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Dedication

This dissertation is dedicated to the friendship and memory of my brother, Aaron Luke Olsen. He lived his life well, acting upon his spiritual beliefs conscientiously by assisting those in need and generously sharing his love and humor with his family and friends. He left us too early but he lives on in the hearts of those who cherish him.
Abstract

This qualitative study explores the intergenerational transmission of substance abuse and healing across two generations of American Indian families. As survivors of historical and ongoing traumatic experiences, American Indian and Alaskan Native families contend with trauma stress and substance abuse issues at higher rates than other racial and ethnic groups. Interviews were conducted separately with two generations of 9 families, resulting in 11 parent and adult child dyads. Summaries of each dyad were presented in a narratives form. Thematic findings from the parent and adult child lifeline narratives were organized into four overarching categories including Life Stories of Trauma, Intergenerational Vulnerability, Red Road to Recovery, and Family Interactions and Roles.
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Chapter 1

Introduction

The purpose of this study is to investigate the intergenerational transmission of substance abuse among American Indian and Alaska Native (AI/AN) families in order to inform the development and expansion prevention and treatment of substance abuse and sobriety maintenance programs. According to data collected over the last decade by Substance Abuse and Mental Health Service Administration (SAMHSA), the disparity in the substance use and treatment needs between AI/ANs and other racial and ethnic groups necessitates increased attention from prevention and treatment systems (National Survey on Drug Use and Health [NSDUH], 2010). The Indian Alcohol and Substance Abuse Interdepartmental Coordinating Committee (IAISA Committee) was founded in the summer of 2011 to pool resources and knowledge to improve prevention and treatment of substance abuse among AI/AN communities (IAISA Committee, 2011). The IASA Committee consists of representatives from the Department of Health and Human Services (DHHS), the Indian Health Service (IHS), the Department of the Interior’s Bureau of Indian Affairs (BIA) and Bureau of Indian Education (BIE), the Department of Justice’s Office of Justice Programs (OJP), and the Office of Tribal Justice (OTJ) (IAISA Committee, 2011).

Despite national and state attention aimed at improving the state of substance abuse prevention and treatment, a debate continues around the appropriateness of applying and adapting evidence-based practices to AI/AN people, as historically these efforts have not been effective due to lack of fit with Indigenous ways of knowing (Novins et al., 2011). Further, due to lack of funding to conduct evaluation research,
many culturally specific treatment approaches may not be validated and the effectiveness of such treatments may never be disseminated (Beauvais, 1998; Duran & Duran, 1995; Legaspi & Orr, 2007; Novins et al., 2011). There is a need for AI/AN-culturally specific prevention and treatment options, which utilize and draw on cultural strengths (Walter, Simoni, & Evans-Campbell, 2002; Weaver & Brave Heart, 1999; Whitbeck, 2006); this study aims to highlight these areas across generational bonds.

As result of colonialism, cultural loss, and ongoing trauma, AI/ANs contend with substance abuse issues at higher rates than members of other racial and ethnic groups (Brave Heart, 2003; Morgan & Freeman, 2009; Walter et al., 2002). Intergenerational stress and trauma accumulate and impinge on the cultural and emotional strengths of AI/AN Nations, creating vulnerabilities to substance abuse and related behaviors (Brave Heart, 1999; Duran & Duran, 1995; Gray, 1998). Intergenerational traumatic stress is a result of cultural trauma, loss, and ongoing racism (Walters et al., 2002). Cultural strengths such as positive identity attitudes, spirituality, family ties, and traditional health practices serve to buffer against traumatic stress, which can result in poor physical, mental, and chemical health outcomes (Walters, 1999; 2009; Walters et al., 2002). For example, substance abuse issues are associated with deculturalization and shame, and are amplified by suppressed anger (Morgan & Freeman, 2009).

Spirituality, religion, and practicing cultural traditions and connection to family and tribal communities have been identified as key to healing from cultural trauma for many AI/AN families and communities (Brave Heart, 2003; Jervis & AI-SUPERPFP team, 2009; Walters, 1999; 2009). The “dominant narrative” for many AI/AN families is one plagued by alcoholism, and the hidden narrative is one of recovery and strength
(Mohatt, Hazel, Allen, Stachelrodt, Henself, & Fath, 2004). Changing the dialogue from pathology to strength is a challenge for researchers and clinicians alike. Most salient to this study, clinicians and researchers have recommended assessment of intergenerational transmission of both resiliency and maladaptive patterns within AI/AN families (Brave Heart, 2003; Grant, 2008; Morgan & Freeman, 2009). The use of multiple generations of AI/AN families is important to understand and appreciate the nuances of generational experiences and transmission patterns (Appendix A; Myhra, 2011).

There are numerous names that have been applied to North America’s first people; therefore a brief description and history of each of those used in this paper will be given. The term “American Indian and Alaska Native” which is primarily used in this paper has both a political/legal and ethnological meaning. For the purposes of the Bureau of Indian Affairs (BIA), AI/AN relates to one’s blood quantum as a criterion to be recognized or enrolled as a tribal member, and hence whether or not federal government benefits, services, and protections apply (U.S. Department of the Interior Indian Affairs, 2012). However, the ethnological meaning is a cultural one, relating to the degree to which persons identify themselves as AI/AN, and/or have connections to their cultural group or practices (U.S. Department of the Interior Indian Affairs, 2012).

The term “Indigenous” denotes a broad group of Aboriginal or Native peoples, which emerged in the 1970s from the American Indian Movement (AIM) and Canadian Indian Brotherhood, and connotes a shared narrative of tribal ancestry and political struggles (Tuhiwai Smith, 1999). However, this term has also been criticized for collectivizing and universalizing these very diverse groups (Tuhiwai Smith, 1999). The word “nation” refers to tribal communities and is the preferred term by some groups,
namely Cherokee Nation and First Nations People of Canada, related to cultural pride and efforts toward sovereignty. Sovereignty refers to nationhood status and inherent powers of self-government (Cherokee Nation, 2006; U.S. Department of the Interior Indian Affairs, 2012). John Marshall, in his 1832 Supreme Court ruling in Worcester v. The State of Georgia, he deemed Cherokees a sovereign nation, however this verdict was later overturned by President Jackson (Cherokee Nation, 2006). Despite this overturn, the ruling continued to have a positive influence the advancement federal Indian law (U.S. Department of the Interior Indian Affairs, 2012).

I used a critical theory paradigm to conceptualize and contextualize these family stories based on historical and survival struggles, rather than identity, toward the goal of strengthening future AI/AN generations (Tuhiwai Smith, 1999). Ethnographic and phenomenological traditions guided the methodology, and a lifeline interview approach (Appendix B) was used to understand participants’ lived experiences of substance abuse, from birth to present, in relationship to substance abuse, trauma, and history, and social relationships. To assess transmission patterns, members of 9 families—11 parent and adult child dyads—were interviewed individually and their life stories were compared and contrasted. In chapter four, the parent-child dyadic summaries are presented, as well as thematic results around family patterns of substance abuse and healing, which were organized in four overarching categories. In chapter 5, the discussion highlights key results and clinical applications for the treatment of substance abuse among AI/AN families.
Chapter 2

Review of Literature

This section will review pertinent background literature, including the state of knowledge of intergenerational transmission, historical trauma, psychological trauma, and substance abuse among AI/AN peoples. The epistemology of critical theory\(^1\) fits with my commitment to conducting emancipatory and power sensitive research in an effort to reveal unheard or disregarded truths of Indigenous peoples within their socio-political and historical contexts (Tuhiwai Smith, 1999); the purpose of this research being to inform healing methods or treatment and prevention efforts for substance abuse in AI/AN families. This chapter starts with the conceptual grounding of the study with pertinent theories, followed by the literature review.

Theoretical Frameworks

In this social-justice research, the conceptual framework of Symbolic Interactionism (LaRossa & Reitzes, 1993), and several other lower-level theories were used to ground this study theoretically: Intergenerational Family Systems Theory (Bowen, 1978), Life Course Theory (Elder, Johnson & Crosnoe, 2003), and Indigenist Stress-Coping Paradigm (Walters et al., 2002). Together, the theories aid in increasing awareness of issues of power and oppression among AI/ANs, by highlighting the ecological and historical context (Guba & Lincoln, 1994; Tuhiwai Smith, 1999). In order to effect change in the intergenerational pattern of substance abuse among AI/AN, the

\(^{1}\) The use of first person language is to support writing and acknowledge the role of the researcher in the process. This is consistent with a critical theory that privileges one’s voice within a series of critical discourses with marginalized populations.
voices of those silenced and disempowered must be brought to the forefront (Guba & Lincoln, 1994; Tuhiwai Smith, 1999).

This intergenerational study utilizes Symbolic Interactionism (SI) because of its focus on the evolution of collective meaning through verbal and nonverbal communication (LaRossa & Reitzes, 1993), which is essential for interpreting dyadic data in spatio-temporal terms (Sokolowski, 2000). Meanings arise in the process of interaction with others and are handled in and modified through an interpretive process (Denzin, 1992; LaRossa & Reitzes, 1993; Prus, 1996). As part of a natural process, meanings evolve and change over time and from generation to generation. In SI, the development of self-concept takes place through social means, which in turn produces motives for behavior and develops through interaction; thus families, larger social groups, and societal processes impact personal narratives (LaRossa & Reitzes, 1993; Prus, 1996). According to SI thinkers, an ongoing balancing act between individual and collective needs exists and facilitates adherence to social norms and constraints (LaRossa & Reitzes, 1993; Prus, 1996).

In this study, I explore the intergenerational transmission of family values, beliefs, and behaviors, specifically those of substance abuse. This encompasses issues of intimacy and connectedness within a multigenerational family context, as family is the most influential system by which cultural norms and historical events are communicated (Bengtson, 2001). Bowen’s systemic family theory (1978) advocates for differentiation of individual from family as key to healthy family functionality, with the premise that having greater flexibility and independence from emotions of other families’ members, is conducive to being less likely of developing emotional difficulties. Although
intergenerational family systems theory (Bowen, 1978) is helpful in understanding mechanisms for values and norm transfer, it may pathologize aspects of AI/AN families functioning, which tend to value and exhibit interdependence. Likewise, the family projection process erroneously assumes that younger generations are likely to have less self-differentiation than previous generations.

The family projection process fails to adequately consider how children, or adult children in this case, influence older generations as well. For example, intergeneration dynamics of parentification, where the child takes on parent roles by fulfilling the unmet needs of the family and/or parents, including functional tasking (i.e., chores) and emotional needs (i.e., comforting) (Boszormenyi-Nagy & Spark, 1973). Although parentification has been linked to lower academic status and greater worry or stress for the parentified (Chase, Deming, & Wells, 1998), it is important to consider AI context, such as the historical removal of children and other related historical atrocities, which are linked to subsequent vulnerabilities (BigFoot, 2000; Walters et al., 2002). This context may help to provided understanding and empathy for elders, rather than focusing on their struggles and in some cases, the fact that they perpetuated an abuse cycle (Myhra, 2011).

I seek understanding about bidirectional transmission of family meanings around substance abuse and healing practices. Further, I propose rethinking the family interactions and intergenerational transmission not as maladaptive or dysfunctional, but instead considering family context and how the behaviors were adaptive and functional for the family members, both in the past and currently.

Life course theory was used to explore how people live life in changing times and in various contexts, and encompasses the terms of life span, life histories, and life cycles,
which are not synonymous but are often treated as such (Elder et al., 2003). Life histories tap into chronological and retrospective aspects of life course, whereas life cycle addresses sequence in events and generational matters, and life span speaks to evolving behavior over time (Elder et al., 2003). Life course theory allows for conceptualization of the various life trajectories that AI/AN people take based on opportunities, limits, and other contextual issues (Elder, 1998). This theory helped to illuminate why some AI/ANs may choose to abuse substances while others do not. Furthermore, it is important to include an AI/AN-specific theory, such as Indigenist stress-coping paradigm to recognize and appreciate the challenges and strengths that factor into particular life trajectories.

The Indigenist Stress-Coping Paradigm, which incorporates an ecological perspective, was developed to provide context for how AI/AN cultural protective factors, historical trauma, and current traumatic stress effect health outcomes such as substance abuse (Walters et al., 2002). Although, called a “paradigm,” it is more on the level of a theory. The relationship between substance abuse and traumatic experiences are complex and often have been explained by a self-medicating hypothesis, which focus on personality pathology rather than the more appropriate socio-political and historical context (Walters et al., 2002). The Indigenist stress-coping model not only takes into consideration historical trauma, microaggressions, and other traumatic life events (e.g., intrafamilial trauma, environmental factors), but also emphasizes cultural buffers, which act as protective factors against poor health outcomes (Walters et al., 2002). Cultural strengths, such as positive identity attitudes, enculturation, spirituality, and traditional healing practices, serve to buffer against traumatic stress that results in poor physical, mental, chemical health outcomes (Walters et al., 2002).
This ecological theory helps to provide a context for the development of coping strategies across generations. Intergenerational family system theories use concepts such as enmeshment and codependency, which may not be applicable to collectivist Native groups where extended family is central (Walters et al., 2002). Despite the effects of colonization, and contentious policies of the 1950s and 1960s including termination (of federal responsibility) and relocation (of AIs off of reservations), many urban Native families and communities have maintained ties to their reservations and established urban support systems in order to preserve the cultural traditions and for survival (Child, 2012; Walters et al., 2002; Weaver & Brave Heart, 1999). Walters (2009) refers to adaptation in traditional ways or “original instructions” across generations as “survival strategies.” Cultural socialization is an important factor in the transmission of intergenerational values and behaviors (Berry & Georgas, 2009).

**Conceptualizing Cultural Trauma and Loss**

Cultural values serve as “guideposts” of family functioning and provide direction for individual and group socialization (Dilworth-Anderson, Burton, & Klein, 2005). As seen in many AI/AN communities today, the loss of cultural practices, language, religious customs, and oral history has had devastating effects for generations (Weaver, 1998). Walters (2009) refers to early AI/AN cultural values and practices as original instructions, bringing attention to the disruption that took place in the transmission of cultural values as a result of colonization. People are not independent of their context or cultural group, but rather are part of a coherent value system (Dilworth-Anderson et al., 2005). Culture is transmitted as shared and learned behavior passed on from one generation to the next (Marsella, 1988).
Cultural trauma and loss is the result of an assault on one cultural group by another, which disrupts natural functioning, thereby creating vulnerabilities that may place individuals, families, communities, societies, and future generations at risk (Stamm, Stamm, Hudnall, & Higson-Smith, 2004). Within cultural trauma, individual-level and collective trauma reactions are not easily distinguished from one another, and are complicated by ongoing traumas and stressors (Jervis & Al-SUPERPFP team, 2009). Cultural trauma and loss can result in individual and community viewpoints that are permeated with fear, sense of vulnerability, disillusionment, and distrust (Jervis & Al-SUPERPFP team, 2009). Furthermore, internalized oppression may be manifested in a number of ways, including suicide; family dysfunction; and community-, institutional-, and tribal-violence; and dysfunction (Duran, 2006). These individual- and community-level symptoms develop into intergenerational patterns that often persist as learned helplessness (Duran, 2006).

Race or skin color has often been used to determine who has access to life opportunities and for assigning class status (McAdoo, Martinez, & Hughes, 2005). Race places people in a cultural grouping that contains both sources of pride and shame, and shapes the perceptions, beliefs, and behaviors of group members (Hardy & Lazloffy, 1995). Authors Hill, Kim, and Williams (2010) grapple with whether racism facing Indigenous peoples today is the same old racism or something new. Hill et al. (2010) suggest that racism and discrimination has taken on a more subtle and pervasive form, called microaggressions, which maybe the result of unconscious racism. Microaggressions include discrimination, racism, and everyday hassles that are directed at those of minority group status (Evans-Campbell, 2008; Sue et al., 2007). Racism can
be best understood when exploring contextual issues and historical events and attitudes directed at a group. Overt forms of racism continue, in fact violence such as assault, rape, and robbery against AIs were twice that of any other racial group in the U.S. from 1992-2001 (Perry, 2004). The offenders were more likely to be strangers or acquaintances, and approximately 60% were identified as White (Perry, 2004).

The matters of racism and the oppression of AI/AN peoples are evident in early federal government practices. The Bureau of Indian Affairs (BIA) is a unique federal agency that has mirrored the political and public position toward AI/ANs throughout the history of the U.S. (U.S. Department of the Interior Indian Affairs, 2012). The attitudes and actions of the U.S. government and BIA toward AI/AN people has evolved over the years, beginning with war and genocide, forced assimilation, subjugation, ambivalence, and now the government aims to respect tribal self-determination, thus BIA has followed suit with a stated mission of service to and partnership with the tribes (U.S. Department of the Interior Indian Affairs, 2012). The AIM set out formally in the 1960s in response to racism and discrimination, to protect AI rights, revitalize traditional spirituality and preserve culture, language and history (Wittstock & Salinas, n.d.). There was a surge of police violence toward Native peoples in the 1960s and 1970s (Child, 2012). AIM, whose headquarters are in Minneapolis, has successfully championed many suites against the U.S. government; other chapters of AIM exist in other cities, rural areas, and Indian Nations (Wittstock & Salinas, n.d.). Minneapolis, during this time, boasted the third largest urban AI population (Child, 2012), thus Native peoples were able to effect change.
Intergenerational Transmission

Family research has confirmed that particular physical, emotional, and social symptoms have a tendency to run in families, ranging from genetic transmission to social learning (Klever, 2004). Research on the intergenerational transfer of nuclear family process was more mixed, with almost no research that has examined the intergenerational transfer of the patterns of reciprocal functioning, but rather focused on spousal and sibling relationships (Klever, 2004). Socialization takes place through transmission of values and beliefs, horizontally or among peers, vertically or across generations, and through interaction with organizations (e.g., clubs, society) and influences close to the family (Berry, Poortinga, Segall, & Dasen, 2002). The transmission process may take place intentionally or unintentionally through parenting, formal education system, and through cultural means (Berry & Georgas, 2009).

Social networks can also contribute to transmission of behaviors by way of a contagion effect, or network phenomenon (Christakis & Fowler, 2007; 2008). Christakis and Fowler (2007; 2008) found that public health issues, such as obesity and smoking, are related to network phenomena where behaviors spread through close and distant social ties, with more interdependent relationships having more influence (i.e., spouse, family), than less interconnected people (i.e., community members). The notion of contagion effect could be applied to the prevalence of substance abuse, both biological and behavioral traits, among AI communities. The transmission of heavy alcohol use among AIs has a combination of contributors, namely the introduction of alcohol to AIs by early fur traders and settlers that began as a way to get better trade and land deals (Gray, 1998). The “tradition” of heavy alcohol use among AIs was likely passed down
from generation to generation, which subsequently led to high levels of alcohol-related problems (Beauvis, 1998).

Culture is transmitted across family generations in a dynamic way. Culture context is ever evolving throughout the lifespan based on acceptance or denial of values being transmitted, socialization experiences, personal functioning, and development status (Trommsdorff, 2009). Cultural values are transmitted through direct and indirect communications over time within and across family generations (Trommsdorff, 2009). Further, family members often report differing perspectives on shared experiences, as well as carry varying values and ideals often related to generational cohort (Bengtson, 1996; 1975). At the same time, values are known to vary within social or peers groups and cultural groups (Trommsdorff, 2009). This is also related to and affected by individualism or collectivism, wherein cultural socialization is promoted on a continuum of self-differentiation or integration with group-oriented goals (Berry & Georgas, 2009).

It is important to be aware of cultural variation and subgroups therein, such as location (e.g., reservation, rural, urban) and tribal-specific characteristics (e.g., language, values, practices) and not pathologize or praise one group over another.

Identification with and participant in cultural or spiritual traditions is found to be a protective factor against substance abuse and promotes overall wellbeing (Walters, 1999; Walters et al., 2002). Concepts such as acculturation and assimilation have been used to describe how minority groups adapt to the dominant culture, with the underlying assumption that adaption to the larger group is best (Walters, 1999). The Orthogonal Model of Cultural Identification asserts that identification with one cultural group does not require decreasing identification with another, and that in fact integration of multiple
cultures groups is optimal for wellbeing (Oetting & Beauvais, 1991). The notion of pan-
Indian identity that is frequently applied to urban AI/AN due to assumed loss or rejection
of tribal-specific cultural connections and land; however, many highly value and remain
connected to their tribes and clans (Weaver & Brave Heart, 1999). The tribal-specific
and/or (bi-)multicultural perspectives maybe more conducive to wellbeing and positive
identity attitudes as it promotes acceptance of complex distinctiveness (Walters, 1999).
AI/ANs have survived by integrating the best of both their own culture and the dominant
culture (Coyhis & Simonelli, 2008; Walters, 1999).

**Psychological Trauma**

After experiencing or witnessing a traumatic event, post-traumatic stress disorder
(PTSD) is a potential risk for AI/AN populations that have already been exposed to
multiple and persistent traumatic life events. The diagnosis of PTSD marked by a
minimum of four weeks of intrusive symptoms (e.g., thoughts or dreams), avoidance
behavior (e.g., passive or active efforts), and aroused state (e.g., sleep or concentration
difficulties), which significantly impacts life functioning (American Psychiatric
Association [*DSM-IV-TR*, 2000). Herman (1992) distinguishes the effects of single-
trauma events from that of multiple traumatic events over a longer time span or “complex
trauma,” with the latter having more devastating effects for the individual, even to the
point of personality changes. Complex trauma is common among AI/AN communities
and is often associated with parental substance abuse, leading to childhood exposure to
death and violence (e.g., accidents, homicides, suicides) placing children at increased risk
of developing issues such as, substance abuse, PTSD, depression, and other emotional
problems, which are likely to persist into adulthood (Brave Heart, 2003; Gray, 1998).
Sufferers of complex trauma have often been treated for symptoms perceived to be unrelated to trauma, such as the deregulation of affect and impulse, attention or consciousness, self-perception, perception of the perpetrator, relations with other, somatization, and system of meaning (Herman, 1992). These symptoms are indicators of disorders of extreme stress not otherwise specified (DESNOS); however, trauma suffers are commonly misdiagnosed with comorbid mental health disorders independent of PTSD (van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005). However, these symptoms are trauma-related, thus can be diagnosed under DESNOS. The DESNOS suffers are also often misdiagnosed with personality disorders (Herman, 1992).

The dose-effect relationship of cumulative trauma and PTSD and other psychological disorders has been studied among communities that have experienced mass violence or war events, and are based on the premise that when cumulative stress reaches a certain threshold of severity there is an increased probability of developing PTSD (Mollica, McInnes, Pham, Smith Fawzi, Murphy, & Lien, 1998; Mollica, McInnes, Poole, & Tor, 1998; Mollica, Poole, Son, Murray, & Tor, 1997; Neuner, Schauer, Karunakara, Klaschik, Robert & Elbert, 2004). Further, pre-trauma developmental vulnerabilities, such as out-of-home placement, and contextual factors, such as family relationships, mediate the development of PTSD (Brewin, Andrews, & Valentine, 2000; True, Rice, Eisen, Heath, Goldberg, Lyons, & Nowak, 1993). Culturally bound protective and risk factors, as well as culturally dependent symptoms complicate the identification PTSD (Mollica, McInnes, Pham et al., 1998; Mollica, McInnes, Poole et al., 1998; Mollica et al., 1997; Neuner, Schauer, Karunakara et al., 2004). Due to pre-trauma vulnerabilities, AI/AN populations are at greater risk for developing PTSD (Mollica,
Kellermann (2001) suggests an integrative model of trauma transmission in which the interplay among different levels of transgenerational influence, suggesting that transmission is caused by multiple factors, including biological predisposition, individual developmental history, family influences and social situation – which corresponds with the main theories of trauma transmission – biological, psycho-dynamic, family system, and socio-cultural. Kellermann (2001) whose researcher focused on Holocaust survivors and descendants asserts that neither theory alone can account for the transmission of trauma. For example, biological predisposition does not mean trauma response will be inevitably heritable; rather other factors are at play such as personal resiliency, supports, and environment (Kellermann, 2001). A number of research studies have been conducted investigating the comorbid relationship between substance abuse and trauma at the individual level (Chong & Lopez, 2008; Gray, 1998, Lowery, 1999; Whitbeck, Chen, Hoyt, Adams, 2004), and the theoretical progress has paved the way for family-level research.

**Intergenerational Historical Trauma**

Historical trauma is defined as the collective emotional and psychological injury over the lifetime and across generations as a result of group trauma, while historical trauma response is the cluster of symptoms that result from the traumatic event(s) (Brave Heart, 2003). Historical trauma theory expands on the limited classification of PTSD by connecting the cumulative effect of trauma across generations and lifespan to psychological symptoms and somatic problems (Brave Heart, 2003; Weaver & Brave
Heart, 1999). For AI/AN people, historical trauma refers to the generational suffering of genocide and ethnocide resulting from broken treaties and damaging government policies aimed at assimilation and extinction (Walters, 1999; Weaver & Brave Heart, 1999). Duran and Duran (1995) refer to this phenomenon as “intergenerational PTSD,” which occurs as a normal reaction to a long-standing relationship with, and hearing traumatic stories from acutely traumatized individuals. Therefore, the experience of a traumatic event is not necessary for PTSD symptoms to be present (Waldram, 2004).

Perhaps the most painful injury to AI/AN families was out-of-home placements of their children, such as boarding school, adoption, and missionary placements that have been linked to substance abuse (Brave Heart, 1999; Robin, Rasmussen, & Gonzalez-Santin, 1999). The boarding school policy consisted of the forced removal of AI children from their families and communities to attend BIA boarding schools, where non-Native educators and missionaries sought to change their language, religion, and cultural practices, and even subjected them abuse, which had numerous negative effects on generations of AI people (Hillabrant, 2002). Namely, the removal of AI children from their families affected the traditional child-rearing patterns and transmission of the tribal knowledge base (Brave Heart & DeBruyn, 1998). The boarding school era began in the late 1800s, and by the 1950s, most of the schools in their previous form had ended (Hillabrant, 2002).

Following the boarding school era, AIs continued to be removed from their families and communities and placed in foster care or adoptive homes in high numbers; this pattern continues today (BigFoot, 2000; Child, 2012). The Indian Child Welfare Act (ICWA) of 1978 was established to protect AI/AN children, and set minimum federal
standards for removal of children in an effort to stabilize families by reducing the number of children place out of the home and with non-Native families (BigFoot, 2000). The removal of AI children led to intergenerational vulnerabilities, such as fear and shame related to experiences of racism and abuse (Duran & Duran, 1995). Indian Child Welfare (ICW) is a department within child protection services (CPS), the governing agency where child abuse and neglect reports are mad, specifically for AI families.

For Native people, historical trauma response may also include issues around loss and distortions of identity, self-concept, and values (Walters, 1999; Weaver & Brave Heart, 1999). The group experience of having lost aspects of culture due to influence of other cultural groups is called a cultural trauma, for which the experience of traumatic events is not required (Jervis & AI-SUPERPFP team, 2009). According to Abrams (1999), even in cases where historical trauma was not openly discussed within the family or where it was a “secret,” the impact across generations, maladaptive or problematic behaviors, were noticeable. Abrams found that most of the families seeking help for emotional problems had experienced trauma in their family history. Thus, there is a need for more intergenerational research, to get at the transmission of issues related to historical trauma.

In 1999 the *Journal of Human Behavior in the Social Environment* published two issues dedicated to American Indian/Alaskan Native (AI/AN) research. These articles highlighted both explicitly (Brave Heart, 1999; Weaver & Brave Heart, 1999) and implicitly (Robin et al., 1999; Walters, 1999; Weaver, 1999; Westerfelt & Yellow Bird, 1999) the impact of historical trauma across generations of AI/AN families, and the related but ambiguous relationship with substance abuse issues (Lowery, 1999; Moran,
Since then, these researchers and others (e.g., Whitbeck and colleagues) have continued to explore and write about intergenerational issues around historical trauma and substance abuse in an effort to gain a better understanding of this complex and ambiguous relationship. Specifically, there is a need to fill in the gaps around how and why historical trauma and related losses or traumas have continued to affect behaviors of successive generations, and how contextual factors (e.g., poverty, microaggression) interplay (Brave Heart, 2003; Morgan & Freeman, 2009; Walter et al., 2002; Whitbeck, Adams, Hoyt, & Chen, 2004).

Part of the problem is the lack of research that focuses on multiple generations (Schonepflug, 2009). With the increase in mutual lifetime among multiple generations, intergenerational studies are even more important (Bengtson, 2001; Grob, Weisheit, & Gomez, 2009). Despite the literature around intergenerational transmission related to historical trauma among Nazi Holocaust survivors (Kellermann, 2001; Rowland-Klein & Dunlop, 1998), some have doubted the validity of the notion (van Ijzendoorn, Bakermans-Kranenburg, & Sgi-Schwartz, 2003), and even questioned whether the concept is being used to further political or biomedical agendas (Denham, 2008). In 2010, the *Journal of Human Behavior in the Social Environment* explored experiences of historical trauma in a special issue on the “Forgiveness, Resiliency, and Survivorship” among Nazi Holocaust survivors; however there was no exploration of intergenerational or transmission issues.

Some researchers make a distinction between the AI/ANs and Nazi Holocaust survivor experiences of historical trauma in that there has been no end to government policies of assimilation or an apology for the centuries of ethnic cleansing in the U.S.
(Brave Heart & DeBruyn, 1998; Duran & Duran, 1995; Duran, 2006; Whitbeck, Adams, et al., 2004; Whitbeck, Chen, et al., 2004; Whitbeck, Walls, Johnson, Morriseau, & McDougall, 2009). Although we can learn from the healing processes of other groups who have experienced historical trauma and racism, as there are similarities in the historical trauma response (Brave Heart, 2003), it is important to keep in mind that the trauma experiences, as well as the cultural groups are uniquely different. Therefore, transmission patterns and mechanisms that maintain these responses are likely to be qualitatively different. Further, interventionists and theorists alike advocate for treatment methods that are developed specifically to address the AI/AN trauma experience (Duran & Duran, 1995; Stamm, Stamm, Hudnall, & Higson-Smith, 2004; Whitbeck, 2006).

**AI/AN Substance Abuse and Sobriety Maintenance**

Substance abuse and dependency may be an attempt to numb or self-medicate to reduce emotional pain (Duran, 2006; Morgan & Freeman, 2009). Substance use/abuse is a significant topic when discussing mental health or trauma related diagnosis, such as PTSD (Schauer, Neuner, & Elbert, 2005). Substance abuse and dependency is often comorbid with PTSD, for alcohol abuse/dependency (51.9% of men and 27.9% of women) and drug abuse/dependency (34.5% for men, 26.9% for women) (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). Substance abuse may be used as an active or passive avoidance strategy to numb the emotional pain. Suffers of PTSD tend to use substances at higher rates than those not affected by traumatic events, which has implications for even poorer health outcomes (Schauer et al., 2005). Further, childhood injuries and exposure to abuse and neglect are connected to substance abuse later in life.
(McCann, Sakheim, & Abramson, 1988; Robin et al., 1999; Schauer et al., 2005), as well as experiences of domestic violence and war combat (McCann et al., 1988).

For the purpose of this study, substance abuse is defined by the *Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV-TR)* criteria: a maladaptive pattern of substance use leading to clinically significant impairment or distress as manifested in their ability to fulfill obligations, cause harm or legal ramifications, or impact relationships, occurring within a 12-month period (American Psychiatric Association [DSM-IV-TR], 2000). Substance abuse includes the abuse of alcohol and other drugs, such as marijuana; however, the distinction between the types of substances is beyond the scope of this study.

Despite the fact that AI/AN youths were as likely as youth from other racial groups to have talked with a parent about the dangers of substance use (55% to 59%), and rates of use were high but not significantly, AI/AN youth perceived/believed that all or most of their classmates get drunk at least once a week as compared with other racial groups (25% to 19%; NSDU, 2004). Perceptions of self and others are very important in the development and onset of substance abuse. Further, feelings of being an outsider in society, often related to experiences of racism and discrimination, are related to substance abuse among AIs (Myhra, 2011; Spicer, 1998). This may also be related to a three-generation family study in which Grob et al. (2009) found that family members differed in their perceived ability to reach the goals, and interestingly older generations presented with less preserved control. In an AI/AN context, this may look different based on experiences of trauma or oppression, and how it has impacted one’s sense of self and empowerment.
Likely the more resilient the family or community, the better equipped the individual would be to manage outside stressors, such as racism experiences. Hurst, Sawatzky, and Pare (1996) warned that crisis-plagued families, often those that deviate from the White middle-class American family, are more accurately "normal" when situated within their unique multigenerational and historical context. Thus, for AI/AN families who are contending with traumatic life events, such as historical trauma, cultural trauma, complex trauma, and potential traumatic single events, the resulting impact for many may be the development of maladaptive survival or coping strategies. Among AI/AN adults in recovery, the intergenerational nature of alcoholism has been clearly established, as well as the need for families to transmit strength, hope, and healing to younger generations (Lowery, 1999; Myhra, 2011; Walter, 2002; Whitbeck, 2006). AI/ANs continue to heal together as families and communities by utilizing their greatest assets of spirituality and cultural practices (Duran, 2006; Jervis & Al-SUPERPFP team, 2009; Walters, 1999); to rise above what some believed to be “a predetermined fate” of intergenerational substance abuse and related problematic patterns (Myhra, 2011, p. 36).

**Treatment Methodologies**

There are a number of treatment modalities for substance abuse, including medication management, therapy, chemical dependency treatment, and spiritual means. The methods for treating substance abuse relate to beliefs about origins of substance abuse, contextual factors, and the type of provider offering treatment. Whether it is believed to be dopamine levels that are out of balance or adverse childhood experiences at are causing one to abuse substances, the treatment approach will follow suit. A combination of modalities is usually best practice, as treatments do not come in one-size-
fits-all packages. Cultural and population needs, as well as personal vulnerabilities and biological factors, should guide the care.

Substance abuse treatments that focus on resiliency despite the historical trauma have been imminent (Denham, 2008; Duran & Duran, 1995; Whitbeck, Chen, et al., 2004). In particular, for AI/ANs who have experienced a great deal of oppression and racism, shame is akin to existential death (Duran & Duran, 1995). Strength-based approaches that draw on cultural knowledge and spirituality are essential to healing for AI families and communities (Duran, 2006). Further, traditional healers play an important role in communities as valued teachers of traditions and spirituality, and as insiders they are well aware of the sociocultural context in which substance abuse occurs (Jilek, 1994). The use of traditional healing ceremonies and symbols promote a strong cultural identity and healing (Jilek, 1994).

Nativistic movements, such as the Red Road (Jilek, 1994) and Wellbriety Movement (Coyhis & Simonelli, 2008) have investment in revitalization and preservation of indigenous traditions and traditional living (Walters et al., 2002). Spirituality is crucial to moving beyond maintaining sobriety, but toward healing from intergenerational effects of trauma among AI/ANs (Coyhis & Simonelli, 2008; Jervis & AI-SUPERPFP team, 2009; Walters, 1999; Walters et al., 2002). Most substance abuse interventions—whether individual, family, or group—follow a 12-step model. With the central tenant of 12-step programs being focused on a higher power, it is an appropriate fit with the AI/AN strong value placed on spirituality. The White Bison is a group intervention adaptation of the 12-step program to better suit AI/AN people, specifically integrating spirituality and traditional beliefs and values (Coyhis & Simonelli, 2008). This program has undoubtedly
been helpful for many AI/AN seeking a culturally specific program, where their history and context is understood and incorporated into the healing practice. However, it still brings to question whether a treatment created by and for White males is the best or most appropriate approach to treatment for AI/AN people.

The question of whether to adapt or create a substance abuse treatment specific to AI/AN populations is one that many have contended with. However, perhaps as a result of urgency to fulfill the great need and with the rampant success with White Americans, several interventions adapted for AI/AN utilizing the 12-step paradigm have come into being. It is important to be aware of the potentially harmful effects of encouraging AIs, an oppressed group, to declare that they are powerless; a more effective form of treatment may be to encourage a more affirming view of self and culture (Myhra, 2011). Generally speaking the use of a deficit approach would not be the most helpful tool in working with groups that are at a disadvantage or regularly face discrimination, and may perpetuate blaming the victim (Duran, 2006).

Approaches to substance abuse treatment that have a family component built into the model are generally found to have better or longer lasting outcomes (Landau & Garrett, 2006; Werner, Young, Dennis & Amatetti, 2007). With the significance of elders and intergenerational family relations in AI/AN communities, it seems natural that substance abuse and dependency treatment approaches would include a family component. Research that explored AI family patterns of substance abuse and intergenerational transmission of historical trauma encourage the treatment objective of healing the “family wound” (Myhra, 2011, p. 31). Additionally, the use of family therapy
with AI/AN families is comparable to traditional approaches of aboriginal healing in which healers are often related to the client (Waldram, 2004).
Chapter 3

Methodology

A critical theory or decolonizing methodology (Tuhiwai Smith, 1999) was used to explore the intergenerational struggles of AI/AN substance abuse and healing within the context of oppression and historical issues of power. The methodology used in this study is guided by phenomenological and ethnographic traditions and utilizes a lifeline interview approach to investigating participant’s lived experiences of substance abuse, sobriety maintenance and healing within a complex socio-political and historical context. The aim of this study is to learn about intergenerational transmission of substance abuse patterns and healing among AI families in order to inform AI-specific substance abuse prevention and intervention programs. The purpose of this study is not to test hypothesis (Hammersley & Atkinson, 2007), but rather to share participants’ knowledge and experiences of adversity and healing for the betterment of future generations of AI/AN families.

Phenomenology and Ethnography

This study is not purely phenomenological or ethnographic, but rather a complementary combination. Both traditions require a self-reflective process whereby the researcher is aware and tracks biases and beliefs along with the unfolding research through use of epoche or bracketing, maintaining a reflective journal and utilizing expert auditors for peer checks throughout the research process (Hammersley & Atkinson, 2007; Moustakas, 1994; Patton, 2002; Peshkin, 1988). In ethnography, the research process begins with intense curiosity long before the design is ever decided upon (Hammersley & Atkinson, 2007; Prus, 1996). As an Ojibwe licensed marriage and family therapist at an
AI-specific community clinic, my unofficial research or “field work” began long before the official research began, and was informed by clinical and research experiences and hunches (Moustakas, 1994; Patton, 2002). Phenomenology allowed for eliciting the meanings and lived experiences of substance abuse and sobriety maintenance via life stories and histories (Moustakas, 1994). Ethnography allowed for the close exploration of this phenomenon within the rich socio-political and historical context of AI families, toward the development of a cultural description. The integration of phenomenology and ethnography was essential for the identification of shared patterns of behavior, values, and beliefs over time and across generations of AI families.

**Role of the Researcher**

For the purpose of bracketing (Peshkin, 1988), the role of the researcher is important to consider and make transparent for readers. In my readings about the prevalence of mental health and substance abuse and dependency, and health disparities in the AI/ANs community, I had to ask myself, “Why is this happening?” What are the stories of AIs and how do they understand these issues within their families and communities? I knew intuitively, having grown up on the Red Lake reservation and witnessing poverty, violence, substance abuse, and early deaths, that there was an underlying pain experienced as a people that I could not name. I decided to become a marriage and family therapist to better understand what I perceived as a phenomenon of pain and grief related to historical trauma with the hope of helping to guide others to a place of healing.

During my early stages of conducting psychotherapy and research as part of my doctoral education, I realized that these stories needed to be further uncovered and
investigated to help inform the development of culturally specific mental health and substance abuse prevention and intervention programs. My multifaceted identity of a cultural insider, who is also a clinician and researcher with a social justice foci, may have influenced the research process – from questions I asked, recruiting strategies, to how I interpreted the data. Awareness of these dual emic and etic identities within this study posed both strengths and dilemmas. I did not take my role lightly and maintained a self-reflective process throughout the research process. With witnessing the struggles of clients and research participants on nearly a daily basis, self-assessment by way of journaling my process, personally and professionally, as well as ongoing peer checks regarding my interpretations and reactions was essential to enhance trustworthiness.

Guided by my passion for this work and my standing relationship with the community, I took great care to attend to ethical research practices throughout and now consider how to appropriately and effectively disseminate the research findings.

**Lifeline Interview Approach**

The lifeline interview approach has been used across disciplines, generally to obtain oral histories across the life course, as well as collect hopes for the unfolding future (Schoots, 1991; Schoots & Birren, 2002; Schoots, Birren, & Kenyon, 1991). Lifeline interview approach has been adapted for use in psychotherapy and research, both qualitative and qualitative (Schroots & Birren, 2002). Lifeline interview approach is also known as “guided autobiography,” which has been used primarily for the narrator’s benefit, telling their story in non-judgmental and accepting environment (Kenyon, 2002). The lifeline is a mapping technique in which metaphors or symbols are used to mark life experiences that have had great impact in someone’s life, both positive and negative,
such as a stones for negative memories and flowers for positive memories along an unraveling rope or lifeline (Schauer et al., 2005), or a flowing river (Schoots & Birren, 2002).

The lifeline interview approach can also be a powerful therapeutic tool to address emotional regulation and re-authoring or reframing of one’s story to include a more positive self-depiction that is free of guilt, shame, and self-hatred (Catani & Neuner, 2008). Narrative Exposure Therapy (NET) is an evidence-based trauma treatment that utilizes the lifeline to help clients map the multiple events in their lives that will be processed during treatment using exposure techniques. Laying one’s life out in a guided chronological order, narrated in their own language, helps to overcome barriers related to trauma such as fragmented memories, and to make sense of life experiences by reconstructing an integrated autobiographic memory of life events (Neuner, Schauer, Klaschik, Karunakara, & Elbert, 2004; Schauer et al., 2005). This is accomplished by connecting hot memories (cognitive, emotional, sensory, and physiological information) and cold memory (time, space, chronology of the event) information toward a more integrated understanding of self or life experiences (Catani & Neuner, 2008).

The approach also has earlier roots in testimony therapy developed by Lira and Weinstein (1984) during the Pinochet regime in Chile. This method incorporates the power of witnessing someone’s trauma, torture or human rights violation as an important aspect of restoring human dignity and promoting recovery, which makes it particularly attractive and appropriate as an interview strategy to be used with this population that tends toward oral tradition. There is cumulative evidence of that NET has been more
successful in treating PTSD in African refugees than traditional methods of supportive counseling and psychoeducation (Neuner, Schauer, Klaschik, et al., 2004).

Although this research study is not an intervention study, the use of lifeline interview approach with AI/AN allowed for collection of deeper and more uniform data to be compared across generations of the family dyads. Similarly to the life history approach is a narrative approach that has been found to be culturally appropriate for both research and clinical work with AI/AN populations (Lowery, 1999; Mohatt et al., 2004).

**Recruitment and Participants**

Upon approval by the institutional review board (IRB), participants were recruited using nonrandom, purposive, and theoretical sampling methods (Boss, Dahl, & Kaplan, 1996; Creswell, 1998; Patton, 2002; Strauss & Corbin, 1990). Recruitment methods included posting flyers at local AI agencies and community centers and through use of media advertisement, including a local AI newspaper and on an AI community email listserv. AI agencies received the recruitment flyer opted to post it on their bulletins. It helped that I already had an established relationship with many of the AI community agencies, both through previous research and clinical outreach. Approximately half of the participants self-selected into the study after seeing the recruitment flyer or ad, others were invited by their family member.

Phone and face-to-face screening interviews took place with participants to ensure eligibility and fit for the study. The criteria for inclusion were: (a) self-identification as AI/AN, (b) adult, (c) at least one other family member from another generation willing to participate, and (d) having had a history of substance abuse issues. During the screening, some were excluded based on mental and emotional capacity, specifically presence of
severe symptoms of mental illness, such as dissociative symptoms and suicidal ideation, or cognitive impairment due to heavy substance abuse. Mental health and substance abuse resources were offered to all who were screened and interested participants.

Twenty individuals from 9 families were selected to participate, which included 8 mothers, 1 father, 7 daughters, and 4 sons. The mean age of the parents was 60 and the mean age of the adult children was 31. The participants represented Ojibwe and Sioux tribes in South Dakota, Minnesota, Wisconsin, and Michigan, and one participant was also part Blackfoot from Montana. All of the participants resided in a Midwestern metropolitan area at the time of the interview. Many of the participants lived some portion of their lives on their reservation and most remain connected to their family and tribal communities. All but three participants did not complete high school or a general educational development (GED) exam. Three participants achieved graduate degrees, a few others completed bachelor’s degrees, and several others received technical training or had some college.

**Data Collection**

In qualitative research, the researcher is an important tool in the data collection process (Patton, 2002), and considering the vulnerabilities of the population there was even more responsibility on my part to ensure safety and confidentiality. Lowery (1999) asserts that the application of a life history approach is ideal for further exploring family-of-origin experiences and themes in relationship to alcoholism, and this approach has been used successfully. For the purpose of this study, a minimum of two members of each family completed a lifeline, which was compared and contrasted to identify how significant life experiences, values, and attitudes related to substance abuse were
communicated and maintained across generations. Rather than a completely open-ended interview structure to address this sensitive topic, the lifeline interview approach allowed for stories to unfold sequentially in a semi-structured manner. This guided interview approach has been successfully employed with other populations who similarly share narratives of group oppression (Schauer et al., 2005).

**Procedure**

A minimum of 2 family members, a parent and adult child from each of the AI families, were interviewed with the lifeline interview approach. Each family member was asked to detail in chronological order their memories and lived experiences of substance abuse and sobriety maintenance, and their cultural and familial values and beliefs around substance abuse and healing. They were also asked to talk about the messages, verbal or otherwise, that they received from their family elders as well as what they believed they personally had purposely or inadvertently communicated to others. Further, they were asked what they wish they had communicated or still intend to impart. Each participant was also asked to talk about their hopes and dreams for their unfolding future.

Interviews were conducted in a centrally located AI agency; each participant was interviewed separately. Participants were also asked to reflect on the process and the use of the lifeline interview approach. Interviews were discontinued once thematic saturation was achieved across major categories (Bowen, 2008; Kvale, 1996). All interviews were audiotaped and transcribed verbatim. Video recording was optional for participants. The videotapes allowed for verification of tone and body language when transcripts were unclear, which was especially important with the use of symbols in the interview process.
The participants did not always say aloud which symbol they were selecting. All but two participants allowed videotaping.

Interviews lasted between one to two hours; the interview lengths of the elder generations were typically double that of the younger generations. A modest incentive of a gift card was given to each family member who was interviewed. Early in the recruitment process, I sought approval from the IRB to increase the incentive from $10 to $15 gift cards, as well as transportation support. Bus tokens were offered for those traveling from within the metro area, and a $15 gas card was offer to those outside of the city limits; however, all participants resided within the metro. Personal pictures of the lifeline were offered to the participants, along with a transcript of the interview for keepsake. Perhaps, due to sensitive nature of this family study, four participants did not want a copy of their transcript sent to them.

**Interview Protocol**

Interviews were conducted individually rather than jointly due to the sensitive nature of the topic and to protect privacy. Interviewing participants separately allowed for them to share candidly with less concern about defending their position or worrying about the reactions of others (Brannan, 1998; Morris, 2001). Furthermore, participants interviewed separately might be more likely to reveal aspects of their story that they have not disclosed to their family (Brannan, 1998; Morris, 2001). Special care was taken to conceal identities, such as changing or omitting details of participants’ narratives. Additionally, contradictions in the stories may historically have been viewed as threats to credibility; however, effort was made to give credence to multiple realities and differing perspectives (Eisikovits & Koren, 2010). Obtaining both sides of the story is preferred, as
it provides a more comprehensive assessment of the phenomenon (Eisikovits & Koren, 2010).

The lifeline interview approach used symbols to map out a chronological account of a participant’s most significant events and experiences in relationship to substance abuse and sobriety maintenance throughout their life. Symbols mark positive, negative, and perhaps ambiguous life events and transitions, specifically (a) stones of different sizes were used for negative and traumatic events and experiences; (b) candy and flowers were used for positive and joyful events and experiences; and (c) note cards were used to represent more ambiguous life events and transitions. Symbols represent personal memories, values and beliefs, and family stories related to substance use and abuse. Participants were asked probing questions to gather more information about meaning-making, family, and social-historical dimensions of their lives.

The lifeline interview approach was used to situate the interviews within participant’s life histories and context, from birth to present, in relationship to substance abuse, trauma, and perceptions of family relationships. The following questions informed the interview protocol:

1. What is the participant’s life history, from birth to present, in relationship to substance use/abuse? (i.e., participants were asked to describe in detailed and chronological order significant early to present memories of substance use– a rope was be used to represent the person’s lifeline and they laid it out on the floor and different symbols were available for participants to depict their various life events).
2. What were/are family members’ attitudes and beliefs about substance use/abuse?
   Sobriety maintenance or recovery? How was this communicated across generations?

3. What healing practices or wisdom can be applied to AI/AN-specific sobriety maintenance programs to encourage healing across generations?

The effect of historical trauma was not asked about specifically; however, its relationship to family patterns of substance abuse was explored as it was mentioned. Through the interview process, participants were asked to reflect on messages they received and passed on about substance abuse, and what messages they would like to have received or impart. Examples of probing questions are, “how did hearing that stories (historical trauma) affect your use or sobriety maintenance?” or “how have your attitudes and beliefs about substance use changed since then?” Toward the end of the narration, participants were be asked to look at their lifeline and reflect on whether there are any other significant events or relationship association they would like to add that were left out earlier. To explore meaning-making participants were also asked how they think and feel when they look at the lifeline they constructed narrating their relationship to substance abuse – any new meaning or connections. Finally, participants were asked what wisdom and healing stories they believe would encourage others in their situation. My major advisor, collaborating volunteers, and I practiced this interview process through use of role-plays in order to prepare and solidify the questions.

**Data Analysis and Verification Strategies**

The dyad in this study was the unit of analysis; however, both individual and dyadic perspectives were explored. Dyadic analysis is both an interpretive and descriptive
process, thus serves to enhance and broaden the knowledge of the phenomenon (Eisikovits & Koren, 2010). Exploring both to process and content, such as relational dynamics and the transmission of values and beliefs therein enhanced the analysis. The dyadic analysis is simply the assessment of the overlap and divergence in stories (Eisikovits & Koren, 2010), and in this case between two generations of parallel, yet unique experiences of substance abuse and healing.

Once the transcripts were checked for accuracy, Moustakas’ (1994) analytical steps were used to guide the interpretive process, whereby units of meaning were categorized and themes were identified. The thematic analysis was conducted by myself and was audited by the advising researcher who is well versed in qualitative methodology. For the first level of analysis, all of the transcripts were read and reread for significant statements – called horizontalization (Moustakas, 1994). Then a closer evaluation was completed to cluster these meaning statements into themes. Next a textural description was composed, outlining the lived experience of the phenomenon; followed by a structural description, which considered the contextual issues at play (Moustakas, 1994). Lastly, a composite description was developed, considering the essences of the clusters of meaning. These descriptions became the core categories in which the themes and subthemes were organized. The categories include the textural description: 1) Life Stories of Trauma, 2) Red Road to Recovery, and structural description: 3) Intergenerational Vulnerability, and the composite description: 4) Family Interactions and Roles.

This thematic analysis allowed for the life stories to take on a life of their own, with my job being focused on thoroughly studying and organizing emerging patterns, and
taking note of exceptions and contradictions (Creswell, 2007; Hammersley & Atkinson, 2007; Moustakas, 1994; Patton, 2002). Although a separate thematic analysis was conducted for the parent and adult child groups, the themes between the two were fundamentally similar, though they varied in weight between the groups and between families. Therefore, a decision was made to present the results of both parent and adult child data sets in a merged format within the categorical areas. This allowed for distinctions and similarities between the parent and adult child narratives to be highlighted and for the use of subthemes to help elucidate the contrasts (Eisikovits & Koren, 2010).

After the individual-level themes were identified for the parents and adult child groups, the dyadic analysis began with cyclical movement between the groups (Creswell, 2007; Moustakas, 1994; Shin, Kim, & Chung, 2009). The dyadic analysis informed by Eisikovits and Koren (2010), represented more than the sum of two stories and moved beyond the traditional construction of themes. This analytical process did not distract from or corrupt the individual narratives, but rather resulted in a constant comparison of the narratives to develop the dyadic summary or narrative (Eisikovits & Koren, 2010). The dyadic level of analysis was then conducted by linking stories between parent and adult child generations and assessing for areas of overlap and divergence. Summaries of each dyad were presented in a narrative form – comparing and contrasting the parent and adult child stories. Dyadic summaries helped to provide readers with context, a cultural description, and the opportunity to get to know these families (Hammersley & Atkinson, 2007; Prus, 1996). Excerpts from my reflective journal, including observations and interpretative material, was used to introduce each dyad and to highlight important
information linking the parents and adult children. The presentation of dyadic summaries includes portions of the individual narratives, relational discoveries and intergenerational patterns.

The rigor of qualitative research findings were insured through the use of verification strategies that readily fit within the critical theory paradigm, including: credibility, transferability, dependability, and confirmability (Guba & Lincoln, 1983; Lincoln & Guba, 1985). These criteria for trustworthiness allowed for continual assessment of the success with which the research goals of social and political change are being achieved (Patton, 2002). The credibility of the research was dependent on my efforts and ability, thus triangulation and use of an external auditor (advisor) throughout the research process to both corroborate and challenge my work was essential (Creswell & Miller, 2000; Denzin, 1989; Yardley, 2000). Additionally the nature of dyadic research—obtaining more than one version of the story—helped to strengthen the findings (Patton, 2002).

The auditor regularly checked my analysis, and together discrepancies were reconciled (Patton, 2002). My reflective journal aided in the auditing of the research process, as I documented important decisions and related thoughts and feelings throughout the analysis (Hammersley & Atkinson, 2007; Moustakas, 1994). To address subjectivity and reflexivity, the reflective journal was also a place for ongoing self-assessment, epoche (Moutakas, 1994) or bracketing (Peshkin, 1988). The auditor reviewed my reflective journal to ensure consistency of the findings with observations, hunches, and interpretations (Creswell & Miller, 2000; Lincoln & Guba, 1985). The participants were sent copies of their interview transcripts to review, and provide
clarification or to further elaborate. However, member checking with the dyadic summaries were not conducted, as to not compromise confidentiality within families (Eisikovitis & Koren, 2010). Triangulation with two Indigenous researchers, one of which was also a clinician, served as a validation strategy. These triangulated investigators read my findings and interpretations for fit with their personal and professional experiences.

**Ethical Considerations**

Special care was taken to assess the stability and capacity for participation because of the vulnerability of the population due to minority status, substance abuse history, and likelihood of having experienced traumatic events. AI specific mental health and substance abuse resources were provided to all participants in the study as well as others who were not selected to participate. Participants were made aware of the researchers’ duty to report. The participants were made aware of potential risks. During the consent process, participants were made aware of potential risks including that what they share would be presented in a written form, and that efforts would be made to protect identities.

The ethics in this study proved to be more challenging than expected as the dyadic analysis progressed and concerns about member checking and confidentiality arose. Decisions about the amount of information to share in the results section was of major concern as with two or more members of a family participating in the study, it is more likely that they maybe identifiable to community members and to their family (Forbat & Henderson, 2003). Due to these concerns, I utilized expert triangulation, by consulting with two Indigenous authorities on AI research, one of which is also a clinician, and a
third expert in qualitative research with dyads and families. In order to protect identities and ensure confidentiality, some details were omitted or altered (Eisikovits & Koren, 2010), while still preserving the essence (Moutakas, 1994).

Rather than using member checking on the dyadic summaries, which may compromise confidentiality within families (Eisikovits & Koren, 2010), triangulation was used in its place (Creswell & Miller, 2000; Denzin, 1989; Lincoln & Guba, 1985; Yardley, 2000). The Indigenous expert auditors reviewed the analysis, findings and emerging interpretations for areas where too much information may have been revealed to preserve the dignity and anonymity of the families. Further, member checking was conducted with the individual transcripts for accuracy of information and to allow for any new information to emerge. Only two participants contacted me after receiving their transcript, but only to thank me and had no suggested changes or additions. Of those participants’ who agreed to be contacted later and wanted to receive their transcript, eight transcripts were sent via email, three by mail (phone calls were made to verify mailing address), one picked up a copy, and another asked to pick it but never came to get it. One was deceased and I was unable to reach two others to confirm their mailing address.

My clinical experience with pacing aided in guiding the discussion of this sensitive topic especially with assessing stability throughout the interview to ensuring safety. Furthermore, being of the same racial groups, it allowed for trust and rapport to be quickly established. Due to the distrust of researchers by AI/AN communities, having an established presence and knowledge of the community was crucial to the success of the study (Tuhiwai Smith, 1999). Furthermore, Tuhiwai Smith (1999) stresses the importance of ethical, respectful, sympathetic and purposeful research with Indigenous peoples,
especially encouraging Indigenous people to become the researchers rather than the researched to transform the generation of knowledge. Common concerns in regards research agendas are the tendency and desire to make generalizations (Whitbeck, 2006) and to attempt inappropriately to test cultural traditions and teachings as if they were theory (Coyhis & Simonelli, 2008).
Chapter 4

Results

This chapter outlines the dyadic findings of this intergenerational family study. The dyadic findings are interwoven throughout both the dyadic summaries and lifeline narrative themes. The findings are divided into two parts. First, summaries of the parent-child dyads are described. Second, the results from the thematic analysis of the individual-level data, the parent and adult child themes, are presented in a combined manner, though the analyses occurred separately. Below, I present the themes and highlight distinctions and similarities between parent and adult child groups. Excerpts from my reflective journal supplement the dyadic summaries. For consistency, “parents” refers to the parent group responses and “adult children” refers to adult children group. Additionally, rather than fictitious names, alphabetic and numeric identifiers were used for ease in tracking family members; for example M = mother, F = father, D = daughter, and S = son, and numbers 1-9 represent their dyad. Keep in mind that two of the mothers (M2 and M4) each had two of their children interviewed – thus the use of unique identifiers may be used for clarity at times.

Summaries of Dyadic Parent-Child Relationships

The thematic and parent-adult child dyadic summaries complement one another to provide a systemic look at how substance abuse not only affects the lives of those who are using, but their families and communities as well. Furthermore the dyadic summaries bring to life the themes, and provide a deeper context for how substance abuse and related behaviors are transferred across generations. The dyadic summaries are presented
first, in order to provide readers with context and the opportunity to get to know these families, or parent-child dyads. Next, the dyads are rooted within the categories, and themes and subthemes therein. As an introduction to each dyad, excerpts from my reflective journal, including observations and interpretative material, are shared. In this section, participants in the parent group are often referred to as mother or father, and the adult children are referred to as daughter or son. At times, it may be more appropriate to use their specific code (e.g., M1 rather than mother), for example, when a mother is discussing her mother, and the daughter is discussing her daughter.

**Dyad One (M1 and D1)**

*Dyad #1 is a mother/daughter combination. Both struggled with substance abuse and depression. Mother and daughter talked about substance abuse starting out as a fun pastime; however, they have seen the negative consequences in their own lives as well as in the lives of their children. They both acknowledge that there has been distance between the two of them, established by the daughter, though the mother remains in the dark about why – speculates that she was also private as a young mother.* (Excerpt from reflective journal, May 7th, 2011)

M1 was raised around substance abuse; easy access to alcohol allowed her to begin experimenting with drinking and she found herself soon trying other drugs. After having her own children and struggling with substance abuse, she decided to move her young family from the reservation to the city to start over, as she did not believe she could maintain sobriety living in the reservation environment. She reported that leaving the comfort and ease of the reservation, and trading a large home for a small, crowded
apartment in the city, was very difficult. Despite the challenges, she felt moving was a way to end her using pattern, which had evolved to an addiction to pain pills. After her move, she found herself involved with ICW due to substance abuse. The children were placed in foster care, then with her parents. She wondered if her children had access to alcohol during times when they lived with or visited them. She entered treatment and has been engaged in a methadone program for over 20 years. She is currently on a very low dosage and hopes to eventually be off completely.

M1 has concerns about her husband’s continued substance abuse and depression and believes it is causing her to become depressed. The mother reports ongoing stress with her eldest son, who was abused in while in foster care; due to guilt, she often finds herself enabling his substance abuse by allowing him to stay in her home, where he uses drugs. She reports frustration that her teenage sons are witnessing his behavior, but is proud that they aren’t following in his footsteps – and rather, learning from his mistakes.

D1 recalled being raised intermittently by her grandparents, who she held in very high regard, due to her mother’s substance abuse. She talked about the challenges of the move from the reservation to city with her family, including a lack of things to do without money. She found herself getting into trouble and abusing substances out of boredom; she thought there were more positive leisure activities on the reservation. Like her mother, the daughter also admitted to struggling with substance abuse; however, she downplays the severity of her current use. She reported having a good job and adequately meeting her children’s needs. She also talked about looking forward to continuing her college education and becoming more steeped in her cultural roots, and is currently learning her indigenous language and takes her children to cultural outings. She admitted
to wanting to be a more active mother for her children and recalled learning that “children were to be seen not heard,” especially when adults were talking or “partying.” She sheepishly went on to admit that she was starting to see this play out with her own children. D1 attributes her difficulty in romantic relationships and poor choices in men to her father never being there for her growing up. Her stepfather, however, has been a constant figure in her life, which she appreciates, despite his ongoing struggle with substance abuse.

Both mother and daughter acknowledge that D1 keeps her mother at a distance. M1 reported understanding this distance because she was the same way with her own mother when she was launching her family, but also admitted that in her case, being secretive was related to her own substance abuse. The mother reported being uncertain or unaware of her daughter’s current substance abuse status, but M1 helps with child care needs whenever needed. M1 perceived her daughter as absent and neglectful during that time period. D1 admitted to recent “partying” and continued substance abuse, and efforts to “control” it. D1, like her mother, has struggled off and on with depression but admits to presenting as an upbeat person to the outside world. D1 reported a desire to protect her children from witnessing people use substances to cope with what she called the “boarding school mentality” and “reservation mentality” of having no hope.

The daughter reported frustrations with her mother for allowing her siblings to take advantage of her, and mother admitted to feeling manipulated and taken advantage of. Mother reported feeling depressed due to the stress in her home life, and feeling concerned about her families’ substance abuse and depression. M1 recalled that her own mother was a very hard worker, though she was able to maintain years of sobriety, she
often had “mini breakdowns” as a result. M1 reported not wanting to work as hard as her parents had to and being generally quite happy with her life. Both M1 and D1 reported never experiencing abuse in childhood. M1 recalled the impact of racism and discrimination her own mother while she was growing up, and also struggled with related insecurities about being Native, which she also reported resolving after high school. D1 reported that her cultural practices are important to her; however, M1 did not discuss this.

**Dyad Two, Part A (M2 and D2a)**

*Dyad #2 is a mother and daughter combination. The daughter admires her mother’s strength and has aimed to be like her. She reports having been raised protected by her mother, though she ended up falling into a drug addiction lifestyle despite mother’s guidance. She was very open and humble about her mistakes in not being there for her children and is working to rebuild her relationship with them. Although the mother has appreciated the efforts and growth her daughter has made, she often feels taken advantage of, and they are struggling to work out new roles and boundaries with each other as adults and coparents.* (Excerpt from reflective journal, May 28th, 2011)

M2 disclosed being raped by a neighbor as a child, but never reported it due to shame and fear she would get in trouble; she became very anxious after that point. She described becoming a parentified child due to her father’s excessive drinking and mother’s lack of assertiveness, or what her father termed “Indianonish.” She recalled taking on paying the bills by age seven and was often sent into bars by her mother find her father - especially on paydays - to ensure he wouldn’t spend all of the family’s
money. She remembered her parents were very concerned with what others thought, especially related to being Native. She thought highly of her father, considering him the backbone of the family, and a loving man. She contrasted him to her mother, whom she viewed as critical, distant, and anxious. She blamed her mother’s ways on her time spent in boarding school, whereas her father attended and graduated from a public high school because his parents had more means and did not allow him to be sent away. She recalled her mother’s jealousy of her close relationship with her father, in which he confided secrets of his life that she has never shared. The high expectations held for her limited her substance abuse issues. She reported having raised her own children, two of which are still minors and a few grandchildren.

A theme that emerged in this dyad is that traumatic experiences are kept secret and are very shameful for the individual. The daughter, though never experiencing child abuse in her home, was sexually assaulted on a regular basis during her teenage years of “partying” and using drugs and alcohol. D2a reported not telling anyone about the abuse and blaming herself at times. She later got into drugs and prostitution to support her habit. During this time, D2a’s children were removed from her care until her mother eventually adopted them. She now has two years of sobriety and is working to repair her relationship with her children. She reported apologizing to her children for not being there for them and openly shared her mistakes and hopes for them to have a better life. She reported butting heads with mother now that they are making efforts to coparent her children.

The daughter spoke highly of her mother and viewed her as a strong woman who held their family together. D2a shared similar accounts as her mother did of her
grandpa’s substance abuse. The daughter appreciated her mother’s protectiveness of her when she was growing up, specifically that M2 never allowed drinking in the home and not around her grandchildren now. The daughter reported not remembering her father being around as her mother escaped the relationship when she was still a baby due to his violent tendencies and heavy drinking. The daughter was also in abusive relationships in her adulthood, and reported respecting that her mother never put up with that. D2a admitted to having become the abuser in her own intimate relationships, thinking that she would beat them to the punch.

D2a reported having had a conflictual relationship with her brother, due to brother’s anger that he suffered significant abuse by her father. Although her father is now sober, he is still violent and “mean” to his second family. The daughter reports feeling anger toward her father and believes he needs to apologize to her mother; he has, however, apologized to her brother. The daughter recalled fondly taking day trips and weekend getaways with her mother to escape and avoid her mother’s subsequent long-term partner who also struggled with heavy drinking. The mother reported being unclear on why she chose “alcoholic” men as partners, seeing as she maintained years of sobriety herself.

Dyad Two, Part B (M2 and D2b)

This is a unique mother and daughter dyad, in that “daughter” was actually the maternal niece of the “mother.” The daughter in this dyad was raised by her biological parents until her mother’s death in her adolescence, which led her across the country to live with her mother’s family. There are secrets around
trauma in the family, and some members are left speculating about the family history of abuse only having heard bits and pieces of the story. (Excerpt from reflective journal, June 8th, 2011)

Both M2 and D2b were parentified children who helped with running the home and taking care of younger siblings, and even admitted to being confidantes to their parents. D2b’s account of the maternal grandfather differed from M2. M2 spoke very highly of her father, almost idealizing him, and described him as funny and loving. D2b however recalls hearing stories from her biological mother about the abuse that went on in her childhood home, including domestic violence; D2b contrasted this to him dying a “saint.” M2 did not talk about this abuse in her interview. M2 admitted that her father was an alcoholic and irresponsible at times, but she was his favored child. M2 was notably protective of her father, perhaps because her relationship with her mother was more conflictual and her mother was abusive toward her. However, M2 continues to take care of her elderly mother despite lingering negative feelings toward her. M2 reported being a “tomboy” and assuming a more “masculine role” in the family; this role may have emerged from her father’s displeasure with her mother’s passive and shy demeanor, which the family linked to the time she spent in boarding school. M2 talked vaguely about her family’s history of racism and reported facing a great deal of racism growing up on the reservation. She recalled that her mother rarely drank, especially in public, due to concern about what others might think about her.

M2 also linked her tomboy image in part to her childhood sexual victimization, after which she became quite self-conscious of her appearance. She recalled that the caretaker role had become part of her identity; it played out with her children’s father,
who was violent toward her and her child at the time. She was desperate to get out of the relationship and even became suicidal while pregnant, before leaving the relationship. However, she now has been sober over 20 years, has been in a healthy marriage for over 30 years, and reports feeling very happy. She completed college and is working in the Native community and enjoys helping others.

After years of severe substance abuse including heroin use, D2b’s biological mother died, and as an adolescent D2b moved across the country to live with her mother’s family. She reported being raised around her biological parents’ partying, and her parents kept the family isolated from their families in order to hide their substance abuse. She reported not getting to know her mother’s family until after her death. After her mother died, her father continued on a downward spiral with substance abuse, and he died shortly after her mother. She described feeling loved by her parents and had many positive memories of her childhood with her parents, however, due to their substance abuse, they were often neglectful. For example, her father was in and out of jail. She recalled that her parents would try to “make it up” to her and her siblings on special occasions, like Christmas and birthdays. She described her mother as strong and the functional one of her parents because she was always able to keep their needs met. She reported feeling happy to meet her mother’s family and was welcomed and supported; yet she had her own struggles with substance abuse while in abusive relationships.

In her adulthood, D2b went to college where she faced some racism. She considered herself a functional drinker in that she was able to do very well in school despite her use. She reports becoming pregnant and being sober for a while, but her partner became jealous and abusive for several years. She reported being “codependent”
with her ex-partner, who she called a “pitiful drunk.” She reflected that, similar to her biological mother, she was able to maintain her home, go to college, and raise her daughter while partying on the weekends. She said her low point - also a turning point - was when she came home drunk, and her daughter (who was left in the care of her aunt) was upset and worried. She did not want to repeat the cycle that she had with her own mother. She recalled memories of not wanting to cause mother any more stress than she had, so took on the role of “good girl” and also hid her mother’s drug paraphernalia from her.

D2b completed her bachelor’s degree and would like to return to graduate school. She is now in healthy relationship and has been sober several years. She said the highlight of her life is spending time with her daughter. She recalled that her conversations with her aunties (who raised her after her mother’s death) about substance abuse were straightforward: “it’s bad; drinking is bad.” From her perspective, though, it was much more complicated. She reported struggling socially in the Native community, as partying is “what young people do” and did not want to be “Ms. goody two shoes.” She felt very hurt from being called a “quitter” by friends when she sought treatment.

The family shared a great deal of trauma that was kept secret among certain family members. D2b’s biological mother struggled with substance abuse and mental health issues, and left Minnesota to leave the “drama” and “dysfunction” behind. D2b reported that her mother had alluded to sexual abuse and she continues to wonder who the perpetrator was. D2b reported that her aunt was very strict with her in how she dressed and wasn’t allowed to wear makeup until age 16. D2b believed that her aunt was concerned about modesty due to fear of her being sexually assaulted, as M2 had been in
her childhood. D2b talked highly of M2’s efforts to invest in her after her biological mother’s death.

**Dyad Three (M3 and D3)**

*This is a mother and daughter duo, where they have a tenuous and often conflictual relationship. The daughter, who is the second eldest child, acknowledges her feelings of resentment toward her mother in her interview; however mother doesn’t discuss why she and her daughter don’t get along, perhaps due to shame and guilt. The mother has a hard time discussing how her drinking impacted her parenting or the children, and continues to struggle with substance abuse currently.* (Excerpt from reflective journal, June 13th, 2011)

M3 recalls early memories of her parents drinking and fighting a lot, and that her mother became tired of it and left when she was a small child. She stayed with her mother. She recalled that her mother’s departure was a good thing because her father sobered up and lived nearby, so she was able to enjoy one-on-one time with him. She recalled that her mother continued to drink and have a lot of men over the house, and she was expected to bartend in early adolescences. She recalled making tip money and started to taste-test the drinks. She recalled that her mother instructed her to drug the men, and then mother would take the men’s money. The next day, her mother would become physically abusive when instructing her to clean the house. In her early adolescence M3 began avoiding going home, and started stealing alcohol from the liquor store and hiring people to buy alcohol for her and friends. She was the youngest of several children, however was the only one that her mother raised. She does not have close relationships
with her siblings because they all had different fathers and were raised by their paternal families.

In adulthood, M3’s mother quit drinking and was sober for 12 years before her death, and she has fond memories with her during this time. She selected flowers to represent the birth of her son, and recalled that she was also working, drinking minimally, and maintaining a good relationship with her mother. She kicked her boyfriend out because he refused to stop drinking. However, as way to replace his income, M3 became involved in criminal activity – like her mother, it was related to theft – and she went to prison; her children were placed in foster care, which she reports was a very painful time in her life. After prison, she went to treatment, worked to obtain custody, and remained sober for five years. During this time she had more children; however, after her mother passed away she drank for a year straight and returned to prison again after being charged for criminal vehicular homicide from drinking and driving. Her elder children were raised in foster care, including the (interviewed) daughter, and the paternal sides of the family raised the others.

The mother reported having a distant relationship with her eldest (interviewed) daughter but does not explain why, but talks highly of her, describing her as her “drinking buddy.” The mother reported drinking to cope with her feelings of loss and loneliness, and also views it as a social activity. D3 said she spends time with M3 only when drinking, that her mother is really the only person she drinks with, and that their time spent together often ends in arguments. D3 reports wanting to have a stronger relationship with her mother, not solely based on “partying” together; however, she is unsure it will happen due to M3’s inability to talk about the past and tendency downplay
its seriousness by laughing and joking about it. D3 admitted to feeling jealous that M3 spends more time with and favors her older brother. D3 was hurt by M3’s recent declaration that she does not want anything to do with her, after an argument when drinking.

D3 recalled being raised by her mother until adolescence, but only has memories of her drinking. She lived in a few foster homes until she turned 18; and in her last foster home, she felt loved and accepted and still considers them to be family. The daughter reported that she would not have graduated from high school and completed technical training if it were not for the support and stability her foster family provided. She would visit her mother sporadically throughout her childhood, but remembered thinking that she did not want to be like her due to her drinking. Once her mother blamed her for refusing to lie to cover for her drinking. D3 would call her foster parents to pick her up when M3 would start drinking – this angered her mother. The mother, however, does not talk about this dynamic in her interview and does not go into why she and her daughter often argue when they get together. The daughter believes that to truly heal their relationship, her mother needs to get sober and talk about the past, but she believes this is unlikely. D3 reports abstaining from drinking in the past to please her foster parents, but currently feels torn and struggles with drinking, as it has been a way to connect with and seek approval from her mother.

The daughter reported making efforts to offer her children a better upbringing than she too has recently been involved with ICW due to her ex-partner (who was not the child’s father) beating her child while she was at work. She reports that this child’s father took temporary custody, while she obtained an order for protection against the ex-
boyfriend. She has now moved to a new home and wants her child back and to move on with her life; however, the situation is more complex. She has a child with the abusive ex and is not sure how she will manage this coparenting relationship in the future and protect her other child. She currently is in a custody battle over her eldest (abused) child, as the father and his family do not want to share custody with her. Involvement with ICW and custodial issues seem to be an intergenerational pattern in this family, and although M3 was not removed from her mother’s home herself, her siblings had been. Furthermore, D3’s half siblings (mother’s children) are currently in the custody their fathers like one of her own child. The mother has attempted to connect with her daughter through humor around being a “dysfunctional” family, however this is upsetting to the daughter.

Dyad Four, Part A (M4 and D4)

This mother-daughter combination, though they share many of the same experiences, have differing beliefs around substance abuse approaches. For example, having been raised going to AA, the daughter respects how it has helped her mother, however, the daughter doesn’t agree that abstinence from alcohol is the only way. This differing perspective has caused some strain on their relationship, in that the mother worries about daughter and daughter doesn’t want to feel judged. (Excerpt from reflective journal, June 26th, 2011)

Both mother and daughter talked about the painful experiences of not having had their fathers in their lives. The mother recalled being abandoned by her father at a young age, which was very painful memory. She recalled a vivid childhood memory of her
father telling her to take care of her mother and sister when he left them. She took this request very seriously, becoming a parentified child. M4 reported becoming an “alcoholic” immediately after she began experimenting as a teenager. M4 hid her substance abuse from her mother because of her mother’s expressed fear that she would end up like her father. For the mother, a near-death car accident following a party in her late teens had become a benchmark of the severity of the problem at that time.

The driver and passengers in the truck left her for dead, and she admitted to blaming the driver for the accident and the passengers for leaving her behind. She later came to accept that it was her choice to get into the car with a drunk driver. Although there was a break in her partying after the accident, it persisted. Her final turning point with substance abuse was starting her own family. Likewise, D4, who was also a young mother, found motherhood to be a major motivator in ending her substance abuse patterns.

Both mother and daughter reported having long-term relationships with men who struggled with alcoholism. Mother also struggled with domestic violence and infidelity. As a child, the daughter recalled needing to keep secrets from mother about father’s “friend” who would visit when she was out of town. Early on, D4 has fond memories of her parents’ appearing happy together; however, with her father’s increasingly problematic drinking and related problematic behaviors, her mother ended the relationship. Both mother and daughter talked about struggling with setting boundaries with the ex-partners, who are still struggling with addiction. The mother reported allowing the children’s father to be a part of their lives when he was sober. The daughter recalled a period of time when she had only seen her father at family therapy or families
nights at treatment, and was unable to count the number of times he had been in treatment. The daughter believed that her father did best when in a highly structured environment like treatment, due to growing up in boarding school. The mother reported bringing the children to see their father while in treatment, both to motivate their father, but also to allow the children to stay connected with him.

The daughter described being raised attending AA with her mother. The mother said that bringing the children to AA was her way of teaching them and protecting them from the “disease.” However, like her, both of her children started experimenting with drinking and drugs at an early age. The daughter believes her mother’s attempt to shelter them backfired. The mother continues to be very involved in AA to this day and appreciates the support system offered her. Although the daughter is thankful for AA because it was helpful for her mother, she does not believe AA is a good fit for everyone. The daughter does go to AA on nights when her mother is speaking or for potlucks, but is not a regular. D4 reported drinking a couple of beers here and there (once a month or so). M4 is displeased with this behavior and sees it as playing with fire. The daughter described feeling judged by her. M4 worried about her granddaughter’s future and what messages she is getting from D4 about drinking. The daughter shared that she left her daughter’s father to protect her daughter from some of the things she witnessed when she was younger. M4 described her sense of pride in her daughter for being a good mother to her granddaughter. Despite mother and daughter having different opinions about sobriety maintenance, they agree about the importance of shielding younger generations from substance abusive behaviors. Like her mother, D4 became pregnant during college; both graduated - and mother went on to complete an advanced degree. The daughter said that
the unexpected birth of her daughter saved her from her drug addiction by helping to change her focus and force her to stay positive.

The daughter explained that she struggled to set boundaries with her father, who she describes as a stereotypical “drunk Indian.” She described being perceived by M4 and her brother, S4, as rude and disrespectful towards her father. However, D4 defends her no-nonsense approach with her father as a reaction to her father coming to her home drunk, and desire to protect her daughter from witnessing this behavior. She reports taking him to detox at times. She reported having a “no drinking” rule in her home, but admits to knowing where his “hiding spots” are. She admitted to feelings of shame and resentment towards her father; she also believed that her experiences growing up have strengthened her and made her who she is today. She framed her father’s “alcoholism” as a “disease,” which allowed her to accept and empathize with her father. She did not apply this outlook to herself however. The daughter credited her mother for providing stability, despite the chaos with her father.

M4 reported feeling empathy for her elders and believes that Natives today have it much easier. She connects her father and grandfather’s abusive experiences in boarding school to their later problem drinking behaviors. M4 felt worried about the next generation of her family. She wondered whether they would also struggle with substance abuse issues. She also felt blessed and optimistic about the future. She is hopeful for the AI community and its healing from historical trauma. Both mother and daughter work in the AI community and reported feeling encouraged by the recovery stories they witness regularly. The daughter admitted starting her job with little faith in people’s abilities to truly transform their lives, but has since had a change of heart.
Dyad Four, Part B (M4 and S4)

This dyad was a mother-son combination, in which mother and son were very close and shared many of the same values and dreams for the future. Although the son has not yet had children, he is very concerned about whether or not they will struggle with alcoholism. The mother also worries about the next generation of her family. Both are very involved in community building activities centered on mentoring the youth and the healing of Native families. (Excerpt from reflective journal, June 29th, 2011)

Mother and son shared the experience of having absent fathers. M4’s father abandoned her at a young age and the son’s father also has been in and out of the picture due to substance abuse issues throughout his life. He reported caring about his father, but at this time, they have a surface relationship. The mother asserted that AA and the support system it offers saved her life; thus, she raised her children going to meetings. She reported bringing her children to meetings in the hope that it would prevent them from struggling with substance abuse, but that was not the case. Like his mother, S4 had early onset substance abuse. The son started to drink and smoke pot with friends in late elementary school; he wondered whether it was a genetic or social learning issue, as his use became a major problem right from the start. He had been in many treatments in his adolescence and young adulthood prior to getting sober. He said that that his girlfriend (now wife) had also struggled with alcoholism and ended up getting sober through the use of AA, which he encouraged. A year later he also quit drinking. He reported not wanting to end up like his father, so when his wife gave him an ultimatum he decided to stop drinking and smoking marijuana. He strongly believes in AA because he has seen
how it has helped his mother and wife. He doesn’t use it himself, though believes that maybe he “should.”

The mother and son both agreed that alcoholism is a disease, that abstinence is the only way to manage it, and both have benefited from AA. However, mother continues to attend AA regularly and the son does not, nevertheless he managed 6 years of sobriety. They both discussed the impact of historical trauma, specifically boarding school, on their family functioning. The son reported that he wouldn’t be alive if it weren’t for mother’s sobriety and the support AA meetings provided her. He spoke highly of his mother, describing her as a strong and protective person. The mother and son reported doing well; both have good jobs and are in stable romantic relationships. They both share a belief about taking it one day at a time, and that to a degree, their life paths are already laid out. The son worries about the future, including his unborn children, nieces, and nephews, however, he remains hopeful. This hopefulness exists despite his admittedly unsettling predetermined view of the future. Both mother and son were parentified children, mainly emotionally, toward their younger siblings.

Both mother and son shared an ideology of investing in the community and a desire to make a difference in others lives. M4, who has achieved an advanced degree, desires to make changes at a larger level. She has big dreams for the community and Native people to overcome and heal from historical trauma and discriminations. She talked about feeling blessed and hopeful, and does not focus on the negative anymore. The son also reported feeling thankful for the support of his mother and his wife. He described enjoying his work in the Native community, in which he mentors youth and
leads a project focused on dispelling myths and stereotypes, and highlighting community strengths.

**Dyad Five (M5 and S5)**

*Both mother and son struggled with being open about their trauma history and the impact it had on their lives. The son downplays the extent that the traumatic experiences have impacted him, perhaps to appear strong, to protect his mother, or perhaps perceives it as the norm. Interestingly the son, who is early in his adulthood, was the first to get sober in his family.* (Excerpt from reflective journal, July 9th, 2011)

M5 disclosed a significant trauma and substance abuse history. The mother believed that her childhood sexual trauma was directly related to her drinking and promiscuous behavior. She reports getting the message in childhood that “you don’t tell,” because those who told were often ostracized. Thus, she lived most of life with this secret. Her grandparents raised her with exposure to both Christianity and Native spirituality. She discussed being strongly impacted by the racism her family faced in her community growing up and historical trauma in her family experienced. She continued to struggle with racism and discrimination as an adult. The loss of her grandma when she was a teenager was, and continues to be, a very painful subject; her grandmother’s death marked the point where she had to fend for herself. The death of her grandma represented the loss of stability and family connection because grandma was raising all of her grandchildren due to parents’ drinking and irresponsibility. M5 wondered about transmission of trauma and drinking, questioning the influence of genetics.
She regretted raising her children in a chaotic environment, which included homelessness, witnessing violence, and physical victimization from their father. She believes she disappointed her grandparents with her choices, including her involved with ICW and her children intermittently going into foster care due to her substance abuse and inability to provide basic needs for the children (i.e., food). She reported that her ex-partner and her sons (except the one interviewed) were all in and out of prison for substance abuse related charges, such as domestic violence. She wanted her grandchildren to be raised without exposure to drinking and violence; however some of witnessed more than others. Currently, she teaches the culture and language to her grandchildren. She regrets not teaching her own children about their culture and encouraging them not to drink. She reported working on her own healing and not blaming others.

Both mother and son had early onset of drinking, but the circumstances around these behaviors differed between them. Although M5 blamed her childhood sexual trauma for early onset of drinking, S5 perceived it as sometimes fun to do with his friends at first. The son reported not holding any resentment toward his parents, but M5 said she still struggles with resentments toward family.

Both mother and son, do hold resentments about feeling discriminated against in their lives. The adult son opened up about growing up fast on the streets. He started taking care of himself or fending for himself in early adolescence due to his parents’ substance abuse, homelessness, and insufficient food. He reported changing schools numerous times, and now can barely read and write. He said he blames his teachers and believes they did not care. He reported dropping out of school to go to treatment in his
teens, but has a current goal of getting his GED. Despite growing up being in and out of foster care and witnessing and experiencing violence by his father, he did not describe his life as traumatic. His mother, however, does. The son continues to struggle with homelessness and is confronting unemployment.

The son was the first of his family to get sober, and mother followed suit. He said he was proud of his mother for quitting drinking, and is very close with her. The mother reported using AA, spirituality and cultural practices to maintain her sobriety, but S5 did not have anything specific that helped him stay sober. He said he stopped drinking due to being tired of the substance abuse lifestyle. He was also motivated by the fact that his brothers are currently in prison and his father was also in and out of prison during his life. S5 avoided his brothers and friends in the past in order to stay out of trouble. He deliberately does not worry about his brothers who are in prison because they write each other and he is focused on improving his own life. Both mother and son are proud of their sobriety and the improvements they are making in their respective lives, and are optimistic about the future. They are both maintaining their sobriety and working toward goals of bettering their lives.

Dyad Six (M6 and D6)

This mother-daughter dyad is a good example trauma transmission, as the daughter recalls feeling anxious as a child prior to experiencing any of her own traumas and recalled childhood games of hiding and about fearing break-ins and that people would harm her. However, both mother and daughter report that mother didn’t talk openly about her traumatic experiences aside from general
statements. The mother reported a desire to have instilled specific values in her children through her actions and behaviors, however she has some disappointment that her efforts had not been successful as she thought with her now adult children, as they did not adopt all of her views. (Excerpt from reflective journal, July 17th, 2011)

M6 discussed early memories of experiencing extreme poverty and her mother’s drinking. She recalled her mother frequently drinking and driving, while she and her siblings had to guide her to stay in the lines. They had a number of rollovers. She mentioned struggling with memory issues and wondering if these were dreams or reality. Her mother was violent when drinking; however, she was not violent toward the children. M6 recalled her father trying to get mother to stop drinking. She and her siblings were put in foster care as young children; by the time she was a legal adult, she had entered and exited many different foster homes. She recalled many abusive foster homes and facing a great deal of racism. She felt like she would never completely heal from the abuse she suffered. One foster family told her that her mother did not want her or care about her, and that her grandpa had died when he had not. She recalled visits from her father during this time (once a year), but he was not allowed to come in the house. She was proud of the fact that her father had quit drinking five years before she was born; mother died as a result of her alcoholism.

She started drinking when she was 11 years old to cope with the trauma; she liked to blackout and escape from her daily life. Growing up in foster homes, she said it as a “given” that she would start to drink and that no one was surprised when she started drinking. Upon exiting the ICW system at 18, she quit drinking when she received a box
of letters from her deceased mother, which ICW workers had kept over the years, including letters advising her not to drink because it would kill her. She also learned at this time that her mother had died due to her chronic alcoholism. She started drinking again in college, but explained that she was able to maintain straight A’s and keep up with bills. She again quit drinking when she became pregnant. She didn’t want her children to go through the things she did. She quit drinking cold turkey, but later went to treatment after having a “mental breakdown” related to doubting that her mother had actually died. This disbelief was related to her distrust of her foster family, who had lied and told her that her grandpa was dead when he was not. She reported dealing with her trauma for the first time in treatment. She believes that healing from the trauma must take place for generational patterns to stop, but people cannot heal if they are still drinking.

M6 used AA religiously for ten years and was active in the AI community. She reported discontinuing AA because it was too depressing after a while, and she had sobered up to be happy and enjoy life. She described using ceremonies and spirituality for her healing. She recommended people get as much as support as possible at the start of sobriety. She chose flowers and candies to represent the birth of her children on her lifeline, and said having her daughters was the most significant and positive event in her life.

D6 talked about being raised going to AA meetings and the “dry bar,” where sober people went to socialize and dance. D6 recalled mainly fond childhood memories, although she also experienced a rape and beating in her childhood by a family acquaintance. When she disclosed the rape, her mother believed her but others did not. She recalled feeling unsafe in her neighborhood, witnessing neighbors fighting, and being
exposed to friends’ parents’ drinking. Her mother warned her about the dangers of the neighborhood; she even talked about making games out of hiding and planning for what she would do if someone broke in. She recalled stressors of moving a lot and living in bad neighborhoods.

The daughter reported not being a fan of AA and believes that she can drink on occasion. She believes drinking sporadically will teach her children balance and moderation. Her mother, however, reported frustration at her daughter’s behavior; drinking in moderation was not how she raised them. She does not understand why her children have struggled so much in their lives with substance abuse and ICW, as she tried to protect them from this. Both mother and daughter talked about struggling as single mothers to raise their children with strong cultural values and shelter them from the effects of alcoholism. The daughter reported feeling distressed that her adolescent son is already hyper aware of addiction issues due to his aunt’s struggles and his father’s death, which was caused by a drug overdose. The daughter reported ending relationships to protect her children from viewing substance abuse, like her mother did. Despite her efforts, D6’s son is somewhat parentified; he monitors and comments on hers’ and other family members’ drinking.

The mother said she believes D6 is playing with fire by having an occasional drink, and is teaching her children to become alcoholics. Both mother and daughter wondered about the biological aspect of alcoholism and speculated about the intergenerational impact in their family. The mother wondered why her adult children do not believe alcoholism applies to them, and they see it as “mom’s problem.” She reported being bothered that her daughters did not seem concerned with having father figures for
their children. D6 acknowledged that she wanted to be a young mother. She was not worried about becoming a single parent if the father would not give up substance abuse because her mother was able to do it successfully. The daughter reported raising her children to be proud of their AI background and not to associate it with alcoholism.

**Dyad Seven (M7 and S7)**

*In this mother-son dyad, both reported having been diagnosed with Attention Deficient Hyperactivity Disorder, thus, conducting the interview was challenging.*

*The son reports not believing in taking medications and the mother reports that her youngest son (not interviewed) steals her medications. Therefore, both participants struggled with the chronological order of the interview process and often forgot to select symbols for their lifelines.* (Excerpt from reflective journal, July 23rd, 2011)

M7 was raised on the reservation and generally shared positive memories of childhood, including feeling loved (especially by her father) and enjoying time with her sisters and aunts. Her father was often gone for days for his job and died in an accident when she was an adolescent. She recalled thinking he would not come home because she did something wrong. Her youth became hazy after that. She reported being sexually abused by her grandfather, but when her mother did not believe her and started to physically abuse her for telling, she became suicidal. She remembered her mother having many boyfriends after that and bootlegging to support the family. She recalled her mother was overcome with grief over the losses of her husband and sister within a short period of time; thus, her older sister took care of the family. M7’s mother used the children as
confidantes, which M7 later did with her own sons. She said her sons quickly set interpersonal boundaries with her by letting her know they were not comfortable being her confidantes, which she has respected. However, like M7, the son also struggles with trusting people.

M7 recalled leaving for boarding school to escape her home life in 11th grade; this period was a happy time in her life. She reported drinking with friends in high school and college, but often feared being sexually assaulted and felt vulnerable, which she associated with her childhood sexual abuse. She admitted to having ongoing struggles with childhood sexual abuse, and she is working with a therapist. M7 abstained from substance abuse while raising her children as she did not want it to become a problem. She acknowledges that their home life was often unstable due to having relationships with partners who were abusive and used drugs and alcohol. She reported anger that her sons have blamed her for this in the past. She reported feeling guilty and confused over her children’s struggles with mental health issues, substance abuse and dependency on her. She wondered why her sons have been involved in criminal behaviors when she never had been. She indicated a desire to start focusing on her own life rather than taking care of her adult sons.

S7 described being raised by his father intermittently, especially entering teen years, and believes that his mother pushed him off on his father because she did not want to deal with him. S7 remembered trying alcohol for the first time when he was five years old; he felt dizzy and did not like the taste. He was sent to a boy’s home a few years later due to behavior problems, including hyperactivity, not completing homework, and skipping class. After the boy’s home, he went to live with his father, due to prior issues
with physically fighting his brothers when living with his mother. His father had a no drinking policy at his house; if S7 were caught, he would be grounded. Rather than preventing his drinking, S7 simply did not come home when drinking. His father worked a lot; thus, he was unaware of the extent of his son’s drinking. S7 started drinking heavily on the streets as an adolescent. He would pay homeless people to buy him 40-ounce beers until he could legally buy his own. He reported starting with beer, rather than hard alcohol like his peers, thinking it wouldn’t be as bad. Still, he would drink until he became sick. He shared early memories of seeing people of his race drinking and feeling ashamed, and said he did not want to be like them. He is proud of himself because most of friends are in jail or dead.

S7 explained his realization that his children are watching him and he desires to be a good example to them. He regrets not finishing school and encourages his children to finish school. His focus, or hope, is to teach his and other children Native cultural and spirituality; he sees this as his “purpose.” He described using prayer to stay motivated. Both mother and son reported feeling hopeful about their futures. The mother opened up about wanting to find a healthy relationship and return to work after working for years in many different capacities. Mother has abstained from substance use for years; however, her son shared mixed feelings during the interview about whether or not it was okay to drink occasionally. Son reported knowing he cannot control his substance abuse and does not really want to continue, but he also does not get down on himself if he does.
Dyad Eight (F8 and D8)

This dyad is a father and daughter combination. Father was somewhat defensive about the interview process, and adamantly refused to discuss negative aspects of his past. He was highly positive and optimistic despite never being raised by his family and having grown up in boarding school. His daughter, however, discusses the painful reality of being physically abused by him throughout her childhood as well as witnessing him being abusive toward mother, things he did not reveal in his interview. (Excerpt from reflective journal, August 1st, 2011)

When reflecting on his past, F8 reported having very little memories of his parents, as he entered and remained at boarding school until he graduated. He was told that his parents had drinking problems and his mother was unable to care for him due to being sick with tuberculosis. He described taking care of himself, and believed that being apart from his family taught him to be strong. He reported working throughout his life and had many fond memories traveling around the U.S. He spoke proudly of being a good provider and hard worker. He admitted to drinking on the weekends but he did not believe his drinking became a problem. He stopped drinking after returning home one night after drinking, and realizing his children were fearful of him.

He reported coaching others that sobriety is largely willpower to stop drinking. He does not believe that AA works, and he does not believe in the disease model. He said he believes people fall into alcoholism out of boredom because they having nothing going for them or want to forget about life stressors. He recalled discovering that his children’s mother had been dishonest with him about her drinking, during times of
“visiting family.” He talked about telling his daughters that they better not drink or smoke in front of him, and they never did, which he attributed to them respecting him. He sent them to Sunday school in an effort to have them learn values, hoping they would not fall into substance abuse patterns. The highlight of his life is spending time with his family, children, and grandchildren. He has noticed that he is aging and tries to stay positive about it by keeping busy with his family. Because he perceived having no regrets about his life, he did not select any stones for his lifeline. He described feeling frustrated that other Native people are stuck in the past and use boarding school as an excuse to drink and ignore their responsibilities.

D8 possessed early memories of her father beating her mother and siblings; she, too, was physically abused by him until her teens. She linked these traumas to her early onset of drinking in adolescence. She and her father held different perspectives of her youth. F8 was unaware of her early drinking; in fact, he believed she did not start drinking until after age 21. The daughter, however, reported hiding her substance abuse from her family by staying at friends’ homes. She reported not communicating with her parents until adulthood. She wished her mother had been around to talk to when she was growing up, but she was often gone for days at time “partying.” D8 forgave her mother in early adulthood after her mother apologized to her, and she felt blessed that they were able to develop a strong and open relationship prior to her mother’s untimely death. She shared a desire to communicate with her future children about her struggles so they can learn from her mistakes. She was perplexed that her father never talked about his upbringing, and thus, she has never felt she could share her own feelings and struggles with him.
From D8’s perspective, F8 had a short temper (even when sober) and she believed he took his frustrations of being a single parent out on his children. She recalled being left with babysitters often while her father was working. She avoided being at home in her teens. She became involved in the neighborhood trouble, including fighting, skipping school, drinking, and drug use; by adulthood, she was using cocaine heavily. D8 did have children, but due to her addiction issues she lost her parental rights, which continues to be a great source of shame and pain for her. She made efforts to get sober after a low point with substance abuse, losing her children and homelessness. She has now been sober for a few years and many of her family members are also following suit.

D8 enjoys spending time with her family and has established a new support system through friendships she made while in treatment and through AA. She reports that repairing her relationship with her mother was significant motivator for her to get sober, because her mother shared her own struggle with her parents’ alcoholism and being adopted out. Her mother also struggled in her teens with substance abuse. Currently working on her GED, D8 described being hopeful about the future and would like to go to college. Like her father, she said she copes by staying focused on the positive and avoiding thinking about painful memories because she fears it will cause a relapse.

**Dyad Nine (M9 and S9)**

This dyad was a mother-son combination. Both mother and son were quite positive despite their very painful life experiences, including significant losses, and surprisingly neither cried during their interviews. Both admitted to not having open communication or showing affection with their family members. The adult son continues to struggle with substance abuse, self-doubt, and wonders
whether he can still have a positive impact on his children's lives. The mother
despite raising many of her grandchildren while sober wonders why the substance
abuse pattern continues in their generation. (Excerpt from reflective journal,
August 7th, 2011)

M9 had early memories of growing up in an overcrowded home, where she and
her sister helped care for their younger siblings. She recalled that her mother worked hard
doing various tasks to support their large family on the reservation, including making and
selling quilts, bootlegging, and cleaning homes in exchange for food. She had fond
memories of her mother speaking their Indigenous language with her friends (she wishes
they would have taught her) and visiting her mothers’ large extended family. She recalled
that her father had a more difficult childhood than her mother and was on his own by his
 teens. When M9 was hospitalized for tuberculosis, she experienced racial segregation,
however, she optimistically recalled the rest and privacy she had there. She made good
friends and had family support, including visits, letters and money.

In her early adulthood, M9 began having children; her partners would not
acknowledge the children as theirs, so her father often had to step in to help. She
remembered he expressed his anger and frustration with the situation. She recalled being
angry with her mother for drinking and absence when she needed her. Later, she
recognized she too had fallen into the same pattern of substance abuse as her mother. She
reported having her children taken by ICW for having “too many children” outside of
marriage and eventually, her rights were terminated. She recalled leaving the city to give
birth on her reservation due to fear of ICW. When she married in the Catholic Church,
she vowed not to cheat or drink; however, when her husband cheated, she fell back into alcoholism for 20 years.

She sent her children to Catholic school in hopes they would not fall into drinking like she did; however, they all did – and most continue to struggle with substance abuse. When she became sick from excessive drinking, her husband reached out to help and they got sober together. They spent nearly 20 years together sober before he died. She has now been sober over 35 years and is proud of having raised many of her grandchildren during this time. She is puzzled that her grandchildren, like her adult children, are also struggling with substance abuse, despite raising them while sober. She admits that her family does not talk about substance abuse, share feelings, or show affection. She reported always feeling loved by her parents although they never talked openly with her, either. She described being happy in her life now, and said she intentionally chooses not worry about her adult children, who she describes as being plagued by health, mental health, and substance abuse issues.

The son talked about his drinking beginning around the time his mother stopped drinking; there were no conversations about his drinking or his mother’s decision to stop. He stayed out of trouble while attending the Catholic school, but in high school, he began abusing substances and engaging in criminal activity. He blamed the onset of these activities on his friends and first girlfriend, who he met at a Native charter school. He reported having a number of domestic violence relationships where he was the abuser. He blames this pattern of abuse on having witnessed his mother being abusive to his father, which mother does not disclose in her interview, as well as to his brothers being assaulted.
by their significant others, and did not want to let that happen to him. He was uninvolved in most of his children’s lives, aside from those who were raised by his mother.

Regarding his substance abuse, S9 described a pattern of heavy drinking, blacking out, and going to detox during his adulthood. His drinking has prevented him from maintaining employment. He said he knows he needs to stop drinking, but feels like he cannot control himself. He shared that his family does not want to be around him when he is drinking, and that his family worries about his drinking. He often goes to his mother’s home to sober up per her request. He reported feeling concerned about his youngest son, who he believes is following in his footsteps by drinking heavily until he blacks out. He would like to be a more positive influence on his son and talk to him about his drinking, but he does not believe he has the privilege of doing so because he has not been there for him. He would like to do family therapy with his son and encourage him not to make the same mistakes he has made, but fears they have more of a “joking” relationship.

S9 talked about the impact of drinking in his family, including significant losses of close family members as a result of substance abuse, including deaths by suicide, assault, and health-related complications. He acknowledged the damage his alcoholism has had on his health, including his memory and vision loss and accidents. He reported efforts to cut down and control his drinking, and is involved in programming that is based on a harm reduction model. Most of his family and friends use substances of some kind, thus know that finding a new support system would be necessary to maintain sobriety, which has been a barrier for him.
In this family, there was a family pattern of favoritism. The son talked about being favored by his father with a sense of pride, and the mother confirmed this pattern and acknowledged the impact it had on her other children. She also recalled her father favoring some of her children over others. However, she also regretfully admits that she has repeated this pattern with her own grandchildren, having raised many of them. The mother recalled favoritism in her mothers’ family, and felt proud that her mother cared for her grandparents in old age despite not being favored.

**Summary**

The lifeline interview approach allowed for participants to delineate whether they considered events positive, negative, or both, and to indicate intensity, which was compared and contrasted between each parent and adult child set. The parent-child dyad summaries serve to introduce the families to the reader, but also to highlight the within-dyad similarities and differences. These, as well as underscore key aspects or unique attributes of their relationship with substance abuse and to each other. In the next section, the dyads are embedded within thematic results, which further draw out contextual issues and deviations between generations.

**Lifeline Narrative Themes**

The individual analysis of parent and adult child data yielded largely similar thematic findings, therefore, these core themes are presented as a whole, and distinctions or divergence between parent and adult child reports are discussed as necessary. This overlap in findings between parent and adult child also it suggests that across generations, the AI participants share many of the same experiences, though the experiences, may
vary in intensity among older and younger generations, and/or differ between families. The common themes across both parent and adult child narratives were organized into four major categories (see Appendix C): the high number of traumatic experiences throughout their lifetime, intergenerational vulnerabilities, common attributes among participants’ recovery narratives, and family interactions and evolving roles. In order to properly represent the weight of these themes, and divergence among the parent and adult child groups, the language of few (3-6 participants), some (7-10 participants), many (11-14 participants), and most (15 and above participants) was used. The substantial use of quotes allowed for the participants’ “voice” to be at the forefront and remain essentially unchanged, except when necessary to conceal for anonymity and confidentiality.

**Category I: Life Stories of Trauma**

Participants reported experiencing a large number of traumatic events; these traumatic events often occurred early in participants’ lives and were frequently related to substance abuse of the perpetrator or neglectful party. The traumatic experiences they described were also linked to early onset of their own substance abuse. Participants reported the following primary traumatic event types: sexual abuse, physical abuse, neglect, accidents, tragic losses or deaths, and family violence. Some traumas were indirect results of neglect by parent or family members. Others were direct results of perpetrator or participant substance use. Most of the participants experienced more than one of these traumas in their lifetime.
Sexual Abuse

The parent generation reported over twice as many sexual abuse occurrences than the adult child generation. The sexual abuse experienced by the parents was often perpetrated by family members, mother’s boyfriend, and neighbors; whereas the sexual abuse experienced by adult children was most often perpetrated by peers while “partying” during teens years or while being babysat as children by another minor. Participants described feeling shame and sadness about the incidents; one participant in the parent generation even contemplated suicide after the event. Some never reported the incident(s) due to fear of not being believed as they witnessed others tell and not be believed. Others who chose to tell their parents or family about their sexual abuse often were not believed, or even mistreated, afterwards.

M7 stated, “she didn’t believe me that my grandfather had assaulted me, so for awhile she beat me up and told me ‘that’s what you get for lying.’” M4 selected a stone to represent the traumatic memory of her mother’s boyfriend attempting to molest her:

There was one time he attempted to molest me. My mom was gone. It was just him and I in the house and that was really frightening. I mean I was older, I was a teenager by then, but it was just mostly… I found him disgusting. That was really challenging.

M5 discussed the early onset of her drinking and “rebellious” behaviors, which she relates to her childhood sexual abuse:

I was disappointed many times in myself because I drank. There was no drinking in the house but I started drinking when I was thirteen. I think that has a lot to do
with my sexual abuse that went on, that I didn’t share with anybody because I was ashamed of myself and I thought I was at fault and that caused me to be rebellious.

The adult children, however, reported experiencing sexual assaults by peers, mainly while “partying.” D2 reported:

A lot of these events are what… the secrets are what keeps you sick. Early on when I was a teenager, men taking advantage of me when drunk, just the feeling of it that would make me feel like I wanted to use all the time to not even think about that stuff. I was never sexually molested or anything like that it was just from peers from alcohol and the drug abuse. My mom protected us pretty good as far as she could she protected us.

A few participants referred to adult sexual trauma victimization as well. These participants described engaging in prostitution in early adulthood; although victimization was related to maintenance of their drug addictions, participants included it within their sexual trauma histories.

**Physical Abuse**

Adult children reported less frequency of physical abuse than their parents. Only one adult child reported experiencing physical abuse by a parent, and another adult child talked about the trauma of witnessing her brother being beaten by her father (her brother was not his biological child).
S7 experienced physical abuse at the hands of his mother’s boyfriends. D8 describes her experience of physical abuse:

My dad was mean when he was younger. Me and my sisters would always get hit, mainly by my dad. My mom would always be gone; she’d be drinking. My dad practically raised us by himself. She was gone most of the time. She was there with us some days and then she would go out partying. My dad would be working so he would have to get a babysitter for us so we were kind of like here and there, all over when we were younger.

The parent group, on the other hand, experienced more consistent physical abuse during their childhoods, and mainly by their mothers. M3, an only child, described a typical interaction with her mother in childhood:

[My mom] would drug the guys and then roll them for money and then kick them out. And my room didn’t have a lock on the doors; I had a door to go out in the hall and one to the living room. Then she would get snaky and when I was sleeping and that’s when the abuse would come in. She would hit me with broom, and say, “get up and clean this house up.”

None of the participants divulged physically abusing their own children; however, D3 had to get a restraining order on her ex-partner who physically abused her son, who was not his child. Additionally, a great number of participants reported witnessing domestic violence in childhood and experiencing it firsthand in adulthood (see more under violence section).
Neglectful or Absent Parent

Neglect was one of the traumatic events also found to be an intergenerational issue, meaning that in many cases, participants who were neglected themselves repeated the pattern with their own children. The adult children reported having been neglectful to their own children during periods of substance abuse, and prioritizing their use over investing in their children. Often children were left with other family members for extended periods of time due to substance abuse. D1 discussed the effect of her father’s absence on her life:

I think the fact that my dad wasn’t there, and when he did finally come into my life I was an adult, I missed out. When my dad came back, I was 24 when I lived in my apartment, had my head right and I was ready to start having a good life. I was getting to know him and he died. Like we were spending time together. I think that impacted me a lot because I feel cheated and I’m angry with him. I know that’s why I don’t have a good relationship with men. I always pick the ones that I know won’t stay. I look for men that don’t have the same values as I do and I think I need to just forgive my father.

M7 described how following the loss of her father, she was neglected by her mother:

When my father died I was nine years old. And after [that], my whole childhood is quite a bit hazy. There was a lot of drinking and then my mom had a lot of boyfriends and one man would leave and she would get another boyfriend there were a lot of trips to the bar.

M1 talked about her addiction and the subsequent neglect of her own children:
That’s when things started spiraling out of control. I became addicted real quickly and bills weren’t getting paid, kids weren’t getting the things they needed as far as shoes jackets that kind of stuff. The oldest one was I think about 10 or 11 and he was starting to realize that something was going on.

**Exposure to Accidents**

Many participants in both the parents and adult children reported experiencing accidents in childhood due to lack of parental supervision. The parent generation experienced more accidents related to their parents’ substance abuse than the adult children. Also, many of the participants in both groups reported being in accidents related to their own substance abuse. Participants talked about being strongly impacted by having close family members experience substance abuse-related accidents.

S9 talked about an accident he experienced as a result of his own substance abuse:

I was eighteen. I got hit by a car too, so that was a negative. I was coming back from a party and I blacked out. I was walking across the highway and a car hit me and gave me two broken legs. I almost died and a priest hit me so I couldn’t sue.

M6 told of her experience of multiple car accidents due to her mother’s drinking:

I don’t know how old I was; I was still little and my mom… I mean there is a whole string of [car accidents], like she got drunk she rolled the car over in the ditch. She would have us, there was three of us, and we would sit at each window and she would have us tell her when she was getting too close to the center line or
when she was getting too close to the ditch. She would roll the car in ditch we got stopped by the cops a number of times and went to jail with her a couple of times.

**Tragic Loss**

Nearly all of the parent and adult children shared about the impact of deaths of (often tragic and untimely) family members and close friends due to substance abuse-related health issues, accidents and suicides. There were shared losses among the dyads that were significant to both the parent and child, such as a parent or grandparent, and each talked about the impact on themselves and their family.

D2a shared early losses in her life:

I mean my life hasn’t been all bad, but there was a lot of deaths early on, when I was nineteen. That’s one of the reasons I quit drinking cause my best friend committed suicide, two of them back in the late eighties there was a big rash of suicides.

A number of participants talked about the loss of family members due to alcoholism, or as D3 put it, “my grandma drank herself to death.” D4 reported:

Everybody in my family drank themselves to death: aunts, uncles, grandmas, grandpas. Both of my parents have a parent who drank themself to death before I was born. I have numerous cousins, aunts, uncles who all died from drinking.

When she said you have to come with me and sober up, I knew if I stayed, it was just clear, I would end up like that dead or like my dad, my dad isn’t dead yet but he’s still like on that path, so I sobered up.
M4 talked about the physical absence of her father, and his later death, due to alcoholism:

He died of his disease at age 35. He was a very chronic alcoholic. And I remember being really upset with my mom, because I felt like she was being mean to him; I didn’t understand—she wasn’t, she had a right to be concerned. I didn’t understand at that age so they split up. I remember my dad telling me at a gas station, “well you take care of your mom,” he told a 5-year-old, “you take care of your mom and your sister.”

Exposure to Violence

The experience of violence demonstrated an intergenerational pattern for these families. Many participants reported witnessing family violence or domestic violence in childhood, as well as fights between people at parties, in their neighborhoods. They also talked about their own adult and young adult experiences in interpersonal relationships with domestic violence, including times when their children witnessed.

M3 talked about regularly witnessing violence in her childhood home:

I remember my mother and father drinking a lot and fighting a lot. My dad got mad and tired of it and left, and so I went with my mother. [I remember] my mom throwing hot coffee and scalding my father on his arm.

M5 recalled: “I remember my dad coming to the house and getting hit in the head by my grandma.” S7 described ongoing physical violence between him and his older brother:

[My brother] always wanted to punch me, thought he was tough or something. But anyways to make a long story short, my mother didn’t want me to come back
because me and my brother were always boxing or my brother was always trying to attack me.

D8 remembered feeling confusion in childhood viewing violence:

My mom would get hit all the time [by my dad] and I seen that… I don’t know how to explain it, I always seen my mom get hit and I didn’t know what to think, you know when I was that young.

S9 told of a troubling incident of witnessing his mother attack his father:

We was just watching TV, my dad was watching TV with us and my mom came in. They drank on weekends but not during the week, but then my mom hit my dad over the head with a broom and that kind of kept with me, I don’t know why. He wasn’t really doing nothing, but he must have went out with her sister or something but I didn’t get the whole story. I seen all my brothers getting punked out by their old ladies; I’d rather be single than have to live like that, [being] bossed around or whatever.

Category II: Red Road to Recovery

All of the participants in this study discussed their relationships with substance abuse as evolving overtime. Participants’ relationships with substance abuse following a somewhat typical path, included: minimizing substance abuse, efforts to control use (many times, in attempts to be unlike others), taking accountability for substance abuse, and experiencing numerous turning points in their use – and some continue to negotiate
and explore their sobriety. Finally, most of the participants discussed their thoughts on adhering to an abstinence only approach, specifically AA model.

**Minimizing Substance Abuse**

The parent group talked openly about their mistakes and the extent of their substance abuse than the adult children. Adult children who talked about their substance abuse were more likely to focus on what they did *not* do, or downplay use by comparing their use to others who were struggling more than they were. The adult children seemed to be struggling with openness about their use more than the parent group, but for the most part, the adult children seemed unaware of their minimizing. This commonly played out in downplaying of problematic substance use now and in the past. Adult children expressed a desire to find an appropriate degree of substance use.

S7 discussed his habit of minimizing his substance abuse by comparing himself to others who were worse off:

I always off a couple of beers or whatever. Yeah that was what I said too; why [am] I even drinking? It wouldn’t happen every time, but it would happen a lot. I just wanted to drink probably because I saw a lot of other people drinking; I seen it had effect on people in a bad way, but I tried to minimize it by drinking beer. The other people were probably drinking alcohol, but in reality I was just doing what they were doing and following suit. I guess you could say being a follower instead of a leader. I was just being a follower and getting caught up you know what I’m saying and then it took me under.
D2a talked about efforts to keep boundaries around her substance abuse, which made her believe that her “addiction” was not as severe compared to others:

I never stole or did anything like that to my mom through my addiction so that is one thing that I am thankful that I am didn’t do to my family, it was a good thing for me. That was something that a lot of the people that I was with you know stole from their families and would sell their kid’s stuff that was something I never did. I always hustled on the streets for my addiction and I always believed that street drugs were for the streets...

D4 detailed her efforts to keep her use in check through limit setting; by prohibiting herself from purchasing drugs and paraphernalia, she was managing her substance use:

Always throughout my using I always thought that this could be a problem. And too, I wanted to, I’ve been really honest with my family about it and even in college I was very honest about my extensive experimenting that I did. And part of me when it just became too much, you know after a little while, I always wanted to stop, I had that mentality. I want to stop. No I can’t buy any, I’ll just hang out and do yours. But I can’t buy any or have any paraphernalia, because then that will put me over that line and I’ll be that much closer so I had those types of thinking and actions.

Controlling Drinking to be Unlike _______.

Some of participants, especially in the younger generations, described efforts to control drinking and substance use behaviors so they would not turn into people who had a severe substance abuse problem - often their parents. Perhaps because substance abuse
was already a part of their story, or because they were struggling with the concern of turning out like a relative, adult children compared themselves to others and often minimized their own substance abuse.

D4 shared her efforts to avoid ending up like her father:

I was huffing paint and drinking [at that time], and here it was pot and the first other drug I tried besides alcohol, was ecstasy, and so I was doing that in tenth grade. I don’t think I started drinking until I was about 17, which was later than all of my friends. All of my friends would get drunk on the weekend all the time and I would just sit there and smoke pot. I think I was unique in that way and I just kept tabs on it, I just knew; I knew my whole life I didn’t want to be like my dad.

S4 disclosed his fears of turning out like his father and others in his family that struggled with substance abuse:

I knew if I didn’t go sober up, I’d end up like my dad or like everybody else in my family. You got to understand, I’m pretty sure I’ll live a long long time, I’ll hit old age, because in my family if we don’t drink ourselves to death by the time we’re forty. There’s only been a few people but, they reach ninety, so it’s like there’s no in between.

M4 divulged her own mother’s concern that she would end up like her father:

It’s funny today because she’ll say, “I don’t remember you drinking.” I would say “that’s nice mom. I’m glad you don’t remember all of that stuff.” And it wasn’t
that I drank around her, it was like I wouldn’t come home if I was drinking or using. I remember her saying at one point that she didn’t want me to be like my dad, but that wasn’t a conversation we had all the time. More often I felt like, if things were bad she would kind of ignore it and hope it would go away.

**Taking Accountability for Substance Abuse**

The task of responsibility for actions proved to be a struggled for many of the participants, particularly those that were still struggling with substance abuse. The most of parents discussed their early tendencies to blame others for the onset of their substance abuse and related problems; however, they now believe that each person should take responsibility for one’s own life choices. Some of the adult children continue to harbor resentment and blame others.

D6 vocalized her resentment toward her father, who drank and smoked marijuana with her as a teen:

I got drunk and high with my dad and I remember waking up the next day so angry I mean, just so angry because you don’t ever ever do that with your kids that’s not something a parent does. A parent is supposed to tell you not to do that, that it’s not okay. I was so angry at my dad.

S9 blamed his first girlfriend for his drinking problem:

I met my first girlfriend... she’s the one that... I’ll just blame it all on her, she is the one that got me drinking. I didn’t drink or smoke. I switched schools and met this girl and that was it. That was like the whole fall.
M7 shared how her son attributes his own problems to her poor choices in men throughout his childhood:

They’re boys, I didn’t really tell them anything about what to do. It’s like I always told them I was proud of them when they did well but my younger one I say “I don’t’ know what I did with you.” He blames my men friends; he actually blames me for having crazy boyfriends.

M4 shared about her transition from blaming to accepting responsibility for her choices:

I connected [my car accident] to people who were driving and drinking, but not my own drinking. I was really upset with people who left me, and things like that but I wasn’t really thinking that this was something about my choices.

M5 explained the importance of focusing on healing from trauma, rather than blaming others, for making progress:

There are many of us who are working on our trauma. We complain about it, but we need to work on ourselves, we can’t point the finger. A lot of people are still traumatized today but there are people out there willing to walk you through it. There are grandmothers, aunties, and counselors that have that experience too, to walk you through it. They’re there, be a strong person. There is no shame in it. We don’t have to carry that shame with us anymore, we can just let it go.

**Negative Feelings toward Those who Perpetuate Negative Stereotypes**

Some of the participants in this study, mostly adult children, discussed their anger and frustration with AIs who use historical trauma and cultural loss as an excuse to be a
“stereotypical homeless alcoholic.” This is coupled with their efforts to not fall into this category. D4 reported knowing from an early age, due to watching her father struggle with alcoholism, that if she drank she would become the stereotypes. “I’m Indian and if I drink I’ll be on the street corner with those signs.” She also recalled that her paternal grandfather, who also struggled with alcoholism, falling into this stereotype: “he passed when I was little and I remember him being a rough, rotten old dirty man.”

S7 discussed his early frustration and shame in viewing AI people drunk and homeless in the parks,

I see a lot of [Native] people drunk, laying around the ground, and that’s not the right. I seen a lot of people just laying around in the park as a little boy, but to be honest with you it was embarrassing.

F8 frustrated with those who perpetuate negative stereotypes stated, “They want to feel sorry for themselves all the time. They can’t get off their butt and get a job.” He went on to say:

I know people who had a home life and they lost it because of their drinking and they don’t pay their bills, they don’t buy food, and they don’t pay their rent. That’s why they’re on the streets homeless, they’re all crying out there.

**Experiencing Turning Points**

Many participants described their “low points;” for some, low points were turning points, or wake-up calls to the severity of their substance abuse. For others, however, low points became a point of dwelling for a significant portion of their lives. The experience
of low points does not necessarily mean there was awareness of their substance abuse issues or that there was willingness to make changes. Most of those in the parent group and many in the adult child group have maintained long-term sobriety; however, they admit that there had been multiple low points prior to their final turning point of sobriety. Turning points include changing various behaviors related to substance abuse; a handful of participants though they have had various turning points continue to struggle with substance abuse. For some, turning points were positive experiences that created hope such as the birth of a child.

D2a talked about her low point of losing her parental rights due to drug use and domestic assault, but continued on a self-destructive path for some time prior to her last turning point onto a healthy path:

When I started using meth and getting high, and was around the kids and brought it into my home... [My husband and I] got into fighting over meth and that’s when the kids got taken. I lost my place, lost my car, lost everything all in one month and then in 2005, 2006, I went to jail for domestic assault, that’s when I got the kids taken and I ended up there. I ended up having to do four months in jail for domestic assault. Ever since then it was a downward spiral. After I lost my kids I just I gave up. We were doing threesomes, just really sexually deviant; I would never do that stuff if I was sober.

D3 discussed a turning point in her substance abuse and related behaviors:

Actually I did get in trouble on New Year’s Eve like two years ago. I drank and then I blacked out and ended up at detox at the hospital. I was 21. I didn’t know
what to do because I never lived down here. I lived up north that time, and I called my mom. She said just try and make it to her house. I blacked out and got in a car with someone and then I came to in the bathroom of the gas station and told the clerk to call the cops and I don’t know who I’m driving with. It was scary because I didn’t know where I was. Even when I woke up in the hospital I didn’t know where I was and what to do.

M3 talked about her involvement with check fraud, and though she discontinued the criminal behavior she does continue to struggle to this day with her drinking.

I went to prison. Before I had [my son], I had another boyfriend and a lot of biker friends of mine and I had a big apartment and I had no way of supporting it because my man went to prison so I started forging checks. I mean going to prison was a big thing. It was a big thing losing my kids.

M4 told of a bad car accident in her teens that left her with permanent facial scaring, but at the time she did not connect this to her substance abuse. She now has over 30 years of sobriety.

I’d get in trouble with the cops, just it was bad. And then I got into a really bad car accident when I was 17 and that was bad. I had been drunk for 3 days and my mom had kicked me out of the house. It was the summer before my senior year and she had just kind of had it with me. I never blamed her for that. You think you are going to live forever when you are 17. I was hurt the worst. I must have hit the windshield; they all ran off and left me for dead. The interesting thing was that my mom moved me back home, but I didn’t stop drinking. I didn’t stop using.
was just sure that this was because of all the other problems in my life, not my drinking.

**Ongoing Negotiation and Exploration of Sobriety**

There were some participants who admitted that their substance abuse continues to be a problem for them. They admit to understanding their need to discontinue their use, and were aware of who their patterns were affecting, and often have been in and out of treatment. Despite efforts at sobriety for periods of time, participants face the challenge of being surrounded by others who are using.

D1 disclosed her recent struggles with opioid abuse:

I did the pills for the last month and a half and I went to jail two weeks ago – a week and a half ago. Though my children are fed, bathed, and given some love, it’s not enough and until I quit using, it’s never going to be enough.

D3 talked about ongoing problem drinking:

I drink once in a while, maybe once a month. I didn’t drink as much after that, like I slowed down for a little bit. When I drink, I get like drunk and blacked out. Just a couple days ago I drank and lost my purse and everything in it. I don’t know where to go to get everything to start off. I lost my ID, my son’s, both of my son’s social security cards, everything. My whole purse was in the back of my mom’s friend’s truck and I forgot it in there. I can’t drink because I don’t know when to stop, this stress.
M1 talks about her conflicting feelings about her husband’s substance abuse. She reports both frustration with her husband’s ongoing use, but also finds him boring when he is sober.

He doesn’t want to do anything; he’s boring when he isn’t drunk. He just wants to watch TV and he doesn’t even enjoy watching a good movie. He just wants to watch these reruns of True TV, it’s like 48 Hours and Crime Scene Investigation and Animal Planet and I mean that’s stuff is interesting but you know the same stuff is going to be on next week or tomorrow or you know. It’s just like tapes that play over and over. So he’s just... it’s affected me.

M3 talks about wanting to end her addiction to opiates, but struggles with pain after a car accident and has easy access to pills:

Well I’d like to quit, you know but it’s kind of hard when you’re constantly around it. That’s why I want to get myself busy. [My doctor] doesn’t give me any medication, so I find them on the street now. Pain medicine, that’s what I do. I don’t do it constantly and I don’t wake up wishing for it or nothing like that. The first things I need is my coffee and my cigarettes (laughs).

M9 has been sober for 30+ years. She sees the affects of her drinking on her children with their ongoing addiction issues and interestingly they still worry about her relapsing:

I think it affected all my family because they’re all alcoholics and drug abusers; it did affect them. I think it did affect them a lot cause sometimes when I’d be out calling up and my son would say “mom where are you? I hear music in the
background, are you drunk?” and I would say “no I’m not drunk.” I don’t know where I was, I was just call them to let them know I was okay.

**Adhering to Abstinence only AA model**

All of the participants discussed their thoughts or feelings about AA. It appears that the younger generation view AA with less enthusiasm than their parents and elders, and pointing out limitations to the approach. Even those who have seen their parents or others successfully use AA, they had concerns about it and do not believe it was necessary for them. Some adult children say they used it for themselves and believe they should continue to attend, though they are not doing so. Many of the adult children are sober without AA, and some drink socially and are trying to find a balance or control their use.

M5 spoke of her belief that abstinence is the only way for her generation:

They have my genes, the alcohol part, all they need is one beer and that’s it -- the AA model. I know in my mind, my heart, if I drank one beer that’s it. I know that. I live by a liquor store and by a bar, but I won’t even look inside a bar. My son was telling me “Mom I’m so glad you quit drinking.” It’s in our genes and I know that you can’t even have one beer. We’re a generation that can’t even have one beer you got to have a case a beer until your completely drunken and passed out. You lose everything, you don’t have no food, we have things now, before we didn’t something was always pawned.

D6 talked about her struggle to meet sober friends because she doesn’t want to go to AA meetings:
I don’t have a lot of friends because I don’t want... I don’t know how to make sober friends without going to AA or to Alanon, and that just seems ridiculous that that’s the only place to find to sober friends. There has got to be other sober people that didn’t grow up in a crazy household but I don’t just want to make friends that want to relive their horrible drunken years.

D4 told of her differing viewpoint than her mother who raised her going to AA meetings:

I was raised with going and sitting in AA meetings. My whole life I’ve heard those words and I’ve heard my mom talk. I kind of tune out other people. In her raising me in that environment, she was sending me that message that more than likely you are going to be this way and this is the only way to address it to follow these steps in this program. I have a lot of respect for AA because it… I can’t imagine what my life would be like with two parents like that. I feel like I’ve been able to do the things I’ve done and I’ve had the success in my life because of being raised by my mom. My mom was solely AA, that’s the only way you can do it, total abstinence is the only way to do it because you cannot do it here and there.

My approach [with my daughter] would be very honest and showing her this is where it can go, these are the different ways you can address it, these are concerns, and this is what healthy people look like, give her an all-around look. She’ll have to experience it on her own and I understand that and I’m not going to force or keep this bubble over her, my mom tried to do that with my brother and it caused her a lot of stress and it backfired in some ways for her to keep us so
sheltered from it. I love AA meetings and I will go, I usually go when my mom’s
talking and they are having a potluck. I do that, but my brother does not go to
meetings, my mom does not like that but see my brother has another approach;
he’s totally absent from everything so he doesn’t go to meetings. His wife, she
stopped using, she’s been sober for 8 years; she has to go to meetings every week
just like my mom. Whereas I can go and have an after-work drink, once a month,
spend $2.75 on a beer plus $1.00 tip and still be okay with that. I don’t see it
affecting my life in any kind of negative way.

S7 reported his concerns about AA:

I just wish we could heal ourselves, maintain our sobriety. AA is not always going
to help; some people are not comfortable with that. I think people are not
comfortable with that because a lot of people gossip. That’s what it is and then
people get up there they pour their heart out while the other people gossip about,
they break their confidentiality. I don’t really care if you want to talk about what I
just said to you but the bottom line is I rise above it.

**Category III: Intergenerational Vulnerability**

Most of the participants shared collective adverse experiences that often followed
intergenerational family patterns. Adverse experiences create vulnerabilities; for
example, parental substance abuse is linked to participants’ increased propensity, access
and temptation to abuse substances. For many of the participants, adverse childhood
experiences impacted their lives by causing feelings of hopelessness. In some cases,
hopelessness manifested itself in decisions to abuse substances. The intergenerational
vulnerabilities commonly discussed were: exposure to ICW or foster care, early onset of
substance abuse, genetic predisposition to substance abuse, compromised mental health,
experiences of discrimination and racism, and risk factors related to poverty (e.g.,
homelessness, unsafe neighborhoods).

**Exposure to Indian Child Welfare**

Involvement with ICW or CPS often involves some time spent in foster care,
which can create lasting vulnerabilities (e.g., attachment/trust issues, child
maladjustment) due to the traumatic nature of being removed from one’s family and
events leading up to ICW involvement. Many of the participants not only talked about
their personal histories of being in foster care as children, but also described their own
struggles and involvement with ICW as parents. Involvement with ICW was often the
result of substance abuse in these AI homes and was clearly an intergenerational issue for
many of the families. Some participants reported close calls with ICW, in which they
were investigated but the children were not removed.

M1 talked about the effect living in an abusive foster home had on her son (who
was not interviewed):

Eventually, about three years of this, and it resulted in us losing our kids and we
came to [city] and got on the methadone program because that seemed like the
only way we were going to get our kids back. I had gone to treatment [my
husband] hadn’t gone to treatment. [My eldest son] was affected the most; he was
abused in one of his placements and that’s affected him adversely up until today.
He’s twenty-eight years old and he’s like my big teenager. He irritates the hell out
of his teenager brothers, the one not so the much, just when he does something to piss him off. He just kind of irritates him just the fact that he is twenty-eight and he still lives at home and he is a loser.

M5 recalled how, when she had been drinking, her children were taken into ICW custody, “I had my kids with me and we passed out. I would have my kids taken from me. I don’t even remember them taking my kids the next day and that was the saddest loneliest thing.” M6 reflected on her time in foster care as a child:

[Dad] would work and always be back, so he was there and then at age five my brothers were put in foster homes and then I when I was six, when I was starting first grade, that’s when I was put in foster homes. The whole thousand foster homes I was in until eighteen… I started drinking when I was eleven. I mean it would just that had never happened in our home all kind of other crazy things happened the drinking my mom’s violence but I had never seen children hurt, I mean so to go into these homes and to be so badly treated—I mean that was like the worst; that’s probably the shock I’ve probably never completely recovered from.

M6 continued to describe what her grandchildren have experienced:

These kids have seen as much as I’ve seen. They’ve gone through with their mother and for ICWA to keep them with her under the guise of protecting them and not taking them from an Indian mother in my mind is not what ICWA was set up to do. It was set up to protect the children and if you have an Indian mother
whose horribly incapable of being a parent, then in my mind it’s about protecting the children doing what is best for the children.

**Early Onset of Substance Abuse**

Most of the participants reported early onset of drinking and drug use, often spanning early adulthood – and for some, extending into late adulthood. Early onset often resulted from early exposure, ease of access due to familial or peer use, and lack of parental or familial supervision. In some cases, parents were absent. Most of the participants explained that early substance use quickly became a problem; others used it as an escape from problems at home. Many of parents and adult children described early use or experimentation as being fun and provided a sense of belonging, noting that everyone was doing it. Almost all of the quotes were nested within other themes, relating to reasons for starting substance use (e.g., trauma) or consequences of substance abuse (e.g., child protection).

M3 credited her early exposure to alcohol to her mother’s lifestyle, which gave her unlimited access. Hence, she started to experiment:

I started drinking then [at 10 years old], I’m the bartender, she’s bringing in cases of Seagram’s 7, but she had things planned. She was kind of a devious woman. She was in there entertaining her company, and I’m whenever someone needs a drink and however they want it mixed I’d go into the kitchen where the Seagram’s 7 and orange juice or seven up or whatever it was they want with it and ice and then make drinks and bring to them and give me dollars and change and then I just went in there and tried it.
M4 described her initial disgust with her father’s drinking. Due to ease of access and a desire to fit in, she began to drink as well:

I’d tell him I hated his drinking and pour out alcohol, I’d tell my dad that. But then it was shortly after that I started using, I mean right around that time I started using. I hated alcohol; I hated what it had done to my dad particularly. But we lived in an apartment building and one of the neighbor girls, her dad owned a liquor store so they always had liquor in their house and we got drunk. I was 13, I got drunk, I threw up, I blacked out, I passed out, had a hell of a hangover and I fell in love. This was just the thing I needed in my life. I was kind of shy with other kids and I didn’t feel so self-conscious. I think I was an alcoholic from the first time I tried it, I don’t think there was any experimentation.

D2a talked about her early exposure to the substance abuse of her peer family members and the onset of her “addiction:”

I started using marijuana when I was eleven with my brother and my cousin. They would go and they would get weed and they would roll all these joints. I remember seeing all these joints like a lot and they made me smoke and they would laugh me. They wanted to get me high and laugh at me. I am going to be accepted or they are not going to hang out with me. Then it turned into drinking; we would do anything and everything to get alcohol. We would get drunk and we would ride around the neighborhood, act crazy, fight, argue, and beat each other up; and that was all the way up to fifteen. Then seventh grade, I remember being
an addict. I would drink every day. I would get high every day anything and everything whenever, wherever, and then I started running around.

S4 linked the onset of his drinking to his father’s substance abuse related absence:

I just started running around then once I hit eleven, twelve I was out on my own. I started getting high, started running around, drinking, smoking cigarettes, and sneaking out. I started getting in trouble about eleven, twelve. And that’s when stuff with my dad... that’s when he was out of the picture for longer chunks of time.

**Genetic Predisposition to Substance Abuse**

Many of participants talked about AI’s predisposition to alcoholism. The disease model for some has been helpful in accepting or empathizing with family members who are still struggling, and for others it has provided reason to seeking professional help. The participants talked about the biological aspects of being American Indian, including tendency toward alcoholism and health issues, as being related to or the result of conquest and colonization efforts.

D4 discussed how seeing alcoholism as a disease has helped her to accept her father:

I’m sure he felt a lot of shame with it and he did so honorably; I believe that this something in his mind that he has a very, very difficult time, almost impossible time, controlling and it’s a disease for him. And that it’s affected his family, the disease. Indians have an issue with alcohol. Indians are prone to alcoholism and
I’ve seen my dad as the stereotypical homeless alcoholic. Because we were exposed to it later and how they used it in history and how they used it to get our land against our people, we are affected by it differently. I looked into it in college and realized we are different in how we metabolize it. That’s just the way it is, I can’t change it, I have to accept it. That is my mentality and that made me feel better because I could accept that that’s the way my dad is. I believe that with the right support system in place that you can overcome something like that even though you’ve been doing it for so long.

S4 told of his own struggle with alcoholism and the impact his father’s drinking had on his life:

I started, and I didn’t mess around. I mean the first time I started drinking it wasn’t to just sneak a beer and have fun, we were drinking to get drunk at twelve, thirteen years old. I think that’s probably from... I don’t know if it’s from genetics or if it’s from what I saw growing up, but I don’t know—to me it was all or nothing. I wasn’t messing around. [Dad’s drinking] directly impacts me and my sister and that just continues, continues because he wasn’t around. So historically we have cards stacked against us and genetically, physiologically, we have that as well. We can’t handle alcohol, Indian’s can’t drink. I mean it’s so rare that you find an Indian that can drink normal, we just can’t handle it. So I think we have that against us as well. You combine those factors, our history, our physical makeup; it’s just a path for where we’re at now, look where it’s gotten us now.
M6 discussed her concern about the biological vulnerability of her children and grandchildren to alcohol:

They keep thinking it don’t apply to them. One thing that I’ve said to them is that as Native people we are actually not biologically equipped to deal with alcohol, for whatever reason. I also think they didn’t see the kind of craziness that I saw. They think that they’re smart enough that they can handle it. The two things [I tell my grandchildren], one you know physically we aren’t equipped to handle alcohol and then the second piece being as Native people why would we participate in our own destruction or agree to they brought it here to use against us why would we agree to let them use it against us? So those are the two main points.

M5 linked her family history of oppression and historical trauma to substance abuse issues:

I try to go back past my grandparent’s colonization, because my grandmother and grandfather, they did drink, but what happened with their trauma I heard passes on to your children and I heard it’s given in your genes. They were forced to live on reservations, everything taken from them; it’s like going to prison and having all your rights stripped off you.

D4 discussed the impact of harmful policies and the use of alcohol as a tool to take advantage of AIs historically:

History affected Indians and substance abuse. We lived a very equal life in the traditional ways and women are equal in their roles and responsibilities. Alcoholism didn’t exist back in the day and if we had been left alone, how things
would look, and just to think about how it was used towards our people. “We are giving this to you to get something we that we want,” I think that set us up. We were exposed to it way later; I think it does say something about our bodies and how it was exposed. What I see primarily in my world, in this neighborhood that I worked in, the Indian Relocation Act, and by getting all these Indians here into this urban concentrated area with the promise of all these things to get them there, essentially setting them up for failure, to rely on county benefits. I think it’s all very depressing. By getting these people in an urban setting, I think it’s an equation for substance abuse.

Compromised Mental Health

Many of the adult child and parent participants discussed compromised mental health beginning in adolescence and early adulthood; however, parents reported having more mental health issues, more severe, and for longer periods of time than the adult children. Some participants connected their compromised mental health to traumatic events, exposure to parental substance abuse, and early onset of personal substance abuse. The experience of compromised mental health was an intergenerational pattern; participants who experienced the depressed parent in childhood went on to experience their own depression in adulthood. Some participants discussed their parents’ depressive episodes, and a few even recounted their parents’ suicidal threats and attempts. With that, across generations, or from one generation to the next, and over lifetimes there was an improvement in participants’ mental health status. Substance abuse issues often masked mental health issues, thus, mental health issues were often identified while in treatment.
Making a connection between her early substance abuse and depression, M1 said:

In high school there was parties, drinking, and those were good and bad you. Fun, nothing really bad happened and then I started smoking weed real heavily and then I got depressed and school started going downhill. I ended up dropping out. When I was in high school, my mother tried to intervene; she must have seen the depression, and the changes with the weed smoking. And of course I didn’t need any help and I was rebellious. You know, the more she tried to get me help the more I wanted to be away from her.

M2 selected a large stone to represent the extreme stress she experienced while in an abusive relationship, which led to her attempting to end her life:

I went into labor and the night he beat me up, I ended up… I slit my wrists that night and I had taken a bunch of pills. They pumped my stomach and wrapped up my wrists and I’m having her that night.

M3 told of discovering that depression was related to her chronic relapsing behavior:

Stress is the main point. I went to treatment and they were like, “Why do you keep relapsing? There’s something more to you relapsing.” The reason I’m relapsing? I don’t know why; maybe sometimes its lack of things for me to do. Sometimes I’m bored, sometimes stressful. Then they said, “We think you have mental health issues.” I got very defensive. After I went home, and they said “Just because we say mental issues, doesn’t mean you are cuckoo in the head.” Depression, so I start taking depression pills and speaking of that I forgot them this morning.
M4 talked about struggling with depression while in treatment:

I was just so depressed, I was so miserable, just the hole in my soul was just getting so big that I thought if this [treatment] doesn’t work, I don’t think I can remain on this earth. It was just too tough, it was just a lot of… it was hard.

M6 reported entering treatment after going through a mental breakdown. It was the first time she began to process her trauma:

The whole treatment program was about being in touch with your feelings. You actually had to deal with your feeling in order to heal and it wasn’t just like an intellectual understanding, I had to cry, I had to be scared, I had to be angry, that it was really about; because you can intellectually comprehend something but that doesn’t heal the damage that was done.

D4 worried excessively from an early age due to her father’s drinking and her parents’ fighting:

But it was a time my mom and dad divorced when I was 7, and it was all due to my dad’s drinking. And he was also unfaithful during the time I think due to his using, I remember my dad using a lot of drugs during in my childhood. I remember after they got a divorce it was still kind of confusing like he’d be around, I think they were trying to work something out, but he’d be around, I’d wake up and he’d be on the couch. He was gone, he’d run off a lot, I was worried. I was worried as a little girl a lot. You know, he and my mom would fight a lot, I don’t have good memories of that house.
For some, mental health issues remained after substance abuse stopped. D6 recalled her lack of motivation and ability to concentrate after she quit using marijuana:

I had quit [using marijuana] my junior year; my grades dropped drastically and my mom wanted to send me to treatment, she wanted to get me assessed. She was accusing me of using, I kept saying “no I’m not, no I’m not” and wanting to tell her that “I quit.” The reason I was doing good grades is cause I had something to look forward to after doing my homework and now that I didn’t have that, why should I do my homework? I’m going to pass anyways. I can remember her like sending me to all these treatment places to be assessed and them going “I have no idea why you’re sending your kid here.”

**Experienced Discrimination and Racism**

Many of the participants talked about discrimination and racism that they and their family members experienced throughout their lives. The parent group shared experiences of discrimination more frequently than their younger counterparts; however, both groups speculated equally about the adverse impacts of boarding school on their elders.

M5 shared about discrimination and racism she faced and witnessed:

[I’ve seen] discrimination against homeless Indians, a drunk Indian, I would see even bus drivers kicking Indian people off the bus, just really mistreating, abusing them. I seen it a couple days ago. Even with me with housing, I get the slumlords. I have a hard time finding a house because they think that I’m going to have
parties. Finding an apartment was the toughest [because of] my last name, right away they say, “you sure you’re not going to have a pow wow in here?”

Experiences of racism were not isolated to the past; M7 described racism she experienced recently:

I’m going through a lot of changes and friendships and that I have real bossy women as friends and lately having to stand up to them. This one, [while at] a healing center where I get acupuncture, she sat on me and told me “Is this a white Indian thing? You don’t like me cause I’m a white woman?” I said, “Look would you move yourself?” And she didn’t get it she just kept saying the same thing. I said, “Do you get it? Your big ass is on me, move.”

D2b experienced racism while at college and lashing out in retaliation:

I was a good girl. I graduated top of my class and I went away to college, which was not a good experience. [The use of American Indian mascots] came up and there was a debate in the dorm… I didn’t know a lot about being an Indian, also being a Mexican girl, but I was just trying to defend the Native rights. This one girl was like “oh I am sick of Indians, they get everything paid for you guys, all your schools paid for” and I’m not enrolled. My dad was Indian but I’m not enrolled. I didn’t get good funding for school. I got good funding because I was an orphan; I was a dependent of the state. I remember slapping her across the face and I got kicked out of the dorms and had to withdrawal from school so yeah, it wasn’t a good experience.
M4 talked with pride about the impact of AIM on her life, in that she did not suffer as much overt racism as compared to her elders:

I’m very grateful to be born in the time I was born in. I was born in a time where there was this wonderful Native renaissance going on, where it wasn’t a bad thing to be Native. With the American Indian Movement and all of the things that were happening, you know, I was proud to be Native. And I don’t think that’s how it was when my dad was growing up or my grandparents, much harder, much more racism.

**Boarding School**

Some of the participants talked about their elders attending boarding school. Although specific information about family histories of boarding school experiences was not readily available to participants, their elders’ struggles, including substance abuse problems, were often attributed to boarding school experiences. As participants are left wondering about the meaning of the perceived concealment, a simultaneous sense of ambiguity and empathy pervades. M4 speculated about the impact of boarding school in her family:

We have a lot generations of boarding school; my great-grandpa, my grandpa, and my dad and uncle went when they were about 5 [years old]. I went for a short time until my dad died. I have to believe [boarding school] also has had an impact on our family. I’ve researched boarding school extensively and I know there was abuse and people didn’t learn how to be functional family members. My grandpa was abusive, and my dad was too. He wasn’t abusive physically, he just couldn’t
function in his life. He never hit us or anything like that. He never raised his voice much; he just wasn’t there.

M5 was curious about the impact of boarding school on her elders:

I always wondered; I know my grandfather went to a boarding school and he ran away and I think he was seven years old, right away, and a bunch of them ran away. When he was in seventh grade, he was like a teacher, and he taught himself to play the organ. I just wonder what they went through. They never shared anything with me.

F8 was raised in boarding school, and optimistically explained how he had ended up there and how he had learned to take care of himself in childhood:

I was in government schools all my life. But [from] what I could piece together and what people would tell me, I guess my mother did drink a little bit and my dad drank a little bit, but I never really had any connection with them. The government in them years, when people couldn’t take care of their kids or something, they thought they’d be better off by going to school. My mother was sickly; I heard she couldn’t take care of me and she was in the hospital a lot. In them days they had tuberculosis, an Indian kind of disease. Everybody got that. She was sickly you know so she really couldn’t take care of me. I was always in school. I wasn’t really close to my family. I never did [go home on breaks]. I stayed right at the school; some people went home for like two, three months, but I right stayed there because I didn’t have a home life. But I’m still alive, and learned to take care of myself.
**Risk Factors Related to Poverty**

Poverty creates vulnerabilities for children and families. Poverty often encompasses a lack of stable housing, homelessness, unsafe neighborhoods, and at times, hunger. The content in this theme was also highly interrelated with the experiences of having an absent, neglectful parent and being left with other family members – often a grandmother. Many participants talked about challenges of unstable housing and unsafe neighbors, both in urban areas as well as on the reservation. The parent group described some of the difficulties they faced living on the reservation, including: lack of opportunities, high prevalence of substance abuse, and bootlegging for a source of income. Adult children, who were raised more often in the urban setting, also described lack of opportunity, dangerous neighborhoods, early exposure to drug and alcohol use, and feeling unnoticed at times.

**Housing Challenges**

Common housing difficulties included homelessness and living in overcrowded housing. M9 recalled the stress of living in overcrowded housing due to family poverty: “I didn’t like my home life, because we only had a two-bedroom house, with 10-15 children over the course of time. It was a house and it was not very private.”

M5 linked homelessness to her drinking problem and discussed the impact it had on the children:

We had three boys and we both drank a lot; it affected our life with homelessness. I had really good jobs working in corporate offices, but my drinking caused me to not go to work. I knew they were having problems in school. I mean they were
acting out we were homeless a lot on the streets walking around at nights trying to find a place to sleep when they were little.

**Lack of Opportunity**

The parent group talked about lack of opportunity on the reservation, thus, many moved to the city, hoping to provide a better situation for their children. The adult children described having similar experiences in the urban environment. The lack of opportunity was often perceived as being linked to substance abuse.

D1 talked about lack of things to do on the reservation and how it related to substance abuse:

That’s all there is to do. There’s really not much going on, especially on the reservation but to drink and get high. I mean from what I’ve seen before, that’s all you really have to look forward to is getting high or getting drunk.

She later moved to the city with her family and found some of the same challenges related to poverty:

We weren’t able to do or see the things that upper middle class or the middle class families get to experience; like we didn’t go on vacations or we weren’t able to get in the car and go up North to powwows because we were so poor. We were stuck in [city] all summer; what to do, what to do? We’d get in trouble, we’d get high, you know vandalize because there was nothing else to do. When we were kids we were always doing something, we always had something to do on the reservation. When you become a teenager, it seems like you want money to do
things, go to the basketball game, or up to the Indian Center, but you want to have
at least a few bucks in your pocket so you can get something to eat or whatever.
But it seems like everybody’s so poor, we’d all just hang out, go in on a bottle.
Everyone has a couple bucks, but we don’t have ten dollars to go to a show or go
hang out at the mall; we’ve got a few dollars and there’s like five heads, we can
get a bottle.

Unsafe Neighborhood

The challenges of living in unsafe neighborhoods, whether on the reservation or
in the inner city, was difficult for both generations of these families. D6 had safety
concerns about the urban community she grew up in:

Growing up, we lived in [a] neighborhood where there was guns, gangs, there was
drive-bys, and it was like living in a war zone. I look back at it and I have friends
from other countries that describe living in a war, and that’s what my childhood
was like. I knew from very young how to look out for people who might have a
weapon or people who, especially as a teenager, I could point out who was selling
drugs. I could point out who was with what gang by what they were wearing and
how they were wearing it. My son started middle school and one day he came
home he goes, “Mom tomorrow is anti-drug day, I need to wear all red.” I said,
“oh my god you are not wearing all red to school.” He said “why not?” and I said
“because its gang-related colors. You are not going to school in all red.” The
difference in how he could completely not understand me, and I could not
understand why the school would want a kid to go to school in all red. It was at
that point that I realized I really had shown them a whole different life, for them to not understand why I’d be upset about a gang color.

M7 recalled her parents bootlegging on the reservation as a way to provide financially; however, she witnessed some terrifying events because of it:

When he came back he would be selling liquor, people knew he would be back with liquor. There was a lot of laughter and there would be some fighting. People would come by and fight and I don’t know why. I remember just one or two occasions where we all hid under the porch when people came by and they were fighting with my dad. My dad was a big man and he wrestled and fought and finally these people went away, no cops, not anybody was called. We had no telephone; it was kind of scary living way out there. Sometimes we would go there with our mom on trips to the liquor store. She was also a bootlegger; she always had to sell liquor to make ends meet. She took care of her sister’s kids when they were babies and three kids.

**Category IV: Family Interactions and Roles**

In this section, the family interactions and roles that were most commonly discussed among the participants are presented, including parentification, the important role of grandparents in nurturing the development of grandchildren, the role of communication (or more commonly lack of communication) regarding substance abuse, and the role of forgiveness and healing and a subtheme of gratitude. Also, important was how participants discussed setting boundaries with their families to protect their sobriety, and a subtheme of struggling with enabling versus supporting. Finally, many reported
cultural practice as a means for healing, and a subtheme was the importance and desire to invest in others.

**Parentification**

Some of the participants talked about their childhood experiences of taking on a caretaker role to meet family unmet needs. Parentification was more commonly talked about among the parent group. These unmet needs included both physical and emotional tasks, including but not limited to cleaning, paying bills, and taking care of younger siblings due to parents’ substance abuse and absence.

Although, her mother was sober at the time, M2 still took on an extensive role as a child:

[I would] go through all the bars looking for [dad] until I found him. Then I’d get the money for the food and bills. That’s another thing I started doing – paying all the bills when I was about eight or nine, I think I was. I would take care of the money and bills and the food and do all that stuff.

M4 discussed how her son took to caring for his younger sister due to their fathers’ off and on absence. She recognized this behavior in her own childhood in parenting her younger sister as well:

He always wanted to carry her, and he’d carry her and he’d always make her laugh and he’d say, “this is my baby.” He was 4 years old when she was born. And to a certain extent, that’s kind of what happened, he started to do the thing I did with my sister, sort of parent her, more parent her than be more like a brother to her because his dad wasn’t a parent.
M6 described her mother’s drinking and violent behavior, in which she found herself taking on the role of hiding weapons from her mother:

She would get really drunk and get really violent towards people. She was never violent towards us. I never remember her hitting me, and never remember seeing her hit any of the other kids. But she would fight with knives, guns, or try to kill people. She would get DTs. I remember one time my uncle tied her to a chair and we had to take all the knives in the house and go hide them out in the yard.

D2b told of her efforts to control mother’s drug use:

I started to recognize that my parents used heroin. My mom used to get doped up and she would sleep. And when my dad went to jail, I don’t know if she started running with a new group of friends or if she had to learn to score on her own that time. I think her heroin use got out of… and I remember not liking it. I remember going into her room and finding the paraphernalia and burying it, and I did that a number of times. And the first couple of times she would get very angry at us, but after that she never got angry at us. I would take it in the backyard and I would bury it.

M9 recalled how she and her sister took care of the home and her siblings, “My sister did the house; well, she cooked and I cleaned, which wasn’t too much. She was a good cook, but I’d sooner I liked to clean house.” D2b recounted how her sister took care of her and was missed when she was sent away briefly:

[My sister] started running, started doing teen stuff, started acting out and my mom didn’t know what to do with her so she sent her away to boarding school.
She fixed my hair for school, and I remember if you look at a school picture I had crazy hair because my sister was not there to do it for me. [Once when] dad was still in jail, my mom found a new boyfriend and moved to a different town, but left us there with our oldest sister.

**The Important Role of Grandparents**

Grandparents play a key role in the development of their grandchildren. Many of the participants talked about the essential role their grandparents played in helping to raise them, nurture and provide a sense of safety and security, and are also teachers of values and culture. Many of the participants in the parent generation or group talked about having raised their grandchildren for all or a portion of their life. This was talked about both with a sense of pride and also disappointment in their adult children for not being a more involved parent. This seems to be an intergenerational pattern both out of necessity related to problem drinking among young parents but also in following traditions.

M4 spoke of feeling safe briefly while living with grandparents:

After [my father died] we went to live with our grandparents and that was my sister, my mom, and I felt safe. We weren’t there too long but it felt safe. Then we moved on our own and my mom remarried and she married another alcoholic.

That was not good. He was verbally abusive, physically abusive; he wasn’t good.

M2 recounted about how her parents took care of her son for a while until she got her life in order; now, as a grandparent herself, she has adopted three of her grandchildren due to her daughter’s substance abuse issues:
My mom and dad took care of [my son] all the time and he lived with them until he was two and then when I had [my daughter], and I got my own apartment and took him back. My mom and dad didn’t want him to leave. They were really attached to my son by that time; it was like they were the parents. I ended up taking him anyway with my daughter. [My daughter] had three kids. I ended up adopting all three kids. The three kids are wonderful; I love them to death, but it’s a lot of work. I ended up having to adopt them because she had been in prison for a year. She was into cocaine.

M5 talked about having been raised by her grandparents; while raising her own children, they experienced trauma at the hands of her husband and now hopes to teach her children and grandchildren things she was taught:

I was raised by my grandma and grandpa since the age of two years old. So I don’t ever remember a life with my mother and my father. I don’t remember ever seeing them together as a couple. What I’m going through right now is trauma, because my ex-husband abused us, my sons and I. He drank and beat us all, the kids were little. I really don’t want that trauma to continue onto my granddaughters. I want it to stop here. Part of that is learning that alcohol, the abuse, the assaults, that it is not the only way to handle things. I don’t want my granddaughter’s to see that. I don’t want the alcohol in their homes. I don’t want the drugs in their homes. I want my kids to be involved, communicating, and teaching our language, our dance, our values and our culture. We don’t have a set of instructions to be a [American Indian – tribal identification removed].
D1 compared and contrasted her experience with her mother and her grandmother:

My grandmother raised me off and on; she was always there for me. My mother has always been there for me too, but I’ve always looked at her as a weak individual. My grandma was always really strong, didn’t let people get over on her, and spoke her opinions, but was still respectful and had so much grace about it. My mom was always smart, resourceful and strong you know in some ways, as far as keeping a roof, food and clothes on us. They didn’t really pay attention to us, only my grandma. The way we were brought up was children were meant to be seen, not heard, like “get out of the room or go on, go play.”

D2a shared about the significant role her grandparents played in her life, and she now is struggling with co-parenting her children with her mother who raised them while she was absent due to her substance abuse:

He was the backbone of our family, my grandma and grandpa, that’s good memories. My grandpa my grandma, they were always there. I know that they cared for my brother when my mom took off from my dad. My grandpa to me was a strong role model in my life. He was always good to me regardless of if he was drunk or sober. I never felt fear of him. I took it pretty hard when he died like, what eight years now. My kids live at my mom’s house. I just moved out of my mom’s house. That was really hard living with them there. She would say one thing I would say another thing and we would end up arguing. The kids were confused, they don’t know who they are supposed to listen to. I asked before I
moved in there, who’s going to be parenting them? And she told me, I would be as long as I was sober, but that didn’t end up to be the case.

**Role of Communication Regarding Substance Abuse**

The subject of substance abuse is a sensitive topic and an especially difficult one to talk about with family, thus many participants talked about their struggles to teach and talk to their children and grandchildren about substance abuse. Some avoided this conversation and made excuses for not doing so, while many others used indirect methods to do so. Some reported guilt and shame at not having been an active parent and not having a close relationship. A few reported fears that they would be ignored, rejected, or shamed due to their own substance abuse history or current struggles. A few of participants were in denial about their adult children’s use, perhaps out of pride or avoidance of a painful topic. Some were able to talk openly and humbly about their substance abuse to their children and reported not wanting them to make the same mistake that they did.

D2a told of how she has talked to her teenage daughter about substance abuse:

I’ve lived that so I don’t say, ‘oh you are going to be just like me’ I don’t say that kind of stuff to her. I tell her, ‘I feel that you are making some of the decisions I made when I was your age and look where it has gotten me. I just got out of prison.’ I said ‘I just want you to finish school and have a good life, not the kind of life I’ve lived’ and so I am hoping to get through to her. I can’t imagine if she ever started doing the stuff I was doing. I think I am going to lose it if she does, because I know what comes with that territory.
Some of the participants talked about not talking to their children at all about substance abuse because it is “common sense,” or due to self-doubt: “why would they listen to me?” F8 reported not having an actual discussion with his children about substance abuse: “There wasn’t no messages; it was just pure common sense, I didn’t tolerate it. They drank, I didn’t care for it, and I told them that.” S9 talked about his concern about his teen son whom he did not raise and what he wishes he could say and why he has not talked to him:

Just don’t do it, look at me; look at your dad and the problems I have and look at what happened when I was drinking, how I acted when I was drinking. I don’t know, I think he needs to talk to somebody about his mom’s [death], but I don’t want him to smoke weed. I can’t really say, ‘don’t smoke weed’ because I know he’s going to do it anyway, he won’t listen to me. I’m there like twice a week and he isn’t going to listen to me. He’d say, ‘oh my dad’s just a junky or look at what he’s doing with his life, messed up.’ I could get like a counselor, me, and him to talk, with nobody else around. Talk to him and to ask him what he feels, because it’s mostly joking around when I go over there. I want him not to make the same things that I made or that or to tell him what I did, what I went through before he does the same thing before it is too late.

M5 admitted to not talking to her children about substance abuse when they were growing up, but is now investing in her grandchildren:

My youngest one is learning, all these years I didn’t teach him anything. That was part of my alcoholism, my drinking, my trauma—that’s part of not teaching my
children, I feel so bad. My future is me is being the greatest grandmother, that I will continue doing—being a good teacher, learning more, and sharing all. And to teach one little word or one little thing, going back to my [traditional] ways.

Some participants talked about how they were talked to or not talked to about substance abuse. S4 discussed how his father failed to talk to him about substance abuse issues when they were growing up:

He’s just that kind of guy where if he’s sober then he’s around, he spoils us, he buys us stuff takes us out, does what we want to do, tells jokes stuff like that. But it’s not like he’s sitting down telling us ‘I’m sober now, what I’ve been doing is bad, I’m doing good now,’ he never did that. He never said to us ‘I’ve been drinking too much,’ he never did. Just like he’d be around or he’d be gone. We knew then what he’d be doing when he’d just be gone.

D8 recalled how her mother tried to talk to her and her siblings about avoiding substance abuse, “She would talk to us about it, but she would say ‘I’m not a good example’ because she was not sober herself but she said ‘other people will tell you differently.’ I guess I didn’t really learn from it, because I used to drink a lot when I was younger and I just I wish I never started that young.”

**Role of Forgiveness and Healing**

Many of participants talked about forgiveness as an essential aspect to their sobriety and healing. Some of the adult children in particular talked about going a step beyond no longer blaming or resenting, and making a choice to forgive as a part of their process of healing. Some have been able to forgive by focusing on the good and strength
that has come from their difficult life experiences. Many from the parent generation talked about asking forgiveness or making amends, and many also talked about letting go of blame. Some talked about asking for forgiveness to end intergenerational patterns. A few participants were able to forgive after receiving an apology, and began to repair these strained relationships.

D1 explained her belief that forgiveness will help to break the cycle of substance abuse in families:

I just think it’s going to get better. As long as I forgive and let go—I forgive my dad and I forgive my husband and I forgive myself—this is going to get better. I think that they should just forgive and want to break the cycle. You have to want to stop using; you have to want it for yourself first and then others. Think how much happier you’ll be; think how much happier your family will be; think how much more you could get out of life if you were sober and clear-minded. The past is the past; we can’t change it, but we can move forward and make things better for ourselves.

D4 placed a flower on her lifeline to represent the strength she has developed as a response to the challenges she has gone through and does not hold it against her parents:

I always look at my life and life events, at my dad and my mom, and I wouldn’t change these experiences because it has made me a very strong person. I see a lot of people my age and it’s different. With my dad being the way he is and even looking the way he does, it has made me who I am today. I’m happy with who I am today.
D8 talked about how her mother’s apology allowed her to forgive and move forward with the relationship she had always wanted with her mother:

When we started getting old enough to realize, my mom finally came sat down with us and she told us sorry she was never there for us when we were younger but you know she was like “I had a problem too.” Then after that I talked to her about anything.

M5 talked about asking for her sons’ forgiveness for her years of substance abuse in hopes of breaking this intergenerational pattern in her family: “I asked them for their forgiveness for me being drunk all the time. [I tell them] how I want them to be now and how alcohol has destroyed dreams, homes, education; but they’re young and they can stop.” D2a talked about recently asking her children forgiveness:

One time a few months back, [my daughter] told me that it was all my fault they had to live with their grandma; she must have gotten mad at my mom or something. I apologized a couple of months ago to her. I said, “I’m sorry, I can’t change it, it’s happened, it’s done, but I am here now. I’m sober, I love you and I care about you guys.”

**Gratitude**

Some of the participants report being thankful for where they came from, as it strengthened them. Similarly, some others talked about appreciating the blessings they now have. Those that exhibited gratitude were also optimistic about the future, often about seeing their children or grandchildren growing up.
D1 is thankful that despite her struggles with substance abuse, she has her children; also appreciates that her family protected her from more traumatic experiences:

I’m blessed because I still have my children and I still have my job and I still have my home. It’s Christmas, and I’ve been receiving so much prayer and so much help. So here I am today saying I don’t need that shit. I’m fortunate that I was never sexually abused or beaten by my parents, but it’s still there and if I don’t break this cycle, [my daughters] are going to have a life that looks like this (pointing to her lifeline) and they don’t deserve it.

D2a, while laying number of flowers on her lifeline, discussed the things she is grateful for:

That’s my kids and my recovery. I’m going to say these are for all my friends that I have met along the way these past two years; that have been there for me mentally, emotionally, and physically. When it got warm a couple days ago and I was walking down [the street], I saw so many drug dealers and I even got visuals of all the drugs, and I don’t have no cravings or thoughts of using anymore.

S7 talks about being proud of himself and is simply thankful to alive:

I needed to be proud of who I am and the accomplishments I’ve made. I’m proud of how far I made it in life because a lot of my friends are not even here to say nothing or talk. They’re no longer here; they’re in the spirit world, all my friends. I’m being honest with you. I’m not exaggerating; a lot of them are in prison or they’re in the graveyard. I’m proud. I’m still out and I’m alive, you know what I’m saying. I’m a lot smarter than that, that’s why I’m out of the game.
Role of Boundaries

The participants discussed their need to change relationships with those close to them, even establishing boundaries for the first time, in order to safeguard their sobriety. In some cases, this included a geographical change, relocating to change the environment, which may have had too many temptations or triggers. For some others, more frequently the adult children, this meant a temporary or permanent family cut offs, particularly from family members that were still struggling with sobriety. A few participants also talked about giving ultimatums to close and important family members in order to gain their support on their venture for sobriety.

D4 discussed setting boundaries with her father who continues to drink:

I had to go through these things to figure out where I stand, because I had never established that my whole life, where I stand with my dad. And what I feel I can say and what I need to say and the boundaries I need to set with him.

M4 talked with pride about how her daughter has been able to successfully set boundaries with her father:

She’s a good mom, and my granddaughter is a pretty well adjusted little girl. I think she doesn’t see her dad now, when he sees her he has to have somebody with him. He suffers from mental illness, which I think is caused by his using. That’s worrisome; I get worried when he sees her. But for the most part, [my daughter] is good about setting boundaries with that family, about what she expects and what she needs from the people involved in her life. So I guess in this latter part of my life, life is just life. You have good days and days that are
challenging, but it’s just life. You learn to kind of roll with it and I think that’s been the gift of recovery for me.

D1 described giving an ultimatum to her partner about his substance abuse:

I saved my family. I told that guy that if he loved me and he loved my kids, you’ll stop selling drugs. You’ll go to work and we’ll be happy or else you can’t move with me into this new place.

When asked about her desire to repair her relationship with her mother who continues to struggle with her drinking, D3 replied that her mother would have to stop drinking first:

I was never really with her; I didn’t grow up with her. [I need] for her to stop drinking and be there for me because she’s there for my brother, she gives him whatever he wants. [As for time together] not that often, just when I’m bored or something. She says sorry all the time to us. She thinks it’s funny. Like she says, she always says “we’re a dysfunctional family” and just laughs about it.

S4 moved out of state with his wife shortly after becoming sober to distance himself from his father and others who were drinking, “I just want to get as far away from them as I can. Plus just to check something else out, see something new. I went out there and we were excited about it.”

**Enabling versus Supporting**

Enabling is an unspoken message or communication in which one indirectly provides support by tolerating behavior, often in an attempt to help their family members, usually the (adult) child or grandchild, but in some cases a parent, who is struggling with
substance abuse. Most commonly enabling took the form of providing housing or money to someone who is struggling with substance abuse, making it easier for them to continue their behavior. Some struggled with thoughts of being a bad parent when setting boundaries. Similarly some of the parents talked about feeling guilty about the mistakes they made, or blaming themselves for their children's struggles. At times, felt manipulated into supporting family that was struggling with substance abuse.

M1 described how her father enabled her use prior to getting sober:

My dad was really non-confrontational; he liked to look the other way. In fact during this time when I was using marijuana, there were times when I’d be really sick, I mean not marijuana I should say meth, morphine; there would be times where I would be really sick, and I would go out to my dad’s and I would ask for money and he wouldn’t ask me any questions. He knew if he had, it he would give it to me and it’s like I don’t know if you’d call it enabling, but I guess maybe it was, but I don’t think he seen it like that I just saw it as him being supportive.

M1 also talks about her struggle to set boundaries with her adult son, and often feelings of guilt or being manipulated into enabling behavior, despite concerns that her teenage sons are seeing it:

He doesn’t think, he will crush up pills right in the house. It’s like “you need to have respect for the house and the people that live here, your brothers don’t need to see crushed up stuff around or rolled up tubes.” I have all these pens in my house that have nothing inside them they just the plastic piece of a pen, they have been disassembled to use for to snort up pills. I mean its wintertime; we’ve tried
to put him [adult son] out; we’ve sent him to treatment. We’ve told him he had to
go and he does, but he always comes back. “Mom I don’t know where to go” and
he’s crying and acting all sad and depressed and he’s trying to kill himself of
course.

M7 continues to struggle with allowing her adult son to live with her despite the fact he is
stealing her medications and invading her privacy:

I just keep thinking there’s something I should be doing to make him stop using
weed and I think he uses meth. I’m supposed to be taking Adderall and he takes it.
I need it to concentrate. I can focus for three, four-hour periods and that it’s not
addicting. I see results with my schoolwork, and my work is presentable. It’s real
scattered when I’m not on Adderall; I don’t concentrate, and I’m disorganized. I
don’t know why he uses it. My second son said “if you need them for your school
work, you should figure out a place to hide it.” I said, “He sorts and digs, my
whole house has been dug through.” And then he said he found my journals. He’s
probably sitting in the car right now saying “well should we go home now Mom?”
I would love to just leave him at his dad’s, because his dad don’t put up with him
like I do.

M2 talked about her struggle to change her enabling behavior with her adult
daughter:

I absolutely refuse to buy my daughter anything. She’s 37 years old. She doesn’t
need me buying her shit; she can buy her own shit. When I go shopping, she’ll
want stuff and I’m buying stuff for [her daughters]. I’ll let her get something but I just feel like she’s almost became like their sister since I adopted them.

**Healing Through Cultural Means**

Many of the participants talked about cultural and spiritual practices, language being an important part of their lives, and efforts to instill these values in their children and grandchildren as well. Some talked about this practice as a means of healing for themselves and their families. More participants from the parent group talked about this than did the adult children group.

D4 told of the importance of having been immersed in her cultural and spiritual ways while growing up:

I remember being really involved; we were in touch with medicine people around the area, and so our family would always be going through ceremonies. That’s how I was raised. I was raised sitting in these four-day ceremonies and having to travel. So that was interesting. I think that was very a positive piece of my culture that my family was exposing to me; my dad and my mom always thought it was very important.

Her mother, M4, also talked about the importance of cultural and spiritual practice for her sobriety and her desire to instill this in her children:

The kids were raised with ceremony and sweat; they’ve been going to sweat since they were two years old. And those things always helped. I used to take them to ceremonies once a month and we would sweat on a regular basis and those things
really helped a lot. So no matter whether things were down or good or whatever, that always helped.

M5 discussed the importance her Indigenous language and spirituality in her life:

The [traditional] language was spoken in our home. I don’t remember speaking English until I was five or six because I was going to the public school. There’s different things I do. I’m very involved in the church and I’m very involved in my Native ways too. I can balance both and that’s my spirituality for my healing for my peace of mind to make me a better person. I can think more the way my grandparents [did], so that we can heal from trauma.

S9 talked about the importance of Native spirituality in his healing:

If I do have a drink, I don’t beat myself up about it and just keep it moving. It made me like focus way more on my Native American culture—what I should have been doing to begin with. I had sage and tobacco; that’s how I got myself out a bad experience.

**Investing in Others**

Some participants from both the parent and adult children groups talked about their desire and sense of urgency to invest in other AIs, whether it is imparting their cultural knowledge or just being a support. Some were already doing this through their jobs in the AI community, and by prioritize education such as advanced degrees.

M2 reports running a support group in which trauma is often discussed:
Sometimes it just feels discouraging to me. I haven’t done enough to help people, but I suppose you can’t do everything. I do have a good group of women who come, though. I have fifteen, twenty women that come for group every week. I do two groups a week. We have talked about... every single woman who comes to my group; they’ve all been raped. Horrible things happened to them. We could just sit and cry and cry. Oh the stuff that happens to people; stuff people do – it just breaks my heart sometimes. It’s still going on today; things like that are still happening. It’s hard.

M4 selected flowers to represent her life now and vision for helping other AIs:

We’re opening a new school and we’re really excited about that. My husband is very loving and adoring; very smart so we always have very stimulating intellectual conversations. He’s very spiritual in culture and ceremony and all of that is very important to him; so I feel very blessed. I’m working with lots of different projects and different programs and it’s really been great fun. And we are opening this new learning center; it will be a lifelong learning center.

M5 feels proud of teaching and sharing with others about cultural practices:

We are all learning how to make moccasins, but it’s a step. They’re all young women and I’m proud to be a part of helping them, teaching them; somebody taught me. So I teach them they make mistakes and I say “well that’s okay” so I had to take things all apart and do it over.

S7 finds his spirituality and helping others rewarding personally, which in turn makes a larger difference in the community, “All I can do is pray and do as much as I can to live a
better life and help other people. That’s the main thing – help myself too. I’m saying
don’t always worry about yourself because what you do makes a better place.”

Summary

The powerful stories, presented through both the dyadic summaries and the
lifeline narratives themes—highlighting the strength and resilience of AI families who
have survived and thrived despite intergenerational vulnerabilities. Further, these families
are largely dedicated to the enhancement of future generations – by investing in teaching
cultural knowledge and practices. In Chapter 5, these findings are elaborated upon and
are linked back to the literature and theories. Furthermore, discoveries and insights into
the use of the lifeline interview approach with AI populations are presented. The clinical
implications for treatment and prevention of substance abuse and co-occurring traumatic
stress related to individual, family, and historical or cultural trauma are addressed.
Chapter 5

Discussion

The discussion section is organized similarly to the section presenting the categorical and thematic results. Interestingly, findings for the parent and adult child groups were highly interrelated, and although some of the themes for the parent generation were retrospective rather than concurrent reflections, they paralleled the experiences of the younger generation. The discovery of this convergence of thematic findings supports validity and creditability of data in terms of trustworthiness criteria (Lincoln & Guba, 1985). Reflections on the parent-child dyadic narratives are highlighted, including Closeness Versus Separateness and Efforts to Transfer Values. The themes from the lifeline narratives fell into four categories with several themes and subthemes. Core categories include: 1) Life Stories of Trauma, 2) Red Road to Recovery, 3) Intergenerational Vulnerability, and 4) Family Interactions and Roles. The application of the lifeline approach to AI peoples is discussed, and finally, I consider clinical implications and limitations of the study.

I would like to start by highlighting new findings that emerged from the study and what seems to add to or conflict with existing literature (these areas will be fully elaborated upon further below). The participants’ substance abuse development and progression followed somewhat of a typical pattern or trajectory consistent with what has been documented elsewhere regarding AI and other population patterns of substance abuse – however the parent group spoke of their substance abuse behaviors and related experiences retrospectively. Additionally, the two groups seem to follow typical cohort values and behaviors; however prevalence of early onset in this study is likely higher than
that of other racial or ethnic groups. Despite the presence of similar trajectories, and cohort experiences it is important to keep in mind that the cultural and family meanings may differ between AIs and other racial and ethnic groups. A new finding in this study was the difference between the parent and adult child groups on the adherence to AA or the Twelve Step model. Specifically, some participants gaged their own substance abuse by comparing self to others, and making efforts to control drinking not to be “that bad.” An additional area was the anger among the some adult children and one parent toward those who perpetuate negative stereotypes about AI drinking problems.

These participants reported a decrease in traumatic experiences among AI families from one generation to the next. Participants had more negative feelings associated with their traumas if it was related to parental and familial substance abuse, than if it was due to their own substance abuse. There was also more talk of forgiveness and efforts to instill positive and traditional values in younger generations. Interestingly the values that were intended to be transferred were not as easily transmitted as those that were more innately shared across generational bonds such as the significance of the grandparent-grandchild relationship. The importance of peer influence in substance abuse behaviors was confirmed (i.e., social contagion effect). Perhaps, a cohort difference, the younger generation valued a more direct communication style, though admittedly struggled with doing so themselves.

The intergenerational vulnerabilities most commonly identified and discussed among these families were not surprising, however some new nuances were identified. There was a pervasive intergenerational fear of having one’s children taken by the welfare system; however the younger generation described having had more family
support, such as a grandparent, to take their children in when they struggled. This family support often helped them to avoid interactions with ICW. The younger generations described less instances of discrimination than their parents’ generation. There was a sense of wonder about what elders had gone through in boarding schools as these had not been openly discussed and were often based on internal or family speculations.

Furthermore, these families often relocated from the reservation to urban areas to escape risk factors related to poverty, only to encounter similar barriers in the metro. Also, new and relevant was the sense of community that was established in the urban areas while the connection to families and tribal communities back home remained close and important.

Culture and spirituality continues to important to AI families. The participants discussed the important of teaching and actively taking part in ensuring the traditions continue with the younger generations. For some participants this included dedicating their lives to investing in others by making a career of it, as well as obtaining advanced educational degrees. The family systems concept of parentification, which tends to have a negative undertone, seemed to be an honorable position among these families. Additionally, setting boundaries may seem counter to traditional AI interdependent styles. However there seems to be cohort variation in that the adult child generation was more apt to establish boundaries with family when it meant stabilizing one’s recovery.

The significant role of grandparents has been established, however hearing from two generations of families shed light on the bidirectional appreciation between the grandparent and grandchildren. Grandparents also spoke highly of and were honored to take part in raising their grandchildren.
Reflections on Parent-Child Dyadic Narratives

The parent-child dyadic narratives were the result of comparative assessment of the overlap and contrast in stories within two generations of AI families. An important article served as a guide for the dyadic analysis (Eisikovits & Koren, 2010), and will also guide the discussion of the dyadic narratives. An important supposition in interpreting and sorting the dyadic stories is that overlap does not equal togetherness and contrast does not equate separateness (Eisikovits & Koren, 2010). Similarly, togetherness does not parallel happiness and separation does not mean unhappiness or discontent (Eisikovits & Koren, 2010). With that said, AIs value family togetherness; however, substance abuse issues can often lead to relational disharmony and behavioral concerns, which create distance between even the closest of families.

Closeness versus Separateness

There was an interesting intergenerational dynamic of distancing at times, which presumably was related to substance abuse. Perhaps, counter to traditional AI family values, some family members required distance and more strict boundaries for various reasons. Many participants chose to distance themselves from some family members who continue to struggle with addiction as a way to safeguard their recovery and protect their children. Families may view this distancing by younger family members as normal autonomy desired by young adults. The parents recalled from their own youth that their efforts to isolate were problematic and a direct sign that they had something to hide. Often those who are in their addiction will go to great lengths to hide their addiction issues, due to shame and fear of being a disappointment to the family.
There was a bidirectional pattern of concern about other family members who continued to struggle with addiction. However, participants made concerted efforts to not worry about their family members and to set emotional boundaries. Many of the participants were parentified in childhood, and often continued the role of caretaker into their adulthood; this was a badge of honor for some, signifying that they were the go-to person in the family. However, with this role also comes the task of not enabling others. The establishment of boundaries with family, such as not allowing drinking in the home, though not always successful, laid the groundwork for family change. In some cases, the adult child was the first to achieve sobriety in their family and were a source of support and encouragement with their parents and other family members.

In sharing their stories, each person shared their accounts of how substance abuse impacted them, from early memories of parents and family drinking, to their own experimentation in adolescence, the evolution of problematic substance abuse, and recovery efforts and hopes for the future. Weaved within these accounts are their perceptions of their family members roles and behaviors during that time. For the most part, the parent-child dyads shared consistent accounts of their relationship. Although, parents were more open than their younger counterparts about their substance abuse history in general, they did struggle with discussing the perceived impact of their substance abuse on their children and some divulged their related guilt and shame. There may be a cohort difference between the groups related to difficulty on the part of parents with communicating directly about trauma and related sensitive topics in the family. Older generations were more socialized not to talk about certain topics, for example sexual abuse, and family secrets were more common. It might also speak to their own
developmental process and relative insight and sense of accountability regarding how they might have had a role in their children’s substance abuse.

The tendency of participants to downplay their actions was revealed in the dyadic analysis. Although difficult for parents to admit, abuse toward their children, or negative ramifications therein, they were more apt to admit to being an absent parent. The adult children reported that trauma experiences, though less frequent than for their parents, impacted their own decision to control their substance abuse and towards making efforts to protect their children. Parents were not always aware of trauma experienced by their children. The forgiveness of their family members and others was significant for healing from past traumas and continuing their sobriety. For the most part, the participants held very positive feelings toward their parents, including admiration, respect, and appreciation. When resentment toward family members was present, it did not seem to equate to hate or a family cut-off. On the contrary, there was great love in families despite the struggles with forgiveness, as often found among those that were still struggling with addiction.

**Efforts to Transfer Values**

Family values are often shaped by the experiences and interactions with social ties and environmental factors (Denzin, 1992; LaRossa & Reitzes, 1993; Prus, 1996). Substance abuse in some cases was a daily part of participants’ lives in some way, and the transmitted message was often colored by experiences that surrounded it. The participants that experienced trauma at a young age tended to associate those experiences to parental or familial substance abuse, such as lack of parental supervision (i.e., falling
out of the truck) or at the hands of someone using (i.e., physical abuse). Participants who had these types of early traumatic experiences were more likely to have harsh feelings about substance abuse. On the other hand, those that experienced trauma related to their own substance abuse, such as accidents, were more likely to continue their substance abuse after these events and to perceive their earlier substance abuse as “partying,” and less problematic.

Intentional efforts to transmit values were not always adopted by other family members. The life choices and experiences of parents often spoke louder than words, and were perceived by the younger generations as the norm, despite awareness that the experience may be less than desirable. For example, one single mother discussed her belief that because she offered a stable and sober home for her children, they would take it a step further and prioritize having father figures for their children; however, to the contrary her adult children are also raising their children as single parents. Her daughter, who was also interviewed, highly respected her mother’s strength, and was proud and content to raise her children as a single mother. The values that seemed to be most significant to families might not take great effort to transfer; rather they were more innately shared across generational bonds – for example, the importance of family and children, and respect for elders.

Social networks, such as peers and neighborhood, were highly influential in the onset of substance abuse – despite efforts by the parents to provide a different life experience for their children. A number of the parents talked about sending their children to Sunday school or Catholic school, or raising them in AA, hoping they would not fall into substance abuse as they had; however, it did not work as they had hoped. The parents
believed that their children would avoid the family cycle of substance abuse due to various efforts they had made to offer a different life for their children. Likewise the adult children also talked about what they were doing to offer a better life for their own children, and talked about a similar hope that their children would not follow in their footsteps.

The adult children seemed to value direct communication styles, especially around substance abuse, and reported that they were already (or planned to) making efforts to talk to their children about substance abuse as a preventative measure. Both parent and adult child groups talked about struggles to communicate directly. Participants from both groups reported wishing that someone had talked to them about substance abuse; however those that had family members try to intervene also admitted that it was not very successful in altering their substance abuse path. Despite the significant role of grandparents, many continued to avoid talking about sensitive topics such as substance abuse with younger generations; however they did talk about protecting them from exposure to various related problem behaviors (i.e., domestic violence) or teaching them about their cultural heritage. Families varied in their degree of openness and sharing, including the use of emotional expression. For example, in some families tears were a way to express deep emotions. The family that shared the most apparently traumatic life experiences of all the participants did not concurrently express much emotion in the telling of their experiences; not surprisingly, this was a family in which little communication took place.

Communication about substance abuse in families requires a certain amount of emotional vulnerability. It is also important to note that communication patterns in
families with higher exposure to traumatic events might also be affected by symptoms commonly associated with PTSD, such as secrets, silence, avoidance, and overall difficulties with emotional regulation. Therefore, it is not unexpected that families with higher exposure levels and substance abuse would struggle with effective communication between generations.

**Discussion of Lifeline Narrative Themes**

The findings from the thematic analysis of parent and adult child narratives are discussed within the four major categories: the high number of traumatic experiences throughout their lifetime, common attributes among participants’ recovery narratives, intergenerational vulnerabilities, and family interactions and evolving roles. Similarly to the dyadic narratives, once the individual level themes for the parents and the adult children were identified, a comparison of the two cohorts took place.

**Life Stories of Trauma**

AI participants reported a great deal of traumatic experiences, including sexual and physical violence, neglect, accidents, tragic loss, and exposure to violence. It was not surprising that the experiences of trauma were such a salient part of peoples’ narratives, because trauma often co-occurs with substance abuse (Kessler et al., 1995; Robin et al., 1999; Schauer et al., 2005). Overall, adult children reported experiencing fewer traumatic events compared to their parents. The younger generation experienced sexual and physical abuse at lower rates than the parent group; however, parents and adult children equally described similar prevalence of parental neglect or absence related to substance abuse. The lower levels of trauma exposure reported by the younger generation likely
speaks to the parents and families’ efforts to protect the children in light of their own experiences and struggles; however, compared to the general population, the level of trauma exposure and experiences reported by these participants remains elevated.

Parents talked about receiving a message that “you do not talk about sexual abuse.” In some cases, those who reported their abuse were blamed or not believed when they found the courage to tell. Those who witnessed this dynamic were discouraged from sharing their own victimization, and never reported the abuse they experienced. The sexual abuse perpetrators differed between the generations; the parents experienced abuse at the hands of adult relatives and friends of the family, which often began at younger ages and continued over longer periods of time. Adult children experienced sexual abuse by peers in adolescence - often while “partying” - and more commonly blamed themselves. A few participants in the study who reported prostituting for drugs described prostitution as sexual victimization. When it came to physical abuse, the parent generation also experienced more physical abuse by their parents, and mainly their mothers, and most reported not repeating this pattern with their children. The parents and adult children did not report abusing their children sexually or physically; however there was one case where an adult daughter reported being physically abused by her father, which he did not report in his interview.

The experience of substance abuse in relation to parental absence and neglect was a robust and common experience among all participants. Participants from both generations admitted to being neglectful and absent from their children’s lives due to their own substance abuse. I wondered whether neglect was somewhat easier to admit to as compared to sexual or physical abuse, being that I, the interviewer, am a mandated
The parents who experienced sexual or physical abuse in childhood reported being aware of the damage it caused and decided to end this family pattern when they had their own children.

Many more parent participants experienced accidents related to their parents’ substance abuse. Again, evidence is presented indicating the parent group was successful in protecting their children from direct harm related to their own substance abuse. However, adult children, like their parents, witnessed significant traumas (e.g., tragic losses, violence). Across generations, participants reported experiencing accidents caused by their own substance abuse as early as their teen years. The frequency of accidents reported by the participants raised the issue of undiagnosed or underreported head traumas, as many were not treated for emergency care, and many talked about subsequent memory loss.

The loss of family members and friends, often tragic and untimely, was a painful portion of participants’ stories, and the dyads often shared grief for their mutual loss. Most of the participants attributed these losses to substance abuse, whether from “drinking to death,” substance abuse-related health problems, or by accidents and suicides. Additionally, witnessing violence in the home, neighborhood, and at parties among peers was a common experience among both parents and adult children; often, this pattern continued into participants’ adulthood, typically in the form of domestic violence in their intimate relationships. The adult children admitted that like them, their own children had at times witnessed domestic violence and substance abuse. They had noticed the effect this witnessing had on their children.
The presence of complex trauma among this group is evident, whether they experienced direct (i.e., physical or sexual abuse) or indirect (i.e., witnessing violence) forms of trauma. The early age at victimization, and chronic or elevated frequency of traumatic experiences across one’s lifetime, was linked to more problematic substance abuse and other related behavioral and affective problems (Wilsnack, Vogeltanz, Klassen, & Harris, 1997; Herman, 1992; van der Kolk et al., 2005). For example, like experiences of childhood abuse, the experience of abandonment or trauma loss appeared to be quite damaging to one’s sense of self-worth and functionality. Additionally, PTSD symptomology was present and was often connected to substance abuse.

Although diagnostic criteria for PTSD may not fully be met with participants, the presences of DESNOS are evident (Herman, 1992; van der Kolk et al., 2005). Furthermore, it is unclear whether the PTSD and DESNOS symptoms should be attributed solely to the personal experiences of trauma, or in part to a secondary or intergenerational PTSD (Duran & Duran, 1995; Kellermann, 2001; Mollica, McInnes, Pham, et al., 1998; Mollica, McInnes, Poole, et al., 1998; Mollica et al., 1997; Neuner, Schauer, Karunakara, et al., 2004). As with the intergenerational effects of historical trauma, children have vulnerabilities to trauma related to their parental experiences of trauma and related environmental factors (Kellermann, 2001). Notably, many parent participants ended family cycles of physical and sexual abuse due to their decreased substance use when compared to their own parents, in spite of enduring external influences.
Red Road to Recovery

Parents and adult children shared their journeys with substance abuse using the lifeline interview approach. For the elders who boast decades of sobriety, the current struggles of the adult children are a thing of the past; accordingly, these challenges were discussed primarily in hindsight. Some common features participants outlined along the way included: minimizing their addiction, efforts to control use not to be like others, taking accountability, and turning points in their use. For some of the participants, the journey is not over; they continue to struggle with substance abuse. The use of the AA model or abstinence among this group was also described.

Interestingly, both parents and adult children talked about their tendencies to minimize their addictions, and explained efforts to control their drinking to avoid turning out like someone else in their family. Whereas parents spoke of these behaviors in the past tense (as most had already mastered sobriety), some adult children were experiencing them in the present. For example, there was a tendency among the younger generation, especially those still struggling with substance abuse, to downplay or minimize their substance use. Parents, on the other hand, were able to admit the extent of their use in hindsight although they struggled to openly discuss the impact of their use on their adult children. The act of minimizing one’s use or evading discussion of the effects of substance abuse on others, may be a form of denial and/or shame for the participants. Likewise, many participants reported having someone particular in mind when they decided what level of substance abuse was problematic for themselves and discussed how they refused to be “that bad.” Many of the participants admitted that their efforts to set limits or control their substance intake were often unsuccessful; and some eventually
chose abstinence. A handful of participants in the adult child group reported continuing
the search for this “balance,” and at least one was doing so successfully.

The difficult task of taking responsibility for one’s choices, including the onset of
substance abuse, proved to be a challenge for those still struggling with abusive
behaviors. Parents acknowledged this as a challenge they faced early in their recoveries.
Some adult children, however, continued to blame, and seemed unaware that they were
failing to take responsibility for their actions. Anger was a noteworthy subtheme among
the adult children and one parent; they resented those who were considered to perpetuate
negative stereotypes about AI drinking problems. What first looked like internalized
racism manifested as anger toward those they perceived as stereotypical “drunk Indian,”
was later clearly frustration at futile personal attempts to not be viewed or treated as such.
In an earlier study, participants reported drinking to cope with pain associated with
racism, and battled the obvious expectation that they would in fact be a “drunk Indian”
(Myhra, 2011). The frustration toward this negative stereotype was experienced across
generations, though its expression varied by individual. For example, with some
participants this manifested as effort to invest in others and engagement in cultural and
spiritual practices.

Participants noted identifying various points, both positive and negative, that were
deemed significant in shaping their journeys and decisions to change their substance
abuse patterns. These highs and lows may be more evident with this sample than in other
studies due to the methodological approach; perception or valuation of turning points
may have evolved through the process of a lifeline interview approach and selection of
symbols representing life experiences. Some events held more significance for
participants than others. These key events, such as a death or birth, were often noted by
larger or multiple symbols. Significant events often marked critical turning points and, in
some cases, concerted efforts were made toward change.

A handful of participants, mainly adult children, admitted that they were still
finding their way in their struggles with substance abuse. Most were aware of their
patterns, aware of those whom their use affected, and some even sought out treatment
intermittently. Some related their difficulties in recovery, to not wanting to leave behind
certain family and friends, despite the professed need to do so. Adult children expressed a
desire to prove to family that they were in control of their substance use and were seeking
balance. They wanted to be able to use, but not abuse. Interestingly, some families shared
beliefs that one substance is more appropriate than another, and even made excuses for
family members who continued to use a particular substance. For example, the misuse (or
abuse) of medications for sleep difficulties or pain management for chronic health issues
was deemed acceptable in some families. Across generations, participants were in various
stages of their recovery process, but most had been sober for years (especially parents).

Without prompting, all of the participants provided their perspective of AA. The
focus of AA on a higher power aligns with AIs’ strong values of spirituality, and was the
most praised aspect of AA. Many appreciated AA for the support it provides, but others
had concerns of gossip within AA, or simply found it depressing. More often than not,
parents valued and continued to participate in AA more frequently than their younger
counterparts. Although many of the adult children named aspects of AA that they
appreciate, they do not regularly attend, nor do they believe participation in AA is
essential to their sobriety. This divergence among the parents and adult children led to
further questions about AA, including: 1) Has AA become outdated? 2) Is AA only helpful to a certain extent, or for a certain length of time? 3) Do people outgrow AA, or are members expected to be “lifers?” 4) Must people who abuse alcohol strictly follow AA, or is it okay to question aspects of it? 5) How much room is there for variation in how people use AA? I pose these questions from concerns and frustrations of the participants. Perhaps out of frustration with pressure to follow the paths of their elders, the “abstinence only” approach was often met with questions and disconcert.

For many, recovery is an uncertain and indefinite destination that implies long-term sobriety. The notion of recovery may seem insurmountable, whereas sobriety connotes a day-by-day effort, evident in the mantra of “one day at a time.” With that, a future orientation and planning for long-term sobriety is also important (Robbins & Bryan, 2004). The “90/90” is an AA concept of doing 90 meetings in 90 days, a highly ambitious goal. Doing anything for over 30 days straight is quite an accomplishment. Allowing folks, particularly disenfranchised and historically oppressed groups, to self-define their recoveries may facilitate movement toward more strength-based approaches, which emphasize Indigenous knowledge and incorporate cultural and spiritual practices. Recovery and making changes takes courage and this commitment should be highlighted frequently.

Intergenerational Vulnerability

Experiences of intergenerational vulnerability stood out as the most pervasive across generational bonds of AI families. These salient and overwhelmingly common experiences were linked to the creation of vulnerabilities in individual and family
functioning. Over time, exposure to traumatic events as well as the consequences of living a hostile environment seemingly weakens families to the point of perceived powerlessness. The intergenerational vulnerabilities that appeared most detrimental to AI individuals and families included: Involvement in ICW or CPS, early onset of substance abuse, genetic predisposition to alcoholism, compromised mental health, experiences of discrimination and racism (i.e., boarding school), and risk factors related to poverty (i.e., homelessness, unsafe neighborhoods).

The impact of being involved with ICW on the families, especially children, was immense—encompassing sense of loss, abandonment, and significant relational disruptions. All of the participants had been affected to some degree by the ICW system. Whether they had been removed from their family’s home, or they had a close family member involved, there seemed to be a hyperawareness and fear of ICW spanning childhood to adulthood in this group. AI children were commonly removed from their families because of substance abuse-related family problems, such as domestic violence or neglect. In cases where family members (i.e., grandparents) resumed care following removal from the home, the experience was less traumatic and the aftermath was less problematic. Participants in the parent generation, in particular, reported experiencing increased exposure to traumatic events in their foster homes than in their families of origin.

Being acutely aware of the consequences of involvement with the ICW, many adult children reported efforts to control or manage their drinking, and in many cases abstaining to prevent removal of their children from home. There was an intergenerational pattern of fear of having their children and grandchildren removed from
their homes. Many of the participants discussed close calls with having their children removed. The historical removal of AI children from their families created vulnerabilities by disrupting the transmission of traditional parenting practices and cultural traditions across generations (Brave Heart & DeBruyn, 1998). The AI elders who attended boarding schools, during the more punitive period, were minimally parented which expectedly obstructed the continuation of important cultural protective features (BigFoot, 2000; Brave Heart & DeBruyn, 1998; Child, 2000). Furthermore, this heightened suspicion and investigation of AI families by ICW may be an extension of the bias and discrimination stemming from the boarding school and adoption era (BigFoot, 2000).

Early exposure to substance abuse by parents and grandparents, as well as the ease of access to alcohol through various social ties, often led to early experimentation and the onset of more problematic substance abuse for the participants. The exposure and access to substances appeared to indirectly convey the message that substance use is desirable, or at least acceptable, within the social network. Network phenomenon or social contagion (Christakis & Fowler, 2007; 2008) can be applied to the pervasiveness of substance abuse in AI communities, both the biologic and behavioral aspects. Behaviorally, the spread of substance abuse in AI communities may take place both through stereotypes and/or perception that “everyone is doing it” (NSDU, 2004); it may also spread if others within the close-knit or interdependent social networks, such as family or romantic partner, are doing so. Furthermore, adolescents may learn from those close to them that substance abuse is a way to cope with trauma and life stressors (Duran, 2006; Morgan & Freeman, 2009).
Families that did not have substances available in the home were not immune to the phenomenon of early onset. Developing adolescents are learning and building on their sense of self and are heavily influenced by their social environment, including peers (Oetting & Beauvais, 1991). Furthermore, early onset of substance abuse has implications for more problematic drinking habits to develop, even if the use began under the guise of “fitting in” or “partying.” The intervention of early substance abuse was less common than one would expect, in some cases because parents and family were unaware of the substance use as adolescent substance abuse was often done secretly. Also, as discussed under Family Roles and Interactions, some parents admittedly lacked confidence to influence their children’s substance abuse, due to their own substance abuse at that time as well as in their own youth. Furthermore, this lack of confidence could also be related to distrust on the part of the family due to fear of involvement with ICW or experiences of racism and discrimination (Jervis & AI-SUPERPFP team, 2009).

Participants wondered about the genetic or biological aspect of “alcoholism” among their families and its intergenerational transmission. The participants spoke of the variant effect of alcohol by culture (i.e., on Natives versus other groups), predispositions to alcoholism, and their immediate addictions. Participants’ assertions call attention to the significant impact of alcoholism in their lives and communities in addition to shared beliefs about the strength of addictions. Similar to obesity when discussed from a social contagion perspective (Christakis & Fowler, 2007), addiction issues have a biological component. Genetic predisposition is an important factor in conceptualizing intergenerational transmission of substance abuse; however social and behavioral theories
are also important for conceptualizing transmission of family patterns through learning or socialization, as well as experiences of trauma and adversity (Kellermann, 2001).

A number of participants also discussed the impact of historical trauma in creating intergenerational vulnerability to substance abuse. Although historical trauma may create hereditary vulnerability, the compounding factors of harsh environmental and traumatic life experiences increase the likelihood of the onset of substance abuse or trauma symptomology (Kellermann, 2001), especially in the occurrence of childhood traumas (Herman, 1992), emotional abuse, and hearing stories of about historical trauma (Yehuda, Halligan, & Grossman, 2001). Lower cortisol levels have been found in families that have experienced trauma and historical trauma (Yehuda, 2002; Yehuda et al., 2001). Kellermann (2001) suggests an integrative approach in understanding transmission patterns including biology, individual developmental history, family influences and social positions.

Parent and adult child participants discussed witnessing parents in depressed states or struggling to function, often leading them to shoulder household responsibilities for parents and help with younger siblings. In the most severe cases, they recalled their parents’ suicidal ideation or suicide attempts. Although adult children had their own struggles with substance abuse and their own share of traumatic experiences, they were at increased risk for mental health issues due to having a depressed and/or anxious parent (Herman, 1992; Kellermann, 2001). With these co-occurring struggles – most suffer from the consequences of dose effect (Mollica, McInnes, Pham, et al., 1998; Mollica, McInnes, Poole, et al., 1998) and sadly never get the treatment and support they need to overcome their traumas and addictions. In spite of these layers, adult children reported less mental
health concerns than their parents, though still elevated compared to the general population; perhaps due to increasing resiliency overtime, with parents modeling healing.

Participants talked about the impact that societal discrimination and racism had on their family and in their personal lives. Parents described far more experiences of discrimination than their younger counterparts. Several paths may explain this generational difference. First, younger generations may be experiencing less discrimination than their parents’ generation. Second, the difference may be related to the cohort effect of the AIM. Because parents were raised during the launch of AIM (and some participated), parents may be more comfortable discussing these issues or more cognizant of racism and discrimination in their lives than their children. Third, adult children may not recognize the subtle racism they experience; the shift from overt to subtle forms of racism and discrimination obscures discernment, making it difficult for people to realize the extent of their victimization (Hill et al., 2010).

Although the parent group presumably faced more discrimination and racism than the adult children, both groups speculated equally about the impact of boarding schools on the lives of their elders. They wondered about the experiences their family members “must have had” while in boarding school, often based on family rumors or literature they had read. Participants shared that they were not told of these boarding school stories directly from their elders, but rather had speculated based on the observed struggles their elders had – commonly being substance abuse. The only elder participant that was raised in a boarding school during the boarding school era reported that although he had to take care of himself from a young age and he grew up without parental affection and attention, he learned appropriate life skills. He did not disclose abuse experiences. He also
described feeling frustration with other AI who use boarding school as an excuse to drink. In her book on boarding school, Child (2000) shared letters between family members who remained home and children who were away at school. She found that early accounts were much more painful; however, during the Depression, boarding schools were viewed as a more favorable option to poverty and related struggles on the reservation.

When working with AI elders, it is important to acknowledge that not all boarding school experiences encompass abuse, while also recognizing that a vast number of elders experienced tremendous abuse. Bearing this in mind, I wonder whether the increased difficulties of elders with substance abuse was related more strongly to heightened experiences of discrimination and racism, and perhaps this explained the development of greater vulnerability among generations of AI elders from the boarding school era. Early writings about the boarding school era make mention of the effort to rid AI peoples of their cultural ways, and even note that accomplishing the goal would take a number of generations (Davis & Keemer, 2002). Participants’ concern for their elders made me wonder whether in fact those who were most acutely traumatized by historical trauma, due to efforts of forced assimilation and colonization, underwent the most damaging effects. Either way, the intergenerational vulnerabilities persist.

Risk factors related to poverty, including homelessness, decreased opportunities due to lack of financial means, and residing in unsafe neighborhoods were commonly mentioned as creating vulnerabilities across generations. Participants reported that substance abuse was an alternative to boredom and a way to escape the stress of living in poverty. Within this theme, some participants’ quotes were related with the experience of
having an absent and neglectful parent; perhaps due to lack of means, children were left in the care of family members who could provide more stability. Yet despite challenges associated with poverty, family support continued to be a source of strength and permanence for these AI families. In fact, those who remained with family members when facing the risk of out-of-home placement were very appreciative and held those that care for them in high regard.

The parent group spent more time on the reservation than the younger generation. Often the parent generation reported moving their families away from the reservation in order to escape the grip of substance abuse and provide more opportunities for their children. However, many of the adult children reported some of these same patterns within the urban area. At the same time, participants from both the parent and adult child generations also observed the positive aspects of the reservation, including fond memories of time spent with family, hearing elders speak their language, and engaging in cultural practices. Furthermore, the urban families remained connected to their families and communities on the reservation and were able to create new communities. As Walters and colleagues suggest (2002), environmental stressors are likely to cause vulnerabilities to poor health outcomes (e.g., substance abuse); however, the appropriate supports and cultural buffers can simultaneously protect against such outcomes.

**Family Interactions and Roles**

Family interactions and roles in AI families have evolved and shifted with changing times, due to influences both natural, such as entering adulthood (Denzin, 1992; LaRossa & Reitzes, 1993; Prus, 1996) and unnatural, such as forced assimilation (U.S.
Department of the Interior Indian Affairs, 2012). The family interactions and roles that I highlighted were those most frequently discussed and referenced as most meaningful or impactful to the participants’ lives. Important relational dynamics warranting attention included parentification, role of grandparents as nurturers, communication (or lack of) regarding substance abuse, and forgiveness as part of healing. When considering recovery, participants’ discussion of setting boundaries with their families to protect their sobriety and the use of cultural practice as a means for healing were also important.

The parentified child performs an important role in the family by fulfilling unmet needs, whether emotional or otherwise (Boszormenyi-Nagy & Spark, 1973). AI/AN families contending with historical trauma, cultural loss, complex trauma, and other environmental stressors may develop maladaptive coping strategies, like parentification of children. Although some aspects of parentification can be abusive or neglectful (e.g., stress, academic pressure; Chase et al., 1998), it is also important to note that traditionally, AI children have played an important role in family sustainability because they worked and played alongside adults from an early age (Densmore, 1979; Hilger, 1992).

Participants sometimes saw advantages in parentified roles and incorporated them into their present identities, as the go-to person in the family. Participants who experienced parentification continued the caretaking role into adulthood with their families and others, and professed this as a personal strength. The phenomena may result from a cultural value related to sense of responsibility to others and united functioning among collectivistic cultures (Denzin, 1992; LaRossa & Reitzes, 1993; Prus, 1996). Considering this perspective, perhaps the term “parentified,” within its current
connotation, is pathologizing and problematizes AI family relationships. A new term may be needed to capture its essence for AI families.

The demands are often stressful for the parentified child because they are developmentally ill-prepared for the position of caretaker. Fortunately, grandparents were often there to intervene as caretakers of the children when parents were absent or dysfunctional due to substance abuse. Grandparents were highly revered and respected, even when they had not served as custodial caretakers for their grandchildren. Interestingly, many of these grandparents had also relied on their own parents while working toward their recoveries from substance abuse, and later stepped into this similar role of caretaker for grandchildren. The grandchildren in particular benefit from this support; they receive a sense of safety and unconditional love, while providing the parents space and time to address their substance abuse issues and begin a healing process. Again, this seemingly atypical role was not viewed as a deficit, but rather was an appropriate role and a treasured shared experience for both the grandparents and grandchildren.

Family communication about substance abuse proved to be a challenge for these participants. Cultural norms and socialization impact how people parent and what they teach their children (Denzin, 1992; LaRossa & Reitzes, 1993; Prus, 1996); consequently, direct messages about substance abuse were not transmitted across generations of AI families. These norms are transmitted verbally or through behavior modeling (Bengston, 2001; Bowen, 1978). In this particular group, there was commonly avoidance of discussion around substance abuse within the family, which may have inadvertently served to maintain the pattern. Many explained that their self-doubt and shame about
their own use contributed to their avoidance, “why would they listen to me?” Others talked about humbly talking to their children about their mistakes and not wanting them to make the same mistakes.

Participants reported wishing they had someone to talk to and mentor them against using substances in their youth. They understood early on that substance abuse was a family problem (Myhra, 2011); however, this knowledge did not seem to change the course of early substance abuse. Most of the participants did not recall hearing direct statements from their parents and elders reprimanding or criticizing substance abuse. A few participants began experimenting with their families, as a sort of coming-of-age ritual. In the few cases where family members tried to put a foot down on underage drinking, participants reported sneaking off to use. Similarly, several adult children who have their own adolescent and teenage children admitted to the belief that substance abuse is “just what kids do,” despite disappointment and worries about their futures.

Forgiveness and gratitude, virtues of spirituality, were considered essential aspects to healing for many of the participants to move beyond painful experiences and toward sobriety and wellness. Many of the participants were able to identify the silver lining in the challenges they faced in their lives, including the perspective that their struggles had strengthened them and contributed to their character. This renewed optimism about their painful experiences may be related to compassion for their elders, who endured great suffering, as well as simultaneous pride in their resiliency (Myhra, 2011). Perhaps, the participants hope that their goodwill gesture toward their elders may lead to their own forgiveness and understanding of their shortcomings by their children. The forgiveness, empathy and pride in elders exhibited by younger generations may
promote bidirectional healing among these and other AI/AN families. With that, there is a need to highlight the significant healing that has already taken place. Many of the participants reported gratitude for how far they have come and their dedication to empowering others.

Both parents and adult children’s accounts suggested a need for establishing new rules and roles around their relationships, and at times, boundaries require shifting to safeguard their sobriety. As children enter adulthood, relationships with parents and family ultimately change. Parents and adult children are in the process of setting new boundaries and establishing roles (e.g., coparenting children), and this process can be complicated by ongoing substance abuse, or disagreement regarding how to manage substance use. The adult children were much more upfront than their parents when it came to establishing appropriate boundaries with those who are still finding their way with substance abuse issues.

A number of the participants talked about giving or receiving ultimatums about their substance abuse to maintain a relationship with a partner, family member, or friend. Whether or not the outcome of this tactic was successful for the person giving the ultimatum, it speaks to the importance of setting boundaries to protect one’s sobriety and children involved. A handful of participants talked about getting sober with their partners, which seemed to be source of joy and confidence in their relationship. People also communicated feeling pride in family members who had addressed their substance abuse issues before or after them. A number of participants discussed their unsuccessful efforts to support family members who are still using, and often finding themselves in a cycle of enabling and being manipulated.
Cultural and spiritual practices are an important part of participants’ lives and recovery stories, as it’s proven to enhance cultural self and provide a buffer against current and historical stressors, toward healing and wellness. Historical trauma profoundly impacted generations of AI people, in that their cultural and spiritual practices were nearly erased (Walters, 1999; Weaver & Brave Heart, 1999). AI families faced the challenge of preserving their traditions and ensuring that future generations are able to experience these benefits (Walters, 1999; Walters et al., 2002). Culture was also discussed as a source of healing for their families. The participants described their efforts and hopes to teach their cultural practices and values to their children and grandchildren, emphasizing the importance of family, elders, and language. The stated goal, or hope, of many of the participants was that the future generations would not suffer as the elders had; however, they were also cognizant of the traumas and intergenerational vulnerabilities at play (Brave Heart, 2003; Weaver & Brave Heart, 1999). For some, this meant obtaining education (i.e., advanced degrees) to invest in the AI community and affect change on a larger scale.

Use of the Lifeline Interview Approach with the AI Population

To the best of Dr. Wieling and my knowledge this is the first time the lifeline interview approach has been used with AI participants. The lifeline interview approach was intriguing to participants. Recalling childhood memories, in particular, helped them put things into perspective and thoughtfully consider how substance abuse impacted their lives. This was especially true for the task of reviewing the lifeline and thinking about hopes for the future, which also seemed to have special significance for many. The use of
the lifeline interview approach for gathering AI family narratives yielded special considerations and recommendations for future use.

Symbols

Symbols are important to AI people (Jilek, 1994). Interestingly, a number of participants opted to use stones (rather than flowers) to represent positive life events, as stones to them symbolized strength and have a spiritual meaning. Stones are sacred symbols, animate object, often used in ceremonies (i.e., sweats), used for prayer or to represent “Grandfather,” ancestors, or Creator. One mother insisted on using stones as positive symbols as they represented “ancestors,” and conversely used candy and flowers to represent negative events. From her perspective, flowers reminded her of death and funerals, and candy is not good for people, especially AIs who suffer from higher rates of diabetes and other health issues. Some participants used the stones to designate negative experiences as initially instructed, but also used them for positive events because of their beauty and symbolism of strength. It would be important to continue to allow participants to assign their own meaning to symbols and perhaps investigate the possibility of additional symbols that may hold closer meaning to their views and life experiences. By incorporating this flexibility, more information and insight may be obtained about the participants’ experiences. For example, one participant told me the meaning he assigned to the symbols, “chocolate represents love for the kids, making sure the kids do right, and progress in life. The flowers are for brighter days.”

A few of the participants used a handful of flowers, candies or a pile of rocks to emphasize the significance of the event or period of time in their life; larger symbols
indicated greater significance or meaning. Participants were instructed to use the spool of rope to represent their lifeline, and symbols would be placed on it to represent events and memories related to substance abuse over their lifetime. Most participants, however, did not use a straight line for their lifeline, but rather utilized circles, loops, and curved lines like a winding road. One participant shaped the rope with peaks and valleys, or highs and lows, which was also in a circular or sphere shape. The strength of the lifeline interview approach was in its flexibility, but perhaps instructions should be modified to include fewer directives.

When prompted as to whether they wanted to choose a symbol to represent a significant life event (negative or positive) they spoke of, some participants declined, although it was not always clear why. Some seemed to have lost interest in using the symbols, and were engrossed in telling and recalling their memories. I wondered if the process of selecting symbols for each event was tedious for some. As I introduced the lifeline process, one participant joked, “What did I get myself into here? Is this like a Rorschach test?” Perhaps if the symbols were more culturally meaningful it would have captured more attention and interest, or had made more sense from the participant perspective. Cultural meanings and symbols in AI culture vary by group; however, they tend to be objects found in nature, such as colors, sun/moon, circle, seasons/directions, animals, etc. The circle has significance as a spiritual symbol. For example, the medicine wheel is a circle that encompasses important colors and directions.

Culturally appropriate lifeline symbols for the adaptation might be the use of animal figures, colored button or fabric, and picture cards with various symbols. Additionally, inviting participants or clients to bring family photos may also help to
facilitate discussion of family events and can be used to as symbols as well. With that said, for the purposes of using the lifeline as a structural mapping of one’s life events, in this case, to relate their stories of substance abuse within a relational context over the life course, a caution must be placed on not allowing the symbols to derail from the intent of the activity. If too much attention is placed on finding the “right” symbols to depict different events, it takes away from the exercise, which is meant to use simple symbols as a loose representation to help in the narration of participant’s stories. On the other hand, if the symbols are a big mismatch for the population they are being use with it might also completely obscure and interfere with the narration.

**Chronological Order**

The process of going through a lifeline in a chronological order may be a challenge for those who have significant histories of substance abuse and traumatic experiences because of fragmented memories (Neuner, Schauer, Klaschik, et al., 2004; Schauer et al., 2005). A number of participants struggled to recall dates, timelines, and order of events for their lifeline. Some of the participants did not follow the instructions of going in chronological order, even with encouragement and reminders. To honor the process and to privilege AI ways of knowing, I allowed the stories to unfold naturally. Some followed a theme throughout their lives, such as the significance of a grandparent throughout their life. The participants used the lifeline in a relational way. They spoke of the relationships that surround them while recalling the impact that these significant life events effect on them. Native people tend to be more of a collectivistic culture, communal or family orientated (Duran & Duran, 1995); therefore in doing a lifeline,
stories may be sequenced less in terms of personal events and experiences and more in terms of interdependent social relationships.

**Future Orientation**

In the lifeline interview, participants were asked to pick a symbol to represent their future and to talk about their hopes. This technique is often used in therapy to help clients focus on identifying solutions and incite hopefulness (Catani & Neuner, 2008). Most participants were able to express their hopes with little concern; others struggled with self-doubt or felt it was contradictory to their upbringing of living for today. One adult daughter commented that she was taught to not focus on the future or on the past, but rather to live for today. An adult son expressed his discomfort at this point in the interview due to feeling his life path was predetermined; despite years of sobriety and a strong resolve to maintain sobriety, he was uncomfortable saying he would remain sober. I wondered whether his resistance stemmed from humility, self-doubt, an external locus of control, or something else entirely. AIs have historically operated from a future-aware perspective, in which they planned for and operated based on seasons and cycles (Child, 2012). It may be that participants set internal limits on themselves due to an oppressive history.

**Clinical Implications**

A number of treatment modalities exist for substance abuse, including medication management, therapy, chemical dependency treatment, and spiritual means. A combination of modalities is usually indicated as best practice, which should be guided by the needs of the individual and family, including consideration of personal and social
vulnerabilities. With AI individuals and families, the care plan should center on the treatment of trauma and substance abuse, both through individual and family-level methods. Collaboration with other providers is essential for forming trust with this historically oppressed group (Duran & Duran, 1995) and ensuring that appropriate referrals are made. With the high rate of poverty related struggles, it may be beneficial to have a family advocate on staff to provide clients with resources and support for achieving basic needs, such as housing. This will aid in freeing psychological and emotional space for other therapeutic needs to be addressed.

One of the major goals of therapy with this group would be to address trauma histories – both in terms of historical trauma and individual and family exposure to traumatic events. Whether PTSD or DESNOS (Herman, 1992), there is likely to be complex trauma where origins are not easily connected. The use of trauma screening and assessment, validated for this cultural group, to identify persons in need of trauma treatment and services is recommended given the high rates of exposure to traumatic life events. Treatment may focus on traumatic experiences of the individual and the family. The transmission of trauma should be viewed through an integrated lens, including theories of biology, psychodynamic, family system, and sociocultural (Kellermann, 2001); trauma treatment should address these components. There is ample evidence in the literature of the co-morbid nature of PTSD, substance abuse, and other maladaptive mental health coping strategies or disorders (Mollica, McInnes, Pham, et al., 1998; Mollica, McInnes, Poole, et al., 1998; Mollica et al., 1997; Neuner, Schauer, Karunakara, et al., 2004). Most importantly, it is recommended that efforts be made to provide culturally specific services to AI/ANs due to the complexity and unique historical
experiences in which the trauma took place (Duran & Duran, 1995; Stamm et al., 2004; Whitbeck, 2006).

Strength-based approaches, which draw on cultural knowledge and spirituality, are essential to healing for AI families and communities (Duran, 2006). This may include the use of or referral to traditional healers, depending on the spiritual needs of the family (Duran, 2006; Jilek, 1994; Waldrum, 2004). There were a number of spiritual attributes that participants named as helpful for their healing or recovery, including: a) forgiveness and gratitude; b) protecting sobriety by setting boundaries which also served as way to promote change in their family by not enabling; and c) learning about or actively engaging in cultural activities as well as investing in others. These distinctive elements of spirituality might promote healing for other AIs in recovery.

Forgiveness and gratitude in particular have implications for individual and family healing as well as for larger systems including community- and societal- levels of healing. Given the historical traumas experienced by AI families and ongoing discrimination and racism discussed in this study, therapeutic approaches that identify and highlight strength and resiliency despite these experiences may allow for forgiveness and healing to take place on a larger level.

Effective therapy approaches with AI peoples may draw on family strengths, prioritizing Indigenous knowledge, and promoting change and growth to overcome intergenerational vulnerabilities. The participants in this study discussed the sense of wellness and healing they received from learning about or actively engaging in cultural activities. Further, participants discussed their desire and efforts to invest in family and others, by way of teaching, sharing cultural knowledge, and providing support. For
example, therapy may include the use of the lifeline with culturally appropriate symbols to take detailed account of people’s narratives and to obtain critical information about level of exposure to traumatic events, as well as to gather insight into the degree of connectedness to family and community relationships. Clinicians might want to make efforts to include elders (i.e., grandparents) and other important family members in the therapy or treatment process.

Family therapy or the inclusion of a family component in treatment and prevention efforts of substance abuse may be helpful in working with AI families who function interdependently and view substance abuse as a family problem (Myhra, 2011). Participants in this study reported some difficulty in negotiating boundaries with family members who were still using, and the older generations in particular struggled with enabling. Discussion of family rules, boundaries and enabling are important topics in family therapy, especially given the negative connotation often associated with family cut off or distance in AI families. Family-focused substance abuse treatment programs do exist, however family approaches that privilege Indigenous ways of knowing are needed. Family therapy may feel more comfortable for AIs than individual approaches, due to the similarity with traditional approaches of aboriginal healing in which healers may be family members (Waldram, 2004).

Family therapy also provides the clinician an opportunity to highlight intergenerational transmission of vulnerabilities and family strengths. Clinicians can be instrumental in the discussion and facilitation of forgiveness among families—within and across generations. However, it is important to keep in mind that within families, members may vary in how comfortable and open they are to talk with other family
members about family secrets and sensitive topics. There seemed to be a cohort
difference in that older generations were less comfortable discussing such topics with
family members. The younger generation seemed interested in and open to talking with
their parent about family history, but struggled more with accepting and admitting to the
extent of their current substance abuse.

Prevention efforts might also follow these previously stated guidelines; however,
efforts to address trauma and substance abuse should begin much earlier due to the early
onset of substance abuse in AI families. Early prevention could begin to address AI
vulnerabilities and exposure to substances before it became a problem. With the high
rates of poverty and environmental stressors facing AI youth, there is a need to reinforce
positive aspects of self and culture as buffers against these risk factors. For example,
boredom was often stated as a reason for their early experimentation. This type of
challenge could be addressed through greater access to prosocial and cultural activities
for youth and families, thus taking into account the important role of peer influence on
adolescent substance abuse and corresponding prevention efforts. Furthermore, the
divergence in attitudes toward AA by the parent and adult child groups implies the need
to identify new ways to promote sobriety in younger generations. Prevention efforts
might also be enhanced by focusing on building cultural connections, tribal-specific
identification, and promoting learning of cultural practices by beloved elders. Given the
special relationship between grandparents and grandchildren, they may play a key role in
substance abuse prevention.

The use of a family preservation component, focused on traditional parenting
practices as well as enhancing parent-child interactions and communication, may serve to
enrich prevention programming. Understanding how the original instructions for AI families have changed or been adapted for survival (Walters, 2009) may be helpful for enhancing pride and self-efficacy in parenting – which is important given the pervasive intergenerational fear of involvement with IWC or CPS. Programs may want to emphasize the traditional role of AI children (see Densmore, 1979; Hilger, 1992) as cherished members who are highly invested in their family members from an early age.

In this study, becoming a mother was commonly described as a turning point in their substance abuse, and the birth of a child was often a significant event in one’s lifeline and for the entire family.

**Limitations**

This study gave voice to exceptional stories of survival and healing among AIs who contend with generational patterns of substance abuse and historical and ongoing traumas. However, there were also limitations. Including a third generation in the study would have allowed for patterns to more easily arise within each family. Many of the adult children had teenage children, and recognizing the tendencies toward early experimentation and onset of substance abuse in AI families, this age group’s perspectives would illuminate intergenerational patterns. Furthermore, with the significant relationship between grandparents and grandchildren, interviewing grandchildren would offer another level of insight into the phenomenon of intergenerational transmission of substance abuse as well as many of the other central themes found with this sample. However, their status as minors and the sensitive nature of the topic prevented me from including this group in this study.
When asking families if they had a third generation or elder who could participate, the answer was most often no, either due to being deceased, for health or mobility issues, or due to geographical distance (living out of the area or on the reservation). I sought approval from the IRB to travel and go in-home to conduct these interviews but was denied because of their concerns regarding safety and liability.

Likewise, it would have been beneficial to have multiple members of families, such as siblings of the adult children or the other parent. As I listened to the stories, it was clear that in some cases that there was an important voice missing from the family story, as both family members in the dyad referred to this other person throughout their interviews, bringing this other party virtually into the interview space. This third missing voice was often a grandparent/parent, the other parent/ex-partner, or sibling/adult child. Furthermore, fathers and grandfathers were talked about; however their voices were inadequately represented with only 5 males in study.

My efforts to recruit additional siblings and adult child were not fruitful, often because they were actively engaged in addictive behaviors. I was able to recruit two siblings to participate; at least three others considered participating, even scheduling and cancelling numerous times before deciding not to participate. It is likely that those that chose to participate were the higher functioning members of their families. Participants reported that many of their family members continued to struggle with substance abuse and some had more severe histories of trauma than others. There was simultaneous empathy and frustration in discussing their family members’ ongoing substance problems.
In the future, concerted effort to recruit additional family members would enrich the family story. Nevertheless, for this initial examination of families using the lifeline approach, parent and child dyads were appropriate; they provided insight into intergenerational patterns and allowed validation of the technique with this population. Although inclusion of families is a next step for this area of research, understanding connectedness among dyads provided a good foundation for further exploration.

**Conclusion**

This intergenerational study represents a unique and important contribution to the literature on AI families. This study provides a glimpse into the changing lives and evolving culture of AI families overtime as well as the variation by cohort. This sample supports the presence of an intergenerational pattern of substance abuse with this AI population and offers qualitative evidence suggesting a relationship between trauma experiences and substance abuse. A major strength of these families was the decrease in experiences of sexual and physical trauma among the generations. The trauma, albeit decreasing by generations, continues to be rampant compared to other groups. Although the rates of childhood parental absence and neglect due to substance abuse were around the same as the previous generations, more family support was available to the adult children, especially with grandparents adopting or taking temporary custody rather than children entering the foster care system. There appeared to be an intergenerational pattern of hyperawareness and fear of children being removed from parents’ care, which seemed to serve as a motivator for parents to abstain from drinking.
The pervasive nature of intergenerational vulnerabilities is likely partly to blame for the intergenerational patterns of substance abuse. Parents reported efforts to shelter and protect their children from substance abuse patterns and were puzzled that the cycle continued. The genetic component of alcoholism has been established; however the social and behavioral aspects need much more attention and careful understanding. There seemed to be an increase in comfort among the younger generation when discussing sensitive topics. Forgiveness and intergenerational healing through cultural means seems to have united the parent and adult child generations. Prevention and intervention efforts should focus on enhancing cultural buffers, including connection, identification, and cultural knowledge. Furthermore, a family component, informed by Indigenous perspectives, that promote traditional parenting and family practices, as well as enhancing parent-child interactions and communication, are important for prevention and intervention programs alike.
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Appendix A:

Published Preliminary Work

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“IT RUNS IN THE FAMILY”: INTERGENERATIONAL TRANSMISSION OF
HISTORICAL TRAUMA AMONG URBAN AMERICAN INDIANS AND
ALASKA NATIVES IN CULTURALLY SPECIFIC SOBRIETY
MAINTENANCE PROGRAMS

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Abstract: The aim of this exploratory study, which was informed by ethnographic principles, was to better understand the intergenerational transmission of historical trauma among urban American Indians/Alaska Natives (AI/ANs) in culturally specific sobriety maintenance programs. The results of the study were organized into 3 overarching categories, which included 10 themes that emerged contextually in relation to participants’ lived experience of historical and associated traumas, substance abuse, and current involvement in a culturally specific sobriety maintenance program.
This exploratory study was conducted to understand the relationship between the intergenerational transmission of historical trauma and sobriety maintenance among urban American Indians and Alaska Natives (AI/ANs), in order to inform substance abuse and sobriety maintenance programs. According to data collected over the past decade, AI/ANs are in greater need of treatment for substance use disorders than are members of other racial/ethnic groups (National Survey on Drug Use and Health [NSDUH], 2010). Between 2002 and 2005, AI/ANs over the age of 12 were more likely than members of other racial/ethnic groups to report an alcohol (10.7 vs. 7.6%) or illicit drug (5% vs. 2.9%) use disorder in the past year (NSDUH, 2007). According to data collected between 2004 and 2008, although the use of alcohol over the course of a month was lower among AI/ANs than other racial/ethnic groups, the rate of binge drinking among AI/ANs between the ages of 26 and 49 was higher than the national average (NSDUH, 2010). Likewise, illicit drug use among AI/ANs age 18 to 25 was higher than the national average (NSDUH, 2010).

Substance abuse has been linked to lower health status among AI/ANs when compared with other Americans (Indian Health Services [IHS], 2009a), and has also been linked to health disparities (Walters, Simoni, & Evans-Campbell, 2002). AI/ANs have a unique relationship with the Federal government due to historic conflicts and subsequent treaties; thus, members of Federally recognized tribes receive health services provided by the Federal government (Centers for Disease Control and Prevention [CDC], 2010). IHS was established to serve the health needs of AI/ANs who reside on Federally recognized tribal reservations; however, according to the 2000 U.S. Census, 60% of the 4 million AI/ANs in the U.S. reside in urban communities (CDC, 2010; IHS, 2009b). For a variety
of reasons related to lack of access, socioeconomic factors, and distrust, AI/ANs in both rural and urban areas have poorer health status than other Americans (CDC, 2010; IHS 2009a, NSDUH, 2010).

The Federal government and states have the unified goal of reducing health disparities and reforming health care; thus, because of the relationship that exists between health and substance abuse, it is important to understand substance abuse and treatment needs among AI/ANs (NSDUH, 2010). Of all AI/ANs admitted to treatment in 2000, those who entered treatment in urban settings were almost three times more likely to report daily use of alcohol as compared to those in rural settings (Drug and Alcohol Services Information System [DASIS], 2003). Urban AI/ANs are seeking treatment at higher rates than in the past, perhaps due to easier access to and availability of culturally specific treatment programs. However, many culturally specific treatment approaches lack funding to conduct evaluation research, and information dissemination regarding their effectiveness continues to be a problem (Beauvais, 1998; Duran & Duran, 1995; Legaspi & Orr, 2007; Novins et al., 2011). Furthermore, debate continues over the cultural appropriateness and adaption of evidence-based treatment programs with AI/ANs (Novins et al., 2011).

Substance abuse has been linked to historical trauma in AI/AN families, but the relationship between them is not fully understood (Brave Heart, 2003; Morgan & Freeman, 2009; Walters et al., 2002), and causality has not been established. Historical trauma is commonly defined as the collective emotional and psychological injury over an individual’s lifetime and across generations (Brave Heart, 2003). Culturally specific risk and resiliency factors pertaining to alcohol and substance misuse need further evaluation
(Whitbeck, Chen, Hoyt, & Adams, 2004). Most salient to this study, researchers have recommended assessment of historical trauma response and its relationship to substance abuse, and the transfer of maladaptive and/or resilient patterns to the next generations (Brave Heart, 2003; Morgan & Freeman, 2009). Historical trauma response is a cluster of symptoms or behaviors, such as “depression, self-destructive behavior, suicidal thoughts and gestures, anxiety, low self-esteem, anger, and difficulty recognizing and expressing emotions” (Brave Heart, 2003, p. 7).

The following research questions guided this study:

1. What is the relationship between substance abuse and historical trauma?
2. How is historical trauma transmitted to descendants?
3. What can we learn about historical trauma to inform substance abuse treatment programs and sobriety maintenance programs?

**Historical Trauma**

The complete meaning of historical trauma continues to unfold. Despite the fact that most, if not all, AI/AN communities have been touched to some extent by historical trauma, the degree to which individuals suffer from it, and the number of those affected, is unknown. The types of trauma events suffered vary across AI/AN communities and time. The ethnic genocide and forced assimilation endured by AI/ANs date back to early interactions with the first settlers. Government-run boarding schools were put in place in the 1800s to assimilate AI/AN children by removing them from their families and forbidding them to speak their native tongue or practice their traditional ways (Weaver, 1998). AI/ANs were unable to legally practice traditional religion until 1978 (Deloria, 1988; Weaver, 1998). These restrictions disrupted cultural transmission
patterns and resulted in cultural loss for subsequent generations, ultimately creating vulnerabilities among AI/AN families and communities (Stamm, Stamm, Hudnall, & Higson-Smith, 2004).

Historical trauma continues to affect AI/ANs’ perceptions and impinges on their psychological and physical health (Whitbeck, Adams, Hoyt, & Chen, 2004). Thoughts about historical trauma are associated with emotional distress, including anger, anxiety, and depression (Whitbeck, Adams, et al., 2004). Brave Heart and DeBruyn (1998), who have contributed greatly to the theoretical literature on historical unresolved grief and historical trauma, assert that “understanding the interrelationship with our past and how it shapes our present world will also give us the courage to initiate healing” (p. 76). There is a need for culturally specific interventions and for theory to be specific to AI/ANs (Duran & Duran, 1995; Novins et al., 2011), shifting paradigms from targeting pathology to supporting spiritual healing (Duran, 2006).

**Indigenist Stress-Coping Model**

This study was guided by the Indigenist stress-coping model, which is a decolonizing paradigm developed by Walters et al. (2002), as many theories fail to account for the impact of ongoing traumatic stress related to oppressed group status and discrimination on psychological and emotional health. Traumatic stress includes historical trauma as well as microaggressions, e.g., subtle forms of racism (Evans-Campbell, 2008; Walters et al., 2002). Like historical trauma, the effects of racism have led to a deep sense of grief and loss among AI/AN families and continue to impact subsequent generations (Brave Heart, 2003; Okazaki, 2009; Walters, 2009).

The complex relationship between substance abuse and traumatic stress is often
explained solely by the limited self-medicating hypothesis, which focuses on personality pathology rather than sociopolitical and historical factors (Duran, 2006; Morgan & Freeman, 2009; Walters et al., 2002) that can increase vulnerability to substance abuse (e.g., out-of-home placements, loss of cultural practices). According to the Indigenist stress-coping model, the association between stressors and intergenerational substance abuse patterns is moderated by cultural buffers such as family and community, spirituality and traditional healing practices, and AI/AN identity (Walters et al., 2002).

**METHODOLOGY**

This exploratory ethnographic study was conducted to understand the relationship between the intergenerational transmission of historical trauma and sobriety maintenance among urban AI/ANs, in order to inform substance abuse and sobriety maintenance programs for AI/ANs. This qualitative approach allowed for focus on contextual issues (e.g., socioeconomic status) as well as openness to multiple, interacting influences (Al Rubaie, 2002). The aim was not to test existing hypotheses (Hammersley & Atkinson, 1995), but rather to better understand the intergenerational transmission of historical trauma among urban AI/ANs engaged in culturally specific sobriety maintenance programs.

The Principal Investigator (PI) is an AI therapist in the local AI community, and had existing relationships that informed the research design and process. In the ethnographic tradition, the research process and data collection begin long before interviews are conducted; thus, an established reflexive process (including self-reference, divulging values and interests in the research, and willingness to receive critique) is
essential (Hammersley & Atkinson, 1995). The PI utilized a reflective journal to document the research process, from decision making for study development, through changes in protocol, to how themes emerged and were selected or excluded.

Purposive sampling was used, and participants were recruited from four AI/AN culturally specific sobriety maintenance programs in Minneapolis. Two of the program sites were sober residential facilities; the other two were agencies that offered various services, including sobriety maintenance groups. Recruitment strategies included invitation fliers and brief presentations about the study at sobriety maintenance group meetings. During these presentations, the PI provided psychoeducation on historical trauma and facilitated group discussions. The University of Minnesota’s Institutional Review Board approved the research.

Because participants were considered to be members of a vulnerable population due to substance abuse issues, the PI took special care to ensure safety and confidentiality (e.g., pseudonyms were used). Participants were made aware that participation was voluntary and would not influence their relationship with their sobriety maintenance program or other involved agencies, and all were provided with a resource list of AI/AN-specific service providers and agencies. A $10 gift card was provided as a modest incentive for participating. Qualitative data were collected through loosely structured, open-ended, face-to-face interviews, approximately 2 hours in length. Interviews were conducted by the PI, and were carried out at a centrally located AI/AN agency that was not one of the recruitment sites. Consistent with ethnographic research, one aim of the interviews was to obtain narrative data or life stories. Visual aids, including an “Intergenerational Transmission of Historical Trauma and Loss” map (Appendix A),
were used to facilitate discussion of intergenerational family patterns and experiences of historical trauma. Once saturation was achieved, evidenced by repetition or parallel nature of stories, the interviews were halted (Bowen, 2008; Kvale, 1996).

The study was not intended to be a pure ethnographic study; however, the PI primarily used ethnographic methods to collect and analyze narrative data in order to elicit and interpret individual, family, and cultural meanings (Hammersley & Atkinson, 1995), and to furnish meaning to historical events and current life experiences (Hammersley & Atkinson, 2007).

Thirteen participants (six women and seven men) identified with intergenerational transmission of historical trauma and self-selected to participate. Participants had varying lengths of sobriety, ranging from one month to 15 years. The age range of participants was 23-64: Two participants were in their 20s; two, in their 30s; four, in their 40s; three, in their 50s; and two, in their 60s. All 13 participants were AIs residing in the Twin Cities metro area, and all but one participant had lived on a reservation at some point. The participants represented nine different tribal communities in the Upper Midwest, and one from a Northwestern state.

Data Analysis

The interviews were audio-taped and transcribed verbatim for analysis. The standards in the qualitative paradigm to ensure trustworthiness are credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985), and verification strategies were used to ensure the standards of rigor were achieved. These included keeping the reflective journal described earlier, member checking, employing an auditor, and using triangulation. During the consent process, participants decided
whether they would permit the PI to contact them post-interview if data needed to be verified. The consenting participants were mailed a copy of their transcript for review (i.e., member checking; Creswell & Miller, 2000), which provided an opportunity to clarify their narratives as needed. All but two participants requested a transcript; however, none followed up to clarify any responses. The PI made follow-up phone calls to a few participants when clarification or further explanation was needed.

A supporting researcher served as an auditor to substantiate interpretive work. The auditor reviewed 6 of 13 audio recordings and transcripts, as well as the PI’s reflective journal. The verification strategy triangulation was used: The findings were evaluated against existing literature and were also critiqued by the auditor (Creswell & Miller, 2000; Lincoln & Guba, 1985). The PI and auditor discussed interpretations of the data until they arrived at a consensus.

The narrative interview data were analyzed utilizing ethnographic analytic steps (Hammersley & Atkinson, 1995; 2007). In ethnography, data analysis is not a distinct phase in the research process; rather, it is embodied in the initial ideas, hunches, and pre-field work in the PI’s reflective journal (Hammersley & Atkinson, 1995). The analysis began with careful reading and re-reading of the narratives and transcripts until patterns began to emerge. The PI also took notes in the reflective journal of general impressions, exceptions, and inconsistencies. The analysis became progressively more focused as the PI gradually uncovered what the research was “really about” (p. 206), seeking to understand the personal identity, lifestyle, culture, and historical context of the urban AI/AN participants. Once themes were identified, they were tracked from beginning to end within and across the narratives by reading separately and
repeatedly for each theme. Themes were then clustered into categories based on a shared premise, such as mutual plight or developmental issues (Hammersley & Atkinson, 2007).

**RESULTS**

The findings of the study were organized into 3 categories and 10 themes that emerged contextually in relation to the research questions: (1) What is the relationship between substance abuse and historical trauma? (2) How is historical trauma transmitted to descendants? (3) What can we learn about historical trauma to inform substance abuse treatment programs and sobriety maintenance programs? Some of the quotations used were double coded, as much of the data were highly interconnected, but the selected quotations were used to depict an instance of the overall theme therein.

**Category I. Development of Cultural Self**

In this category, participants discussed growing up and learning about what it means to be AI—often through experiences of racism—and how this knowledge impacted their sense of self and belonging, as well as their decision to use substances and ultimately to seek healing. Some felt like they were not members of, or were apart from, society at large, and others talked about identity confusion.

**I.1. I’m Indian?**

All but one participant spent portions of their childhood in White foster families, and struggled with the knowledge that they were different and with hearing negative stereotypes about AIs. Participants often experienced negative feelings, such as shame and disappointment upon learning they were AI, as they had learned only negative things about what it meant to be AI. Evelyn spoke about some of the negative
messages that she received as child: “I couldn’t wear a white shirt because it made me look too dark. There was that kind of negative stuff in the foster homes, but from my family there wasn’t anything negative about being Indian; people were happy with who they were.” Beverly recounted how she reacted when she learned she was Indian from her foster family:

I truly didn’t believe I was a Native American, because I didn’t want to be. When my [foster] brother told me that I was an Indian… the only things about Indians I would learn in the school that Indians were bad people. And when I heard that I went and sat down by my brother’s car and it was that really fine white dust on it. I took it and rub it all over my face, hair and everything. I went to my brother and told him ‘I am not an Indian, I am just like you.’ I ran to my sister’s cabin and found baby powder and poured all over myself and went outside crying telling him ‘I am not an Indian.’ Believe me I wasn’t an Indian.

Wilma explained, “I used to be scared of Indians until I went back to Montana. My aunt told me that I was an Indian myself, so she said, ‘You’re scared of yourself, huh?’ I was shocked. I didn’t even know what that was either [to be Indian]. All that time I thought I was White.” For Wilma, part of her cultural trauma was being groomed to fear her own people and feeling confused when she discovered that she was part of the group she feared.

I.2. **This world in which I live is not my world**

Several participants felt that they did not fit into society. They noted that their ongoing experiences of microaggressions and daily hassles related to their minority
status reinforced feelings of being different or not accepted. Henry talked about how he
did not feel that he was part of society:

Something down deep inside me says that I was born too late. I was
supposed to be out there hunting and fishing and making babies. I’m not
supposed to be jumping on a bus, battling the circus that it is, rolling
down the street, which is why I ride a bike all the time now. It rises up in
me, you know—that rebelliousness, that defiance of the society. I just
experienced the other day—I walked into a restaurant, a coffee shop; I
like to have an afternoon cup of coffee and sit and read my book. I
walk in and these two people right away turn their heads toward the
doors. I’ve actually walked into restaurants where everybody in the
place turned their head toward the door when I walk in. So, anyway,
racism is alive and well. I just think that my alcoholism can be linked to
the notion that this society that we live in here is not my society; it’s
not my culture.

I.3. Racism is the reason why I drank

All but one participant connected their drinking or other substance abuse to
their desire to numb themselves from cumulative stress related to historical trauma, as
well as to ongoing racism and discrimination. The participants talked about how these
experiences impacted their beliefs about their access—or lack thereof—to opportunities
and various life paths. Participants also experienced negative feelings about AI identity,
often based on elders’ stories about historical trauma and about being treated as “less
than.” Marjorie described how her identity formation was impacted by the racism she
faced, which led to her decision to drink:

…White people saying that ‘Natives are nothing but alcoholics, drunks; they’ll never amount to nothing, they’ll never do nothing;’ things like that really hits me hard because I really truly believe that’s a lot of the reason why our people stay drunk is because of things that we have to listen to and go through. I used to hear things like that when I was growing up. It affected me; it had a real big impact on me to have to listen to that. I had to grow up thinking that I was dirty and was never going to be nothing. It hurt.

**Category II. The Legacy of Loss Continues**

All participants talked about their loss, and that of their family members, continuing in various forms today. Most common were poor health and early deaths, out-of-home placements and struggles to parent, and fear of further loss.

**II.1. The new genocide is poor health**

All participants talked about the impact of poor health in their own and their family members’ lives. Many spoke of early deaths due to poor health status, linking them to the loss of family ties, family history, and cultural practices. Henry stated, “The new genocide is nutrition and health. Our people are dying off because of these diseases: alcoholism, diabetes, cancer, heart disease.” Many participants linked their poor health to their substance abuse. Bernadine talked about her failing health and the deaths of multiple siblings:
I’m sober because of my health. I’ve got health issues and if I don’t stop my alcohol, I’ll probably end up dying, so I have to take care of my health. My brothers and sisters—one sister, she doesn’t drink and the other one is deceased. Some of my brothers are deceased and a couple of my brothers don’t drink; probably three or four of them don’t drink. One is really into alcohol.

The loss of family due to early death has led to feelings of isolation and lack of support. Evelyn talked about her loss of family due to early deaths:

My mother died from alcoholism and my dad died from heart disease; they were both alcoholics; she never stopped drinking. And then because everybody is dead who’s older than me and my siblings, there’s no extended family for them [children] to belong to; people died so young because of alcoholism and health stuff, cancer and alcohol seem to be the main things. So there wasn’t anybody else, so there’s a loss; a feeling of loss.

II.2. **Parenting impeded by childhood experiences**

All but one participant experienced adoption and/or spent some time in foster care. While in out-of-home placement, most reported experiencing significant abuse and hearing negative messages about their families, including that their parents were bad, were drunks, or didn’t love them. Despite the problems for which they had been removed from their biological families, often related to substance abuse or poverty, many participants returned home either as runaways during childhood or after coming of age, seeking answers and a sense of family. Some participants’ return home was a
positive experience; for others, it was a painful reinforcement of negative stories they had heard. One participant talked about how, after early life separations, long-lost family members reconnect yearly for family reunions. The participants linked their disrupted childhoods to their later struggles with parenting.

After spending much of her childhood in abusive foster homes, Evelyn returned to her family of origin, only to be disappointed to find more dysfunction. She made the decision to create a family of fictive kin in order to provide her children with the family she never had, but not before going through her own battle with substance abuse. Some participants connected their early abandonment experiences or lack of positive attachment figures to their parenting struggles and to a lack of faith in their own parenting skills. Participants found themselves resorting to substance abuse early in their lives, which may have, for some, contributed to a self-fulfilling prophecy about their ability to parent. As adults, several participants found themselves involved with child protective services (CPS) and lost contact with their own children, either temporarily or permanently.

II.3. Fear of further trauma and loss

Participants linked the impact of elders’ stories of historical trauma and loss, and their own traumatic experiences, to intrusive thoughts about these ordeals and to fear that trauma will continue for future generations. Some noted that they had internalized feelings of fear engendered by elders’ stories. Some talked about their fear that the racism faced by elders will recur, and acknowledged that, to a degree, racism continues. Marjorie talked about her fear of being judged or persecuted for practicing her spirituality:
For me it has to do with old people, old places, the thought of what we had to go through back then kind of makes me think like it’s going to come back; like the old historical things that we had to go through then might happen sometime; it might come back, it might resurface. I feel that being at [culturally based sober housing facility], starting to do sweats… it makes me feel like I don’t want to do it because of how [White people are] thinking or what they’re saying. I’m new to [practicing my traditions]; that is why I feel so uncomfortable and also I tend to worry about what the White people will think or how they will treat somebody trying to practice our culture, since we’ve been kind of stripped of it. It just brings me back to years back when our elders had to live with mean words by the White man. The White people hated us so much that like I said, we weren’t nothing and just sitting at the liquor store all the time and wanted to be drunk. It hurt them [elders] just as much as it does anybody today, the things the elders had to go through—that we’re going through. Sometimes I don’t know if it will ever stop; it’ll just keep going. Similarly, Evelyn struggled to make sense of a community-wide fear of death:

For many of us there’s a little recording of ‘I should be dead’. And whether that’s ‘I want to kill myself’ or ‘I should be dead’ or ‘it doesn’t matter if I’m alive,’ I think that’s a piece of the historical trauma. I think this is an actual recording that gets passed on from generation to generation without us even knowing it…

Category III. It Runs in the Family

This category represents challenge and triumph. Having learned problematic behaviors and beliefs about themselves, participants faced the challenge of breaking
negative intergenerational cycles in their own families. The participants also told of the pride and understanding they have for their elders, who had survived a great deal of suffering.

III.1. “Monkey see, monkey do”

All participants talked about the problems that plagued their families for generations. The participants believed that historical trauma was central to their elders’ patterns of substance abuse and maladaptive behaviors. As Wilma said, “monkey see, monkey do,” referring to following her family’s pattern of substance abuse and being in abusive relationships. Emma talked about how, during childhood, she endured abuse and witnessed family fights and substance abuse, which she linked to her grandmother being harshly punished while in boarding school.

I can remember all the times [grandma and mom] fought and my mom would come back all bloody. They were a good mother and daughter; they didn’t fight or argue or nothing, just when [mom] was drunk. My grandma was sober when she was beating us. She’s been sober for almost for 40 years. She went to a halfway house [chemical dependency treatment], she did have [CPS] involved, but she more or less did it for herself and for us kids. I think it was the impact of the boarding schools that did it, because maybe the way they saw it was ‘oh they did something wrong, so let’s beat them,’ so that’s the way she was, the only way she knew how to handle it was with beatings.
Although Emma was not abusive to her children, she did repeat her pattern of involvement with CPS due to substance abuse. Henry explained his decision not to be a part of his daughter’s life due to fear he wouldn’t be a good example:

I have a daughter; she’s 17 now. I’ve seen her twice since she was born. That’s a source of a lot of pain and grief, but hopefully—I’m in touch with her mother and we’re at least e-mailing each other back and forth, so that’s something. I can imagine that there will be something down the road if not already [substance abuse]; just because of the fact that it runs in our family although her mother is a staunch Norwegian and will do everything in her power to see that it doesn’t happen. That’s kind of one of [the] reasons that I’m not connected to her; in the back of my mind I always knew that I was going to be drunk and I knew that her mother would take better care of her than I would.

### III.2. Stopping the cycle

The participants talked about their areas of growth and their decision not to continue the negative patterns, frequently associated with substance abuse, which they witnessed in their families. They connected their disrupted childhoods to family members’ traumatic experiences and learned behaviors, and wanted to change. For example, Emma, whose children are currently in foster care, described her decision to stop the cycle of substance abuse and violence in her family:

I was in foster care until I was seven and then after my grandma sobered up, we went home with her. You know like in the boarding schools when they abused her, my grandma started doing that to us. She
started beating us and she finally stopped after we started fighting back. Basically the way I feel about it is because of what I went through, I wouldn’t want to put my kids through that; I wouldn’t want them to be hit, because I know how it feels. I would rather have them have a better life than what I had.

Curtis also talked about wanting to raise his young children differently than he had been raised. His father had been through boarding school, but Curtis barely knew him.

I knew him but not really; he was very abusive. He was one of those drunks that didn’t care about the family. I don’t ever want to be like that. I grew up in foster homes and when I got out of foster homes, I went home for like maybe two weeks and ended up getting locked up until I was eighteen. I just basically try to lead [my kids] on the right path; if they have questions, I answer them to the best of my ability; what to do and not do and let them live their life… hopefully they’ll do better than me.

Participants whose children were already adults talked about repairing relationships with them and cherishing their relationships with their grandchildren. Beverly stated:

I talk openly with my kids. I talk very honestly with them. I love my kids, but at the time it was their fault that I couldn’t go to the bar. Me and Nicole talked about it for about 4 hours where she yelled and screamed at me, called me all kinds of nasty names, and I sat there listening. Now, back if I would have been using, that would have never happen [sic],
never. But I had to understand, I had to realize that this is what I put my kids through. Finally being able to connect with my son is one of the biggest things in my life. I have to make things right with my family, I need them to understand.

III.3. Pride in our elders

Many talked about their admiration for the strength and fortitude shown by elders despite the difficult circumstances they endured. This topic was particularly emotional for participants; some cried and others became angry while describing the pride and grief they felt for their elders. Many were motivated by the resiliency that they witnessed. Marjorie was thankful to elders for paving the way for others: “I do believe they had more of a struggle than we do now, truly believe that. It was way harder on them then than it is on us today, because today we have a lot more laws and things to protect us...” Curtis admired the grace with which elders have endured oppression:

I see that the [elders] went through a lot of hardships and they still are and some of them can't let it go, especially the older generations. I think it is too much pain for them, otherwise just things they don't want to remember. Some of them I feel they use it as a teaching tool; they coped with it and dealt with it. The past generations [had] courage and pride to make it through. I don’t see how they could; honestly don’t see how they had the courage or the strength to do it, because I wouldn’t have. I would have never made it; I would probably be in prison.
Henry stated:

In the larger picture, given the nature of the genocide that has been perpetrated over the last two hundred years, I feel extremely joyful and blessed that I see that our people are strong enough to survive anything that has been thrown our way… brings up a lot of emotions. It’s amazing to me that [my father] didn’t end up in prison really, truth be told, if that had been me, I would have been so angry.

III.4. Healing journey

Several participants discussed the significance of spirituality and the role that knowledge of their culture and language played in their ability to maintain sobriety and stop negative cycles within their families (e.g., shame). Their family healing included the restoration of cultural traditions, and the creation of new and more functional relationships with common efforts toward sobriety. Marjorie talked about how she is learning her traditional ways now that she is sober.

I’m trying to be more traditional than before, now that I’m sober, because I know that traditional ways can’t be practiced while you’re using; you know it’s very disrespectful. Mom also never practiced traditional ways. We were born and raised in [the metro]. She was born and raised on the reservation but the whole time we were growing up, we didn’t practice our ways at all. Just recently I talked with a couple pipe carriers to learn more about our ways. I just recently gave tobacco and got an Indian name.

Gordon noted that his past attempts at sobriety failed due to what his brother
called “white-knuckling it,” or working at sobriety with no support. Gordon believed that spirituality was the key factor that had been missing:

I go to powwows all the time. I dance once in a great while. I’m going to try to get out there more often this summer. My oldest brother gave me a feather about six years ago and I only took it to a powwow once, so I’d like to get that feather out to powwows more often. Because a friend of mine who’s kind of a spiritual guy said that I need to take that feather out and dance with it. The spirituality part I think was missing from my past attempts at sobriety, but in recent years, I’ve just been thinking that the only way I’m going to change is by believing in a power greater than myself.

Thelma told of the significance of reconnecting with her traditionalism:

It’s impacted, especially in the traditional way, has impacted so much, so fast; it’s like I rely on it, like the traditional talking circle, the smudging, putting out tobacco, being able to speak some of my language and just remembering how my paternal grandparents used to do the camps, like the sugar camp and the wild rice camp. [I am] just proud to be a Native. I feel that I’ve been able to let go of a lot of shame and regret, but mostly shame. If the shame was still there I think I’d still be using and that’s self-hatred; I think that’s really decreased.

With excitement, Henry shared his views about culture and family being restored.
...there’s been plenty of loss, plenty of grief, plenty of tragedy, but we’re still here and we’re still surviving. We still have a lot of children to love and people that love us. We laugh, we joke, and we have a good time despite all the genocide and all of the madness that goes on around us. We still somehow manage to hang on to those things that mean the most to us. We still go dance around a drum, we still sing, we’re starting to relearn the languages. All the ceremonies are not totally gone and disappeared; we hang on to those that we need and the culture is as vital as it has been in a hundred years.

**DISCUSSION**

This study explored the intergenerational transmission of historical trauma and its relationship with substance abuse in order to inform AI/AN substance abuse treatment and sobriety maintenance. The participants in this study reported that they continue to contend with traumatic stress from historical trauma, intrafamilial trauma, ongoing racism, and other daily life stressors (e.g., poor health, poverty). For many participants, substance abuse was a surrender to what they understood, since their youth, to be their fate, and also signified to them their defeat by the dominant culture. Substance abuse was strongly connected to the negative impacts of historical trauma, intrafamilial trauma, and personal experiences with microaggressions. These negative experiences caused confusion and inner turmoil, diminished participants’ sense of self-efficacy, impacted their parenting skills, and influenced their substance abuse patterns. Thus, participants faced the task of overcoming both substance abuse and long-standing negative self-images. There are several lessons that can be drawn from the
experiences shared by the participants in this study.

Many participants first encountered negative stereotypes in their formative years. Many also experienced firsthand the trauma of out-of-home placements and, later, struggles parenting their own children. Prevention and intervention programs should address the loss of traditional parenting practices due to historical trauma, as well as encourage the restoration of these values as much as possible. Emphasizing early anti-alcohol and anti-drug messages, coupled with traditional values, is essential to protecting future generations of AI/ANs against substance abuse. There is also a need for culturally appropriate therapeutic services for parents that address historical trauma and substance abuse, in order to ensure that AI/AN children stay with their families, learn their culture, and participate in traditional practices without fear or shame.

Participants noted that family connections were important to them, even after years of being apart; this finding indicates a need for providers to facilitate making the home a safe place for healing to occur for all family members in order to keep families together. Family connections were key to many participants’ success in recovery, as a source of motivation and support. Others benefited from creating a new family of fictive kin and, for some, “family” included people in their tight-knit sobriety maintenance programs. It is important to keep in mind that the wellness of a family system is influenced by that of all members, and is not easily teased apart. For some AI/AN families, especially those which are highly interconnected, healing the family wound may be an appropriate treatment goal.

There was a common thread of fear or doom among the participants regarding their own death and the death of loved ones, and about the possibility of experiencing
further oppression and related trauma (e.g., victimization). Similarly, Jervis (2009) found disillusionment to be prevalent among AIs who have experienced cultural traumatization. Fear itself after trauma is not exclusive to AI/ANs; however, the participants related their fear to historical trauma they had heard about from elders and to their personal experiences of racism and discrimination. This fear may be an example of historical trauma response (Brave Heart, 2003). The complexity and compounding effects of experiencing both historical and ongoing trauma may compromise mental health and trauma treatment. It is not clear whether existing treatments would be useful for the treatment of historical trauma, whether adaption would be appropriate, or whether new treatments must be developed; further research is needed.

Many participants reported feeling as though they do not belong or fit into society at large due to their experiences of historical trauma, racism, and/or oppression. Spicer (1998) also found that AI respondents viewed themselves as outsiders in society, and the consequence was often substance abuse. As part of their recovery, a number of participants were learning AI/AN cultural and spiritual practices for the first time and/or were making efforts to reconnect with family members, some of whom resided on reservations; these new activities and experiences may have exacerbated feelings of being different or being an impostor. This is an important finding, as “I don’t belong” or “I’m different” are common but unhelpful cognitions; while normalizing the occurrence of these thoughts after negative experiences is appropriate, it is equally important to emphasize the strength in diversity of views and experiences. Historically, “different” has meant “less than” or “bad” to many AI/ANs; thus, clinicians should
work with clients to identify a more affirming narrative or meaning for experiences, perhaps one of strength, resiliency, and healing.

The category “It runs in the family” revealed a paradox that is worth discussing. Each participant mentioned having witnessed or experienced intrafamilial trauma; however, they still had a strong sense of pride in their elders. Perhaps participants were able to understand and identify with their elders’ suffering and trauma, and to see them as survivors rather than perpetrators of abuse. This was a highly emotional topic, revealing both grief about the experiences elders have gone through as well as pride in their ability to endure those difficulties. This phenomenon seems to embody forgiveness and acceptance rather than denial or avoidance; however, it is not fully understood, and further research should be done to see if other AI/ANs in substance abuse treatment mention similar feelings and to clarify this ambiguity. Perhaps this pride in coming from an ancestral line of survivors/fighters has been and can continue to be a source of strength and motivation for AI/ ANs’ sobriety.

Participants emphasized the importance of engaging in traditional activities, often of a spiritual nature, during their recovery. For many participants, family activities were also centered around their spirituality and culture. They noted that, out of respect for their culture and elders, they did not participate in their traditional practices during periods of non-sobriety. Most are now learning their culture and language, and exploring spirituality for the first time, though not completely without question or self-doubt. Ambiguity about participating while one is in recovery, lack of knowledge, and negative self-image are barriers to engaging in traditional cultural practices. Interventions that target negative cognitions and affect should also
emphasize the importance of engaging in cultural activities and spending time with people that reinforce or promote positive thoughts and feelings. Prevention and intervention efforts should also focus on revitalization of culture by teaching and strengthening traditions among AI/AN families and communities, as culture is known to be a protective factor against substance abuse (Stamm et al., 2004; Whitbeck, 2006; Whitbeck, Chen et al., 2004).

A few participants were not familiar with the term “historical trauma,” but were able to relate to the idea when it was explained. It is possible that this finding may be observed among other AI/ANs seeking substance abuse treatment; thus, providers should be prepared to introduce the concept, and also explain the compounding nature of related traumas (e.g., intrafamilial). Although using the term “historical trauma” may be helpful for giving a name to an experience or validating a client’s experience, it is always advisable to work within the client’s language and realities. Visual aids such the one used in this study (i.e., Intergenerational Transmission of Historical Trauma and Loss map in Appendix A) will not only help guide discussions about the impact of historical trauma and other related traumas across generations, but also provide safety and permission to talk about sensitive issues such as racism and discrimination.

It is also important to bear in mind that talking about historical trauma and substance abuse is not easy, especially for those whose voices historically have been silenced. Normalizing reactions such as fear, shame, guilt, and anger as a part of the process of healing from historical trauma and substance abuse could be valuable. Participation in culturally specific sobriety maintenance programming, especially in a group format, may help foster readiness for clients to talk about these issues in therapy,
as exposure to others’ stories can be a validating experience. The participants in this study valued their involvement with culturally based sobriety maintenance programs, all of which were run in a group format, and benefited from sharing and hearing others’ stories and experiencing the sense of community and kinship that ensued. Furthermore, culturally specific programming may act as a buffer against substance abuse by reinforcing positive identity attitudes and encouraging the use of traditional cultural and spiritual practices.

As they transitioned from substance abuse to spirituality and traditional practices, many participants talked about seeking to end intergenerational shame that they felt was passed on similarly to historical trauma. Shame is analogous to existential death for many AI/ANs (Duran & Duran, 1995)—an important idea to keep in mind when working with AI/ANs in recovery, as they begin to understand the intergenerational processes that have impacted their substance abuse. This finding could also affect the helpfulness of treatment programs that encourage clients to accept an identity of “addict” and “alcoholic.” Such an identity might contribute to negative cognitions and foster further hopelessness and a sense of defeat. For participants in this study, no matter the length of sobriety, it was important that they were empowered to overcome their negative identity formation, to find a new, more positive view of themselves, and to assign meaning to the past. Perhaps finding a new approach that moves away from assignment of an addict/alcoholic identity and emphasizes healing and wellness, and reclaiming that which has been stripped, would be helpful.

Brave Heart (2003) suggests that true healing can only come after there has been recognition and accountability taken by the government for the pain imposed
historically on AIs. Reviving culture, family connections, language, and spirituality is also essential for such healing to take place (Brave Heart, 2003). In addition, there is a need to educate people of all racial/ethnic groups about the historical trauma AI/ANs have experienced, in order to dispel myths about AI/AN history and end societal cycles of discrimination. This education should focus on the resiliency of AI/AN people to overcome oppression and reflect the pride that the participants in this study have for their elders. Such efforts could help AI/AN children develop a healthy cultural identity so they do not fall prey to substance abuse at the same rates as previous generations.

Participants noted that substance abuse served as a way to cope with historical trauma, as they had observed previous generations do. By identifying and working to eradicate internalized negative beliefs and intergenerational family patterns, participants made significant gains toward sobriety and spiritual wellness, including restoration of family and healing of intergenerational patterns. Sobriety, therefore, was their victory of sorts. Participants in this study agreed that their own healing was initiated by their readiness to change and feeling a sense of urgency about ending negative intergenerational family patterns. As one participant stated, “to heal from historical trauma is to heal from substance abuse... one and the same.”

Limitations

Although intergenerational studies may be adequately conducted solely from the perspective of one generation (Katz, Lowenstein, & Phillips, 2005), this approach may miss the nuances of generation-specific beliefs among AI/ANs, and the potential for a
more rich description of how historical trauma and substance abuse patterns are transferred. Interviews with multiple generations of a family are important for this research, as one person’s response, of course, captures only his or her version of an experience. Therefore, the second research question, “How is historical trauma transmitted to descendants?” may have been more easily explored with an intergenerational sample. Although the PI attempted to interview participants who represented multiple generational cohorts, the sample size of this study is too small to draw conclusions about generational patterns or intergenerational issues at an adequate depth. Future researchers should take special care to recruit multigenerational family sample or a larger sample in order to better understand generational nuances.

The interviews were approximately 2 hours in length, which is short for ethnographic work, and may not have been sufficient to obtain the depth of information that was sought. Future research should allow for multiple interviews with participants. It is important to note that recruiting participants from culturally specific sobriety maintenance programs can influence findings, as such participants tend to be active in cultural and spiritual practices. Future researchers may consider recruiting a comparison group from sobriety maintenance groups that are not culturally specific, in order to distinguish the significance of the cultural and spiritual facet.

When screening potential research participants, it is important to be aware of the increased probability of cognitive impairments resulting from substance abuse and trauma exposure. In some cases it may be inappropriate to permit interested persons into the study due to vulnerability and questionable ability to consent. Impairments may be difficult to assess in a group setting or by telephone; therefore, in future
studies, a first meeting to screen might be beneficial. Similarly, some of the
participants in this study had unusual communication styles (e.g., strong reliance on
non-verbal communication) or deficits (e.g., difficulty formulating thoughts or
recalling words), which added to the complexity of data collection and analysis;
however, important information was still conveyed. Careful and detailed note taking
during the interviews assisted in this process. Additionally, researchers should be aware
of the high likelihood of learning about childhood physical and sexual abuse during
research in some AI/AN communities (as was found in this study), and should be
knowledgeable about statues of limitations for reporting and the need to make reports
as mandated. This information is particularly important for research with vulnerable
groups, for whom reporting timelines may be extended.

CONCLUSION

The participants in this study talked about historical trauma as an ongoing
problem that is at the root of substance abuse issues in their families and
communities. Further, the participants believed their experiences to be shared or
common among other AI families and communities. Feelings about historical trauma
among the participants, their families, and/or their communities included disbelief that
these events could have happened, sadness, and fear that such events could recur;
however, there also were messages about strength and survival. It is recommended
that clinicians help to empower AI/AN families and communities to draw on these
cultural strengths in order to reinforce this more affirming legacy. Substance abuse was
not a part of AI/ANs’ traditional way of life, and this maladaptive intergenerational
pattern can stop with the current generation.
Although the participants in this study have endured trauma, they have overcome numerous barriers to wellness and are resilient and proud, which has allowed for healing to begin taking place in their lives and in their families. The participants have various lengths of sobriety and are at various stages of the life cycle; however, they share a unique story of rising above what they believed to be a predetermined fate involving substance abuse and related dysfunctional family patterns. The participants in this study all chose culturally specific programs, which utilized traditional cultural practices and spirituality for sobriety maintenance, as they felt that these factors were necessary for their healing and would be effective for them. Although it is counterproductive to assume that one intervention or treatment will work for all AI/ANs, clinical interventions and treatment programs should acknowledge the impact of historical trauma on AI/AN families and support the use of traditional healing practices for clients who might benefit from them.

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REFERENCES


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### Appendix A

**Intergenerational Transmission of Historical Trauma and Loss Map**

<table>
<thead>
<tr>
<th>Boarding School Era</th>
<th>Relocation and Reservation &quot;Termination&quot; Policies</th>
<th>Indian Adoption Era</th>
<th>Current Issues</th>
</tr>
</thead>
</table>

- Great-grandparent
- Grandparent
- Parent
- Adult Child
- Child(ren)

Generations
Appendix B:

Interview Protocol

- Participant is asked to lay rope any way they would like to represent their lifeline.
- Stones are used to represent memory of negative/painful/difficult events associated with substance use/abuse.
- Flowers and candy are used to depict memory of positive/joyful/successful events and experiences associated with substance use/abuse.
- Notes are used to write key words that represent more ambiguous life experiences.
- Follow-up probes explore meaning, family, socio-historical context, etc.
Appendix C:

Categories, Themes, and Subthemes across Parent and Adult Child Groups

<table>
<thead>
<tr>
<th>Categories</th>
<th>Themes</th>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Stories of Trauma</td>
<td>Sexual Abuse</td>
<td></td>
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<tr>
<td></td>
<td>Physical Abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neglectful or Absent Parent</td>
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<tr>
<td></td>
<td>Exposure to Accidents</td>
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<td></td>
<td>Tragic Loss</td>
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<tr>
<td></td>
<td>Exposure to Violence</td>
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<tr>
<td>Intergenerational Vulnerability</td>
<td>Exposure to Indian Child Welfare</td>
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<td></td>
<td>Early Onset of Substance Abuse</td>
<td></td>
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<tr>
<td></td>
<td>Genetic Predisposition to Substance Abuse</td>
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<tr>
<td></td>
<td>Compromised Mental Health</td>
<td></td>
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<tr>
<td>Experienced Discrimination and Racism</td>
<td>Housing challenges</td>
<td></td>
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<tr>
<td>Risk Factor Related to Poverty</td>
<td>Lack of opportunities</td>
<td></td>
</tr>
<tr>
<td>Red Road to Recovery</td>
<td></td>
<td>Unsafe neighborhoods</td>
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<tr>
<td></td>
<td>Minimizing Substance Abuse</td>
<td>Controlling drinking to be unlike ______.</td>
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<td></td>
<td>Taking Accountability for Substance Abuse</td>
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<td></td>
<td>Negative feelings toward</td>
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<td></td>
<td>those who perpetuate negative stereotypes</td>
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<tr>
<td></td>
<td>Experiencing Turning Points</td>
<td>Ongoing negotiation and exploration of sobriety</td>
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<tr>
<td></td>
<td>Adhering to Abstinence only AA model</td>
<td></td>
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<tr>
<td>Family Interactions and Roles</td>
<td>Parentification</td>
<td></td>
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<td></td>
<td>The Important Role of Grandparents</td>
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<td></td>
<td>Role of Communication Regarding Substance Abuse</td>
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<tr>
<td></td>
<td>Role of Forgiveness and Healing</td>
<td>Gratitude</td>
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<tr>
<td></td>
<td>Role of Boundaries</td>
<td>Enabling versus supporting</td>
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<tr>
<td></td>
<td>Healing Through Cultural Means</td>
<td>Investing in others</td>
</tr>
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