research on developmental psycho-pathology, including child abuse and neglect, attachment, the antecedents and consequences of child maltreatment.

Learning, Motivation, Cognition, and Emotion (711) 5 quarter hours Current research on behavior principles including memory, reinforcement, motivation, cognition, emotion, attention, problem solving, and decision making.

Ethics (725) 3 quarter hours Ethics in the delivery of psychological services and the practice of psychological research.

Conducting Educational and Psychological Research (767) 3 quarter hours Identification of a research problem, reviewing the research literature, presentation of the literature review, development of a paper prospectus, carrying out a meta-analysis project.

Other Professional Qualifications

Certified Mental Health Counselor by the State of Washington Health Professions Quality Assurance Division MH30003422

Completed pre-requisite graduate level courses and practicum leading to Master’s in Counseling Psychology followed by 2000 hours supervision in professional practice by licensed Psychologists, and completion of the credential examination.

Certified Alcoholism Counselor Level III (CAC Level III) by the Southwest Indian Substance Abuse Certification Board.

The Phoenix Area Indian Health Service (IHS) and Southwest Indian Substance Abuse Certification Board require that all individuals working in the assessment and treatment of alcoholism and other drug dependencies be certified according to a rigorous set of criteria. In order to receive this certificate, an individual must complete 24 quarter hours of related course work, including 12 quarter hours of specialized alcoholism and other drug dependencies course work, comprehensive written examination, and at least one year working in the field.
of alcoholism and other drug dependencies treatment. Additional requirements include: a) the ability to speak knowledgeably on Indian alcohol and drug issues in a public forum or meeting; b) knowledge of different counseling theories and philosophies; c) skill in individual and group counseling appropriate to alcoholism and drug abuse; d) ability to coordinate, manage, and facilitate a client’s continuance of treatment; and e) ability to assess the effectiveness of various treatments and program modalities as they apply to Indian clients and their families.


Instructor, with B. Phelps, of Utah State University *CoMNeT* course on the history of western psychology. The emphasis of this course was on contribution and personal life history of individuals contributing to the theory and practice of Western psychological research, applied psychology, and clinical psychology.


Instructor of Standing Rock College course on theories of drug abuse and drug dependence. The emphasis of this course was on the biological, psychological, sociological, and cultural bases of drug abuse and drug dependence. The course was designed to fulfill the training requirements of individuals seeking certification as alcoholism and drug dependency counselors through the Northern Plains Native American Chemical Dependency Association, Incorporated.


Instructor, with H. Kaas, of 8 week seminars for fathers and their children at 1st Step Family Center. The course was designed to introduce men to theories of child development and to introduce fathering methods as outlined in the current literature. Ms. Kaas provided developmentally appropriate exercises for the children during the didactic portion of these seminars. Following the presentation and group discussion, Mr. Stone and Ms. Kaas lead the fathers and their children in experiential communication and parenting exercises.