

Traditional Lakota Concept of Well-Being: A Qualitative Study

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Dedication

For my wife Geniel, parents Mary and Lyle Sr. and grandparents Eva and James. It is finally completed.

Preface

From the time of my birth until entering the fifth grade, I was taught and cared for by my grandparents and elderly extended family members who address me only in the Lakota language. Prior to the fifth grade, I lived on the Pine Ridge Indian Reservation located in Southwestern South Dakota. During those early years of my life, I had lived in the midst of poverty and the social problems that poverty breeds. However, in retrospect, I was blessed to have been raised by the old ones who raised me knowing two traditions: Lakota and Western, and to have been safeguarded with love. It is culturally expected to be raised by grandparents.

My parents decided that it was time to live with them along with my siblings and to take advantage of the public school system. So I moved to a small Midwestern city in South Dakota and began the fifth grade. My family and extended families were very close so that even though we were geographically away from each other, we did not feel separated. Visits were made frequently among family members. Consequently, the idea of living with my parents without the old ones was not distressing. During the summers, I lived with my grandmother, who had also visited me for extended periods of time while in school and living with my parents. The crux of my story is that because I was raised biculturally, I knew the customs and traditions of the Lakota culture; and, because my father is an Episcopal priest, I knew the customs and traditions of the Episcopal Church. While growing up, I relied on those two distinct philosophies to guide my development.

In my earlier thirties I had the opportunity to work with traditional Lakota healers who were developing a culturally specific mental health program for children with

special needs. Their program was based on Lakota cultural concepts of healing and illness but had also integrated Western psychological concepts and practices. One of the roles I had was translating their discussion of concepts to English. I had always been intrigued by the semantic and pragmatic components when translating from Lakota to English. A Lakota phrase could be translated to convey the original traditional usage and its intended meaning or it could be translated to a contemporary form influenced by the integration of Western knowledge. The semantic meaning of the phrase is bound to its context.

My father had also translated various hymns and liturgical rites of the Episcopal liturgy. Since I was an adolescent, we would sit and discuss the meaning of Lakota phrases, particularly their traditional meaning vs. Western Christian meaning while considering other forms of meaning in various contexts (sacred vs. secular) within those two distinct cultural frameworks. In this study, my father assisted me in the translation of the interviews.

My interest in understanding the self and others along with my bilingual bicultural background of having elderly Lakota caretakers, my parents, and the working relationships I have with various traditional Lakota healers, has prepared and brought me to inquire into psychological well-being. Despite the determined early effort to replace the cultural framework of American Indian/Alaskan Native (AI/AN) peoples, many AI/AN have retained their culturally-based identities, including what it means to obtain well-being.

Abstract

Most psychological research from which treatments are developed has typically been from the majority population overlooking American Indian/Alaskan Native racial/ethnic groups. This qualitative study examines how traditional Lakota healers conceptualize well-being from their unique perspectives. Seven healers were interviewed using a 3 question semi-structured interview guide. The interviews were transcribed into the Lakota language then translated from Lakota to English. The interviewed were then analyzed inductively using a grounded theory method. From the data, a central theme emerged: the traditional Lakota concept of well-being (Wicozani). The healers identified five distinct ways that well-being (Wicozani) may be achieved. These are that: (1) well-being is attained and maintained through one's prayerful awareness and experience with religious beliefs or the sacred/the holy – the Wakan; (2) well-being is attained and maintained through maintaining healthy relationships with family, tribal structure and all of creation; (3) well-being is attained and maintained through consistent practice of prayer through rituals and traditions; (4) well-being is attained and maintained through successful recovery from traumatic experiences; (5) the need to enact the values to attain and maintain an integrated sense of well-being. The results suggest that there are similarities across the Lakota culture and the majority culture despite epistemic difference. Based on the findings, implications and recommendations were made.

Table of Contents

Acknowledgements.	i
Dedication.	iii
Preface.	iv
Abstract.	vi
Table of Contents.	vii
List of Tables.	xii
Chapter 1: Introduction.	1
Background.	1
Chapter 2: Literature Review.	7
American Indian/Alaska Native Research Well-Being versus Lack of Well-Being.	8
Evaluating Traditional Healing as a Psychological Resource.	14
Understanding the Role of Traditional Lakota Healers in AI/AN Communities.	17
Foundations of Counseling Psychology.	33
Positive Psychology.	35
Positive Psychology Roots.	36
Two Concepts of Happiness and their Goals.	39
Contemporary Psychology's use of Aristotle's Eudaimonia.	42
Positive Psychology Framework.	42
Subjective Well-Being (Hedonic) and Psychological Well-Being	

(Eudaimonia)	46
MIDUS Study.	52
The Development of Ryff's Conceptualization of Psychological Well-Being.	54
Self-Acceptance.	56
Positive relations with others.	57
Autonomy.	57
Environmental mastery.	58
Purpose in life.	58
Personal growth.	59
Ryff's Scale Development Efforts and Research Findings.	63
Scale Development.	63
Validity, Reliability and Usefulness.	64
Summary of Ryff's Research Findings.	66
Criticism of Positive Psychology.	69
Refining/Expanding Assessment of Positive Function in Positive Psychology.	70
Conclusion.	72
Purpose of the Present Study.	74
Research Questions.	74
Chapter 3: Method	76
Rationale for Conducting Qualitative Research among Native	

American.	76
Rationale for Using Grounded Theory as a Research Design.	77
Background Translation/Transliteration.	81
Participant Selection, Recruitment, and Interview.	83
Procedures.	84
Reflections (Bracketing) Regarding Participant Selection and Selection of Procedures.	86
Data Analysis.	86
Issue of Validity and Researcher Bias.	89
Reflections (Bracketing) Regarding Data Analysis.	90
Chapter 4: Results.	93
Theme 1: What does Well-Being (Wicozani) Mean to Lakota Healers.	94
Theme 2: Well-being is Attained and Maintained through One’s Prayerful Awareness and Experience with Religious Beliefs or the Sacred/the Holy – the Wakan.	95
Theme 3: Well-being is Attained and Maintained through Maintaining Healthy Relationships with Oneself, Family, Tribal Structure and all of Creation.	96
Theme 4: Well-being is Attained and Maintained through Consistent Practice of Prayer through Rituals and Traditions.	102
Participating in Purification/Renewal Ritual (Inipi).	103
Using the Vision Quest to Guide One’s Life.	105

Using the Vision Quest and the Sun Dance to Make Sacrifice for Others.	107
Attending to the Stories of the Elders (ozuye).	108
Theme 5: Well-being is Attained and Maintained through Successful Recovery from the Effects of Traumatic Experiences.	110
Theme 6: The Need to Enact the Values to Attain and Maintain an Integrated Sense of Well-Being.	113
Chapter 5: Discussion.	116
What is Well-Being?.	116
How is Well-Being Attained and Maintained?.	117
Interpretation.	123
Aristotle and Positive Psychology.	136
Well-being; Ryff's Six Psychological Constructs and the Seven Lakota Values.	140
Implications & Recommendations.	141
Further Research Regarding Diverse Ethnoracial Populations is Needed, Particularly those with Different Epistemologies.	141
Improve and Expand Current Research, particularly Evidence-Based Treatment Efficacy that include Epistemic Cultural Specific Psychological Frameworks.	143
More Ethnographic Research including other Academic Disciplines Is Needed to Understand Cultural Conceptualization and Processes	

of Psychological Illness and Wellness. 143

Adaption of Traditional Psychotherapy to the Cultural Worldviews
of Racial/Ethnic Minorities to Improve Therapeutic Efficacy. 144

Reconceptualization of the Concept of Culture is Recommended to
Reflect the Emergence of Cross Cultural Identities rather than
Classifying the Various Identities of Diverse Population into a
Single Ethnoracial Identity. 148

Consideration of AI/AN Identities in the Context of the Therapeutic
Counseling Relationship. 149

More Research is Recommended to Evaluate the Use and
Effectiveness of the Cultural Formulation Outline in the DSM-IV. . . 150

Limitation of the Study. 151

Conclusion. 152

References. 154

Appendices

Appendix A: Walker’s Manifestation of God Known to the Wicasa
Wakan. 173

Appendix B: Information Sheet For Research. 175

Appendix C: Interview Guide. 178

List of Tables

Tables

Table 1: Ryff's Theory-guided Dimensions of Well-Being. 61

Table 2: Lakota Values or Laws. 98

Table 3: A Hierarchy of Healing Mechanisms.128

Chapter 1: Introduction

This study employs a qualitative method of research to better understand the perspective of well-being as defined by traditional Lakota healers who have conveyed their knowledge primarily through the Lakota language. What follows in this chapter consist of background information of American Indian/Alaska Native (AI/AN) people's traditional healing practices.

Background

Few psychological studies of American Indian/Alaska Native (AI/AN) people that pertain to their specific history of mental health problems, including prevalence, assessment, and treatment, have yielded outcomes that help professionals improve treatment. Some reasons include their relatively small population size as an ethnic/racial minority, their particular historical relationship with U.S. government structures, and the history of psychological academic research of AI/AN populations since their contact with European Americans.

The U.S. Census Bureau has estimated that 4.1 million American Indians/Alaskan Natives live in the U.S. which is about 1.5% of the U.S. population (U.S. Census Bureau, 2002). Within this group are more than 561 federally recognized tribes who speak more than 220 tribal languages. This large number of tribal groups scattered throughout the U.S. makes it difficult to generalize across tribal groups. Each group has unique circumstances along with differing cultural viewpoints. Therefore, researchers have argued that psychological interventions should be individually constructed for each American Indian/Alaskan Native group (Alcántara & Gone, 2007).

AI/AN people have tolerated centuries of colonialism. Since contact, the history of interactions between AI and European Americans in the United States has been shaped by military conflicts, federal policies of reservation captivity, assimilation efforts, and theft of lands along with other cultural and natural resources (Gone & Alcántara 2007).

Formal relationships established through treaties between the U.S. government and AI tribes began to change the lives of AI people, who until 1776 had lived lives shaped by the ethos and predispositions of their culture (Getches, Wilkinson, 1986). After that time, the U.S. Supreme Court assumed its role of arbitrator of U.S. law, and so began a sequence of legal definitions that helped shape a new AI identity. In an important Supreme Court case, *Cherokee Nation v Georgia*, the court ruled in 1871 that tribes are not foreign nations, but, as Justice Marshal stated, more correctly characterized as "...denominated domestic, dependent nations," with their relation to the United States resembling that of a ward to his guardian (Wilkins & Lomawaima, 2001, p. 68).

The era of allotment and assimilation (1871 until 1928), was exemplified by the influential Indian General Allotment Act (aka Dawes Act) of 1887, which gave land to each family head or to single persons. The allotted land, according to the Act, was held in trust by the federal government. One of the intentions of this Act was to dismantle the tribal way of life through relocating people onto individual lands (Getches & Wilkinson, 1986).

Education was used as a way of facilitating the assimilation process. Boarding schools prohibited anything reflecting Indian identity, including language, dress and religious practices (Getches, Wilkinson, 1986). As stated by the first superintendent of

the Carlisle Indian Boarding School in Pennsylvania, Capt. Richard H. Pratt:

A great general has said that the only good Indian is a dead one... I agree with the sentiment, but only in this: that all the Indian there is in the race should be dead.

Kill the Indian in him, and save the man (Getches & Wilkinson, 1986, p. 123).

Outside of boarding schools, the law accomplished the same end with brutal intent through the establishment of the Court of Indian Offenses, which was, “To assure that White values lived and Indian civilization died, federal policy used the full power of law. . . The primary aim of the Court of Indian Offenses was to end Indian culture” (Newton, N. J. et al., 2005, p. 80-81).

Following the adoption of other polices, in 1934, the Indian Reorganization Act (aka the Wheeler-Howard Act) was enacted to create the present form of tribal governments, in which AI governments function as representative bodies of their nations in relation to the U.S. Department of the Interior’s Bureau of Indian Affairs. Then, beginning in 1961, federal policy transitioned to a guiding principal called self-determination without termination (Getches & Wilkinson, 1986). Congress passed the Indian Self-Determination and Education Assistance Act, which allowed tribal organizations to contract educational and federal services provided to them from the federal government. The Act would “...permit an orderly transition from the Federal domination of programs for, and services to, Indians to effective and meaningful participation by the Indian people in the planning, conduct, and administration of those programs and services” (Indian Self-Determination and Education Assistance Act of 1975, Pub. L. No. 93-638, § 450, 88 Stat. 2204, 1976). Tribes were allowed to contract

federal programs and assume responsibility for managing the programs that served their constituents. The intent of this act was to give tribes more control over the governing of their reservations (Getches & Wilkinson, 1986).

Next, the passage of the American Indian Religious Freedom Act in 1978 ensured that there would be no more intrusion, interference, or denial of traditional American Indian religious rites and practices, including the possession of sacred objects or access to sacred sites. Across the history of U.S. government and tribal relationships, freedom to self-determine was first restricted, and then expanded. Now, AI have more U.S. government support, and have a greater sense of self-determination to plan, develop, and provide programs and services for their constituents.

This is also reflected in the greater attention that is now being paid to the psychology, psychological well-being, and mental health of American Indians. For example, Trimble and Clearing-Sky (2009) found that the American Psychological Association's PsycINFO electronic data base references for AI/AN in the 1960's amounted to 203 entries. In the 1990's, the number had increased to 1434. As of 2011, the number of articles on AI/AN psychological issues cited in PsycINFO are 4741. Regarding the types of psychology, mental health, and psychological well-being studies that were being conducted among American Indians, early studies (in the 1920's and 1930's) concerned tests of intelligence using small samples. Toward the end of 1960, the types of studies began to become more diverse and accelerated: alcohol and mental disorders (e.g. Andrew & Krouse, 1995; Beals, Novins, Mitchell, Shore, & Manson, 2001; Kinzie, Leung, Boehlein, Matsunaga, Johnston, Manson, Shore, Heinz, &

Williams, 1992; Novins, Beals, Shore, & Manson, 1996), trauma and mental disorders (e.g. Jones, Dauphinais, Sack, & Somervell, 1997), suicidality (Olson & Wahab, 2006; Middlebrook, LeMaster, Beals, Novins, & Manson, 2001, Alcántara & Gone, 2007; LeMaster, Beals, Novins, Manson, & AL-SUPERPPF, 2004), co-morbid mental health issues (e.g. Gray & Nye, 2001; Nelson, McCoy, & Vanderwagon, 1992; Duran, Sanders, Kipper, Waitzkin, Malcoe, Paine, et al., 2004), and effective counseling strategies for AI people (e.g. Dauphinais, Dauphinais, & Rowe, 1981, LaFromboise, Trimble, & Mohatt, 1990). However, there have been few studies published on the psychological well-being of AI people, although this is a focus of Counseling Psychology and more specifically of the subfield of Counseling Psychology, Positive Psychology.

As will be shown in Chapter 2, indicators of well-being in the psychological literature of AI people are not strong. Epidemiological studies reviewed indicated that compared to the general population, AI are more likely to be mentally distressed and suffer from mental health problems such as alcohol, drug use, depression, suicidal ideation, suicide attempt and suicide completion (Gone & Trimble, 2012).

In Chapter 2, I also will explore the concept of well-being, and the attainment and maintenance of well-being from the perspective of Counseling Psychology; and, I will critique extant research concerning the well-being of AI/AN persons. I will then describe the methodology (Chapter 3), and results (Chapter 4) of a qualitative study I conducted concerning traditional Lakota healer's perspectives of well-being, and its attainment and maintenance. Finally, I will integrate and interpret the findings of this study in light of current research on well-being, in particular Ryff's conceptualization of well-being and

Lakota values in relations to Aristotle's conceptualization of eudaimonia. I will provide suggestions for practitioners who work with AI/AN persons based on the results of the research (Chapter 5). Although this is a limited empirical study based on interviews and observation that limits the generalization of the results, I believe the perspectives on well-being obtained from traditional Lakota healers can provide insights on best practices in providing counseling psychology services to AI people.

Chapter 2: Literature Review

In Chapter 2, I will offer an overview of the psychological research conducted for the population group American Indian/Alaska Native (AI/AN). I will then evaluate traditional healing practices as a psychological resource and develop a template for the role of traditional healers in AI/AN communities in the mental health system. Next, I will define counseling psychology's relationship to the field of positive psychology, including its framework, assumptions, and roots, with special attention to the following premise: "...Positive psychology strongly associates itself with the Aristotelian model of human nature" (Jorgensen & Nafstad, 2004, p. 16). This framework will allow me to distinguish two concepts of happiness along with the goals associated with them and offer an overview of subjective psychological well-being assessments that were derived by the two respective philosophies of happiness.

Finally, I will review some psychological well-being studies mostly from the MIDUS or Midlife in the U.S. national study (Brim, Ryff & Kessler, 2004) and psychological well-being scales developed by Ryff (1989a), beginning with how she derived the six dimensions of well-being she proposes and following up by reviewing the studies that justified her model of assessment and the results obtained among three groups of adults. Ryff's conceptualization of well-being, and its dimensions (as reflected in his Scale of Psychological Well-Being) are based on theoretical perspectives that have yet to have empirical impact due to few valid measures developed for them, and because those perspectives have shaped broad criteria of well-being that are value laden and prescribe how people should function (Ryff, 1989a).

I will conclude with a critique of positive psychology and some suggestions for how to refine and expand positive functioning assessment in positive psychology. The ultimate goal of this literature critique and analysis is to investigate through the historical and empirical literature ways well-being in traditional AI/AN systems of thought parallels Aristotle's philosophy of well-being, which was the basis of positive psychology and the underlying construct for psychological well-being.

American Indian/Alaska Native Research Concerning Well-Being versus Lack of Well-Being

Psychological research has been done on American Indian/Alaska Native (AI/AN) in a number of mental health areas. The studies that are most prevalent are epidemiological studies, which attest to the high prevalence of alcohol, drug use and mental health problems for AI/AN populations (e.g., Beals et al, 1997; Beals, Manson, Whitesell, Spicer, Novins, Mitchell, 2005; Center for Disease Control and Prevention, 2004; Gray & Nye, 2001; Kirmayer, Brass, & Tait, 2000; Manson, 2000; Manson & Altschul, 2004; Olson & Wahab, 2006; U. S. Department of Health & Human Services, 2001).

There have been a few methodologically sound research studies conducted regarding the prevalence of psychiatric distress and mental disorders on AI/AN populations. One study, which was methodologically sound, was the American Indian Service Utilization, Psychiatric Epidemiology, and Risk/Protective Factor Project (AI-SUPERPPF). This study was funded by the National Institutes of Mental Health. This was a large scale, multi-stage, cross-sectional study to determine the prevalence of DSM-

IIIR and DSM-IV disorders and help seeking behavior of American Indians who have utilized mental health services provided by traditional healers/medicine men, Indian Health Service, and other service providers. The subjects lived on or near two large American Indian reservations. Another objective was to study the relationship between predisposing factors, mediators, stress, and psychological illness. The data collection phase of this study was completed in 2000. Numerous publications have originated from this study and its three secondary analysis projects

(<http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/NCAIANMHR/ResearchProjects/Pages/AI-SUPERPFP.aspx>).

The methodological strength of the studies resulting from the data obtained through the (AI-SUPERPFP) comes from the attempted application of a comparatively intact methodology from the National Comorbidity Survey (Kessler et al. 1994). The AI-SUPERPFP administered a culturally modified version of the Composite International Diagnostic Interview (CIDI) to two tribal groups living on or near their reservation ($N = 3084$). One reservation was located in the Northern Plains ($N = 1,638$) and the other in the Southwest U. S. ($N = 1,446$). The participants' ages ranged between 15 and 54 years and they were randomly sampled from tribal enrollment records. The results from two studies Beals et al. (2005) and LeMaster et al. (2004) are reviewed below.

LeMaster et al. (2004) utilized a portion of the data obtained from the AI-SUPERPFP, specifically the Northern Plains population group ($n = 1638$) ages 15 to 54 years old. A portion of the AI-SUPERPFP instrument asked suicide-related questions. The data indicated a high prevalence of suicidal behavior (e.g., overdose, hanging, or

suicide by shooting). Females reported more suicidal behaviors than males and in terms of age, significantly higher prevalence was found for those 15 to 24 years old than for those 25 to 57 years old. Depressive disorders, PTSD, substance abuse/dependence, and violent ideation/aggression were significantly associated with suicidal behaviors.

Beals (2005) utilized both Southwest and Northern Plains population sample to obtain prevalence rates through the modified CIDI for nine disorders: major depressive episode, dysthymic disorder, PTSD, generalized anxiety disorder, panic disorder, and drug and alcohol abuse/dependence. The lifetime prevalence rate of any disorder was reported as 41.9% for the southwest group and 44.5% for the Northern Plains group (Beals et al., 2005). Demographic correlates of the disorders in the two groups were examined, which found no relationship between poverty, employment, and marital status with lifetime psychiatric disorders. However, “Those with more than a high school education were at greater risk for depressive and/or anxiety or comorbid disorders compared with no disorder than were those with less formal education” (Beals et al. 2005, p. 104).

In addition, Beals et al. (2005) considered their results with other similar psychiatric epidemiological populations based studies and found that elevated alcohol abuse, substance abuse and Post Traumatic Stress Disorder (PTSD) were more common in the reservation populations studied than in other populations. Other studies have confirmed the stark rates of other psychological problems such as suicide, mood disorders, effects of violence and trauma and conduct problems (Olson & Wahab, 2006; Alcantare & Gone, 2007; Beals et al, 1997; LeMaster, Beals, Novins, Manson, AL-

SUPERPPF Team, 2004; Indian Health Service, 2013).

LeMaster et al. (2004) acknowledge limitations of the study that included the limited generalizability of the study due to taking data from one AI tribe, not including urban AI, and the youngest respondent was 15 years old. Similarly, Beals et al (2005) noted that the samples were limited by age, residence and cultural representation and they caution against extrapolations to other AI tribal groups due to the use of two AI populations within the U.S. Gone and Trimble (2012) state that the direct comparison between those tribal populations and adult Americans is convoluted and ambiguous. In addition the AI-SUPERPPF utilized trained tribal members as CIDI interviewers. Those interviewers may know many subjects, which may affect the validity of the results such that they subjects may be inclined to admit symptoms because the interviewer knows their problems or the subjects may not be inclined to admit symptoms because of worry over stigma and family reputation (Gone & Trimble, 2012).

For American Indian and Alaska Native populations, according to the Indian Health Service, during the years of 2002-2004 the age-adjusted suicide death rate was reported to be 17.9 per 100,000 population compared to the U.S. population rate of 10.8 per 100,000. Furthermore, in 2003, AI/AN killed themselves at rates greater than 1.7 times the U.S. population. The reported age adjusted suicide rate for AI/AN has remained fairly constant since 1980 to the present (Indian Health Service, 2002-2003 edition). Similarly during the last decade, the alcoholism mortality rate was significantly higher, "...51.8 deaths per 100,000 population, 630% higher than the U.S. total rate (7.1 per 100,000)" (Manson & Altschul, p. 4, 2004).

The Center for Disease Control and Prevention (2004) reported the results of aggregate data population analysis from the Behavioral Risk Factor Surveillance System survey between the years 1993 – 2001. The BRFSS continually randomly phone surveyed the U.S. population ages 18 and older who were civilian and non-institutionalized.

Those people who had thought about their state of mental health, including stress levels, depression and emotional problems for the previous 30 days and who had those thoughts ≥ 14 days were identified as having frequent mental distress (FMD). Overall, “FMD was most common among American Indians/Alaska Native (AI/AN) (14.4% unadjusted and 11.4% multivariable-adjusted) and non-Hispanics of other race (12.9% unadjusted and 12.3% multivariable-adjusted)...” (p. 964), compared to Asian/Pacific Islanders 6.2%, 7.5%, non-Hispanic whites 8.6%, 9.4%, Hispanic 10.5%, 8.4%, and among blacks 10.3%, 8.0%.

In the editorial note of the Center for Disease Control and Prevention (2004), limitation of the BRFSS surveys were noted including the exclusion of people without telephones, those institutionalized, those who speak languages other than English and Spanish, and lack of consideration of cultural differences factors. Furthermore, “...the BRFSS mental health measure was not validated for detection of mental illness with clinical psychiatric examinations” (p.966).

Gone and Alcantara (2007) conducted a literature review to identify AI/AN specific outcomes of mental health intervention focused on prevalent psychological disorders. The review excluded substance abuse intervention. The search resulted in 3500

preliminary citations from which were chosen 56 articles and chapters determined to be AI/AN related mental health intervention and outcome studies. Of the 56 chapters and articles, nine outcome studies were found; two of those studies fit the category of evidence-based practice.

Similarly, Manson (2000) reported that from 1980 to 1995, more than 2000 book chapters and journal articles on the mental health of AI had been published. About one-third of those dealt with aspects of related care. A few service-related publications had been empirically based. For instance, 69% of service-related publications reported no data or were case or survey-oriented studies.

“The most frequent service-related topics were the need for cultural sensitive assessment and care (76%), the importance of family and community treatment process (59%), the limitations of the delivery system and lack of local input into planning (47%), and the role of traditional healing (32%)” (Manson, 2000, p. 619). The remaining few empirical publications were poorly designed and/or the data used were unreliable.

Taken together, the results of the studies reviewed in this section demonstrate that there are high rates of serious psychological disorders among American Indian people that could interfere with their abilities to experience well-being. “...AI/ANs on average appear to suffer from alarmingly high rates of certain mental disorders, including alcohol and marijuana abuse and dependence, PTSD, childhood conduct disorder, and suicidal behaviors” (Gone & Trimble, 2012, p. 142). Research on these mental health challenges has been sparse, and has been primarily related to obtaining base rates among the population. Among the studies that do exist regarding either correlates of psychological

disorders or studies regarding evidence of best practices, there is some question about the usefulness or generalizability of the results given the design and measurement limitations of the extant studies. “Moreover, efforts to tailor established EBT (evidence-based treatments) to the needs of Indian Country have been few and far between, though fledgling efforts have occurred for both trauma and substance abuse...” and if such treatments were made available then, “...it remains a strong possibility that AI/ANs would still prefer informal traditional services rather than clinic-based interventions for mental health problems” (Gone & Trimble, 2012, p. 149). However, as can be seen in the exponential increase in psychological studies among American Indians, there is interest among researchers and psychologists regarding the psychological well-being of AI/AN people.

Evaluating Traditional Healing as a Psychological Resource

The research related to AI/AN mental health, substance use, and suicide issues has not taken into account traditional healing approaches and practices, nor does it take into account psychological well-being as a preventative factor or healing force. In particular, Manson’s (2000) review of service-related literature found the following topics in need of more research: culturally sensitive assessment and care, local AI/AN’s contribution to the planning of treatments, and the role for traditional healing approaches that have been empirically examined.

The AI-SUPERPPF study by Beals et al. (2005) mentioned earlier, reported the estimates of lifetime help-seeking from mental health professionals, medical professionals, traditional healers, and other help sought from AI/AN’s. Comparing the

rates of specific help-seeking behaviors of participants with lifetime depressive and/or anxiety disorders between the AI/AN's from the Southwest tribe and those from the Northern Plains tribe, 48.9% of the participants from the Southwest tribe sought help from a traditional healer, while 33.7% of the participants from the Northern Plains tribe did. Those with lifetime substance use disorders only and those with lifetime comorbid depressive and/or anxiety and substance disorders who sought help from a traditional healer were reported as 37.7% and 61.0% respectively among Southwest tribe participants, and 16.9% and 37.4% respectively among the Northern Plains tribe.

Other studies have found that AI/AN utilize alternate therapies, specifically the use of traditional healing. In these studies, most AI/AN's utilized both Western and AI/AN traditional forms of healing (Buchwald, Beals, & Manson, 2000; Kim & Kwok, 1998; Marbella, Harris, & Diehr, 1998; Moodley, Sutherland & Oulanova, 2008). While rates of the use of traditional healing are variable, taken together these studies do show that many American Indians depend on traditional healers and traditional healing practices to assist them with managing those psychological issues that can curtail their sense of well-being.

In 2006, an international conference was sponsored by the Indian Health Service, National Institute of Mental Health (NIMH), and the Substance Abuse and Mental Health Service Administration, in partnership with the Canadian Institute of Health, Institute of Aboriginal Peoples' Health, and the Division of Behavioral Health, Canada. The conference focused on the high suicide rates of U.S. AI/AN and First Nations people of Canada. The focus of the conference was to formulate program policy and research

(Gone & Alcántara, 2006).

Throughout the recommendations generated by the conference participants, “One resounding emphasis...was the need for ‘cultural healing’ to be pursued through ‘cultural best practices,’ based upon ‘cultural knowledge’” (Gone & Alcántara, p. 2, 2006). One clear recommendation from the conference was that traditional healers should be consulted in order to provide effective suicide prevention research and programming. The NIMH commissioned a report, completed by Gone and Alcántara (2006), to assist its personnel in planning future meetings to consider the use of American Indian traditional healing, specifically suicide prevention research for AI/AN’s. In their review, they proposed questions to be considered in future NIMH sponsored conferences, including questions pertaining to challenges integrating traditional healing with western psychology for the evaluation of suicide prevention programs.

In this report, Gone and Alcántara (2006) also conducted a literature review on the topic of Native American traditional healing and suicide prevention. In their review, they did not identify any detailed description of a working relationship between traditional healers and reservation health care systems, nor did they find a controlled outcome study for any form of Native American traditional healing for other problems.

Nevertheless, the routine assumption (and ever-increasing assertion) by community-members that traditional healing may be more effective than conventional mental health interventions for the prevention of Native American suicide would seem to suggest an effective, but untapped, indigenous resource for combating the scourge of Indian country (Gone & Alcántara, p. 3, 2006).

Understanding the Historical and Current Roles of Traditional Lakota Healers in AI/AN Communities

The tie between social and personal worlds is mediated by language, symbols, value hierarchies, and aesthetic forms that are the pervasive cultural apparatus which orders social life...Psychiatric concepts, research methodologies, and even data are embedded in social systems...Through them, psychiatric diagnostic categories are contained by history and cultures as much as by biology (Kleinman, 1988, p. 3 - 4).

Historically, traditional healers were central to AI/AN cultural healing practices. Many tribal members, "...who after centuries of struggle, resurrected and liberated their cultural healing practices from the repression of Colonialism" (Moodley et al, 2008, p. 155), and many today continue to integrate traditional healing with contemporary western healing practices.

For Oglala Lakota people, or Oglala Sioux tribal people, who currently reside in southwestern South Dakota, the generic term "sacred man or sacred woman" was used to designate a healer or medicine person. The Lakota term for sacred man was wicasa wakan while for women the term was winyan wakan.

Wicasa wakan may cure various illnesses, somatic and psychosomatic. They may find lost or stolen articles, or simply advise common people about family matters, money, jobs, school, and other exigencies confronted by people growing up in a modern reservation community (Powers, 1986, p. 179 -180).

Other scholars used the term shaman or medicine man to designate a traditional healer or

wicasa wakan.

Walker (1917) states that shaman were endowed with the comprehension of the laws, doctrines, ceremonies, and customs of Lakota people and were the keepers of supernatural wisdom, which they practiced through the cultural interpretation of the messages and will of supernatural beings.

This Great God communicates with mankind through various media and in various manners. The chosen medium is a Wicasa Wakan, or Shaman. Other media are called Akicita Wakan, or Sacred Messengers. A sacred messenger may be anything animate or inanimate, other than mankind, which makes itself known as such. It may be permanent or temporary. ...A communication from a God may be either unsolicited or solicited. An unsolicited communication is transmitted through a Shaman. Solicited communications are granted through the Sacred Messengers. These may be either intelligible or unintelligible to the recipient, and if unintelligible, they should be interpreted by a Shaman (Walker, 1917, p. 79).

As guardians of myth and rituals, shamans hid much of their knowledge in an esoteric language that was known only to them. In performing their rituals, their formal words and ritualistic movements referenced a vast orally transmitted body of Lakota mythology (Walker, 1917).

Traditional healers understand the milieu of their patients and affirm the idea that the cultural meaning of illness and healing is embedded in the patients' particular cultural paradigm. "...illness does not simply refer to the problems associated with the body and

mind, but also the spirit, where the ancestors, gods, spirits, deities and the environment are all legitimate points of reference for understanding causation and treatment...”

(Moodley et al., 2008, p. 156). The traditional healer’s knowledge and understanding of the community’s history, language, religious beliefs, cultural beliefs, values, and the behavior of its individual members were used to guide their work in curing illnesses and healing physical and emotional wounds. The knowledge was used to “interpret illness in a way that has familiar implications and thus a predictable course of treatment” (Moodley et al. 2008, p. 155 – 156), and therefore, to provide stability in the community.

Traditional healing affirms one’s cultural world-view, including identity. Through a healer, the person seeking healing enters their metaphysical world. The healer acts as the mediator between various realms of physical and spiritual reality to achieve healing at the individual level while giving hope to the family/community (Moodley et al., 2008).

Bruner (1990) argued for the role of meaning in any psychological study of activity and psyche. With his perspective on meaning, he played a role in the cognitive revolution that moved psychology away from behaviorism in the 1950’s (Mattingly, Lutkehaus, Throop, 2008). Bruner states,

...a revolution inspired by the conviction that the central concept of a human psychology is *meaning* and the process and transactions involved in the construction of meanings. This conviction is based upon two connected arguments. The first is that to understand man you must understand how his experiences and his acts are shaped by his intentional states, and the second is that the form of these intentional states is realized only through participation in the

symbolic system of the culture (Bruner, 1990, p. 33).

All people belong to cultural groups that have a set of norms or appropriate manners to live that was contingent on successfully interacting with each other by the way of a theory of mind or, “The ability to posit mental states in other people ...” (Lillard, 1999, p. 57). Jerome Bruner (1990) stated,

All cultures have as one of their most powerful constitutive instruments a folk psychology, a set of more or less connected, more or less normative descriptions about how human beings ‘tick,’ what our own and other minds are like, what one can expect situated action to be like, what are possible modes of life, how one commits oneself to them, and so on. We learn our cultures’ folk psychology early, learn it as we learn to use the very language we acquire and to conduct the interpersonal transactions required in communal life (p. 35).

Therefore, within the core of folk psychologies, there existed the idea of an agentic self doing things based on their beliefs and desires, motivated toward goals, overcoming difficulties or becoming overcome by them (Bruner, 1990).

Folk psychology relied on narratives and their interpretation to determine if cultural norms were deviated from or not based on patterns of belief. “The function of the story is to find an intentional state that mitigates or at least makes comprehensible a deviation from a canonical cultural pattern. It is this achievement that gives a story verisimilitude” (Bruner, 1990, p. 49 – 50). Interpreting the meaning in narratives required a method of using language that is extremely sensitive to context, specifically the reliance on the influence of tropes (i.e., figure of speech); metonymy (i.e., words used

to refer to something by using words closely related to it), metaphor, allusion, synecdoche (i.e., figure of speech using part of a word to refer to whole), implicature (i.e., without saying directly that something is true), etc. (Bruner, 1990).

Traditional healers play an integral part in the well-being of their families, communities, and tribes. They interpret the external and internal causes of disease/illness, and offer diagnoses and treatment to promote well-being. This well-being exists within a prescribed cultural paradigm that relies heavily on its own mythology. Individuals learn that the mythic foundation is attached to the healing process (Dow, 1986).

Moodley et al. (2008) discussed aspects of traditional healing along with Western psychotherapy and its major philosophical underpinnings. Traditional healing is “based on the holistic nature of traditional approaches which seek to restore harmony and balance within the individual and between the individual and his or her environment” (p. 154), including relationships with spirits, ancestors, social relationships, and relationships with the natural world.

Shamanism, Western psychotherapy, and religious healing refer to a similar psychological process (Tseng & McDermott 1981 in Dow 1986), which has been called symbolic healing by Moerman (1979) in Dow (1986). Using that term, Dow (1986) delineated a universal structure of symbolic healing:

1. The experiences of healers and healed are generalized with culture-specific symbols in cultural myth.
2. A suffering patient comes to a healer who persuades the patient that the

problem can be defined in terms of the myth.

3. The healer attaches the patient's emotions to transactional symbols particularized from the general myth.

4. The healer manipulates the transactional symbols to help the patient transact his or her own emotions (Dow, 1986, p. 56).

All schemes of symbolic healing refer to a culturally established mythical world. Those systems are differentiated from each other by where they place symbolic healing. Some cultures, like the Oglala Lakota and other AI/AN, locate it in the supernatural realm, while others see symbolic healing as part of everyday reality or as scientific knowledge. Those cultural mythic worlds include experiential knowledge that is considered, although not necessarily empirically, true. A healer and patient make use of a part of their cultural mythical world for symbolic healing (Dow, 1986).

Calestro (1972), in Dow, (1986) described how the mythic foundations of Western psychotherapy were used by a Western therapist,

The therapist's beliefs regarding his efficacy as a curing agent generally derive from his training in and adoption of a particular school of psychotherapy. He is taught to believe that emotional distress or behavioral anomalies develop as a function of certain systematic and scientific principles. He is also taught that similar principles can be used in correcting psychological abnormalities. These beliefs, which are consistent with his assumptive world, make up the substance of his personal myth (Dow, 1986, p. 60).

He continued by stating that the patient believed in the therapist's power to help him/her

change and/or find ways to adapt by responding to his/her myth (Dow, 1986).

Culture, language, myth and storytelling have a role in the psychological processes of constructing meaning and consistency, particularly from chaotic life experiences (Kirmayer, Brass, & Tait, 2000), including intrusion of traumatic life experiences (Duran, Duran, Yellow Horse Brave Heart, & Yellow Horse-Davis, 1998).

One traditional Lakota story to construct meaning from a chaotic life essentially stated that there are four difficult things in life: the loss of your mother/primary caretaker, a hard winter, the loss of a child, and being surrounded by the enemy. Analogy was made between a person's current life experiences to the story to facilitate development. For instance, the loss of a child meant that the natural order of life was broken, not normal, and would be difficult. Cultural explanations were used to explain why this may happen. The child could decide to go home, back to the spirit world because of chaotic life experiences in his/her family or because the child was not being treated appropriately. Anything the child used daily, such as clothing, eating utensils and so forth, were to be kept separately from others and treated respectfully, and the living child was never to be stepped over by any adult.

Basically, everyday cultural life impacted human development. The wicasa wakan was the principal source of information and advice regarding how to apply cultural mythical knowledge in order to heal from disruptive life moments. They taught that all beings are sacred or "wakan," which is the key and significant difference between Western psychological thought and Lakota psychological thought. Traditional Lakota people believe in the concept of animism or that objects in the physical world have

consciousness or a soul and as such all life is held in reverence. The belief in animism originates in the Lakota mythical stories beginning with the creation story. The creation story along with other Lakota mythical stories explain the origins of how a people came into existence, and how they should live or be in world. Mythical stories give meaning to people's behavior, and meaning to how they should strive to develop their thoughts, feelings and actions and their reference groups.

For instance, Powers (1975) examined ten Oglala Lakota mythical stories collected by Walker (1917) that explain the establishment of time and space or the world, which relied on the metaphor of kinship and marriage between the mythical beings or Gods. Those supernatural beings' behaviors paralleled human behavior. They surrendered themselves to human emotion, including greed, conceit, lust, and the yearning for power. Consequently, "... order must be created out of an otherwise amorphous world. Order is created through punishment administered by Skan to the transgressors, giving shape and substance to the universe and permitting the eventual appearance of mankind in *M*¹⁰(the ten myths)" (1975, p. 166).

The central point in explicating the Lakota mythical stories, particularly the creation story, is that the central characters in these stories are the sixteen supernatural beings who are manifestations of God, each with specific powers. In addition, there are other supernatural beings that play a part in the formation of the cosmological convictions held by Lakota people (e.g., In Goodman (1992), one conviction explains that during the morning of the vernal equinox, the sacred powers above used the big dipper to carry lit coal from the sun to the Triangulum and Aries constellation or dried willow

constellation , which signifies the sacred powers performing a celestial pipe ceremony to renew the earth. Lakota people simultaneously mirrored that cosmic ritual by performing the pipe ceremony with the same intention of renewing the earth). According to Walker (1917), those doctrinal convictions of Wakan Tanka (God), who is one yet many and who is both the benevolent and the malevolent, are known only by the shaman (Appendix A). Walker also interprets the benevolent and malevolent God(s)' personalities, attributes and their relationships among each other in his anthropological paper. He explains how their attributes or power can be bound by a medicine/sacred person or wicasa wakan to be utilized by him/her, which could also be offered to individuals to aid their on-going development. What follows next is A. White Hat's introductory narration of the Lakota creation story, which is recounted in greater detail by Walker in the book *Lakota Myth* (1989), edited by Jahner.

White Hat in Cunningham (2012) recounts the creation story stating that in the beginning inyan/rock was soft and existed in total darkness. By draining its blood, which was blue in color, inyan created the earth, which was comprised of one half being water while the other half was land. The earth, water and inyan/rock threw the blue color of inyans' blood into the air creating the sky. The earth said it was dark and cold so inyan created the sun/anpetu wi giving warmth, light and the period of the day. Maka or earth then said it was too hot and bright so inyan/rock created the moon/hanhepi wi which brought the nighttime and balanced light with darkness. Then the wind/tate was created to give breath to life. The earth wanted a covering so after deliberation, inyan said if earth is given covering then earth must give the covering life and nourishment. The earth

agreed and life on earth began. As life forms on earth came into existence, another need arose. The totality of creation gathered to deliberate each arising need and to determine what is to be created next. With each new creation, inyan created another exact being in the universe. As inyan grew weaker, the last to be created by inyan were humans. Inyan made the woman/winyan, "...to be like the earth, to give life and nourishment to all of her children...", Inyan then created man/wicasa, "...to be like the universe, to provide nourishment and protection. The universe and earth create life together; man and woman create life together" (Cunningham, 2012, p. 30).

White Hat in Cunningham (2012) continues to explain that there are two types of beings; the beings of the universe and the beings of the earth. The beings of the earth are referred to as the wamakaskan oyate or the living beings of the earth that possess a spirit. The beings in the universe are referred to as the star nations/wicahpi oyate. Each person on earth simultaneously is a being in the universe. Both selves in the two realms mirror each other. What is done on earth is done in the universe realm and the other self in the universe will send energy to the other self who is living on earth at times. Goodman (1992) explains that the fundamental Lakota philosophical archetype, "...one which shapes first the conceptions and then perceptions of Lakota stellar theology is the notion of mirroring: the concept that what is below on earth is like what is above in the star world" (p. 15). Therefore, Lakota people also had star and earth maps that correlated with each other. "By archetype I mean a mental pattern which is constitutive of experience" (Goodman, 1992, p. 15).

Such stories of Lakota cosmology indicate that humans had not been allowed a

distinctive position but that all beings were regarded as equals before God (Deloria & Bernstein, 2009). Because humans were the last to arrive to the created world, they learn from other life forms that came before them "...and that makes them newest, youngest, and most ignorant" (Powers, 1986, p. 154). Communication between humans and animals occurred during rituals, in everyday context, and between the medicine men/woman and animals who befriended them (Powers). Personalities of animals were recognized in humans such as a mothers' worry about protecting their young, methods of gathering food, bravery during danger, seeking and building shelter, and adoration of play (Deloria & Bernstein, 2009).

For instance, during the vision quest ritual, an animal could talk to the person seeking a vision, and take him/her to another world or make friends with him/her. "The animal was always regarded as a representative of the Great Mystery who had answered their petition" (Deloria & Bernstein, 2009, p. 116). The animal may disclose knowledge of herbs for healing illnesses, help locate food, give caution about future occurrences or give abilities to avoid dangers. Consequently the animals were given honor and songs were composed to give thanks for their service. The animals in return taught people songs to summon them for assistance. To Lakota people the world was full of emotional life (Deloria & Bernstein, 2009). All of creation could potentially form a relationship with human beings and relate to each other similarly as human beings relate to each other. The wicasa wakan was the principal source for information and advice regarding how to apply cultural mythical knowledge in order to heal from disruptive life moments.

The pipe, which was an integral component used in rituals (Kaiser, 1984), and its

associated mythical account of origination represented and conveyed ethical principles.

The bowl of this pipe is of red stone; it is the Earth. Carved in the stone and facing the center is this buffalo calf who represents all the four-leggeds who live upon your mother. The stem of the pipe is of wood, and this represents all that grows upon the Earth. And these twelve eagle feathers which hang here where the stem fits into the bowl are from Wanbli Galeshka, the spotted eagle, and they represent the eagle and all the wingeds of the air. All these peoples, and all the things of the universe, are joined to you who smoke the pipe—all send their voices to Wakan-Tanka, the Great Spirit. When you pray with this pipe, you pray for and with everything (Black Elk in Brown, 1953, p. 6-7).

White Hat, in Cunningham (2012), states that the pipe enables the individual to make a clear connection with all of creation for the purpose of communication with one's relations. The principal of all my relations/mitakuye oyasin, the sanctity and oneness of all relationships, is upheld through prayer and embodied in the pipe. Lakota people held in high regard the individual relationships each person has with the 'self' and the other. Kinship or relatedness is important because those relationships on earth symbolically reflect the prevailing on-going relationship between humans and God (Brown 1953). Because the pipe is used to call the powers in the various directions and embodies the entire universe, the pipe is a representation of all of creation. "Thus it is that birds, animals, people, and plants become active participants in the ceremonies. Each is present as the representatives of their species, of universally existing and applicable personal powers, and of the spirits...experiential happening of universal significance" (Deloria &

Bernstein, 2009, p. 192).

White Hat, in Cunningham (2012), continues explaining that, “The pipe brings out who you really are, and sometimes in that process you have to make some changes in order to live a good life” (p. 104). Taking a pipe entails taking care of oneself. The danger associated with a pipe is, “...really us. We are the danger. When we hold that pipe and pray with it, if we’re angry or hateful, those things will come out...The pipe will bring out your true feelings and show who you really are” (Cunningham, p. 106). Taking a pipe requires being responsible for ones’ well-being through care of the ‘self’. “The only thing to be afraid of is yourself. When you hold that pipe, you should be aware of what you are thinking and what you are praying for” (p. 107).

When the pipe was presented to the Lakota by a sacred woman, a man with bad intentions was destroyed by the sacred women with snakes eating his remains. Black Elk in Brown (1953) stated, “Any man who is attached to the senses and to the things of this world, is one who lives in ignorance and is being consumed by the snakes which represent his own passions” (p. 4). The use of metaphor conveyed the meaning of the story applied for individual and social development. The concept mirrors hedonistic happiness/well-being which will be defined at a later point. The cultural rituals and mythical stories functioned to establish, cultivate, and maintain relationships with the self, people and the all of creation.

As stated earlier, the pipe was an integral component used in the seven major Lakota rituals along with other ancillary rituals and customs of the Lakota, which formally establish and cultivate relationships. These rituals are designed to strengthen

connections or love that tie the person to another person, place, or thing, in order to keep the individual connected to the Eternal or wakan. Beauty is experienced both aesthetically and emotionally. In Lakota ceremonies, for instance, songs create a vocal harmony, beauty, to which one responds first emotionally through the spirit. It is understood that emotions or the spirit play a key part in healing. The seven major Lakota rituals are making of relatives, preparing a girl for womanhood, throwing of the ball, keeping of the soul, vision quest, purification, and the sun dance. A brief description of these rituals follows next.

In the making of relative custom, a relationship is established on earth, "...which is a reflection of that real relationship which always exists between man and Wakan-Tanka (God). As we always love Wakan-Tanka first, and before all else, so we should also love and establish closer relationships with our fellow men..." (Black Elk in Brown, 1953, p. 101). Furthermore, through the realization gained from the relationship between God and oneself, a sense of peaceful oneness is acquired (Black Elk in Brown, 1953).

The preparing a girl for womanhood ritual is conducted after the first menstrual period has occurred for a woman. She is instructed that the change is a sacred occurrence. She is instructed about her duties and responsibilities, specifically raising her children in a sacred manner. She is told to be meek, fruitful, provide for her children, and to be merciful to all people particularly those children without parents. She is to be generous and compassionate (Black Elk in Brown, 1953).

The last rite given by God to the Lakota was the throwing of the ball. Black Elk, in Brown (1953), explained that long ago the game was sacred because it, represented “. . .

. . the course of a man's life, which should be spent in trying to get the ball, for the ball represents Wakan-Tanka (God), or the universe..." (p. 127).

Through the keeping of the soul ritual, the soul of the deceased relative is kept for a period of one year after which it is released through the releasing ceremony. The purpose of this ritual is to purify the soul of the deceased and the proliferation of the love for one another. The person who keeps a soul must live properly, and be vigilant that no unscrupulous individual enters the home. Any habits initiated during the year will continue to linger. There is to be no disagreements or discord in the home, only harmony, because the conduct of the individuals living where the soul is kept will have an impact on the purified soul (Black Elk in Brown, 1953).

The vision quest or crying for a vision is conducted to prepare oneself for any pronounced forthcoming challenging experience, including the sun dance. It is also completed to give thanks, to make a request, or ask God to heal a sick relative. More importantly, crying for a vision furthers the development of understanding the relatedness and oneness of all creation such that prayer is offered by all for the benefit of everything. The person seeking a vision seeks deeper knowledge from God, which he/she will use to strengthen the well-being of oneself and the people (Black Elk in Brown, 1953).

The purification or sweat lodge ritual is done before any important task to make ones' self pure and/or to acquire strength. The people are anew once the ritual has been completed, benefiting themselves and the collective by participating in the virtuous ritual. The people leave behind in the sweat lodge all impurities with the intention to live as God has instructed and to "...know something of that real world of the Spirit, which is behind

this one” (Black Elk in Brown, 1953, p. 43).

Traditional Lakota conducted the Sun Dance which is the self-sacrifice of one’s human flesh in order to procure the continued divine providence of God (Black Elk in Brown, 1953). Furthermore, the Sun Dance is not by humans for humans but to honor all life and the source of all life in order for all life to continue (Brown, 1953).

For the Native American, including the Oglala Lakota people, traditional healing was based on the idea of conducting a healthy way of life by mitigating the effects from behavior or activity that caused disease, and heeding the spiritual laws that were used to restore balance. “Health means restoring the body, mind, and spirit to balance and wholeness: the balance of life energy in the body; the balance of ethical, reasonable, and just behavior; balanced relations within family and community; and harmonious relationships with nature” (Cohen, 1998, p. 47). Unhealthy or immoral behavior was viewed as causes for some illnesses/conditions that have been inherited. Disease was considered in terms of its spiritual significance, “...morality, balance, and the action of spiritual power rather than specific, measurable causes...rather than a materialistic or Cartesian view of life (Cohen, 1998, p. 47). Within Native American traditional healing traditions, “The binary divide of the Cartesian body-mind split is interrogated, brought to consciousness and integrated” (Moodley et al, 2008, p. 154).

Traditional healers were an integral component in aiding individual development, and they continued prospering within their cultural universe, community, and tribe through facilitating the establishment, cultivation, and maintenance of existential relationships that tied all together. Traditional healing, as described, paralleled in many

ways aspects of counseling psychology and positive psychology, which are based on Aristotle's concept of well-being or Eudaimonia.

Foundations of Counseling Psychology

Counseling psychology emerged in 1951 from vocational guidance along with the expansion of psychometrics, psychological testing, and the psychotherapeutic approach (Super, 1955; Lopez et al, 2006). Counseling psychology focused on helping the individual with various types of life adjustment and was concerned "...with hygiene, with the normalities even of abnormal persons, with locating and developing personal and social resources and adaptive tendencies so that the individual can be assisted in making more effective use of them" (Super, 1955 p. 5).

Counseling psychology has since evolved. Today, the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) of the American Psychological Association describes counseling psychology in the following way:

Counseling psychology is a general practice and health service provider specialty in professional psychology. It focuses on personal and interpersonal functioning across the life span and on emotional, social, vocational, educational, health-related, developmental and organizational concerns.

Counseling psychology centers on typical or normal developmental issues as well as atypical or disordered development as it applies to human experience from individual, family, group, systems, and organizational perspectives. Counseling psychologists help people with physical, emotional, and mental

disorders improve well-being, alleviate distress and maladjustment, and resolve crises. In addition, practitioners in this professional specialty provide assessment, diagnosis, and treatment of psychopathology (Public Description of counseling Psychology, [Para. 1 & 2]).

The CRSPPP states the parameters for counseling psychologists to practice their skills:

Within the context of life span development, counseling psychologists focus on healthy aspects and strengths of the client (individual, couple, family, group, system, or organization), environmental/situational influences (including the context of cultural, gender, and lifestyle issues) and the role of career and vocation on individual development and functioning (Parameters to Define Professional Practice in Counseling Psychology, [Para. 1]).

Murdock, Alcorn, Heesacker & Stoltenberg (1998) presented the Model Training Program endorsed in 1997 by the Council of Counseling Psychology Training Programs and the Division of Counseling Psychology. The MTP was a model or norm for counseling psychology training programs that consisted of 8 domains. In the domain of program philosophy, objectives, and curriculum plan, eight unifying philosophical themes for counseling psychology include the following concepts:

(a) a focus on working within a developmental framework across a wide range of psychological functioning; (b) a focus on assets and strengths, regardless of level of functioning; (c) the inclusion of relatively brief counseling approaches; (d) an emphasis on person-environment interactions, rather than an exclusive focus on either person or environment; (e) an emphasis on prevention, including psycho-

educational interventions; (f) emphasis on the educational and vocational lives of individuals; (g) attention to issues of and respect for individual and cultural diversity; and (h) evaluation and improvement through critical thinking and a commitment to the scientific approach (Murdock et al., 1998, p. 662).

The current descriptions of counseling psychology articulate that focusing on human strengths continues to remain one of counseling psychology's unifying themes and one of the profession's distinct characteristics (Lopez et al, 2006).

Positive Psychology

Seligman & Csikszentmihalyi (2000) discuss psychology, particularly before World War II, as having, "...three distinct missions: curing mental illness, making the lives of all people more productive and fulfilling, and identifying and nurturing high talent" (p. 6). Although remarkable work had been accomplished in regard to understanding mental illness and therapy for mental illness, the remaining two objectives for psychology did not receive the same emphasis. Positive psychology attempts to emphasize those positive concepts— living more fulfilling lives and developing high talent— back into the mainstream discourse of psychology's orientation toward pathology and dysfunction (Seligman & Csikszentmihalyi, 2000; Jorgensen & Nafstad, 2004).

To broaden psychology from pathology to prevention, Martin Seligman, the then president-elect of the American Psychological Association, proposed a positive psychology initiative (Lopez & Edwards, 2008). Prevention became the APA presidential theme for the 1998 convention and the fledgling subspecialty positive

psychology was reintroduced and became further defined as "...the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups, and institutions" (Gable & Haidt, 2005, p. 104).

The recent prominence of positive psychology has encouraged research interest in this counseling psychology domain. In January of 2000, Seligman & Csikszentmihalyi were the editors of a special issue of *American Psychologist* dedicated to positive psychology (Gable & Haidt, 2005). The *Journal of Humanistic Psychology* also devoted a special issue on human strengths and optimal human functioning or positive psychology (Lopez et al, 2006). Reflecting the maturation process, the *Journal of Positive Psychology* published its first issue in January of 2006. The journal's primary focus was to generate empirical investigations and new theoretical structures, or the integration of those types of work. Topics for the journal, "...include original research on human strengths and virtues, personal and social well-being, as well as applications to psychotherapy and counseling" (Emmons, 2006, p. 1).

Positive Psychology Roots

"...The Aristotelian tradition is a core root of positive psychology's philosophical roots. Positive psychology concentrates on positive experiences and positive character or virtues. Hence, positive psychology strongly associates itself with the Aristotelian model of human nature" (Jorgensen & Nafstad, 2004, p. 16). Positive psychology attempts to understand and conceptualize human beings with inherent actualizing potentials that develop positive virtues or character traits; good character became the primary concept (Jorgensen & Nafstad, 2004).

Aristotle's eudaimonia comes from the ethical system predating Aristotle, eudaimonism. People have the responsibility to identify and live according to their "true self" or daimon, a charge which involves realizing the potentialities of living the highest fulfilled life possible (Waterman 1990).

The introduction of the *Nicomachean Ethics* (Aristotle, translated by Peters, 2004), states,

For Aristotle, ethics is the art of living well-the art of human flourishing, as we would say today-but an individual cannot live well or flourish except in the context of the state. Ethic is thus for him a branch of politics, and his treatise *Politics* completes and makes whole the philosophy of the *Nicomachean Ethics*. However, the *Nicomachean Ethics* can be read and understood on its own...Aristotle's is an ethics not of principles and rules, but of character, character development, proper deportment, proper and appropriate relations to others, and proper feeling. His guiding idea is not "breaking or keeping the law" but "being or not being the best person possible." It is, in a certain sense, an ethics of self-development, and duties to oneself figure prominently in it. (A legalistic ethics is concerned solely with behavior toward others.) Aristotle believes that if the good is properly understood, what is ethically good and what is good for a person do not diverge (Kim in, Aristotle/Peters, 2004, p. xiii).

"Since-to resume-all knowledge and all purpose aims at some good,...what is the highest of all realizable goods?...it is happiness, and hold that to "live well" or to "do well" is the same as to be "happy"(Aristotle/Peters, 2004, p. 3). For Aristotle, happiness

is activity of the soul (rational and irrational reasoning) in agreement with virtue or a greater good quality (Aristotle/Peters, 2004, p. 20). Aristotle was not interested in subjective states of happiness but with the duty of self-realization enacted individually according to one's disposition and talent that led to achieving the highest good or the best that is within one (Ryff & Singer, 2008).

Aristotle's *Nicomachean Ethics* gives the method for proper behavior to 'live well' and equates the result with being happy. American Indians, similar to the Greeks, depended on similar principles to Aristotle's ethical system – namely that self-realization leads to having a virtuous character, proper feeling, and relating appropriately to others. Furthermore, the ethical system of AI included a distinct view of the individual's relationship with the planet and the heavens. They viewed the earth and all inhabitants as living beings, "part of a natural process that has led to (their) existence as well as to the existence of all other things, 'animate' and 'inanimate.'" (The terms are not relevant within a Native American context; all that exists is seen as participating in a life process)" (Cardova, 2004, p. 177).

Traditional Lakota people's ethical principles or virtues were called spiritual laws. To 'live well' meant to follow a predetermined path or way of being, according to spiritual law, some called it the good red road or pipe way. On those paths, systematic activities, including ritual and social customs, were initiated to acquire knowledge, meaning, and understanding (Cajete, 2004).

"Spirituality and the sacred are intimately woven into the fabric of the lifeways and thoughtways of Native American Indians" (Trimble & Thurman, 2002, p.79). Within

the moral framework, language was a symbolic code used to extract meaning and understanding through art, songs, dance, stories, and dreams. American Indian people “...were interested in finding the proper, ethical, and moral paths upon which human beings should walk...Native symbols go ...beyond simple archetypes, for they attempt to represent the universe itself...” (Cajete, 2004, p. 52). The traditional healer’s role was integral to the interpretation and mediation of ethical principles for the continual development of well-being, as Black Elk indicated through the story of the unethical man. A traditional Lakota strived to live in balance and harmony with the knowledge and skills to live productively through the practice of teaching, virtues, and ceremonies that were embedded in their philosophical way of life or path. (Bear Shield, Two Dogs, Broken Nose, Moves Camp, Around Him and Bad Wound, 2000).

Two Concepts of Happiness and their Goals

“In *Nicomachean Ethics*, Aristotle famously distinguished hedonism (the life occupied by the search for pleasure) and eudaimonia (happiness that arises from good works.)” (Kashdan, Biswas-Diener & King, 2008 p. 219). Those activities and/or events that satisfy intellectual, social or physical needs and bring about subjective pleasant experience are called hedonic happiness, which vary from person to person (Waterman, 2008). Hedonic enjoyment may come from active or passive activities without regard to the quality of performance achieved (Waterman 1990). Instrumental goal orientation was usually viewed as leading to hedonic well-being. Instrumental goal activities allow an individual to constantly strive for goals that when met become the means to other goals, which have no value in themselves (Fowers, Mollica, & Procacci, 2010).

Eudaimonia tends to be idiosyncratic from person to person and is experienced as a result of the active striving for one's highest potential along with the continual recognition of that progression (Waterman, 1990). "Whereas hedonic well-being can be seen as an outcome of instrumental activity, eudaimonic well-being is not an outcome; rather it consists in being involved in constitutive activity, actions which constitute rather than cause the goal" (Fowers et al., 2010, p. 142). Aristotle (in Fowers et al. 2010) contends that eudaimonia depends on a person having a constitutive goal orientation to their life.

Fowers et al. (2010) conducted a study to explore Aristotle's model of eudaimonic and hedonic well-being, which was differentiated between two goals, instrumental and constitutive orientation. They created Goal Orientation Scales to assess the goal orientations, which were taken from subscales of other measures. The scales were administered to 167 undergraduate students. The Constitutive Section was comprised of the Integrity Subscale of the Personal Project Matrix (Palys & Little, 1983), and an adapted version of the Personal Expressiveness Subscale of the Personality Expressive Activities Questionnaire-Standard Form (PEAQ-S; Waterman, 1993). The Instrumental Section was comprised of the subscale Efficacy and subscale Fun of the Personal Project Matrix, and the Hedonic Enjoyment Subscale of the PEAQ-S.

Eudaimonic well-being was measured using three scales from Ryff's (1989a) Scales of Psychological Well-Being, the Short Index of Self-Actualization (Jones & Crandall, 1986). Subjective vitality, as defined by Ryan and Frederick (1997) (i.e., sense of aliveness and energy) was assessed using their vitality measure they had developed.

Hedonic well-being was assessed with the Satisfaction with Life Scale, which measures global life satisfaction (Diener, Emmons, Larsen, & Griffin, 1985), the Center for Epidemiologic Studies-Depression Scale (CES-D; Radloff, 1977), and the Affect Balance Scale (Bradburn, 1969).

After adjustment to their model had been completed, factor analysis found that constitutive and instrumental goal pathways were independent. Personal identification with activities mediated the relationship between eudaimonic well-being and constitutive goal direction. Similarly, personal enjoyment mediated the relationship between hedonic well-being and instrumental goal orientation. These results supported Aristotle's idea of eudaimonia and the distinction between eudaimonic and hedonic well-being (Fowers, et al., 2010).

Limitations noted in the study include the need for a more representative population comprised of diverse ages and the need to study the association between goal orientation and well-being overtime, while measuring progress toward well-being overtime. All of which would strengthen the understanding of eudaimonic well-being. The study used a cross-sectional design measuring at one point in time with undergraduate subjects (average age was 19.9) consisting mostly of non-Hispanic Whites. Including more indicators to assess a further complete model of eudaimonic well-being, such as character strengths or virtues, and wisdom, for future studies was recommended to understand eudaimonic well-being (Fowers, et al., 20120). If the study included subjects who defined themselves culturally distinct from the American culture then the results obtained might have been different.

The effort to assess well-being entails identifying and measuring those activities personally selected that relate to eudaimonic or hedonic well-being. However, current efforts to assess those types of well-being do not take into account cultural differences, specifically AI/AN people. Because meaning is attached to activities, how well-being is defined, attained and maintained may vary between individuals and culturally distinct groups, which is the purpose of this study to explore what well-being means to traditional Lakota people.

Contemporary Psychology's Use of Aristotle's Eudaimonia

Aristotle's eudaimonia does not fit well with contemporary psychology's use of eudaimonism. He does not associate eudaimonia with the subjective state of individuals (i.e., good feeling) and what may be objectively valuable (i.e., obtaining what is desirable). Rather, he views the entire quality of life as a whole, "...as opposed to just having good feelings, or getting what you want, or enjoying something you are doing" (Keyes & Annas, 2009, p. 198). Some psychologists today use Aristotle's eudaimonia as a subjective state like that of hedonic happiness which captures the experiences that come from attempts to live a meaningful, purposeful life from striving to develop aptitudes and talents through self-reflection (Waterman, 1990).

Positive Psychology Framework

The framework for positive psychology involved taking the scientifically awkward concept of happiness and dividing it into three components: (1) positive emotions, positive character traits, and positive institutions or the pleasant life, (2) the engaged life (engagement), and (3) the meaningful life (purpose) (Duckworth, Steen &

Seligman, 2005; Seligman, 2008). Well-being indexes have been developed specific to or in combining those aspects of positive psychology's conceptual organization.

The pleasant life component attempts to embody the hedonic theories of happiness, specifically how individuals capitalize on positive emotions and curtail negative emotions and pain in the past, present, and future. The pleasant life concerns experiencing positive subjective emotions that lead to, "...well-being, contentment, and satisfaction (in the past); hope and optimism (for the future); and flow and happiness (in the present)" (Seligman & Csikszentmihalyi, 2000, p. 5). Positive emotions, in the present, could immediately be sensed as bodily pleasures or complex pleasures that were acquired through learning and education (Duckworth, Steen & Seligman, 2005).

The engaged life, "At the individual level, it is about positive individual traits; the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent, and wisdom" (Seligman & Csikszentmihalyi, 2000, p. 5). A life lived with those positive individual traits, strengths of character, and talents leads to the engaged life, or what Aristotle called eudaimonia or the good life. Positive psychology prefers the term, engaged life, due to confusion with Aristotle's eudaimonia concept, such that, "...because the wise deployment of strengths and talents leads to more engagement, absorption, and flow, we call this life the 'engaged life'" (Duckworth, Steen & Seligman, 2005, p. 635).

The final component, the meaningful life, involves the individual's relationship with society: "At the group level, it is about civic virtues and the institutions that move

individuals toward better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic” (Seligman & Csikszentmihalyi, 2000, p. 5). A meaningful life emerged through belonging and service to something greater than the self, a positive institution and its context where positive emotions and traits could continue to develop. Participation in the life of positive institutions/contexts, such as families, communities, mentorships or democracy, becomes meaningful. These three components were viewed as different paths to happiness (Duckworth, Steen & Seligman, 2005; Seligman & Csikszentmihalyi, 2000).

Schueller & Seligman (2010) examined the relationship between the three pathways to happiness (pleasant, engaged, and meaningful life) by administering measurements of the subjects’ orientations toward the three pathways to happiness. How those pathways related to both subjective well-being and objective well-being was measured by a sample of $N = 13,565$ predominantly female, highly educated, subjects from the U.S. (67.3%) with the remaining from 112 different countries. Subjects visited the Authentic Happiness website and completed links to several questionnaires. Descriptive statistics of means and standard deviations showed, “All the three pathways were positively and significantly related to all the components of subjective well-being” (p. 258).

Correlations between five different components of subjective well-being (life satisfaction, happiness, positive affect, negative affect and depression) and each pathway; pleasant, engagement, and meaning were studied. Two pathways, meaning and engagement, were more strongly related to each facet of subjective well-being (-.35 to

.51) than pleasure (-.23 to .35). The orientations to meaning and engagement were more strongly related to each component of subjective well-being than pleasure. A composite measure of subjective well-being was created by calculating and adding together the standardized scores for each measure (life satisfaction, happiness, positive affect, negative affect and depression). Then hierarchical linear regression was conducted to determine if the interactions of the different pathways predicted subjective well-being, controlling for demographic factors. “The overall regression was significant $F(11, 13,553) = 548.96, p < 0.001$ and explained 31% of the variance in subjective well-being” (Schueller & Seligman, 2010, p. 259). The meaning and engagement orientations were better predictors of subjective well-being than pleasure (Schueller & Seligman, 2010).

The correlations between each pathway and their corresponding objective well-being indicators (educational and occupational attainment) were also obtained. A negative relationship was found between orientation to pleasure and both educational ($r = -0.13$) and occupational ($r = -0.09$) attainments, compared to both engagement and meaning orientations, which were positively related to educational ($r = 0.13, r = 0.13$) and occupational ($r = 0.09, r = 0.08$) attainment. These findings suggested pursuit of engagement and meaning tends to move a person toward obtaining more education and then higher job attainment. Taking into account the findings, engaging and meaningful actions may have more influences on well-being compared to pursuing pleasure. Though the strength of the relationships found between the indicators and each pathway were not strong, practically, the results coincide with what typically is defined by highly educated U.S. citizens as a desirable good life. The results also offer evidence for future inquiry.

Positive psychology attempts to revitalize the positive basis of human nature through developing the central idea of good character with an emphasis on positive subjective experiences, traits, and civic virtues (Jorgensen & Nafstad, 2004).

Consequently, the basic assumptions of positive psychology are the following: there is a human nature; actions arise from character; and character consists of bad character and good or virtuous character, both equally essential (Seligman, 2002, p. 125).

Subjective Well-Being (Hedonic) and Psychological Well-Being (Eudaimonia)

Diener (1984) stated that bottom-up and top-down approaches were popular approaches taken by psychology and the scholarly history of happiness. Bottom-up theory viewed happiness as an accumulation of happy moments and some classify the happy person with many happy moments as a state. "...hedonist counsel that one can be happy if pleasures are carefully selected and accumulated (bottom-up theory)" (p. 565). The top-down approach could be a trait, which, "...is a global propensity to experience things in a positive way, and this propensity influences the momentary interactions an individual has with the world. In other words, a person enjoys pleasures because he or she is happy, not vice versa" (Diener, 1984, p. 565).

Early theory used to formulate subjective well-being relied on bottom-up factors, which was, "...how do external events, situations, and demographics influence happiness" (Diener, Suh, Lucas, & Smith, 1999, p. 278)? The bottom-up approach relies on the idea that when universal and basic human needs are fulfilled, one will be happy or experience pleasure. However, due to small effects, "...researchers turned to top-down areas to explain variability in subjective well-being, structures within the person that

determine how events and circumstances are perceived” (Diener et al., 1999, p. 279).

There are two domains of well-being research with corresponding well-being measures used to study peoples’ subjective views of life experience or subjective well-being that include understanding the processes that lie beneath happiness. The first is emotional well-being and the second is specific dimensions of positive functioning in terms of psychological well-being and social well-being (Keyes & Magyar-Moe, 2003). The first, emotional well-being, a specific dimension of subjective well-being, evaluates positive feelings or happiness experienced and perceptions of one’s life overall (Keyes, & Magyar-Moe, 2003). More specifically, “Subjective well-being is a broad category of phenomena that includes people’s emotional responses, domain satisfactions, and global judgments of life satisfaction” (Diener et al., 1999, p. 277). The components of subjective well-being include pleasant and unpleasant affects (e.g. joy, elation, affection, happiness, guilt, shame, sadness, stress, depression, etc.), cognitive life satisfaction (e.g. desire to change life, satisfaction with current/past/future life, significant others’ view of one’s life), and domain satisfaction (e.g. work, family, finances, self, leisure health, one’s group) (Diener et al., 1999).

Subjective well-being or daily happiness was widely defined, “...as the sum of life satisfaction (the cognitive component) plus positive affect minus negative affect (the affective components)” (Linley & Joseph, 2004, p. 5). Subjective well-being positions itself in the idea that every person has the right to evaluate whether they have lived a good happy life. Positive and negative emotions can be measured at a particular occasion, over a period of time, and with an overall cognitive evaluation of life

satisfaction (Waterman, 2008). Life satisfaction refers to a conscious cognitive evaluation of one's quality of life based on one's unique set of criteria and because each person has different standards for success and a criterion of a good life, one's global judgment of life was assessed in addition to specific life satisfaction domains (Pavot & Diener, 1993).

Waterman, (2008) stated that some subjective well-being assessments are often categorized as measures of hedonic happiness or well-being. Hedonic happiness is comprised of both the belief that one can obtain what one wants, and the corresponding positive feeling that is associated with that belief. Waterman, however, discouraged the use of hedonic well-being as a synonym for subjective well-being because Hedonic well-being lacks conceptual definition, has a limited literature base, and maybe confusing because someone could link the term to the philosophy of hedonism rather than eudaimonia. However, emotional well-being and subjective well-being have been used synonymously in some studies.

The second domain of well-being research with its corresponding well-being measurements involves the study of positive functioning in terms of social well-being and psychological well-being. Social well-being focuses on public experiences of those social tasks people encounter within their social structures and communities, which are used to indicate whether and to what degree individuals are functioning well. Psychological well-being is similar to emotional/subjective well-being and while social well-being focuses on public experiences, psychological focuses on the subjective experiences of the individual.

In a study regarding social well-being, Keyes (1998) tested a model of social well-being that reflects positive social health. He operationalized five definitions and indicators of social-well being – social integration, social contribution, social coherence, social actualization, and social acceptance – which were grounded in classic sociological theory and current social psychological theory. In two studies, using separate samples, he examined his hypothesized structure of the social well-being construct using confirmatory factor analysis at the item level. In interpreting the results of his study, he stated: “Multivariate analyses in both studies substantiate the claim that social well-being is an achievement, facilitated by educational attainment and age” (Keyes, 1998, p. 121). One suggestion he made based on the results of the study was related to age; some aspects of social well-being increased or decreased with age, which suggest that skills, experience, and resources acquired through education and the aging process played a part in navigating the social world. Keyes also questioned the extent to which social and psychological challenges were bound by culture, if public and private life were the source of wellness.

Life satisfaction and the affective aspect of positive functioning that complements happiness became a popular focus with sociologists. Others had examined well-being through overall global life satisfaction questions and specific questions about work, neighborhood and social relationships. These types of questions examined social change, quality of life from one point in time to the next and practical applications of those research findings (Ryff & Keyes, 1995).

Prior to the development of psychological well-being instruments, subjective

well-being instruments were used for other purposes and have become the standard for measuring positive functioning. The development of those instruments was consistent with various conceptualizations of the basic psychological construct of well-being, which was the difference between negative and positive affect and life satisfaction, or was a measure of subjective well-being and/or hedonic happiness (Keyes & Annas, 2009; McDowell, 2010; Ryff, 1989a). Principles of psychological well-being descend from the Aristotelian idea of eudaimonia (Keyes & Magyar-Moe, 2003).

In those earlier works, subjective well-being was perceived as atheoretical in relation to the concept of happiness (eudaimonia) or what constitutes a good life. Earlier works also overlooked important characteristics of positive functioning. Ryff responded to the works on subjective well-being, particularly the affective aspects of well-being, and developed another approach to measure psychological well-being rooted in psychological theories considering positive functioning (McDowell, 2010; Ryff, 1989a; Waterman, 2008). Those integrated aspects of positive psychological functioning were conceptually different in meaning from prior dimensions of psychological well-being studied, particularly with regard to subjective well-being/hedonic happiness (Ryff, 1989a).

In contrast to subjective well-being, "...psychological well-being reflects engagement with and full participation in the challenges and opportunities of life" (Linley & Joseph, 2004, p. 5). The Aristotelian view of eudaimonia was modified in psychological well-being as "...emphasizing continued personal growth and adaptation, and holding virtue and doing what is right as values. Happiness becomes a pleasant

result but is no longer the core. In place of enjoyment, this perspective implies vitality, activation, and self-actualization” (McDowell, 2010, p. 71). Psychologists view happiness as flourishing and subjective rather than objective (Waterman, 2008). Psychological well-being relied on human development and existential challenges encountered throughout one’s life (Keyes, Shmotkin & Ryff, 2002). Furthermore, psychological well-being measures “...reflect individual’s judgments of their *functioning in life*, which is contrasted with hedonic well-being, where scholars claim to measure individual’s evaluations of their *feelings toward their life*” (Keyes & Annas, 2009).

Within the framework of positive psychology, studies that utilized subjective and psychological well-being measures attempt to link well-being to the pleasant, engaged or meaningful life. For instance, objective well-being indexes measure life satisfaction located in subjective well-being, and they could measure life satisfaction achieved through the value one puts on objective indicators of well-being, like education, material comforts, and career success (Schueller & Seligman, 2010). Some measures include both affective and cognitive components while others have found separate satisfaction and affect components (Pavot & Diener, 1993). Determining which well-being measures to choose depends on deciding how to apply them to the intended outcomes they measure, because different well-being indexes measure various concepts of psychological well-being (McDowell, 2010).

From the Lakota perspective of mental health, one Lakota method of assessment included how well persons functioned in their everyday life and how balanced one was in four domains; spiritual (nagi), physical (tacan), intellectual (woksape), and emotional

(tawacin) (Two Dogs & Mohatt, 2003). The evaluation was based on the enactment of the Lakota virtues, teachings, and practices within each of the domains. The virtues were the spiritual laws that were interpreted by traditional healers, which accumulated to define what it meant to be a fully functioning traditional Lakota person. Their work was grounded in spiritual laws that included, “interpreting instructions from the spirits for healing, treatment, and guidance” (Bear Shield, et al., p. 23). The virtues were the path to wicozani, or well-being, in all four domains. The entire assessment system depended on rituals, social customs, myth, and stories that were mediated by the traditional healers, who utilized the deeper meaning of their sacred language of Lakota to aid individual development (Bear Shield, et al., 2000).

MIDUS Study

One study has utilized all domains of subjective well-being—emotional/subjective, psychological and social well-being—along with other measurements (Keyes & Magyar-Moe, 2003). The study was the 1995 MacArthur foundation national study of successful midlife. The John D. and Catherine T. MacArthur Foundation established the Research Network on Successful Midlife Development to study midlife (MIDMAC). A multidisciplinary team was established to investigate challenges faced by people in midlife. The MIDMAC network conceived and executed a national survey of midlife Americans. This study was called MIDUS or midlife in the U.S. (Brim, Ryff & Kessler, 2004).

The book, *How Healthy are WE? A National Study of Well-Being at Midlife* (2004) describes the study along with the findings. The purpose was to understand how

the multiple levels of health—physical, psychological, and social health—interact, which would help to understand integrative approaches to health. The study focused on the positive side of human functioning rather than health considered as illness and disease, an assumption which expands on the current traditional view of health. “MIDUS provided the opportunity to measure health not just as the absence of illness but also as the presence of wellness (Brim, Ryff, & Kessler, 2004, p. 2).

Prior to conducting the study, six separate, some involving national samples, pilot studies were conducted to develop short assessments of psychosocial constructs. The national MIDUS survey was administered by telephone to 7,189 English speaking, non-institutionalized adults between the ages of 25 and 74. The baseline sample of $N = 7189$ was divided into four subsamples to allow in-depth assessments; the main sample consisted of $N = 3485$; for subsequent satellite studies the sample included $N = 757$ from metropolitan areas in the U.S; and to study familial and genetic influences, $N = 951$ siblings, $N = 1996$ sample of twin pairs comprised the subsample. From the main sample, 339 African Americans (6.1% of the population sample) were included and to investigate ethnic/racial minorities, “. . . additional data were collected from minority samples in Chicago (235 Mexican American, 196 Puerto Ricans) and New York City (384 Dominicans, 284 Puerto Ricans, 338 African Americans)” (Brim, Ryff & Kessler, 2004, p. 8).

Keyes, Shmotkin and Ryff (2002) used data from the MIDUS ($N = 3,032$) survey and determined through factor analysis that subjective well-being and psychological well-being were related but distinct conceptions of well-being. Subjective well-being was

measured with two scales, global life satisfaction and scales of positive and negative affect (an adapted version of Cantril's (1965) Self-Anchoring Scale), and psychological well-being was measured with Ryff's (1989a) six scales of psychological well-being. The study confirmed the hypothesis that combinations of subjective well-being and psychological well-being related differentially to personality (measures taken from previous inventories of the Big Five scales developed into MIDUS, Midlife Development Inventory personal scales by Lachman and Weaver (1997)) and socio-demographics. Optimal well-being or high subjective well-being and psychological well-being "...increased as age, education, extraversion, and conscientiousness increased and as neuroticism decreased. Compared with adults with higher subjective well-being than psychological well-being, adults with higher psychological well-being than subjective well-being were younger, had more education, and showed more openness to experience" (p. 1007).

The authors acknowledged that the study of well-being utilized reflected Western and perhaps, middle and upper class attributes, of living a full and satisfying life. The single point in time assessment, cross-sectional age comparisons, made it difficult to determine if age differences were maturational changes and/or whether they were artifacts of *history* effects. Further, the design was unable to determine if subjective well-being and psychological well-being influence each other at different points in time or the influence of environmental changes and life events (Keyes, Shmotkin & Ryff, 2002).

The Development of Ryff's Conceptualization of Psychological Well-Being

When conceptualizing positive psychological well-being, Ryff focused on and

integrated concepts from various theorists in the three areas of wellness, mental health, and theories of personal growth. In the area of conceptions of wellness, Ryff focused on self-actualization (Maslow, 1968), full-functioning (Rogers, 1961), individuation (Jung, 1933; von Franz, 1964), and maturity (Allport, 1961). In mental health, Ryff focused on Jahoda's (1958) "positive criteria of mental health, which was generated by him to replace definitions of well-being as the absence of illness, and also offer extensive descriptions of what it means to be in good psychological health" (Ryff, 1989a, p. 1070). Finally, in the area of theories of personal growth, Ryff (1989a) focused on the life-span developmental perspective

which emphasizes the differing challenges confronted at various phases of the life cycle. Included here were Erikson's (1959) psychosocial stage model, Buhler's basic life tendencies that work toward the fulfillment of life (Buhler, 1935; Buhler & Massarik, 1968), and Neugarten's (1968, 1973) descriptions of personality change in adulthood and old age" (Ryff, 1989a, p. 1070).

Those theorists expressed wellness rather than illness and also focused on continued human growth and development. In the formulation of these theories, optimism was a theme (Ryff, 1989b).

From these theoretical perspectives, Ryff identified six conceptually distinct core dimensions of psychological well-being. They were:

...positive appraisals of oneself and one's past life (Self-Acceptance), the capacity to manage effectively one's life and environment (Environmental Mastery), the presence of high quality interpersonal ties (Positive Relations

with Others), the belief that one's life is purposeful and meaningful (Purpose in Life), a sense of continued growth and development as an individual (Personal Growth), and a sense of self-determination (Autonomy) (Schmutte & Ryff, 1997, p. 551).

Additionally, from this final conceptualization of psychological well-being, she developed the Ryff Scales of Psychological Well-Being. Upon examination of the psychometric properties of these Scales among young, middle-aged, and older-aged male and female adults, Ryff (1989a) found adequate reliability and construct validity, which will be reviewed in greater detail after reviewing how Ryff utilized those individual theoretical psychological concepts to construct each dimension of well-being.

Self-acceptance.

For the most part, an individual's sense of self-acceptance has been a reoccurring theme among positive psychologists. Maslow (who was also a clinical psychologist) ...referred to a general acceptance of nature, others, and oneself as a characteristic of self-actualization. Rogers emphasized conceiving of the self as a person of worth, and Allport included self-acceptance, which he described as emotional security, in his conception of maturity. Jung's form of acceptance involved recognizing various parts of oneself such as one's masculine and feminine nature, or one's good and bad side. Among the life-span theories, Erickson's stage of ego integrity emphasizes not only acceptance of self, but also of one's past life and its accompanying triumphs and disappointments. The first criteria of mental health defined by Jahoda referred to positive

attitudes toward the self, which included self-acceptance, self-confidence, and self-reliance (Ryff, 1989b, p. 41).

Positive relations with others.

A positive attitude towards oneself and being able to relate with others warmly and trustingly was emphasized by many of the theories of positive functioning, which constituted the category, Positive Relations with Others. Self-actualization for Maslow meant being socially interested with empathy and affection for other humans along with the ability to develop deeper, loving friendships. Rogers described a fully functioning individual as presenting with a fundamental trustworthiness in human nature. For Allport, maturity was a decisive factor that included the ability to intimately relate to others, and to display care, respect and appreciation of other people. Jahoda's mental health criteria included the importance of love and interpersonal relational competence. According to Ryff (1989b): "Erickson's adult stages involved developmental challenges that were highly interpersonal in nature, including the achievement of close unions with others (intimacy) and the guidance and direction of others (generativity)" (p. 42).

Autonomy.

Independence and autonomy were the themes used by Ryff to create this dimension. Self-actualizers were presented as autonomously functioning and being able to oppose social pressure concerning prescribed thoughts and actions. Rogers depicted a fully functioning person as being able to evaluate himself or herself by his or her personal standards without seeking endorsement from others. Rogers also described a fully functioning person as possessing an internal locus of assessment. Jung's personality

development included letting go of collective fears, beliefs, and laws of the majority, or as being delivered from convention. Neugarten's process of interiority, a personality change, included being able to be autonomous from the life of having to abide by everyday norms. Jahoda highlighted autonomy as one criteria of mental health, with autonomy meaning being self-determined, and independent along with practicing self-regulation of behavior (Ryff, 1989b).

Environmental mastery.

The following combinations of theoretical viewpoints imply that participating within and mastering one's environment were also essential parts of positively functioning persons. Neugarten wrote about the concept of executive processes of personality, which was the manipulation and control of the environment along with mastery and competence. Buhler wrote about moving forward in the world while changing it creatively by mental or physical actions or the concept of a tendency in life to engage in creative expansion. Allport depicted a mature individual as one who was interested in and engaging with that realm of being that was outside oneself. Jahoda discussed mastery as the capability of constructing or selecting environments appropriate to one's condition (Ryff, 1989b).

Purpose in life.

The life-span theorists described the importance of growth and purpose in life, which was the fifth dimension of well-being. Buhler's basic life tendencies accented the goal of altering creatively the world in midlife followed by maintaining an individual's inner world in later life, which is similar to Erikson's generativity (productive and

leadership capabilities) and ego integrity (emotional integration). For Rogers, a fully functioning person lived life more and more existentially and more fully each moment. Allport defined maturity as having a unifying philosophy of life that included a directed, intentional, and understandable purpose in life. Jahoda articulated the notion of integration as a condition of mental health, which was described as having a purposeful, meaningful, and unifying outlook to life that contributed to the integration of the self. A positively functioning individual had goals, purposes, and directedness that gave him or her the feeling of meaning and integration regarding those components of his/her life (Ryff, 1989b).

Personal growth.

The ideals characterized in the preceding criteria culminate to the conditions of a fully functioning individual. However, individuals continue to develop their potential, growing, and expanding to adapt to the always changing milieu to become fully functioning persons; optimal development. (Ryff, 1989b).

Rogers stressed openness to experience, which meant continued development rather than being content in a fixed state. Maslow talked about the continual process to achieve self-actualization, which entailed the need, awareness and potential for self-actualization. Those same notions were included in Jahoda's criteria for mental health. In Ryff's (1989b) analysis of Rogers, Maslow, and Allport's theories, she states that: "People who are realizing themselves have an investment in living-they are able to lose themselves in work, contemplation, recreation, loyalty to others" (p. 44). Moreover, in analyzing other theorists, Ryff also states that:

Buhler's life tendencies also signaled directions of continued growth for the individual from self-limiting adaption to creative expansion to upholding internal order. Erickson's psychosocial challenges were explicitly developmental in their formulation of the evolving tasks for the ego. Thus, the quality of continued personal growth and self-realization receives repeated emphasis in the theories reviewed, and as such, constitutes the final dimension of psychological well-being in the integrative model (p. 44).

Please see Table 1 below for the definition of well-being for each dimension of positive functioning, including characteristics of low and high scores.

Table 1. Ryff's Theory-guided Dimensions of Well-being

Definitions of theory-guided dimensions of well-being		
Dimension	Characteristics of a high score	Characteristics of a low score
Self-acceptance	Possesses positive attitude toward self; acknowledges and accepts multiple aspects of self, including good and bad qualities; feels positive about past life	Feels dissatisfied with self; is disappointed with what has occurred in past life; is troubled about certain personal qualities; wishes to be different than what he or she is
Positive relations with other people	Has warm, satisfying, trusting relationships with others; is concerned about the welfare of others; is capable of strong empathy, affection, and intimacy; understands give-and-take of human relationships	Has few close, trusting relationships with others; finds it difficult to be warm, open, and concerned about others; is isolated and frustrated in interpersonal relationships; is not willing to make compromises to sustain important ties with others
Autonomy	Is self-determining and independent; is able to resist social pressures to think and act in certain ways; regulates behavior from within; evaluates self by personal standards	Is concerned about the expectations and evaluations of others; relies on judgments of others to make important decisions; conforms to social pressures to think and act in certain ways

Environmental mastery	Has sense of mastery and competence in managing the environment; controls complex array of external activities; makes effective use of surrounding opportunities; is able to choose or create contexts suitable to personal needs and values	Has difficulty managing everyday affairs; feels unable to change or improve surrounding context; is unaware of surrounding opportunities; lacks sense of control over external world
Purpose in life	Has goals in life and a sense of directedness; feels there is meaning to present and past life; holds beliefs that give life purpose; has aims and objectives for living	Lacks sense of meaning in life; has few goals or aims, lacks sense of direction; does not see purpose in past life; has no outlooks or beliefs that give life meaning
Personal growth	Has feeling of continued development; sees self as growing and expanding; is open to new experiences; has sense of realizing his or her potential; sees improvement in self and behavior over time; is changing in ways that reflect more self-knowledge and effectiveness	Has sense of personal stagnation; lacks sense of improvement or expansion over time; feels bored and uninterested with life; feels unable to develop new attitudes or behaviors

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L. M. Keyes, 1995, *Journal of Personality and Social Psychology*, 69, p. 727. Copyright

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Ryff's Scale Development Efforts and Research Findings

Scale Development.

In the sections above, I described the six aspects of well-being that Ryff drew from when developing both her theory and her scale used to measure psychological constructs corresponding to her theory. First, Ryff (1989a) operationalized those six aspects of well-being derived from the literature (reviewed in the preceding section). Then, three writers were instructed to write self-descriptive items from the theoretical formulations by Ryff, who defined the six dimensions of well-being in terms of high and low scores, which could be applied without regard to sex or adult age. After preliminary evaluation of the items generated, 32 items were selected for each scale of well-being. The items were based on bipolar scale definitions, which resulted in 16 positive and 16 negative items per scale.

Ryff then piloted the initial scales using a sample of 321 men and women. Using stratified random sampling, she sampled from three groups: young people, middle-aged people, and older adults. She described her participants as "...relatively healthy, well-educated, financially comfortable respondents..."; and although she did acknowledge that the characteristics of her sample would limit the overall generalizability of her findings, they did "provide a useful context for the assessment of optimal psychological functioning" (Ryff, 1989a, p. 1072). The subjects responded to the items on the Ryff Scales using a 6-point Likert scale ranging from 6 = strongly agree to 1 = strongly disagree.

These results were then used to compute item-to-scale correlations for all items with all of the scales. More items were deleted based on the results so that the completed Scales were comprised of 20 items for each scale (10 positive and 10 negative items). The final Scales' internal consistency coefficients were reported, "as follows: self-acceptance, $\alpha = .93$, positive relations with others $\alpha = .91$, autonomy $\alpha = .86$, environmental mastery $\alpha = .90$, purpose in life $\alpha = .90$, and personal growth $\alpha = .87$ " (Ryff, 1989a, p. 1072). The test-retest reliability coefficients were obtained from a subsample ($n = 117$) over a 6 week period. These coefficients were as follows: "...self-acceptance, .85; positive relations with others, .83; autonomy, .88; environmental mastery, .81; purpose in life, .82; and personal growth, .81" (Ryff, 1989a, p. 1072).

Inter-scale correlation coefficients among the Ryff scales showed evidence that the scales were measuring dissimilar constructs, except for the correlation coefficient measuring the relationship between self-acceptance and environmental mastery, $\alpha = .76$, and self-acceptance and purpose in life, $\alpha = .72$. These results imply that self-acceptance is a component of environmental mastery and purpose in life (although later studies did show that these redundancies were strongly effected by participant age and level of positive functioning) (Ryff, 1989a).

Validity, Reliability and Usefulness

After determining scale structure and conducting these reliability and initial construct validity studies, Ryff then determined whether existing psychological well-being assessments represented aspects of positive functioning accentuated in the theoretical literature. Her study of the validity of the Ryff Scales confirmed both its

usefulness and construct validity, which was tested by correlating the Ryff measures with six other measures of psychological functioning: Affect Balance Scale (Bradburn, 1969), Life Satisfaction Index (Neugarten, Havighurst, & Tobin, 1961), Self-Esteem Scale (Rosenberg, 1965), The Revised Philadelphia Geriatric Center Morale Scale (Lawton, 1975), and Levenson's (1974) three locus of control subscales taken from Rotter's (1966) Internal-External Scale, and the Self-Rating Depression Scale (Zung, 1965). Correlations among these scales and Ryff's Scales ranged from $|.25|$ to $|.73|$ with all correlations significant, thus providing evidence of construct validity for Ryff's Scales (Ryff, 1989a).

The intercorrelations between the self-acceptance, environmental mastery, purpose in life (to an extent) and prior instruments that measured life satisfaction, affect balance, depression, self-esteem, and morale were reported as ranging from $-.60$ to $+.73$ which indicated an apparent link between those two theory-guided dimensions with currently used well-being instruments. The remaining theory-guided dimensions, positive relations with others, autonomy, and personal growth components were not related to the prior indexes currently used. Those coefficients ranged between $-.48$ to $+.44$. The findings supported the notion that theory based psychological functioning have not been represented in currently utilized well-being measures (Ryff, 1989).

Among the new measures, correlation coefficients were reported as ranging from $.32$ to $.76$. A high coefficient was obtained for self-acceptance and environmental mastery, $.76$, and with self-acceptance and purpose in life, $.72$. Those results imply that the scales might measure the same concept, though subsequent analysis indicated that

those related concepts characterized different aspects of positive functioning and differentiated age (Ryff, 1989).

Summary of Ryff's Research Findings

Some of Ryff's psychological well-being constructs, as measured by the Psychological Well-Being Scales, converged with prior well-being indicators while other dimensions did not. Among those that did not, the Ryff (1989a) and the Ryff and Keyes (1995) studies reported that four scales of psychological well-being measured previously unmeasured dimensions of positive functioning, which were: positive relations with others, purpose in life, personal growth, and autonomy. This was interpreted by Ryff as meaning: "Continued empirical reliance on these earlier indices thus translates to neglect of key aspects of positive functioning emphasized in theoretical accounts" (Ryff & Keyes, 1995, p. 724). Two of the constructs, self-acceptance and environmental mastery, as measured by the Psychological Well-Being Scales, were similar to these same constructs as measured by prior well-being instruments.

Intercorrelations within Ryff's well-being scales found two highly correlated constructs that suggested shared sources of variance or redundancy. Both the Ryff (1989a) and the Ryff and Keyes (1995) studies found that there was a strong correlation between self-acceptance and environmental mastery (.76 and .85, respectively). Additionally, Ryff (1989a) obtained a correlation of .72 for self-acceptance and purpose in life; however, this finding was not replicated in Ryff and Keyes (1995). However, Ryff and Keyes (1995) considered all six dimensions of their well-being through other analyses, which were life course profiles, and they found that there were incremental age

differences, particularly for environmental mastery. “Analyses of additional group differences (e.g. by social class, ethnicity, or culture) would further inform understanding of the basic structure of well-being” (Ryff & Keyes, 1995, p. 725).

For the most part, similar significant results for age differences were found for the Ryff (1989a, 1991), and the Ryff & Keyes (1995) studies. Those three studies found that environmental mastery and autonomy increased with age while personal growth significantly declined with age in all three studies. Ryff (1989a) and Ryff and Keyes found a significant decrease in scores with age on the scale purpose in life while Ryff (1991) found no significant age difference. The Ryff (1989a) and Ryff and Keyes studies found no significant age differences for self-acceptance, while Ryff (1991) found young adults’ scores were significantly lower than oldest adults’. No significant age differences were found for positive relations with others in Ryff (1989a) and Ryff (1991); but Ryff and Keyes reported that the older group scored significantly higher than the two younger age groups. “Longitudinal data are obviously needed to clarify whether these age profiles represent maturational changes or cohort differences” (Ryff & Keyes, 1995, p. 724).

Significant sex differences were obtained in all four studies. In summary, Ryff (1989a), Ryff (1991), and Ryff and Keyes (1995) found that “. . . women of all ages consistently rate themselves higher on positive relations with others than do men, and that women tend to score higher than men on personal growth” (Ryff, 1995, p. 101). The remaining four components of psychological well-being have shown no significant differences between men and women.

Ryff (1989a) acknowledged that the theories used to generate her dimensions of

psychological well-being have had little empirical impact because of the few credible, valid measures developed for them. Secondly, these theories have portended varied and possibly overly-broad criteria for well-being. Thus, according to Ryff (1989a), “...theories of positive psychological functioning are essentially manifestations of middle-class values”, that may be unattractive or unattainable for people who are located at various positions in the larger social structure, “This awareness that culture, history, ethnicity, class, and so on give rise to different, perhaps competing, conceptions of well-being...” (Ryff, 1989a, p. 1079).

Ryff’s conceptualization of psychological well-being was rooted in Positive Psychology, specifically in the domain of the engaged life.

The capacity to find what is valuable, meaningful, and fulfilling in life by pursuit of the difficult has deep significance for the study of human strengths. Positive psychology will fulfill its promise not by simply marking what makes people feel good, hopeful, and contented, but by tracking deeper and more complex processes by which we come to know and accept ourselves, find meaning in life struggles, realize our talents, love and care for those dear to us, manage complex lives, and be true to our own inner convictions. We propose that these challenges of “engaged living” are the essence of what it means to be well. They are also core ingredients of life quality and as such constitute an important part of what it means to be healthy (Ryff & Singer, 2003, p. 282).

Individual conscious awareness entails making meaning throughout life. Ryff’s theory-based psychological well-being constructs that were tested using relatively healthy

subjects contributes toward understanding what makes people feel good about their lives. Although she has contributed knowledge of psychological well-being, more in-depth study of the role of cultural factors in those psychological well-being constructs is needed such as that which could be provided by a qualitative study to further clarify psychological well-being. Moreover, Ryff did not attend to differences in ethnicity; thus investigations of well-being as it applies to various ethnic groups, such as American Indian/Alaska Natives, should be conducted.

Criticism of Positive Psychology

Positive psychology is a barely organized field of study. It is, indeed at the beginning level of conceptualization, and the research supporting this subdiscipline is still in its infancy (Maddi 2006; Mahoney & Bergman 2002). Most subjective well-being and psychological well-being research is common-sense based and mostly atheoretical (Ryff, 1989a, Maddi, 2006), with the exception of Ryff's research. However, Ryff's research itself is not based on a comprehensive theory, but rather on constructs that have been picked out from other theories and theoretical writings (Waterman, 2008; Ryff, 1989a; Ryff & Singer 2003).

Positive functioning has been defined in different ways, according to each researcher, along with the constructs used to research their particular indicators of positive functioning. Consequently, a lack of a common definition and theoretical framework resulted in fragmentation, which made it difficult to synthesize and converse about findings (Mahoney & Bergman, 2002).

Defining generally accepted well-being or indicators of positive functioning

would lead to acceptable definitions of variables, particularly whether they are independent or dependent variables. For instance, "...is optimism an independent variable (in the sense of being an outlook that provokes admirable performance and health), or a dependent variable (in the sense of being the admirable result of whatever leads one to have a successful life), or is it both" (Maddi 2006, p. 226-227). More importantly, if a variable is classified as dependent then the question is how does it demonstrate improvement in performance or health. Once an independent variable has been conceptualized and identified, "...then it needs to be further specified as a cognitive/emotional orientation (such as attitudes, or beliefs), or an action pattern (such as coping). If it is a cognitive/emotional orientation, then it needs to be clear how it leads to a positive dependent variable."(Maddi, 2006, p 227)

Refining/Expanding Assessment of Positive Function in Positive Psychology

The influence of the environmental, hereditary, and cultural factors, demographic differences, age and developmental processes all need careful consideration, along with understanding how the variables fit together to understand optimal human functioning or positive adaptation (Maddi, 2006; Mahoney & Bergman, 2002). Mahoney & Bergman (2002) stated that the current state of positive psychology, the lack of a developmental approach, and a lack of methodological adaptation to research positive functioning were obstacles for the progressive study and promotion of positive adaptation/functioning. To avoid fragmented research, they propose a new term – positive adaptation, which is, "...the processes by which individuals attain overall patterns of adjustment that represent unusually favorable developmental trajectories, given their background and available

resources. This view encompasses four key elements that capture essential aspects of positive functioning, broadly defined” (p. 197). “...the study of positive adaptation should involve a process-oriented, individual-based, holistic-interactionistic perspective that is coupled with appropriate methodological strategies” (Mahoney & Bergman, 2002, p. 212) .

Adaptation is a dynamic and interactive process between an individual and his/her environment: “...understanding adaptive patterns of functioning – be they positive or negative – requires knowledge of systems within the individual (e.g., genetic, organic, and psychological) and the interaction between the individual and socioenvironmental systems (e.g., family, peers, school, work, and community) over time” (Mahoney & Bergman, 2002, p. 198). Therefore, a holistic-interactionistic perspective is required to understand the process of adaptation/functioning.

The holistic-interactionistic structure assumes that the developmental scheme from biological to environmental is completely collaborating, coordinating continually, “...within and between all levels of organization...Accordingly, the human developmental system is fully integrated at every point, and any particular aspect of the system gains meaning through the role it plays in the totally system...”(Mahoney & Bergman, 2002, p. 198). The example of onset of puberty was given to illustrate the biological event which links and influences succeeding psychological and social adaptation. Adaptation of the experience depends on the person’s family environment, psychological perceptions, social relationships, and social contexts. “This systemic coaction underlies the premise that no single aspect of the developmental system can

serve as the basis for defining positive adaptation” (Mahoney & Bergman, 2002, p .199).

Whether an adapted state is regarded as positive requires a basis for interpretation. This interpretation can only be made with reference to specific persons, and requires knowledge of individual functioning, in context, across development. Specifically, the synchrony of an individual’s pattern of biological and psychosocial factors over time, his/her developmental history of available resources and opportunities, and the particular sociocultural and historical conditions in which he or she lives must all be considered (Mahoney & Bergman, 2002, p. 199).

Because individual development takes place in different socio-contextual conditions, positive functioning needs to be identified and applied to different subgroups of people across the diverse sociocultural conditions. Assessment should include developmental trajectories of positive functioning/adaptation for particular persons that would entail evaluation, “...with reference to the individual’s present and past adaptations *and* its implications for impeding or facilitating future functioning” (Mahoney & Bergman, 2002, p. 202). Examining conventional linear relations between variables at specific points in time does not contribute to the understanding of how change occurs. The article concluded with outlining methodological issues related to measurement and analysis of positive adaptation with an orientation to the process-oriented developmental approach presented.

Conclusion

The studies reviewed for this literature review have not utilized representative

population samples. The studies reviewed in the Ryff section lacked analysis of group differences, particularly by social class, ethnicity or culture. For instance, in Ryff (1989a) the three age groups used to operationalize the six components of well-being consisted of “relatively healthy, well-educated, financially comfortable respondents...” (Ryff, 1989a, p. 1072). Similarly, the Ryff (1991) study used a sample positively biased in terms of education, health, and financial status.

All studies reviewed utilized self-report measures. All employed cross-sectional methods, which involved data collected at a defined time. Cross-sectional administration of the questionnaires makes it difficult if not impossible to conclude the direction of causality for the findings. Schueller and Seligman (2010) stated that longitudinal and experimental methods are needed to examine causal links between pleasurable, engaging, and meaningful activities, which serve as the framework for positive psychology, and well-being. Additionally, research in the future should emphasize the identification of those behaviors that promote each of these three pathways and the consequences of increasing those activities to establish the ways to attain long-term well-being. Keyes, Shmotkin, and Ryff (2002) state that cross-sectional age comparisons make it problematic to determine if age differences were maturational changes and/or whether subjective well-being and psychological well-being influenced each other at different points in time along with the influence of environmental changes and life events.

Finally, the well-being constructs that have been studied (e.g., Ryff, 1989a) reflect Western, middle and upper-class values that characterize a full, satisfying life. “This awareness that culture, history, ethnicity, class, and so on give rise to different, perhaps

competing, conceptions of well-being (Coan, 1977) has been neglected in much prior theorizing in this domain” (Ryff, 1989a, 1079).

A study that employs a qualitative method of research could potentially help to better understand the perspective of well-being as defined by traditional Lakota and elders. The recent development of positive psychology, with both its philosophical underpinning and the addition of Ryff’s well-being scales, will contribute to the understanding of how traditional AI/AN healing perspectives can be incorporated effectively into Western frameworks for the treatment of mental health amongst AI/AN populations.

Purpose of Present Study

Ryff’s constructs, rooted in Aristotle’s notion of eudaimonia or the good happy life, have become prominent in assessing psychological well-being from that perspective. Similar to those notions of what a well, happy life is, traditional healers rely on a culture specific context emphasizing the importance of language, mythology, and ritual, thus, setting a path toward healing/well-being.

The purpose of this study was to conduct qualitative research in order to construct a phenomenological understanding of well-being, and its attainment and maintenance, as conceptualized by Lakota traditional healers. It is expected that the implications from the results of this study that are reported in Chapter 4 and 5 will inform the field of counseling psychology on what well-being means to traditional Lakota people.

Research Questions

The current study seeks to examine what well-bring means from the perspective of

traditional Lakota healers. The research questions I asked are;

- 1) What does well-being mean to you?
- 2) How is well-being attained?
- 3) How is well-being maintained?

Chapter 3: Method

Rationale for Conducting Qualitative Research among Native American Traditional Healers

Ponterotto (2005) reviewed four research paradigms; positivism, postpositivism, critical theory or critical-ideological, and constructivism-interpretivism, which are used to guide qualitative and quantitative research. Research paradigms, representing worldviews that find their roots in philosophy, specifically ontology, epistemology, axiology, rhetorical structure, and methodology, direct the researcher in the choice of tools, instruments, participants, and methods.

Researchers select paradigms, including philosophical assumptions that entail the selection of tools, instruments, subjects, and methods. Traditionally, the field of counseling psychology's research paradigm has been primarily informed by positivism and postpositivistic paradigms that "...serve as the primary foundation and anchor for quantitative research" (Ponterotto, 2005, p. 129). This type of research in counseling psychology is guided by a nomothetic perspective with the goal of prediction and explanation of phenomena by strict quantification of data and the control of empirical variables using large samples and statistical procedures. The method emphasizes objective measurement and analysis of causal relationships between variables.

The research paradigms often associated with qualitative research are constructivism-interpretivism and critical-ideological, both of which rely on qualitative methods, which "...refer to a broad class of empirical procedures designed to describe and interpret the experiences of research participants in a context-specific setting..." with

the research findings conveyed through the subject's "...own words to describe a psychological event, experience, or phenomenon..." (Ponterotto, 2005, p. 128). Whereas positivism asserts that there is a single external objective reality, constructivism asserts that objective reality cannot be separated from the subject who constructs reality by constant experiences and continual processing of reality, while the critical-ideologist focuses is upon the power relations within socio-historical context of the subject. The goal is to understand everyday lived experiences. Thus, qualitative research assumes an idiographic perspective, which views the person as unique and multifaceted.

Ponterotto (2005) conducted an analysis of the methodological content of the *Journal of Counseling Psychology* (1989-2003) to determine what qualitative research approaches and paradigmatic bases were employed. The two most frequent approaches used in qualitative studies were consensual qualitative research (Hill et al., 2005) and grounded theory (Fassinger, 2005; Glaser & Strauss, 1967) and "...the most popular approach to grounded theory, particularly in counseling psychology, appears to be the constructivist-learning approach endorsed by Charmaz (2000) and Rennie (1998)" (Ponterotto, p. 133, 2005). Below is the rationale for using grounded theory with the constructivist-learning approach in counseling psychology research, and the rationale for choosing this paradigm for use in this current research project.

Rationale for Using Grounded Theory as a Research Design

Ponterotto (2005) and Morrow and Smith (2000) (as noted by Fassinger, 2005) locate the current construction of grounded theory inside the paradigm of constructivist/interpretative research, although there is debate as to where to place the

home for the paradigm of grounded theory. Ontologically, constructivist-interpretivist scholars assert that there are multiple constructed realities, which are subjective and influenced by the situational context. Specifically the dimensions of the context are thought to influence the subjectivity of individual experience and perception, the social milieu, and the interaction between the researcher and subjects. People construct multiple meanings of experience and multiple interpretations of realities. The research seeks to identify multiple common themes both within and across a sample group, and not single truths. This is achieved epistemologically by the concentrated interaction between the research participant and researcher. This type of interaction allows, "...for the examination of the lived experience (Erlebnis) of the participants and the hermeneutic (interpretive) understanding of these experiences" (Ponterotto, p. 134, 2005).

The axiology and rhetorical structure of the paradigm constructivism-interpretivism are defined as, "...the role of research values in the scientific process..." and "rhetoric refers to the language used to present the procedures and results of research to one's intended audience" (Ponterotto, 2005, p. 132). In this orientation, the researcher's values and experience are part of the research process, which entail biases and expectations that should be acknowledged and explained in the study. Rhetorically, in grounded theory studies the voice or participants' words are usually widely included in the study through direct quotation and often presented in the first person voice (Ponterotto, 2005). The assumptions of grounded theory are:

- (1) Inquiry is structured by discovery of social and social psychological processes;
- (2) Data collection and analysis phases of research proceed simultaneously;

- (3) Both the processes and products of research are shaped from the data rather than from preconceived logically deduced theoretical frameworks;
- (4) Analytic processes prompt discovery and theory development rather than verification of pre-existing theories;
- (5) Theoretical sampling refines, elaborates, and exhausts conceptual categories;
- (6) Grounded theory methodology is not only aimed at studying processes, but also assumes that making theoretical sense of social life is itself a process;
- (7) The systematic application of GT analytical techniques leads progressively to more abstract analytic levels (Eaves, 2001, p. 655 - 656).

The goal of the grounded theory method is to produce a theory that is grounded in the interviewees' experiences living in their particular social context, which in this case is traditional Lakota healers living and practicing their cultural lifeways on their respective reservations. Inductive analysis of participants' construal of their phenomenological reality is a technique of analysis recommended by Fassinger (2005). Other techniques used for data analysis have also been identified by Chesler (1987), Strauss and Corbin (1990) in Eaves (2001), and particularly Charmez (1983), which are rooted in the traditional framework of Glaser and Strauss (1967) and Glaser (1978). The process identified by these theorists is recursive. It involves simultaneously collecting and analyzing data to generate a theory that is grounded in the context where inquiry takes place. This process entails, "...data collection, coding, conceptualizing, and theorizing, wherein new data are constantly compared to emerging concepts until no new themes, categories, or relationships are being discovered..."(Fassinger, p. 157, 2005). The

process is also reflexive in that it is captured by writing memos about evolving ideas, concepts, and questions pertaining to, "...conceptual, procedural, and analytic questions and decisions." (Fassinger, p. 163).

The theory generated in the grounded theory process is not a theory in the sense of a positivist or post-positivist theory, which is derived deductively and tested empirically. Rather, the theory in grounded theory is the development and integration of a set of ideas that accounts for the behavior of the participants in the study in a substantive area. The claim of grounded theory is that the theory fits one dataset well, but there is no claim that the theory can be generalized to other cases, data, or participants. "Grounded theorists are concerned with or largely influenced by emic understandings of the world; they use categories drawn from respondents themselves and tend to focus on making implicit belief systems explicit" (Borgatti, n.d.).

Mohatt and Eagle Elk (2000) state that within the traditional Lakota framework every individual is expected to make meaning of his/her experience. Consequently, it is assumed that every Lakota has the capacity to make meaning or to have realizations. The Lakota term for realization is *woableza*, a personal, timely, and unpredictable occurrence that moves the individual toward transformation of oneself. Looking Horse, the father of the current keeper of the original pipe, stated in Mohatt & Eagle Elk (2000) that, "...Lakota philosophy implies that we should not persuade others to act in one way or another... We should take a position that allows the maximum opportunity for every person to choose, make meaning, and apply knowledge to himself or herself" (p. 25).

I have chosen the paradigm constructivism-interpretivism and the grounded

theory of qualitative research because they coincide with the Lakota understanding that individuals continually construct their own personal reality based on their experience, which is continually in the process of development. The research design selected entails gathering each traditional healer's distinct understanding of well-being and utilizing inductive analysis that is both recursive and reflexive for the purpose of providing a clearer understanding of traditional Lakota well-being. The goal of this research is to provide a description of the inter-relationships between the notion of well-being and its attainment and maintenance as understood by the traditional Lakota healers interviewed. Each traditional healer brings his particular understanding and method to explain well-being to the study.

Background Translation/Transliteration

The importance of translation in qualitative research has been written about, but few studies have explored the process and strategy involved, particularly in cross-language research situations. A successful translation of ideas between languages is dependent on an understanding of sociocultural contexts as well as an understanding of the literal meaning of languages in order to obtain equivalence in meaning and interpretation. For instance, context is required to decipher what would be meant in the following sentence; the boy hit the man with a hat on his head. Equivalence in semantic meaning between two cultures and content equivalence or constructs holding similar meaning and significance in two culturally distinct languages need to be identified to establish validity in qualitative cross-cultural research (Regmi, Naidoo, & Pilkington, 2010).

In translation, conceptual equivalence between lexical terms in English and Lakota requires the researcher to have knowledge and understanding of the language and culture of both speaker groups. If the exact meaning between the lexical terms of the two languages is difficult to obtain, then transliteration is required, which, "...is defined as a process of replacing or complementing the words or meanings of one language with meanings of another as sometimes the exact equivalence or exact meaning might not exist" (Regmi, Naidoo, & Pilkington, 2010, p. 18). For instance, there is no Lakota term for radio. Transliteration is employed to achieve conceptual equivalence by defining radio descriptively as the device that is listened to by the way of the wind.

The interviews were conducted in Lakota. The Lakota transcript interviews, along with research questions asked during the interviews were translated into English before analysis of the data. Because I had acquired English and Lakota simultaneously as a child, the process of translation occurred naturally. The key terms that have changed over time due to the influence of Western notions had been explained by the healers. For instance, today the term *zuya* is related to warfare or a person who enlisted or was drafted for military service. Originally, *zuya* meant life's journey, whether in the context of a ritual or everyday life. While on the journey, individual development is gained through self-realizations such as awareness of ones' strengths and weaknesses, recognizing talents and gifts, obtaining knowledge and understanding, and more importantly realizing the importance of the Lakota virtues, which when enacted safeguarded continued existence (White Hat and Two Dogs). *Zuya* or journey is defined as encountering a situation and entering the situation courageously without knowing what the outcome may be (Two

Dogs).

Participant Selection, Recruitment, and Interview

Purposive sampling was used to select participants for the study. The goal of understanding the meaning of well-being was pursued through using in-depth interviews with traditional Lakota healers who have the experience and role of guiding people towards well-being. Healers fulfill a traditional role of mediating well-being through rituals and the affirmation of beliefs to help people attain well-being. Traditional healers also speak the Lakota language, which is the primary purveyor of the cultural understandings necessary to function effectively in the traditional healing role. Thus, in order to be qualified to participate in this study, participants had to be recognized as traditional healers by their respective communities, and they further had to be speakers of the Lakota language.

The goal of constructivism-interpretivism/interpretative qualitative research is to improve the researchers' understanding of participants' experiences. "The concern is not how much data were gathered or from how many sources but whether the data that were collected are sufficiently rich to bring refinement and clarity to understanding an experience" (Polkinghorne, p. 140, 2005). Eight traditional healers were originally contacted at the Pine Ridge and Rosebud Indian Reservations both located in South Dakota. One participant who originally agreed to participate in the study withdrew, which left seven participants for the study. The number of participants contacted was restricted because of the limited number of traditional healers who met the study criteria of being recognized by the community within which they work and who spoke Lakota.

However, Hill, Knox, Thompson, Williams, Hess, and Ladany (2005) have recommended that 8 to 15 participants, each participating in one to two interviews, are sufficient to obtain saturation of the data, and the number of participants in this study was somewhat consistent with this recommendation.

Due to the on-going resurgence of Lakota cultural practices, elders who speak Lakota who serve as leaders and healers function today as sources of cultural knowledge. In particular, they have been defined as leaders and healers by their fellow traditional Lakota relatives. Those healers and leaders lead by example and they take care of oneself, family and their communities. Older relatives continually give advice and encouragement, "...and they watched that the social system provided respect for relatives. The social system and the political leadership system were intertwined"(Young Bear & Theisz, 1994, p. 121). The healers selected for this study have watched this researcher grow and develop and each is considered a relative. Therefore, in a sense, those interviewed provide sufficient cultural and behavioral homogeneity to warrant few respondents.

Procedures

Participants were contacted and interviewed at a mutually agreed upon location at the convenience of the participant. Six interviews were conducted in the interviewees' home while one was conducted inside a house designated only for the purpose of the yuwipi ceremony (i.e., a one room small house with only a wood stove and one window to allow minimal light to enter that is set aside for ceremonial use). All locations were favorable for video-taping. Interviews were conducted at individual locations free of

noise, interruptions, and without the presence of other individuals. The goal of the interviews was to gain information about the research subject that required my ability, "...to form an accepting relationship, skill in active listening, and focus on the other's experiential world" (Polkinghorne, p. 142, 2005).

At the beginning of the interview, the information sheet (see Appendix B) written in English was given to the participant along with the opportunity to ask questions. The information sheet covered the confidential nature of the study, the video-recording, voluntary participation, and the research process, specifically follow-up interviews and data verification. After giving their written consent to participate in this study, the interviewees were asked which language they would prefer to be used, Lakota or English. All interviewees chose to speak primarily in Lakota, occasionally using English to emphasize a point, give the English term equivalent to a Lakota concept, or when defining a term that had changed in meaning over the years.

The interviews were conducted using a semi-structured interview design with three open-ended questions developed prior to the study that were utilized throughout the study (see Appendix C). The interviewees were asked these open-ended questions with follow-up questions used to explore each interviewee's responses further. The follow-up questions thus varied between interviewees based on their interview content. This is consistent with standard practice in that in qualitative research using semi-structured interviews, the researcher probes below the surface to bring forth accounts that are refined, rich descriptions of the phenomenon under study (Polkinghorne, 2005). Participants were interviewed only once, and each interview lasted from 55 to 75

minutes.

Reflections (Bracketing) Regarding Participant Selection and Selection of Procedures

My prior work with traditional healers, who developed a Lakota mental health program, gave me valuable experience and insight into working with them. Because I am member of the Pine Ridge Indian Reservation community, and through the many years of living on the Pine Ridge Indian Reservation, I was able to identify those traditional healers who conduct their rituals in the Lakota language.

As stated above, Lyle M. Noisy Hawk, Sr. was utilized to review the accuracy of the translated text from Lakota to English. Mr. Noisy Hawk is the father of this researcher. He was chosen to review and to function as my resource person while the interviews were being translated into English. He also provided assistance when verification was needed regarding a translation of a specific term or phrase. Lakota was the first language that he had acquired. Because of his age, he possessed knowledge and understanding of Lakota terms that have since become extinct. Being an ordained Episcopal minister with theological training, holding a graduate degree in counseling, and practicing his Lakota cultural ways, specifically serving as a master of ceremonies at social Lakota gatherings, makes him uniquely qualified to check the accuracy of the translation and offer feedback. We worked collaboratively during instances requiring discussion of a term or phrase during the translation process.

Data Analysis

The interviews were video-recorded and transcribed into English, which was the

primary language used for data analysis. Lyle M. Noisy Hawk, Sr. reviewed the accuracy of the translated text from Lakota to English. Next, the translated texts were given to each interviewee to check for data accuracy. The researcher took notes soon after each interview on personal reflections about the interview relationship, memories triggered, and thoughts held at the time.

The interviews were transcribed into English using the NVIVO 9 computer software designed to assist in the coding and organization of the data. The transcripts were reviewed and key words (units of meaning) were noted by in-vivo coding, followed by a listing of the generated codes from which (step two) shorter coded phrases (labeled units of meaning) were constructed to capture the main ideas of the subject. These abbreviated codes function to label, separate, bring together, and organize the data. Therefore, in step three, coded phrases were decreased by grouping together coded phrases that shared similar qualities. Step four, the similar coded phrases were grouped together to create clusters, which were reduced into meta-clusters and (step 5) labeled as concepts (Eaves, 2001).

Next, rooted in the, "...sixth step was Glaser and Strauss' (1967) technique of constant comparison which is a method of comparing codes and categories for similarities and relationships that exist among codes and categories" (Eaves, p. 658, 2001). From groupings of similar concepts together, they become categories, which are classifications of concepts discovered by comparing codes against one another pertaining to a similar phenomenon. Using this process, categories are further compared to codes and become increasingly abstract (Eaves, 2001).

After the identification of categories that have incorporated those concepts, step seven identifies subcategories, which, "...are characteristics and properties of categories along a continuum or dimensional range (Charmaz 1983, Strauss & Corbin 1990)" (Eaves, p. 658, 2001). Step eight followed, which was the establishment of connections between the categories. Questions were continually asked and comparisons were made about the relationships in the data to create the linkage among categories and to put conceptual arrangements on the data (Eaves, 2001).

In step nine, core categories were identified. Charmaz (1983), and Strauss and Corbin (1990), state that, "...the core category is the central theme or story line of the data, around which all the other categories can be subsumed" (Eaves, p. 658, 2001). Some studies have several stories with identified core categories. From the core categories, explanatory frameworks or mini-theories are developed which direct to the origination of a substantive theory of interrelationships in the data (Eaves, 2001). Strauss and Corbin (1998) in Fassinger (2005) state that a substantive theory is a collection of completely developed categories methodically put into relation with each other that develop an outline to explain a phenomenon whether social or psychological, which is accomplished through statements of relationship.

In grounded theory research, researchers often use theoretical sampling in order to ascertain saturation (i.e., redundancy in the data). Theoretical sampling, however, did not apply to this research, since all possible available traditional Lakota healers were interviewed. The other use of theoretical sampling is to explain and verify the categories and their interrelationships that emerge via the coding process (Fassinger, 2005).

However, although theoretical sampling was not used, saturation in the data was obtained.

Throughout this process of data analysis, memo writing about the consideration of ideas, interview content, codes, and categories occurred. Memo writing also was used to: “(a) interpret *in-vivo* material, (b) articulate metaphors, (c) examine the relationships among code categories, (d) explain major code categories, (e) explore methodological issues, and (f) generate theory” (Eaves, p. 659, 2001). The written memos kept record of the researcher’s reflexivity which included beliefs, biases, values, and assumptions throughout the research process. Research reflexivity was one of five different validity techniques selected for this study. A description of those techniques is provided next.

Issue of Validity and Researcher Bias

Creswell & Miller (2000) wrote about the choice of validity techniques in qualitative research. They created a two-dimensional framework for researchers to ascertain the suitable validity procedures for their study, which consisted of nine different types of procedures. The framework consisted of the lens of the researcher, participants, and people external to study and the researcher’s paradigm assumption, postpositivist or systematic, constructivist, and critical. Though their list is not comprehensive, they state that they have included those validity procedures commonly cited and utilized in qualitative literature. The five validity procedures selected for this study are; triangulation, research reflexivity, member checking, prolonged engagement in the field, and thick, rich description.

From the lens of this researcher, I will use triangulation and researcher reflexivity

as validity procedures. Triangulation, "...is a systematic process of sorting through the data to find common themes or categories by eliminating overlapping areas" (Creswell & Miller, p. 127, 2000). The storyline interpretation is valid due to the triangulation process that depends on looking for convergence across the interviews, which provide the substantiating evidence to discover major and minor themes. As stated before, research reflexivity requires the recognition and explanation of beliefs, assumptions, and biases including the socio-cultural and historical forces that may have shaped the researcher's interpretation (Creswell & Miller, 2000).

From the lens of the participants, member checking and prolonged engagement in the field will be used. Member checking will be achieved by taking the data and interpretations, in both English and Lakota, back to the participants who will confirm the accuracy of the information along with asking if the categories/themes developed are accurate and made sense. The participants will be given the opportunity to react to the data and narratives written.

From the lens of people external to the study and a constructivist viewpoint, I will use thick, rich description to establish credibility. Using concentrated detailed description of the setting, participants and the themes will create authenticity, "...statements that produce for the readers the feeling that they have experienced, or could experience, the events being described in a study" (Creswell & Miller, 2000). The people and places are contextualized.

Reflections (Bracketing) Regarding Data Analysis

Jenks in Shah (2004) describes culture as a way of life, which is transmitted,

learned and shared. “The underlying assumption is that cultural knowledge is the unwritten document transmitted from generation to generation and learned through living and sharing with a cultural group as its member” (Shah, 2004, p. 555). Having been raised within the Lakota and Western cultures, along with their respective languages, has accorded me the position of social insider as well as an outsider conducting research within Western academia. Each qualitative interview I conducted was a social episode based on cultural specifics governed by the interpersonal positional relationship between myself and the traditional healers.

The position of insider, who is familiar with the sociocultural context and who was raised acquiring the Lakota language within its context, benefits the analysis of the data, the understanding of interactional dynamics, and “...the world of hidden or implied meanings, signifiers, markers and other cultural determinants where even yes or no may not mean yes or no” (Shah, 2004, p. 562). The data have also been viewed from the position of researcher to generate meaning. “In intercultural research the researcher needs to engage with data from *difference-based* perspectives” (Shah, 2004, p. 561).

My father was not involved in the analysis of data. His role had been limited to the translation of text between the Lakota and English language. During translation, at various times we worked together to find English words or phrases to reflect what had been said in Lakota.

In chapter 2, I had relied greatly on the works of Walker (1917) and Black Elk in Brown (1953) for contextual supplemental material in presenting the result of my interviews asking the questions what is well-being and how it is attained and maintained.

These authors also established rapport with Lakota people. The Lakota interviewees had made a deliberate decision to accept them as friends and to entrust them with their knowledge.

Walker was a physician on the Pine Ridge Indian Reservation, Pine Ridge, SD for eighteen years. Pine Ridge is home to the Oglala Sioux. The traditional healers or holy men on the Pine Ridge reservation collectively decided to, "...instruct Walker as a Lakota holy man", which was reached after Little Wound, through a vision, had consulting the gods (Walker in R. J. DeMallie & E. A. Jahner, 1991, p. xiv). Walker became an Oglala medicine man and had undertaken the rites and ceremonies that they arranged. He was declared worthy to become a holy man and was instructed in their sacred lore, which included the myths, customs, ceremonies and, "...mystic words in the ceremonial language of the holy men..." that were not meaningful to ordinary people (Walker in R. J. DeMallie & E. A. Jahner, 1991, p. 48).

Similarly, when Brown (1953) met Black Elk, they smoked the pipe ceremoniously in silence after which Black Elk had asked Brown why he had taken such a long period of time to get there, "...for he had been expecting my (his) coming"(Black Elk in Brown, 1953, p. xii). Brown had no intention of writing a book; however, Black Elk conveyed his intention to record the rituals of the Lakota religion (DeMallie, 1984). Brown spent an entire winter living with Black Elk and the extended family.

Chapter 4: Results

As stated in Chapter 3, seven Lakota healers in total were interviewed over a period of six months. This represents more than half of those spiritual leaders on the Rosebud and Pine Ridge tribal reservations in South Dakota who still practice Lakota healing in the Lakota language beyond the age of 60. The healers who were interviewed were (1) A. White Hat, (2) R. Two Dogs, (3) R. Broken Nose, (4) W. Mesteth, (5) R. Stone, (6) A. Looking Horse, and (7) B. Kills Straight.

In analyzing interviews with these healers about their views on mental health and wellness, there were 6 distinct themes that corresponded to the research questions. The first (theme 1) corresponded to the Question, what does well-being mean to you. This theme, What Does Well-Being Mean to Lakota Healers, encompassed the traditional Lakota concept of well-being (Wicozani). The other 5 themes (themes 2 through 6) corresponded to the research questions 2 and 3: how is well-being attained, and how is well-being maintained. The healers identified five distinct ways in which well-being (wicozani) may be achieved. These are: (2) well-being is attained and maintained through one's prayerful awareness and experience with religious beliefs or the sacred/the holy – the Wakan; (3) well-being is attained and maintained through maintaining healthy relationships with oneself, family, tribal structure and all of creation; (4) well-being is attained and maintained through the consistent practice of prayer through rituals and traditions; (5) well-being is attained and maintained through successful recovery from the effects of traumatic experiences; and, (6) well-being is attained and maintained through enacting Lakota values in order to achieve an integrated sense of well-being. Below

these themes are further defined and examples from the data are given.

Theme 1: What does Well-Being Mean to Lakota Healers

Participants defined well-being as (1) being mentally and physically healthy, and (2) being capable of recovering from traumatic experiences.

Regarding defining well-being (wicozani), A. White Hat stated that the “ni” in “zani” (from wicozani) means:

...something (za) that is alive (ni)...a living being that has a spirit and is in living movement. However, it may become weakened from something. So it is that which is alive (ni) that has come back to life (zani). Zani as a verb in mazani meaning ‘I have come back to life’...And the life they refer to is straightening out your mind and body. You will bring them back to life (zani). So the term zani in the English language means to be mentally and physically healthy...It is not things you acquired but bringing back to life your thoughts (nitawacin) and body and not living sickly...wico then refers to human nation having that health...they are living contently in their being.

Regarding being able to recover from traumatic experience, R. Two Dogs stated that well-being or wicozani is understood through splitting the word into two parts; wico and zani. He states that wico means everyone or the collective and the term zani means:

...someone lives well but it means more. It is understood (by Lakota people) that there are many hardships to endure and many ways by which people suffer while living on earth. If a person withstands suffering successfully by putting oneself back in order (recovering) from those bad experiences, difficulties, and subjection

to adverse conduct by others throughout life then that is being well (zani). The white people say resiliency that is the same. These old men state with certainty that there is no way around bad experiences and life on earth will be difficult. However, if you will straighten yourself out from those and once again move forward in life then that is what well-being/wicozani is, they say.

Following are the themes identified in the data regarding how well-being is attained and maintained from the perspective of Lakota Healers.

Theme 2: Well-being is Attained and Maintained through One's Prayerful Awareness and Experience with Religious Beliefs or the sacred/the holy – the Wakan

According to the healers' interviews in this study, attaining and maintaining wellness means being mindful of one's spirituality or the Wakan. Wakan means potentiality or spiritual potency, which is the power of life. A. White Hat explained what wakan means "as related to the creation story". He stated:

Now this term wakan has the power of life. Wakan can give life or give death. It can create something or take apart something. And whatever is bad and good it is within...so every creation has those three things. You have it, I have it, that tree out there has it, the wind, the thunder, everything, the sun, the water, every creation has those three things. So if they (Lakota people) say something is wakan, then that's what they are talking about.

A. White Hat states that Lakota people have historically lived through the concept of wolakota or peace and harmony. Through taking care of themselves and where they

lived, they prevented anything bad coming into their area. Because of wolakota, "...they don't want anything bad coming in there, long ago Lakota people lived that way...we didn't want negative energy coming in..."

Another method of awareness of one's spirituality is to understand the power of symbols to connect one to the wakan. As A. White Hat stated:

If you take this pipe, you made a promise to live a certain way. Peace and harmony within your 'self' and you will walk with well-being/wicozani....If somebody call you Lakota, then they recognize that you are a person of peace and harmony with all of creation; wicozani. That's what being a Lakota is. (A. White Hat, personal communication, November 8, 2011)

Still another method of attending to the sacred is to focus on having a relationship with God. As stated by B. Kills Straight, "Well-being entails having a relationship with Taku Wakan (God – The source, cause of wakan)", which includes understanding the significance of the pipe.

Theme 3: Well-being is attained and maintained through maintaining healthy relationships with oneself, family, tribal structure and all of creation.

A second theme that arose from interviewing the Lakota healers was that well-being is attained and maintained through continuing to have healthy relationships with oneself, family, the tribe, and all of creation. How to relate to each of these entities is guided by Lakota values.

Values themselves come from God and are understood and applied according to the situation at hand. As stated by R. Broken Nose, "...each value could be taken apart

and translated many ways depending on the intended function within a specific context that it is utilized”.

According to B. Kills Straight, there are 7 values concerning how families and tribes should function together interpersonally. His verbatim comments are summarized in Table 3 (below).

Table 3. Lakota Values or Laws

Woope Sakowin (Seven Laws)		
Wacante Ognanake	Generosity	Someone who is kind-hearted, good minded, good feelings and helps, shares, gives
Wowausila	Compassion	Demonstrated honor, to respect, have compassion for everything around you
Wowauonihan	Honor, respect	To Respect, to honor people and everything
Wowacintanka	Fortitude	Patience, control of self, tolerance
Wowahwala	Humility	Conducting oneself in a subtle, delicate manner, to be humble, being happy, honoring, respecting people and everything, compassionate.
Woohitike	Courage/Bravery	Guided through principles, disciplined, brave and courageous
Woksape	Wisdom	Wisdom and understanding

Healers describe how these values should be put into practice in the Lakota nation. For example, R. Two Dogs stated:

The value wa'ihaktapi meant putting others before oneself by taking care of them, which entails being generous or the value wa'cante'ognakapi; to place people in your heart. For example the elderly and children are first fed and provided for. If an individual has a need, then that need is fulfilled [by others] provided they were able to. Another is above all, having the fortitude to endure/wo'wacintanka. Individuals are to have the courage to enter an unknown situation with a strong heart, which today children have not been taught or trained to do, so they are quick to resign...or when they encounter hardship/otihika they immediately drink alcohol or take medication or smoke marijuana...Awareness of thought is important in putting into practice the values or laws.

Likewise, W. Mesteth stated:

If someone committed an offense to another, then he or she is told to make amends or reestablish the relationship with the other, which is igluwaste or making oneself good. People are expected to have good will, good intention, good feeling toward the other. Compassion or wa'unsila is paramount followed by generosity and self-respect...people live by helping each other and implementing the values or laws beginning with internalizing and dwelling through them within the 'self' thereby having good personality traits, which is in essence taking care of oneself. If they respect themselves then they will understand and have knowledge of it then they will be able to have respect for

others...and if someone cannot then for some reason he/she is ill.

Similarly, A. White Hat stated:

You will live happily with everything, the people, you are going to be in harmony with creation, but most importantly you will be in harmony within yourself and you are going to be happy...life around us, the tree people, the wind, air, grass, the thunder beings, or the animals, they too seek wicozani (well-being). So if you live happily, harmoniously with them or work with them, then that is what they say is wicozani (well-being)...This wicozani is you hold in high honor your relationships, ...you will smudge yourself, you will think positively.

Furthermore, White Hat stated:

All life was created by inyan [mythical being named Rock], who has the power to give life or to take life. Inyan could create or destroy. Good and evil is within inyan both equally powerful, then all of creation is consider wakan, including human beings who had come from inyans' blood. . . the sun dance tree is a relative. This pipe is a relative. So it is how you think about these, then that is what you take from them.

For instance, White Hat states that the people address each using kinship terms that demonstrated the respect, relatedness to each other (all my relations/mitakuye oyasin):

...they addressed each other respectfully/cekiciyapi based kinship/wotakuye....maybe you and I sitting here we would ceyunkiciye/appeal to each other for help. That's what wacekiye (prayer) is as a relative. So if you pray, you appeal to each other for help that is what they mean....So because of

your relationship then you will appeal to each other for help, you will work with each other....So the thought/wicotawacin is very powerful and that's what wicozani is. You watch what you say and what you do....You honor yourself and you have a prayerful life. They say one lives life praying/wacakiya that does not mean, he/she is praying all the time. What they mean is he/she recognizes ones' relatives and acknowledges honors their relationship (cewicakiye) with each other....Then that is living life by prayer (wacekiya) or petitioning to one's relations.

The healers stated that to attain and maintain well-being, individuals are expected to be aware that they are quadra-partite beings whose beings consist of interrelated components (body, spirit, mind, emotions); and that they should critically evaluate the impact of various situations or circumstances on their lives through that lens. An example of this is a statement made by R. Two Dogs, in which he said:

This process begins with going over their body (tacan), their thoughts and feeling (tawacin), and the fourth is the spirit (nagi)...So first to be impacted from a negative experience is the spirit. If someone is startled or suddenly encounters a negative experience then it is the spirit that is first distressed by it. Next, it will be one of the others that will be impacted, which are attached in the spirit. One of them attached to the spirit is the heart. So if startled then they describe the impact to the heart by the term omkamu/distressed, in my heart I am distressed/omkamu. That is what they mean by it, if you continue to carry the negative encounter then it will manifest itself in the body or your thoughts, in that manner.

Next, the individual evaluates oneself in relation to the world around. R. Two Dogs explains that four constituents are evaluated first beginning with;

...how you conduct yourself within yourself. How you evaluate your own self.

Another is being with the people around you how you will conduct yourself

within that context. And the third one is how you will conduct yourself before the

animal nations and those living on this earth, which they call spirits, spiritual

entities, how you conduct yourself before them. And the fourth one is your

conduct on this earth is being witnessed and therefore known by your relatives

who have completed their life on this earth. So those things you have not done

well on this earth or have not done something then when you go toward them it is

said they will be ashamed of you there. Then when you go, they will not come to

meet you too. The white people say they will shun you. So there are four ways of

being/conducting oneself but one that has the most power is your own self

because you're always with yourself. So that is what the term well-being

means...My manner of being/mi'ohan is the first, yourself...individually...And

how you feel about yourself.

Theme 4: Well-being is Attained and Maintained through Consistent Practice of Prayer through Rituals and Traditions

Participants identified several rituals and traditions that are connected to attaining and maintaining well-being. Foundational to these rituals and traditions is prayer, which is defined as relating to all of creation beginning with reflection on self, relating to all of creation, and meditation on Grandfather (God), communing with the four directions and

grandmother earth and with the ancestors. For example, Mesteth, stated, regarding prayer:

Because this soul came from God and how we will heal our spirit is through prayer...a prayerful life is taking care of the spirit...in that manner the people have faith...if someone does not have it then they are lost and they could be sick or those bad things could overshadow him/her.

The rituals and traditions are: (1) participating in purification rituals (e.g. sweat lodge), (2) the vision quest when used to guide one's life, (3) the use of the vision quest and the sun dance as a means to make sacrifices for others, and (4) attending to the stories (ozuye) of the elders.

Participating in Purification/Renewal Ritual (Inipi).

Well-being is attained and maintained through the inipi or purification ritual. For example, A. White Hat stated that,

If you consistently use the inipi, then you will come to a very well understanding of your 'self'. You're going to learn who you are. You will find those places you are weak and you will find those places you are strong. Then with the power you have you will make well those areas of weakness. So inside the place of purification you will wake yourself up/bring yourself back to life; that is why they say the place used to become alive (o'ini). So if you consistently go in there then you will begin to understand your 'self' and take care of your 'self'....you will understand well your thoughts. If you consistently think about bad thoughts then you will straighten yourself out and so forth. Perhaps you may have hatred

toward others, jealousy, and other such thoughts we all have at times. So it is those things that are taken into the sweat lodge then we straighten ourselves out. There you will assess yourself....When you go inside the sweat lodge then it is those living outside, all my relations that you will pray/petition to as relations...you plan how you are going to cure yourself...Then because you called to your relations for help then from somewhere they will send it to you. But you have to do so using your heart.

R. Two Dogs shared the ways in which both purification rituals and prayer with the pipe could be used to attain and maintain well-being, particularly when in the midst of adversities. He shared how his mother and grandmother would instruct him concerning purification and prayer:

Grandchild in the future you will encounter these and you will overcome these in this way and move on they said. So this is how you will do it. The one thing that will help you, which they emphasized strongly, is prayer. They would say no matter what grandchild, you will live strengthened by it. So I have always remembered that. So prayer is one of them and with it there are many customs, such as praying with the pipe or offering a pipe or even the purification ritual. No matter how difficult something is, they retreated to the place of purification. Long ago it was said that the sweat lodge place was a place to make a stand so that is the place of refuge. So as I remember when my father died, my mother, older brother, or older sister, when they died, the only way I seemed to feel well was when I utilized the purification ritual. I made myself strong and I seemed to

feel uplifted overall when I come out of there.

Likewise, regarding both purification and prayer, R. Stone stated “If a person makes a prayer for their spirit through the purification ritual or a ceremony then they will become stronger...they walk taking care of themselves...they will walk strongly.”

R. Broken Nose adds to the process involved during the practice of the purification ritual by stating:

It is the rock and this water together that God gave to this Lakota so they utilized them. So these rocks are holy, sacred, full of spiritual essence (wakan). So if you inhale it (the steam produced) then you will have well-being - a good life-giving breath and your thoughts and feelings will be good and you will come out with well-being. Then when you get home and go inside, you will give the life-giving breath to your wife, children, and relatives. You will bring back well-being for them...The mind and the body has been put back into accord by being taken care of. Because of the healing, the spirit is glad, which is how it wants it to be.

Using the Vision Quest to Guide One’s Life.

In addition to attaining and maintaining well-being through the custom/rituals, Mesteth states that some of those customs/rituals function as rites of passage meaning that young people who participate in the vision quest will find direction for their lives.

For instance, according to Mesteth:

...a boy has now reached being a young man about twelve to fourteen years old...they may have him go on a vision quest. First they will give him instruction on proper behavior and they will discuss those customs that way he will

understand them well. And then when it is time, they will take him to the hill and leave him there. He will sit there and contemplate with faith to grasp those things, which he had been told to understand. He will sit alone hungry and thirsty while comprehending them. And he will comprehend realize how strong his mind is...If you sit without food and water, then your spirit will come out. And that which is sacred, mysterious (God/Taku Wakan) will allow your spirit to understand. All around, above and inside the earth, you will understand them sitting there. They will reveal that faith/belief to you. Through the Lakota way, you will rotate your pipe and pray. Whoever assists you, the holy man, your grandfather or whoever, they will instruct you accordingly. If you sit according to their instructions and conduct the vision quest correctly, then you too will come to realize more and more.

While generating more self-awareness during the vision quest, Mesteth states that the individual will be given aid to realize the task set forth to be completed while living on the earth along with the nurturing of one's faith. "And you will also understand life and death", because of the experience without water and food for a period of four days. He concludes his explanation of the vision quest saying,

Now they say what have you realized? So maybe a vision comes to you or maybe an animal revealed itself there and showed you something. You go back and tell about those things; then you will be given interpretation about what that meant. They will have you develop the realization.

Using the Vision Quest and the Sun Dance to Make Sacrifice for Others.

Regarding the use of the vision quest to make sacrifices for others, R. Stone stated, "...someone who lives suffering or wants help then they do the vision quest where they appeal about, pray about all the bad things they had lived by. Then Grandfather (God) will take them away then when he/she comes back...he/she will live in wellness". However, the individual must realize their state of affairs while on the vision quest to benefit oneself, "He/she will think about it for certain. If the thought process is good then they will do it in that way".

Regarding the use of the vision quest and sun dance ceremony to make sacrifices for others, A. White Hat also stated that the vision quest,

...is journey through the night, crying or lamenting. So through the night because you suffer from something you will appeal/pray to your relations, your relatives. So maybe a relative is sick, weakened then you go into the place prepared for ceremony and the interpreter for this place for ceremony, whose friends arrive then you say 'take care of this for me and in a year from now I will journey through the night, cry (vision quest ritual)'. So when a year has passed, you will fast. You will say thank you. So you offer yourself in return for his or her health. So for all of these things there is payment...you only have one possession and that is your body....That is why if they vision quest, you offer yourself. Or if they sun dance, you offer yourself.

He added the same comment about the Sun Dance, saying: "Or if they sun dance, you offer yourself."

A. White Hat tells the story of his nephew who suffered considerably while sun dancing and had to be assisted on the fourth and final day. His sister came to him and said, "...younger brother why don't you go to the hospital...you will be taken care of well and you will not be suffering like this..." Another sister replied to her saying, "...because you will have life that is why he is doing that. So he did not do it for himself but for his sister. So those are the things that go with wicozani/well-being".

Attending to the Stories of the Elders (ozuye).

A. White Hat stated that long ago children listened to the old stories, including myths or accounts of people which included zuya stories. While listening, the child learned from those stories and personal accounts and in particular they were drawn to the zuya stories, which in English zuya means adventurous journey it, "...was about young adults becoming men, in English, the age of puberty". The young men would gather themselves into a group and select a direction to travel. The first obstacle to overcome is leaving at night without being noticed. "If they get caught...they fail". The duration of their adventurous journey ranged from days to months or sometimes years, depending on the distance they choose to travel. A. White Hat states:

After some time, they are coming back home. They come to about a mile or two from where the people live and stop. And if one of them who went on this journey had killed someone then his face was blackened. Then they arrive at the entrance to the encampment where his family and extended family would come and take him to the purification lodge to be wiped or to take away/to be cleansed. They do not want anything bad coming in, which is how Lakota people lived long

ago. This term wolakota in English means peace and harmony. So where they lived, they don't want anything singularly bad to come in there, we don't want negative energy coming in, which is why they cleanse or wipe him. So the death is cleansed and he is brought back into the community. They sit them down and they have them talk about their journey because they have returned with knowledge, understanding, and self-realizations. And each one is recognized for their distinct talents or gifts, which together they relied on to live. They tell about how they helped each other and how they lived to survive. However, what was very good is they have become mature men who have engaged in serious thought generating understanding about these things...they are responsible. So that is one way of working toward wicozani. It is just another way.

He then added that the zuya is similar to the Greek odyssey; a life journey. "From the experience gained on the journey, the Lakota men learned, understood, and made themselves strong,...which they utilized to straighten themselves out in their life ahead".

R. Two Dogs also discussed zuya as a method used to attain and maintain well-being. He states:

...today it is thought that the term zuya only means fighting or warfare. But what going on a journey (ozuye) means is that you encounter something and without knowing the outcomes you will continue to enter the situation with a strong heart...For instance, long ago I had a dream and I was about to go on a vision quest when my uncle said, nephew you are going to do a zuya vision quest. I did not understand and so I said to my uncle what do you mean by that? Perhaps a lot

of people do not understand that you could die while on the zuya vision quest. (A thunderstorm may develop) The thunder beings may return and one may kill you or an animal may come and kill you. These things are before you. So even though you know these things, you still stand and fulfill the commitment you had made...that is what a zuya vision quest means...so the term zuya...deeper within, it means putting everyone first before oneself...At the sun dance, I would give advice saying there will be hardships such as not drinking water nor eating while dancing, praying in the hot sun, but if you undertake the sun dance ritual with the zuya mentality then you will be able to do those things.

In summary, he stated, the zuya/journey means putting into practice/gluwicakap the natural and spiritual laws/values.

Theme 5: Well-being is attained and maintained through successful recovery from the effects of traumatic experiences.

The healers explained that to attain and maintain well-being, individuals need to understand the effect of the interactional relationship of one's mind, body and spirit on one's well-being. They state that injury to one's spirit by an adverse experience, traumatic event, being inappropriately treated, or not living well or the good life causes the spirit to move away from its' body. R. Stone states:

...our lifeway here, if our spirit moves to another place then it is there that efforts are made to do inappropriate behavior because the spirit lives somewhere away from the person...if the spirit is aided and sent back to the body...then he/she will think positively and will try to live well.

The following example, provided by R. Two Dogs, depicts the soul movement away from oneself as a result of a harmful deed committed against an individual:

It is the root that should be examined. If a young woman, young man, or a child comes then it should be asked why they are this way like not listening to directions, randomly hitting people, destruction and so forth. If an inquiry has been made then perhaps somewhere in the earlier years of that child life someone committed a bad harmful deed (rape, molest, abused) towards him/her. It is because of the experience that has caused him/her to be affected, bothered by it, which he/she eventually reveals outwardly through their behavior...Eventually he/she will use alcohol or eventually dread it then he/she will attempt suicide or may complete suicide, for instance...If this was done to a child then it is said that he/she lost his/her spirit. So that spirit also needs to be called back. If that child does not do that, his/her spirit will be in limbo someplace always looking for his/her spirit and such. No matter how you help or what you do, the child will continue to live, in the future, in such a way.

Emotions are attended to through the purification ritual. A.White Hat states:

From time to time I tell my children or others that at times I get jealous, dislike people, get angry, or at times I feel bad in my heart (cante masice). When I get that way, I go into the purification lodge (oini). The rocks (inyan) who are my relatives have come so I pray/appeal to them saying help me with these so I may renew my self/bring myself back to life and go on once again.

R. Two Dogs spoke of the cathartic relief obtained from two rituals. Talking

about his grieving process, he states

...because of my relatives that I have lost, I truly cried dancing four days offering prayers. So if I carried all those inside of me then I would have been negatively affected by them. It would have come out in some way perhaps through illness or so forth. So at that time, I utilized those two; the purification and sun dance ritual.

R. Two Dogs elaborated on the purification ritual specific to the wiping of the individual returning from a zuya who had killed another. The specific purpose of this ritual to put another person back toward well-being. The man painted his face black before entrance into the circular encampment signifying that he had killed someone on the journey (zuya). The spirit of the person who was killed follows that person who killed him. By painting the face black, that spirit no longer recognizes the offender and no longer follows him. At the east entrance, the men enter with blacken faces leaving the spirit of the killed individual outside the encampment. However, today books write that, "...they thought that because of being victorious...that the black face painted signified a victory...that is not the point".

Today this custom is no longer practiced. Consequently, the men returning from war are affected by the spirit of the person killed, displaying symptoms, such as, insomnia and nightmares. "Finally when they cannot handle it, these young men/women will drink alcohol or they may eventually commit suicide and so forth. So the white people use the term PTSD". They give them medication and therapy, "However...they do not address the spirit", which needs to be addressed or they will continue to suffer

because of the spirit of the individual who had been killed.

R. Two Dogs states:

So when my father returned from World War II, they did that. They painted his face black and sat him in the purification lodge. At dawn, he said he could hear people talking in German outside the lodge. So I had a grandfather who helped him back then. After they all completed the purification ceremony, he took sage and wiped the black paint off from his face and threw into the fire outside the purification lodge. When he came out of the lodge, he was wiped again. The grandfather used sage and a feather to wipe him and said nephew...a bath only washes the outer flesh but for deep within the spirit, only these can I purify/wipe your spirit with. And so according to my father...he no longer woke up from nightmares and no longer was his spirit startled easily or felt as if someone was around him...he was well.

However, in today's generation and the way of life, those who return from war do not do that. So the spirit of those they had killed follows them home. They are bothered by them causing them not to sleep or to have nightmares. Finally when they cannot handle it, these young men, young women will drink alcohol or they may eventually kill themselves and so forth. So the white people use the term PTSD.

Theme 6: Well-Being is Attained and Maintained through Enacting Lakota Values in Order to Achieve an Integrated Sense of Well-Being.

R. Two Dogs states that practicing the Lakota laws or values particularly

increases fortitude to endure. Such fortitude

...has been lost very much such that if today's generation feels cold then they want to quit immediately or if they are hot they want to quit. But the generation from the past was not affected by how cold or how hot it may be and so forth or if the people were in a famine, today's children miss one meal they think they are going to die as opposed to long ago when they did not eat or drink water for days. So long ago while very young, the children were trained. As opposed to the present generation and lifeway who have not been trained so they cannot fully enact the values to accomplish task in life that they quit, or when they encounter hardship/otihika they immediately drink alcohol or take medication or smoke marijuana. So today they do not have those concepts.

Not attending to the emotional effects of life struggles through the knowledge of some system to have well-being causes maladaptive lifeway patterns. R. Two Dogs states: "...many of the people do not know...so they would utilize other things maybe alcohol, marijuana, or drugs in such a manner to take care of themselves". R. Broken Nose adds the following regarding not attending to emotional effect. He states.

Today the education given to us lacks how to live with well-being. Without it, the inappropriate way of life that consist of bad things like alcohol and drugs flourish causing the spirit to move aside....if we walked with our meekness, relatedness/kinship (wolakota), and prayer/appeal to relatives then we would have had as long as we wanted the well-being that is gone....because the Lakota way of living does not exist in this generation, some people do not know of God but

instead they live day by day. Because we have come to an everyday life that is not good, alcohol and drug problems...and suicide occur. So it is us that threw ourselves in that situation. The Lakota way of life, manner of being, and living through God to achieve life and well-being is not there that is why it is that way.

The healers stated that until the spirit reunites with the entire self then an individual cannot think positively and will not attempt to live well. R. Stone stated that those individuals cannot stop the bad behavior, "...they act recklessly, without thought" and that the body takes controls wanting to do behaviors that are contrary to God's will. However, he adds: "...if you keep your spirit then you will talk well with everybody or if you see someone you will talk with him/her gladly". Until then, according to R. Broken Nose:

...over here today the spirit walks crying...So what is this spirit to do to fix it? It cannot. It must walk with it. But the Sacred, its spiritual power/wakan along with...counsel about appropriate behavior to obtain wisdom and the understanding, with these...It will give back the well-being and the life to it.

Chapter 5: Discussion

For traditional Lakota people, well-being is a philosophical way of life. Reverence is bestowed to the world because all life and creation possesses the sanctity of its creator (wakan), God. Lakota cultural lifeway requires a persistent routine of on-going evaluation or awareness of thoughts, feelings and actions and the relationships with the outside world. The goal is to live in peaceful equilibrium with the ‘self’ and its relations to the outside world and with God. Proficient understanding of Lakota teaching, virtues, and customs throughout the life stages is required to live well. Knowledge and wisdom is embedded and gained from myths, historical and contemporary stories such as ozuye or account of journeys. The development of character begins from birth and continues throughout the child-rearing years when on-going counseling and teaching about appropriate conduct are the focus. Coinciding with development are the Lakota customs that occur both secularly and ceremonially that likewise guide individuals along their development throughout the stages of life.

In this study, I interviewed 7 traditional Lakota healers concerning their responses to three research questions: (1) what does well-being mean to you, (2) how is well-being attained, and (3) how is well-being maintained?

What is Well-Being?

The healers state that well-being is continual striving to be mentally and physically healthy through putting back into accord the mind and body thereby becoming content; satisfied and happy. Achieving the state of well-being entails enduring suffering, difficulties, adverse experiences and maltreatment through resiliency; quickly

recovering from those experiences to become strong, healthy, happy, and move forward in life again.

How is Well-Being Attained and Maintained?

Five themes were found in the data that illustrated Lakota healers' beliefs concerning how well-being is attained and maintained. These are that well-being is attained and maintained through prayerful awareness, maintaining healthy relationships, the consistent practice of prayer via ritual and traditions, successful recovery from the effects of traumatic experiences, and through enacting Lakota values to achieve an integrated sense of well-being.

The healers state that mindfulness of one's spirituality and that of all of creation is required to attain and maintain well-being because all of life possesses the power of life, the wakan (The Sacred, Holy) nature, which is derived from the creation story in which Inyan (a manifestation of God who is wakan) created all life and gave to creation its' wakan nature.. That nature was defined as the capability to give life or death, create or destroy, and embodies both good and bad. Consequently, traditional Lakota individuals view all of creation each possessing an intentional state (animism) who are relatives who embody the wakan nature including their 'self'. Effort is made to maintain the state of wolakota or peace and harmony by taking care of oneself, such as avoiding negative energy. Symbols, such as the pipe, were utilized to connect and relate through prayer with the wakan (all of creation) and Taku Wakan (God) and as a method of awareness of one's own spiritual being. All of creation, past, and present may be relied upon as potential sources of support for an individual on his/her journey while on this earth and

back to the spirit world.

Well-being is attained and maintained through having healthy relationships with oneself, family, the tribe, and all of creation. Those relationships are guided by the Lakota values given by God, which are to be understood and applied to various situations. The values are: generosity, compassion, honor and respect, fortitude, humility, courage/bravery, and wisdom (see table X). All of creation is considered a relative such that well-being (*wicozani*) entails holding in high regard those relationships, thinking positively, monitoring oneself, and establishing and maintaining those healthy relationships beginning with the self and the 'other'. The goal is to have good will, good feelings towards the other by knowing, understanding, and respecting oneself thereby being capable to respect others.

Beginning with the self, well-being is attained and maintained by continuous evaluation by introspection and self-reflection of their *quadra-parte* being, which consists of four components; body, spirit, mind, and emotions (feelings, thoughts, and motives). They are to be mindful of those inner interrelated relational components and critically assess the bearing of life situations or circumstances on their being. Next, a traditional Lakota makes an assessment of his/her being in relation to other people, all life on earth such as the animal nations, and the rest of creation, including those in spiritual form such as the relatives who have left the earth, and the various spiritual entities (manifestations of God-Taku Wakan).

Rituals and traditions function to facilitate the establishment and maintenance of all those corporeal and spiritual relationships, including meditation on and prayerful

communication with God, Grandmother Earth, and the manifestation of God in the four directions and with the ancestors. The healers specifically discussed how the purification (inipi, renewal of oneself), vision quest, sun dance rituals, and the zuye custom facilitated the process of introspection, self-reflection, and prayerful communication to attain a balanced sense of well-being.

The inipi is utilized to wake and bring oneself back to life beginning with formulating an understanding of one's self, including identifying strengths and weakness. Each individual utilizes his/her power to understand and assess themselves to take care of their 'self'. For instance, through the ritual and with sincerity, negative thoughts are understood followed by developing a plan to cure that condition. Prayer is made, appealing for aid and grace from all of one's relations and God, thereby addressing those negative thoughts. The process strengthens the individual as life continues. The inipi with its use of the pipe is considered a place to make a stand and/or a place of refuge to make oneself strong. Along with the process described, the inhalation of the steam derived from the rocks full of the wakan essence gives the individual a good life-given breath to their good uplifted thoughts and feelings. Because the self has been taken care of, the spirit is happy and when returning home, that feeling is transferred on to the family.

The vision quest was used as a rite of passage transitioning children to become young adults. After receiving instruction and meaning of the custom, an individual is left alone directed to not eat or drink water for a period up to four days. The individual sits in prayerful contemplation with his/her pipe and with faith to comprehend what he/she had

been taught. The purpose of the ritual is to connect meaningfully with God, who through divine intervention will allow one's spirit to understand, acknowledge, and connect with one's relatives or all of creation he/she is surrounded with, thereby cultivating one's faith. In the continual process of generating realizations with divine assistance, the individual will evaluate one's life and begin to realize the task set forth for his/her life, which is to be completed while living on the earth, and he/she will understand life and death. After the ritual is complete, the traditional healer or elderly individuals who assisted with the ritual will give further interpretation about their experience along with assistance to further develop one's realizations during the ritual.

An individual may also pledge to undergo the vision quest ritual if they or another suffers from something such as an illness. If through the various healing ceremonies, the suffering or illness has been alleviated or healed, then the vision quest is initiated as a form of payment or to say thank you for the return of one's own or another's health. Similarly, an individual will participate in the sun dance ritual in order to bring health (zani), well-being (wicozani), and life (wiconi) for oneself, another, and/or all of creation.

Both ozuye or stories of journeys long ago and the zuya custom or embarking on an adventurous journey also are used to attain and maintain well-being. When the group returned home and after a type of cleansing ritual had been performed, the men shared the knowledge acquired along with what they have come to learn, understand, demonstrating that they have engaged in serious thought becoming mature, responsible, and strong men. The term ozuye or journey means to encounter a situation and entering into that situation without knowing the outcome with a strong heart. The deeper structure for the term zuya

means to put the 'other' before oneself. A Wicasa Wakan advises individuals to have that zuya mentality which will empower them to endure various hardships such as undertaking the sun dance ritual or undertaking a zuya vision quest ritual, which is having an experience knowing that death maybe imminent yet standing to fulfill the commitment they have made. In essence, the Lakota natural and spiritual values/laws are enacted (gluwicakap) during the zuya/journey experience. Those experiences are relied upon to maintain well-being in the life ahead.

As stated before, rituals and traditions functioned to strengthen the connection or love that ties the individual to the 'other' in order to keep the individual connected to the Eternal or wakan. Beauty is experienced both aesthetically and emotionally. For instance, in Lakota ceremonies songs create a vocal harmony, beauty, to which one responds first emotionally through their spirit. It is understood that beginning with the emotions or the spirit the individual begins healing oneself; mind and body. Ritual and customs function by focusing the encounter with the self, the 'other' comprising of all creation and God and they function to facilitate the reencounter of traumatic experiences to successfully recover from them.

The healers state that well-being is attained and maintained through recovery from the effects of traumatic experiences. As stated earlier, an individual takes care of his/her interrelated quadra-parte being through introspection, self-reflection, self-evaluation of their feeling, thoughts, and motives, and self-evaluation of the impact of life experiences on their well-being. If an individual has an adverse experience(s), traumatic experience(s), or has not put effort into living appropriately, then these instances cause

the spirit to move away from the remaining quadra-parte being. That being seeks to reunite the spirit by manifesting symptoms outwardly, such as depression, negative feeling/thoughts or relationships, using alcohol and drugs, and suicidal intent, attempt or completion. The detached spirit is reunited by attending to one's emotions through the various rituals. The experiences that led to this detachment may include the commission of an offense toward another spirit, whether living on earth or among the star nation above, which is addressed through a cleansing ritual along with the purification ritual. The goals are to determine the cause of a spirit's detachment and to treat those illnesses that have caused the spirit to detach through rituals, such as calling one's spirit back into their entire self, purification/cleansing ritual or other types of rituals. The traumatic event is acknowledged and dealt with, bringing cathartic relief and recovery from its effects.

The healers state that well-being in the life long ago was lived fully through the cultural lifeway where the focus was raising children to develop and apply the Lakota values. The Lakota culture was a system to develop the self and the collective by healthy adaptation, including attending to the emotional effects of life's struggles, counseling about appropriate behavior, generating wisdom and understanding, and attending and keeping the relational components of the self intact, particularly one's spirit's attachment. The people flourished through their way of life, which includes living daily through the Wakan that is in and around all of the created whole including the individual. They walked on the earth with respect, meekness, prayer, and healthy relationships, rather than living a life without the relationship with the Wakan and embracing maladaptive lifeway patterns. The good life or well-being entails living by the values God had given to the

Lakota people and scrupulously making thoughtful positive decisions, thereby not acting irresponsibly.

Interpretation

Kirmayer (2004) states that essentially the rationale behind healing practices includes transitioning from sickness to wellness, which is enacted through culturally based and relevant metaphorical transformation of an individual's qualitative experience including his/her identity. Metaphors and their associated rationale to achieve wellness are dependent upon the type and location of the illness whether internally or externally. "Internalizing systems locate the causes, mechanisms and solutions to affliction inside the individual-although these processes may be bodily, psychological or metaphysical..." compared to external classifications which, "...locate the origins and resolution of affliction in processes outside the individual, and these are often interpersonal, social or spiritual" (Young (1976) in Kirmayer, 2004, p. 35-36).

Healing may be carried out by way of taking medicine in various forms into the body or letting out things by emetics, surgery, purifying, purgatives and so forth. For instance, germs, an evil spirit, or memories of a traumatic episode has entered the body and must be dealt with or something is needed in the body such as energy, blood, vitamins or minerals. Additionally, a blockage within the body may need to be released such as energy, air, or something in the afflicted individual needs to be put back into balance. The body may also be worked on by touch, gesticulations with or without objects. In addition, healing may be accomplished through, "...diagnostic or divinatory practices that establish the nature of the affliction in terms of its causes, consequences or

some other classification scheme: and the use of ritual and ceremonies incorporating words, music, costumes and other theatrical devices...” (p. 34), which may call on the participation of the sick individual alone, the healer only, and/or the involvement of those two individuals as well as community involvement (Kirmayer, 2004).

In the instance of illness whose cause has been determined to be internal as a result of a spirit assaulting or occupying the ill individual or a spirit having been offended including ancestors, then the healer achieves wellness through communication with the spirit or traveling to the spiritual realm to solicit help from spiritual friends, expelling the spirit, or propitiations by offerings to the spirit and/or God. Other illness may be viewed as injury to the body potentially affecting the mechanics (Kirmayer, 2004).

Traditional healing for AI/AN peoples per se is holistically grounded striving, “...to restore harmony and balance within the individual (quadra-parte being) and between the individual and his or her environment” (Moodley, et al, 2008, p. 154), including relationships with spirits, ancestors, social relationships, and relationships with the natural world. Traditional AI/AN healers differentiated themselves by their capability to converse and learn from their forebears and the various spirits through their rituals. Individuals seeking healing willingly accept and believe in the enigmatic healing process of the healers and the spirits by giving control to a traditional healer, contingent upon his/her ability to act as intercessors between the afflicted individual’s inner world and the spirit world (Moodley et al, 2008). In addition to focusing on the pain and suffering, traditional AI/AN healer focuses on, “...restoring emotional balance between the individual and his or her environment; the focus is not on the disease which the healing

experience may leave unaffected or unresolved...healing becomes a means of coping with disease, distress, disability, and recovery..." as opposed to the removal of symptoms (Moodley et.al., 2008, p. 157).

The healers interviewed for this study state that wellness is to be continually strived for by keeping the soul/spirit, mind, body and emotions connected relationally to each other. If an individual experiences a traumatic event or is not living accordingly then the spirit leaves that quadra-parte being. Well-being is attained by strengthening one's body and thoughts and recovering from traumatic experiences through prayer individually, with a pipe and/or via ritual and customs. In addition, to taking care of oneself or self-evaluation in the context of rituals or daily life, the individual continually assesses the bearing of life experiences on their being, including their behavior and feelings toward others and all being of creation whether in bodily or spiritual forms. The process of being well as described includes one's relationship with God or Taku Wakan.

The healers have given an instance of an individual returning from a zuya who had taken the life of another individual, which entailed a wiping ceremony for that returning individual's spirit and taking care of the spirit of the individual who had been killed in order to achieve well-being once again. They have also stated that a child who manifested inappropriate behaviors, copes inappropriately, and who feels depressed and/or suicidal is the result of the spirit wanting the individual to take care of their entire self, which will reunite the spirit together with the remaining three components of the self. They had also discussed how to attend to negative emotions by way of the rituals.

In addition to their role as intercessor, guardians of mythology and rituals, the

healers' personal allure and knowledge of herbal medicines are also components in the practice of traditional healing. Furthermore, they understand the mind, body, and spiritual conceptual framework in which their patients present and represent their illness and psychological distress, which is grounded in their cultural philosophy of well-being and illness (Moodley et al, 2008). The healing processes they utilize rely on guiding individuals to construct meaning through culturally based metaphors rooted in their cultural paradigm, including language, myth, folk knowledge, rituals, customs, song, dance, and stories.

Levi-Strauss (1967) and Dow (1986) in Kirmayer (2004) explain how the process associated with symbolic interpretation or symbolic representation transforms an individual's bodily experience or structure. Levi-Strauss in Kirmayer (2004) contends, "...that the transformations of healing involve a symbolic mapping of bodily experience onto a metaphoric space represented in myth and ritual" (p. 36). The structure of ritual and its accompanying connoted account moves the individual seeking healing to a representational space; movement to this space affects personal bodily thoughts and feelings, along with current situation within the community. Building on Levi-Strauss's explanation, Dow in Kirmayer (2004) alludes that symbols used in healing stimulate emotions because they map personal problems onto a collective mythological world.

Kirmayer (2004) states that current work done in the area of cognitive science has provided understanding of the role that conceptual metaphor has on human reasoning and the healing process. More specifically, metaphors that connect sensory, affective and conceptual components of experience allow humans, "...to construct a model of healing

transformations that can begin to explain how symbolic processes influence bodily experiences of pain, the pathophysiology of disease, and the emotionally charged meanings that give suffering its bite” (Kirmayer, 2004, p. 37).

Kirmayer (2004) continues to explain that metaphor theory places abstract interpretation of concepts within the progression of sensory-affective imagery and corporeal activity. “Abstract reasoning is built on a scaffolding based on basic bodily experiences through metaphorical projections from concrete to more abstract domains...Metaphorical concepts are interpreted as instructions for constructing and operating on an appropriate conceptual space.” (p. 37). Metaphors change and move individual perceptions and representations between the sensory, emotional, and abstract conceptual spaces (Kirmayer, 2004). Similarly, healing rituals create and change the illness experience through its context, symbols and symbolic action. Metaphorically, afflicted individuals ascribe a different meaning to their illness experience. “Elaborating implications of the metaphorical representation or the adoption of new metaphors yield new ways of thinking about and experiencing illness” (P. 37).

The table below developed by Kirmayer (2004) depicts the concept of metaphorical spaces arranged hierarchically beginning with the central nervous system on through to the larger societal environment including the spiritual world. Within that hierarchy, meaning is created corresponding to the array of symbolic ritualistic healing methods. “Each of these levels has its own metaphorical logic and dynamics corresponding to specific neuropsychological, interpersonal, social, political or ecological processes” (Kirmayer, 2004, p. 38).

Table 3. A Hierarchy of Healing Mechanisms

Mode of Healing	Level of Organization	Mediating Process
Care for environment Political, religious or spiritual Activism	Society & Environment ↕	Changing relationship to environment, political system & spiritual order
Communal and religious ritual Social network intervention	Community Meaning & Morale ↕	Creating & restoring order of community & collective identity
Family ritual or therapy	Family ↕	Change in structure or rules of of interaction
Insight-oriented (psychodynamic or existential psychotherapy) Cognitive-behavior therapy Shamanic incantations, Hypnotherapy	Left Hemisphere → Right Hemisphere ← Language Imagery ↕	Insight, cognitive restructuring, metaphoric transformation, dissociation Catharsis
Relationship (supportive) Psychotherapy	Limbic System Motivation & Emotion ↕	Attachment, bonding, soothing & social support

Touch, massage, sensory reduction, environmental manipulation	Brainstem Regulation of autonomic function, arousal & pain systems	Endogenous pain control mechanisms; habituating; conditioning
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Taken from Kirmayer, L. J. (2004). The cultural diversity of healing: meaning, metaphor and mechanism. *British Medical Bulletin*, 69, p. 39. Copyright 2004 by the Oxford University Press; British Medical Bulletin. Reprinted with permission. The diagram originated and was taken from Kirmayer, L. J. (2007). Psychotherapy and the cultural concept of the person. *Transcultural Psychiatry*, 44(2), p. 232-257. Copyright 2007 by the Division of Social and Transcultural Psychiatry, McGill University. Reprinted with permission.

The biological, psychological, and social order located within the level of organization (Table 4) necessitates its own language to describe the action occurring in relation to healing. The language of physiological psychology invokes the central nervous system, including the brainstem, limbic system and the two hemispheres of the brain, to explain the dynamics of healing activity, linked to specific processes. Each level is impacted by particular healing practices, activating specific processes.

...every therapeutic action or communication-whether drug, word, gesture, ritual, or relationship-has effects simultaneously on all of these levels. These effects may be synergic or opposing. Thus, the same action has multiple meanings based on its effects at different levels in this hierarchy. Even when a specific model or theory of healing privileges a specific mechanism, its potential efficacy can be re-described in terms of other processes. (Kirmayer, 2004, p. 42)

For instance, the intensity of arousal is altered by the effects of some healing act or mediator within the basic level of the brain structure. Through the stimuli from a healing intervention, such as some form of bodily contact, a placebo response or classical conditioning, an individual becomes more or less sensitive and active because those interventions, "...may work in part by manipulating endogenous control systems for arousal, autonomic function, and pain control" (Kirmayer, 2004, p. 38). The expectation from a placebo or an active analgesic medication activates the endogenous pain control arrangement through the utilization of endorphins. "This phenomenon of placebo analgesia operates equally when one receives a pharmacologically active medication and can account for some of the individual variability in response to analgesics"(Kirmayer,

2004, p. 38).

In the various Lakota rituals that the healers described, specifically the wiping after returning from a zuya journey, the purification ritual's life giving and cleansing steam was utilized that included the use of cultural artifacts and incense (sweat grass, sage). The sage, feather and incense were used together to touch the afflicted individual, cleansing him deep inside where his soul was said to be located. The healer instructed the soul with these words, could I wipe your spirit. The ritual contexts and acts reference that Lakota mythological representational space in the individual, socially, and cosmologically by way of the pipe, in the physical structure of the purification ritual, the feather, and inhalation of steam and incense.

For traditional Lakota people, healing occurs in a ritual space that is constructed specifically for each ritual along with the use of symbols such as the pipe. Those rituals and symbols represent the universe as apprehended through mythical stories that connect the various levels within the earthly realm to the cosmological realm. Space is manifested at various levels, similarly to Kirmayer's description of metaphorical spaces arranged hierarchically where at each level meaning is created, which corresponds to the various symbolic rituals to attain and maintain well-being. Each level, from the biological/psychological to the larger societal order, relies on corresponding metaphorical logic, actions, and undercurrents relative to healing (Kirmayer, 2004).

Those various levels of representational space are subtly referred to by the healers when they state that well-being is attained and maintained through prayerful awareness and introspection of one's quadra-partite being (inner psychological space) and honoring

the wakan nature in all of creation (in all of space) by abiding by the Lakota values to maintain healthy relationships (at the individual psychological level, socially, and with the spiritual realm), in prayer (individually and/or via ritual and customs), and by recovering from traumatic experiences (biological, social, and psychological). Space includes physical space of distance measured in time and psychological space where the individual apprehends, "...the sense of having a position, of being in a particular space, with the energetic contents of the psyche. At this deep level of emotional recognition of space, then, all humans have the same kind of perceptual experience" (Deloria & Bernstein, 2009, p. 85).

Jung, according to E. Harding in Deloria & Bernstein (2009) states that;
 The concept of the psyche as being a body of some kind corresponds to a universal feeling present in every human being, that in the psychological dimension he occupies a certain space and has a definite position. In addition, he feels himself to be possessed of a certain energy inherent in his psychic contents.
 (p. 85)

Thus the psyche could be apprehended as being in the universe or being at a specific point in the universe or both. Because of the ability of perceptual experience and the fundamental ideas of space, through dreams and rituals, Lakota people also acknowledge other places or spaces (Deloria & Bernstein, 2009).

For instance, in rituals and customs including the use of the pipe, the entire universe is symbolically constructed to represent Lakota cosmology and their being within that universe. Prayer with the pipe begins with invoking the power/energy and

characteristic of each of the beings in the cosmos located in the four directions, the zenith and the nadir. Those manifestations are recognized and invited through words and ritual movement with the pipe. As stated earlier, the pipe represents the universe. “The bowl of the pipe becomes the universe when this gesture is made. The space of the universe is acknowledged, its infinite nature admitted, and its powers gathered at a single precise point in order to participate in the ceremony” (Deloria & Bernstein, 2009, p. 85).

Similarly, the sweat lodge is constructed to represent the universe. The central hole, which symbolically represents the bowl of the pipe, is used to place the heated stones in a prescribed arrangement to again acknowledge and call upon the powers/energies or manifestation of God and to focus the universe onto a specific point. The pipe, sweat lodge, sun dance, yuwipi and other rituals, including the use of stones, become a ritual space where physical and spiritual reality are experienced and joined. Those ritual spaces and corresponding practices are “...boundless, relative, and flexible, and that is engaged with underlying energy and power....”, and, “Time, for the Sioux, was an equally flexible, relativistic thing that involved a multitude of experiences (Deloria & Bernstein, 2009, p. 88-89). For instance, in the context of sacred ritual space, although the spirits dwell in and are bound to their sacred time, sacred time encroaches human secular time for a larger purpose such as, “...the calling out to a human being by a spiritual voice from outside human chronology”(Deloria & Bernstein, 2009, p. 89).

The healers interviewed discussed the five methods to attain and maintain well-being; prayerful awareness, maintain healthy relationships, the consistent practice of prayer via ritual and traditions, recovery from the effects of traumatic experiences and

enacting the Lakota values to achieve an integrated sense of well-being. Those healing mechanisms correspond with Kirmayer's discussion of healing which involves both the physiological biomedical scheme and the symbolic components of attaining healing. Both processes, the bodily consequences of healing and the psychological consequences of rituals, along with various symbolic activities, work as one interrelated system resulting in bodily, psychological, and social healing. Central to the healing process is the cognitive ability to use metaphorical concepts along with a healing context and symbolic healing actions to link together "...sensory, affective and motivational levels of representation in ways that can help account for psychophysiological effects of symbolic interventions"(Kirmayer, 2004, p. 37).

The effectiveness of traditional healing practices is contingent on the "...grounding of symbolic in core values, well-learned and lived daily in local worlds that reflect a coherent and well-integrated social system"(Kirmayer, 2004, p.44). The healers spoke about living through ethical principles or the Lakota values to have an integrated sense of well-being, which consists of having *wolakota* or peace and harmony with all of creation, which possesses a spirit comprising the *wakan* nature, and having a relationship with *Taku Wakan* (God). Those values are further developed and they are relied upon in the context of rituals and traditions where self-evaluation occurs followed by the (re)establishment and maintenance of relationships. Traditional Lakota hold in high regard their relatives on earth and of the spiritual realm who they petition for aid, forgiveness, and/or thanksgiving including *Taku Wakan* and its various manifestations.

Globalization raises challenges to traditional healing systems, which are based

within a cultural way of life. Rapid enculturation and change in cultures affects the level of enculturation a child receives in his/her culture. “Thus, they may not have had the developmental experiences and tacit knowledge that give symbolic actions their specific meaning and associated efficacy and positive expectations”(Kirmayer, 2004, p. 45).

Furthermore, a traditional healer’s trustworthiness and ability to provide healing is determined by his/her community members, who control his/her practice and power.

Cultural change may erode this control:

When healing practices are divorced from the local communities or cultural systems in which they developed, the communal methods of regulating the authority and practice of the healer are replaced by the dynamics of the marketplace or by struggles for power among professional guilds. This raises unsolved problems of regulation and public safety. (Kirmayer, 2004, p. 45)

The effects of globalization and the marketplace have had an effect on traditional healing for Lakota people. Deloria in Deloria & Bernstein (2009) evaluated the efforts to revive tribal religious affairs, which he calls an area of disaster. Indian people are irritated about the wholesale appropriation of their symbols, beliefs, and rituals.

Advertisements declare the marvelous host of personalities of New Age non-Indian and Indian medicine men who travel a circuit hosting events and so forth. Many Christian denominations are giving a facelift to their doctrines and various programs to be compatible with Indian religious concepts and “...after five hundreds of years of persecution and neglect, they are now identifying Indian saints and beloved of the faith...” (Deloria, 1992, p. 35). Indian people must decide if including a pipe and sweat

lodge, "...to organizational banquets and annual meetings necessarily blesses the programs and policies of the participating groups" (Deloria, 1992, p. 35).

Furthermore, as stated earlier in this paper, early attempts to convert AI/AN peoples to Christianity through legislation enacted by various religious denominations, as well as the effects of resocialization, globalization and the market place, have impacted the trajectory of traditional belief systems that existed prior to those events. That history and the influence of other cultural groups have splintered the traditional religious and cultural unity specific to each AI/AN cultural group. For instance, in the past century, the peyote cult or Native American Church was established which is an integration of Christian theology and specific tribal customs and beliefs along with the utilization of peyote (Underhill, 1957; Wax & Wax, 1978).

What is seen today is an, "...effort to put new wine back into old bottles and that is simply not possible", and a difference can be said today that, "...real traditional Indians practice, they don't preach, all others preach and don't practice" (Deloria, 1992, p. 38). When Indian individuals conduct ceremonies for non-Indians, rather than remaining in their own community performing the rituals, then, "...we can simply conclude that they have become non-Indian as far as their basic loyalties are concerned. So be it" (Deloria, 1992, p. 38). Due respect must be shown to the ceremonies and religious traditions, "...and allow them to take us forward into the future. That is all the old ways ever promised they would do" (Deloria, 1992, p. 39).

Aristotle and Positive Psychology.

As stated earlier in the literature review section, positive psychology is rooted in

the Aristotelian tradition with emphasis on positive experiences, virtues or character. The goal of positive psychology is to understand and conceptualize the actualization of human potential which develops positive virtues or character traits. Thus good character becomes the primary concept (Jorgensen & Nafstad, 2004). The framework of positive psychology consist of taking Aristotle's conceptualization of happiness and dividing it into three components: the pleasant life, the engaged life and the meaningful life (Duckworth, Steen & Seligman 2005; Seligman, 2008). Likewise, those three components are rooted in the three types of life that Aristotle states are the only candidates to yield health, flourishing, or happiness (Simpson, 1992).

Aristotle's book *Nicomachean Ethics* gives the underpinnings for positive psychology including its three prong framework of happiness. Aristotle, in Korsgaard (1986), defines happiness as "...an activity of soul which follows or implies a rational principle, an accordance with excellence" or virtue (p. 489). Later in his book, he examines and assesses that definition of happiness or goodness in relations to the three types of life that he deemed as the only candidates for happiness or flourishing (life of enjoyment or indulgence, political life, and life of contemplation or philosophy) based on the following criteria that he thought must be met of any explanation of happiness or goodness. The criteria he had set forth are as follows; "The good must be self-sufficient and final (1.7), it must consist in activity (1.5), and it must be pleasant (1.8)" (Korsgaard, 1986, p. 489). He concludes that, "...the contemplative life is judged happiest, mainly on the grounds that contemplation is the only activity that is loved for itself alone (10.7)" (Korsgaard, 1986, p. 489).

The contemplative life or according to positive psychology, the engaged life, is in general, "...an activity that consist in understanding. We have understanding of something when we have grasped its essence-its nature, function, characteristic activity, and final purpose-and see how its other universal properties arise from its essence" (Korsgaard, 1986, p. 489). The contemplative life is not inquiry, research, or the life of a student but rather the distinct activity of, "...the life of the philosopher or student of nature" (Korsgaard, 1986, p. 489). He states that contemplating God or the ultimate purpose of the world and heavens are the greatest objects to contemplate. The remaining two types of life which he thought to be happy are the life of enjoyment and the political life or as designated by positive psychology, the pleasant life and the meaningful life.

In other words, from a rationalist explanation of the good, the three categories are; means, conditional ends, and unconditional ends, which correspond to Aristotle's classification that he used to evaluate the three kinds of life; means, ends plus means, ends only. The category of means consist of his life of enjoyment (the pleasant life) which is life lived focused on common pleasures or hedonism; the life occupied by the search for pleasure. The political life (the meaningful life) comprises of conditional ends or ends plus means which, "...for Aristotle, are ends valued for their own sake, given that we are human beings living in human conditions-among friends, in the city, with nature both animal and rational to cope with. They 'befit our human estate'" (Korsgaard, 1986, p. 492). The life of contemplation (the engaged life) according to Aristotle consist of conditional ends or ends plus means but it is an end in a particular sense. According to Korsgaard, Aristotle contends that the life of contemplation "...is unconditionally good

and serves as a source of value for these other ends” (Korsgaard, 1986, p. 490). The unconditional end or ends only, “...is what makes it worth it to be a human being and to live in human conditions” or “...whatever is to play the role of happiness must be something that makes human life worthy of choice” (Korsgaard, 1986, p. 492). Hence, for positive psychology, the engaged life was rooted in eudaimonia which is happiness that arises from good works (Kashdan, Biswas-Diener & King, 2008).

Aristotle outlines the method for proper behavior to ‘live well’ and equates that result with being happy. His philosophy is about human beings flourishing or eudaimonia; “...excellent activity of soul; for that the virtues he goes on to list are the excellences is taken as manifest” (Simpson 1992, p. 512). He prescribes the manner to obtain virtue, which in each virtue is a mean between an extreme vice. He mentions through nature, habit and teaching one becomes good. Furthermore, passion/desire is to be subordinate to reason, which are two aspects of the three-part soul (Simpson, 1992).

Positive psychology attempts to revitalize the positive basis of human nature through developing the central idea of good character with an emphasis on positive subjective experiences, traits, and civic virtues (Jorgensen & Nafstad, 2004). Consequently, the basic assumptions of positive psychology are the following: there is a human nature; actions arise from character; and character consists of bad character and good or virtuous character, both equally essential (Seligman, 2002, p. 125).

Similar to the Greeks, the subfield positive psychology and the traditional Lakota relied on parallel principals to Aristotle’s ethical system-namely that self-realization leads to having a virtuous character, proper feeling, and relating appropriately to other. Ryff’s

well-being constructs and the Lakota natural laws or values attempt to embody the manner of a contemplative life that is good and happy. Although they are conditional ends rather than unconditional ends, if those Lakota values and Ryff's components of well-being are chosen then it will indicate a conditional end and also a means. Korsgaard states, "But this 'also' is not merely conjunctive; rather, its being a 'means' or constituent of a worthwhile life will be what makes it possible to choose it as an end. The fact that something plays a certain instrumental or constitutive role in human life makes it worthy of choice" (1986, p. 492). The choice to live a life by conditional ends could then become a reason to choose life with its human condition or the unconditional end.

Well-being; Ryff's Six Psychological Constructs and the Seven Lakota Values.

Positive psychology and Ryff have taken Aristotle's notion of eudaimonia to conceptualize a neo-Aristotelian view of eudaimonia or what it means to have a flourishing happy life. Similarly, the traditional healers (*wicasa wakan*) or men who understand the *Wakan* through having been endowed with the command of the Lakota language and of its' spiritual and natural laws/values, ceremonies, and customs have imparted a portion of their uncanny wisdom in relations to the question of what well-being means and how it is attained and maintained. For traditional Lakota's, well-being (*wicozani*) is a psychological state of being at peace and harmony (*wolakota*) with oneself and with all of creation (*mitakuye oyasin*); the good happy life.

Essentially, Ryff's or the Western view of well-being and the Lakota view of well-being is denoted and developed through each of their distinguished cultural apparatus. The western view of well-being is the degree of the enactment of the

psychological constructs developed by Ryff (self-acceptance, positive relations with other people, autonomy, environmental mastery, purpose in life, and personal growth) in proportion to the relationship with the self and others. Those constructs had been derived from Western concepts of wellness, mental health, and life span theories of personal growth as explicated by a Western psychologists (Ryff, 1989a). Similarly, traditional Lakota view well-being as the degree of the enactment of the seven values (generosity, compassion, honor and respect, fortitude, humility, courage and bravery, and wisdom) in proportion to the relationship with the self, others, and God. Those Lakota values and Western psychological constructs are the bases of eudaimonia; well-being, harmony, flourishing, and happiness.

Implications & Recommendations

1). Further research regarding diverse ethnoracial populations is needed, particularly those with different epistemologies.

Kirmayer (2012) states that distinct cultures are endowed with their own frameworks of interpretation, conception of authority, criterion of truth and what constituents evidence. AI/AN indigenous people have individual subjective experiences and at the same time each honors and depends on their particular origins of authority and epistemology or ways of knowing. They have a shared identity that they belong to along with distinct values based on their epistemic cultural worldview. For many, that knowledge is perceived as sacred, traditional and attached to local ecological knowledge and particular theories of being (ontology). Their worldview may differ in some aspects from the worldview from which Western psychology has developed including

classification of problems and solutions. Therefore, AI/AN indigenous patients bring a particular cultural worldview including what questions they deem important, meaningful, and what constitutes evidence-based answers (Kirmayer 2012). Their systems of healing include “...expressions of traditional forms of spirituality, social organization and worldview. Traditional systems of healing were grounded in a specific cultural ontology of spirits, animal powers, or non-human persons animating the world and served to demonstrate the reality of these powers through healing efficacy” (Kirmayer, 2012, p. 253).

He further states that profound epistemological problems surface when evaluating the cross-cultural validity of the evidence about whether established treatments are effective for diverse populations. He states,

Psychopathological theories (as enshrined in official nosologies) are based on limited samples of the population and measured against cultural norms and values that may vary across groups. Mis-identifying a problem by applying a category that does not fit well across cultures, may lead to spurious findings of treatment ineffectiveness because heterogeneous problems are being addressed. Measuring outcomes in ways that are not calibrated to social and cultural norms and that do not canvas culturally central concerns can also give an inaccurate picture of treatment effectiveness. Standardized interventions may have less efficacy than they would if culturally framed and adapted. (Kirmayer, 2012, p. 251)

Therefore, further research regarding diverse ethnracial populations is needed. Those populations may have differing epistemologies which will entail unique theories

about what it means to be psychologically well, based on their cultural norms and values. Thus treatment and treatment outcomes will be based on those particular social and cultural norms.

2). Improve and expand current research, particularly evidence-based treatment efficacy that includes epistemic culturally specific psychological frameworks.

Kirmayer (2012) states that current evidence-based standard practices are based on data from the mainstream population and as such they may not be relevant for specific cultural minority groups and, “As well, research evidence about intervention outcomes tends to focus on individual symptoms and behaviors and may not reflect culturally relevant outcomes”(p. 249). Some of those limitations could be attended to by improving and expanding the current methods of producing evidence (Kirmayer, 2012).

Currently, cultural diversity research is not representative of the diverse population of the U.S. and “Both basic and clinical psychological research is heavily weighted toward studies of Western, middle class, educated young people and drastically under-represents the ethno-cultural groups...” (Kirmayer, 2012, p. 251), which again results in uncertainty over whether treatments are useful for particular populations.

3). More ethnographic research including other academic disciplines is needed to understand cultural conceptualization and processes of psychological illness and wellness.

Ethnographic research from the various academic disciplines would be particularly useful to address epistemological problems in regard to formulation of psychological theories and the establishment or modification of valid treatments.

Because, “There is good evidence that culture, language, ethnicity and religion influence the causes, manifestations, and course of mental disorders, including symptomatology and illness experience, attributions and explanations for distress, help-seeking and coping, treatment adherence and response”(Gone & Kirmayer, 2010 in Kirmayer 2012, p. 251), further ethnographic/anthropological research of diverse populations including AI/AN population is recommended.

Supporters of evidence-based practices regard ethnographic/anthropological research as anecdotal, which only contribute hypotheses for future methodological research studies. However, those types of studies may provide much information about how cultural competency impinges on clinical outcomes (Kirmayer, 2012). Cultural competence is, “...the capacity of practitioners and health services to respond appropriately and effectively to patients’ cultural backgrounds, identities and concerns”, which “...has been proposed as a strategy to respond to this diversity and reduce mental health disparities(Brach & Fraser, 2000 in Kirmayer, 2012 p. 251).

4). Adaptation of traditional psychotherapy to the cultural worldviews of racial/ethnic minorities to improve therapeutic efficacy.

All cultures utilize therapeutic healing such as psychotherapy, which is generated from and meant for healing in a particular cultural milieu. It is grounded in a cultural context, “...a frame of reference that provides perspective for understanding humans’ ways of being, behavior, thought, emotion, and interrelatedness-and must be congruent with clients’ cultural beliefs to be effective” (Benish, Quintana, Wampold, 2011, p. 279). Established psychotherapy is rooted in the dominant North American and Western

European cultural groups and as such it remains culturally encapsulated. Adaption of traditional psychotherapy to the cultural worldviews of racial/ethnic minorities has been proposed to improve therapeutic efficacy. Bernal, Jimenex-Chafey, & Rodriquex (2009) in Benish, Quintana, & Wampold state that "...cultural adaptation to psychotherapy has been defined as a systematic modification of intervention protocols through which consideration of cultural and context modifies treatment in accordance with clients' values, contexts, and worldviews" (2011, p. 279). The reason to create and apply culturally modified psychotherapy is to generate better results for racial/ethnic cultural groups than they would experience in traditional psychotherapy.

Benish, Quintana & Wampold (2011) performed a multilevel-model direct-comparison meta-analysis confirming that culturally adapted psychotherapy or psychosocial treatment was more efficacious compared to bona fide unadapted psychotherapy. A total of 59 published and unpublished studies were selected, excluding prevention studies, and analyzed.

The direct-comparison analysis of conventional unadapted (bona fide) psychotherapy against culturally adapted psychotherapy found that "The aggregated effect size favoring culturally adapted psychotherapy over unadapted psychotherapy was statistically significant ($p = .04$) at $d = 0.32$ for primary measures (measures of the targeted disorder or complaint such as measures of depression for a study of depressed subject)" (Benish, Quintana & Wampold, 2011, p. 285). The second analysis tested all the studies that met their inclusion criteria that compared culturally adapted psychotherapy to any type of heterogeneous control condition. "The aggregated effect

size difference favoring culturally adapted psychotherapy was statically significant ($p < .05$) at $d = 0.41$ for primary measures..." (Benish, Quintana & Wampold, 2011, p. 285). "The results provide evidence that culturally adapted psychotherapy produces superior outcomes for ethnic and racial minority clients over conventional psychotherapy by $d = 0.32$ " (Benish, Quintana & Wampold, 2011, p. 285) for primary measures of psychological functioning. "Given the robust evidence of the large effect size of psychotherapy versus no treatment, around 0.80 (Wampold, 2001), the 0.32 difference is substantial" (Benish, Quintana & Wampold, 2011, p. 286).

The studies had also been coded to determine if an explanatory myth had been adapted. Terms from the Barts Explanatory Model Inventory (BEMI: Bhui et al., 2006; Rudell et al., 2009), were used to determine if an explanatory myth had been adapted.

Specifically, a cultural adaption was coded positive as myth adaption if adapting (a) inferences about the types of symptoms experienced (somatic, mental, or behavioral), (b) assumptions of the etiology of the illness (psychosocial, supernatural, behavioral, natural, physical), (c) estimation of the time line or course of illness (acute, chronic, episodic), (d) client postulation about consequences resulting from the illness (self, social relationships, economic standing, physical, behavioral), and/or (e) subsequent expectations about what types of treatment would be appropriate. (Benish, Quintana & Wampold, 2011, p. 283)

Ten studies were determined to have adapted the illness myth.

To determine variability beyond sampling error, nine hypothesized moderator

variables were independently analyzed within a hierarchical linear model to determine their impact on culturally adapted psychotherapy outcomes. The moderators were additional treatment services, age, language match for all, language match upon request, matched race/ethnicity, myth adaptation, severity of disorder, treatment modality, and volunteer status. In the hierarchical linear model "...none of the variables above contributed significant effect as moderators to the outcomes" (Benish, Quintana & Wampold, 2011, p. 285). However, "The conditional model with myth adaptation as a Level 2 predictor revealed that adaptation of the myth was significant ($p = .04$), with a coefficient of 0.21." (Benish, Quintana & Wampold, 2011, p. 285). When myth adaptation was included in the model, "...the residual between-study variability was nonsignificant, indicating that the differences in outcomes were explained by myth adaptation" (Benish, Quintana & Wampold, 2011, p. 285). Cultural adaptations of illness myth solely moderated the outcome difference favoring culturally adapted treatment.

For AI/AN indigenous communities, healing includes understanding their distinct metaphors used to transform experiences. Thus, as stated by Kirmayer (2012), language is important because of its rhetorical power to induce change in thought, emotion and action. Interpreting the meaning in narratives including myth necessitates the use of language which is sensitive to context, specifically the reliance on the influence of tropes (i.e., figure of speech); metonymy (i.e., words used to refer to something by using words closely related to it), metaphor, allusion, synecdoche (i.e., figure of speech using part of a word to refer to whole), implicature (i.e., without saying directly that something is true), etc. (Bruner, 1990). Metaphors link, "...bodily-grounded experiences and cultural

shaped narratives that define mythic worlds or spaces. By mapping bodily experience onto a mythic representation and moving metaphorically within the myth-space, healing rhetoric can effect changes in the individuals' illness experience and self-representation" (Kirmayer, 2012, p. 253). Thus, the efficacy of healing may be heightened through the use of the various AI/AN healing practices, effective use of their languages, and reliance on their mythical narratives. "This approach to understand the efficacy of healing through the cognitive-social processes of metaphor can make sense of a wide variety of practices" (Kirmayer, 2012, p. 253).

Thoughtfulness is required when using the term metaphor because for AI/AN indigenous people, "The healing spirits, energies or medicines are not 'just' metaphors- they are real, active agents, and fundamental constituents of reality with their own agency" (Kirmayer, 2012, p. 253). Rather than metaphors, those healing spirits, energies, and medicine are regarded as beings with a role in the healing process rather than representations of a metaphorical reality. "It is possible to hold that the myths and medicines are stories and metaphors-but they are sacred stories and so must be treated with all of the respect and protocol one accords other sacred presences" (Kirmayer, 2012, p. 254).

5). Reconceptualization of the concept of culture is recommended to reflect the emergence of cross cultural identities rather than classifying the various identities of diverse population into a single ethnoracial identity.

In that regard, Kirmayer (2012) states that culture is combined with ethnoracial identity in a large amount of clinical and epidemiological research resulting in cultural

competence training and practice taking literature that disregards, "...the ways in which ethnoracial categories are themselves culturally constructed and contested" (Kirmayer, 2012, p. 251). Racial/ethnic individuals have various experiences with other cultures and create new cross-cultural identities. "Properly applied, the concept of culture would address the unique social contexts of knowledge and power at the levels of individuals, families, communities and larger social systems that give meaning and consequence to illness experience for every patient and practitioner" (Kirmayer, 2012, p. 251).

6). Consideration of AI/AN identities in the context of the therapeutic counseling relationship.

Psychological intervention including cultural myth adaption in the context of therapy requires assessing the level of acculturation of AI clients and the consideration of the client's culturally-tribally specific worldview. There are over 500 federally recognized tribes scattered throughout the U.S. who speak more than 200 tribal languages, making it difficult to generalize across tribal groups. In addition, where the individual resides, whether on a reservation or in an urban setting, and/or ties to their specific ecological landscape will need to be considered when incorporating cultural views on wellness and healing in the conventional therapy process.

Loye and Robert Ryan (1982) modified the notion developed by Spindler & Spindler (1958) pertaining to the degree of AI acculturation. Their modified scheme consists of the following,

1. Traditional – These individuals generally speak and think in their native language and know little English. They observe "old-time" traditions and

values.

2. Transitional – These individuals generally speak both English and the Native language in the home. They question basic traditionalism and religion, yet cannot fully accept dominant culture and values.
3. Marginal – These people may be defensively Indian, but are unable either to live the cultural heritage of their tribal group or to identify with the dominant society. This group tends to have the most difficulty in coping with social problems due to their ethnicity.
4. Assimilated – Within this group are the people who, for the most part, have been accepted by the dominant society. They generally have embraced dominant culture and values.
5. Bicultural – (referred to in Ryan and Ryan, 1982, as transcendental) – Within this group are those who are, for the most part, accepted by the dominant society. Yet they also know and accept their tribal traditions and culture. They can thus move in either direction, from traditional society to dominant society, with ease. (pp. 6-7) (LaFromboise, Trimble & Mohatt, 1990, p. 638)

7). More research is recommended to evaluate the use and effectiveness of the cultural formulation outline in the DSM-IV

Kirmayer (2012) states that because some individuals have multiple ethnocultural identities, which may be unconsciously hidden in their everyday habits and practiced within particular social contexts and dependent on the regular routine interaction with family and groups, “Culture, therefore, must be viewed as fluid, situated and negotiable

intersubjective systems of meaning and practice relevant to specific social contexts” (Kirmayer, 2012, p. 252). Cultural competence and cultural adaptation of psychological interventions involves consideration of the racial/ethnic identity of the individual who may navigate and function across or within distinct racial and ethnic cultural worlds. In that regard, the cultural formulation in the DSM-IV provides a method to aid the clinician to place the illness experience in context. “Unfortunately, little empirical work has been done to evaluate the impact of the use of the outline for the cultural formulation in clinical settings” (Kirmayer, 2012, p. 252). Thus more research is needed to evaluate the use and effectiveness of the cultural formulation outline in the DSM-IV.

Limitation of the Study

Although I have attempted to address the issue of validity of the results for this study in chapter 4, the results need to be considered in view of the following limitations. The generalizability of the results to the larger Lakota population and general population may be difficult. I have utilized purposive sampling of elder traditional healers who rely solely on the Lakota language to convey their understanding of what wellness is and how it is attained and maintained. I purposely selected this approach because the Lakota language and the traditional Lakota philosophy it conveys is moving quickly to extinction, yet it remains as a vital source of healing and well-being for many Lakota people. If younger non-speaking Lakota healers or younger Lakota speaker healers were interviewed then, because their personal history, experiences and practices are different from my sample, they may conceptualize and practice traditional Lakota healing differently.

Another limitation is that I utilized my father as a resource person to view the accuracy of my translations. Using one or two more individuals to review the accuracy of my translation from Lakota to English would reinforce the accurateness of the translations. However, as I stated before, the Lakota language is bound to a context, socialization, and subject to semantic change in meaning over time; traditionally epistemic vs. contemporary traditional epistemic. I had also chosen not to employ the use of auditors to check the accuracy and consistency of the themes developed. In general, qualitative research has been criticized as being a collection of anecdotal personal impressions that are subject to researcher bias and lacking reproducibility (Mays & Pope, 1995).

Conclusion

As attested by the research reviewed in Chapter 2, the lack of harmony-well-being or lack of success in AI/AN counseling strategies could be improved by more research to discern how AI/AN conceptualize and process cultural determinants of psychological illness and wellness and by incorporating aspects of the traditional Lakota path to well-being. Well-being for AI/AN could be strengthened by providing a cultural context for healing programs and research that incorporates and emphasizes the importance of language, mythology, and ritual. Those components of a culturally specific context mediate the self-identification of the path to healing/well-being. The healers have identified well-being as the result of living in context with cultural laws, family, and the tribe. The application of positive psychology's principles into a culturally appropriate counseling paradigm will improve results.

Clearly, much more theoretical research in diverse fields, including cultural anthropology, linguistics, internal medicine, and clinical and counseling psychology will be required to gain an accurate picture for the way contemporary Western mental health research can be most effectively applied to AI/AN populations that have preserved traditional cultural frameworks. The conversation must begin somewhere, and I believe that this study along with the review of past research and the additional analysis from future research will show how well-being fits in a specific AI/AN world view that will allow us to move the conversation forward with the intent of creating better, more-effective frameworks for treating the mental health challenges experienced by AI/AN peoples.

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Appendix A
Walker's Manifestation of God Known to the Wicasa Wakan

The One God, the Great Mysterious					
	The benevolent Gods				Malevolent Gods
	The gods		The gods kindred		
	Superior gods	Associate gods	Subordinate Gods	Gods-like	
The Chief God	The sun, the chief of the gods	The moon, an associate of the sun	The buffalo	The spirit nagi	Nagilapi containing noxious things
The Great Spirit	The sky, the great spirit	The wind, the associate of sky	The bear	Niya the ghost	Iktomi, Waziya, Wakanka, Anog Ite, (Nagilapi Noxious things)
The Creator God	The earth, the all mother	Feminine (wohpe) the associate of earth	The four winds	Nagila, the spirit-like	Other sicun-dissociated spirits that wander over the world
The	The rock,	The winged	The	Sicun the	Iya, Gnaski,

Executive	the all father	the associate of the rock (Thunder Being)	whirlwind	imparted supernatural potency	Unktehi, Mini Watu, Can Oti, Ungla, Gica (dissociated spirits)
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Taken from *The Sun Dance and Other Ceremonies of the Oglala Division of the Teton Dakota*, Walker, J. R., pp. 79-91, 1917.

Appendix B

INFORMATION SHEET FOR RESEARCH

Lakota Concept of Well-Being

You are invited to be in a research study of traditional Lakota concepts of well-being.

You were selected as a possible participant because of the role and recognition you have in the community as a traditional Lakota healer who speaks Lakota and who imparts traditional cultural knowledge based on the language. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Lyle J. Noisy Hawk, a doctoral student at the University of Minnesota-Twin Cities in the Counseling and Student Personnel Program.

Procedures:

If you agree to be in this study, I would ask you to do the following things. Be interviewed for 90 minutes to 2 hours that will be videotaped followed by another interview that will be half hour to 2 hours in length at a later date. The interviews will be conducted in either English or Lakota or both, which will be determined by you, the interviewee. I will translate any text from Lakota to English and will utilize Lyle M. Noisy Hawk, Sr. to check the accuracy of the translation. Then, you will also be sent a set of transcripts of the interviews in English and Lakota that you will review for accuracy.

Confidentiality:

The records of this study will not be kept private. In any sort of future publication I might publish, I may include your name with any information that you have provided through direct quotations or paraphrases. I will use the videotaped recordings for the

completion of my doctoral dissertation and will obtain your written consent if I use the videotaped recordings for other purposes.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota-Twin Cities. If you decide to participate, you are free to not answer any questions or withdraw at any time without affecting those relationships.

Contacts and Questions:

The researcher conducting this study is Lyle J. Noisy Hawk. You may ask any questions you have now. If you have questions later, you are encouraged to contact him at (480) 772-7610 or noisy001@umn.edu. You may also contact the academic advisor Dr. Sherri Turner, 612-624-1381 or email turne047@umn.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the Research Subjects' Advocate Line, D528 Mayo, 420 Delaware St. Southeast, Minneapolis, Minnesota 55455; (612) 625-1650.

You will be given a copy of this information to keep for your records.

Statement of Consent:

I have read and have been provided information about the research above. I consent to participate in the study.

Signature: _____

Date:

Print Name: _____

Signature of Investigator: _____

Date:

Print Name: _____

Appendix C

Interview Guide

I will inform the respondents about my research purpose followed by giving them time to read the informed consent. I will go over the informed consent verbally and ask if there are any questions. Next, I will remind the respondents that the first interview will be 90 minutes in length and I will interview them again about themes that have been established through their interview. I will also let them know that I will contact them periodically to give them their transcription of the interview in Lakota and English for their review to check for accuracy. I will negotiate with them until their meaning is established of their concept of well-being emphasizing to them that it is their voices that I will utilize to talk about the concept of well-being.

1. What does well-being mean?
2. How is well-being attained?
3. How is well-being maintained?