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Perspective of Traditional Elders on the Turtle Mountain Indian Reservation

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**PERSPECTIVE OF TRADITIONAL ELDERS
ON THE TURTLE MOUNTAIN INDIAN RESERVATION**

by

**Serena Marsden-Koop
Bachelor of Arts, University of Winnipeg, 1997**

A Thesis

Submitted to the Graduate Faculty

of the

University of North Dakota

in partial fulfillment of the requirements

for the degree of

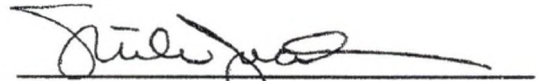
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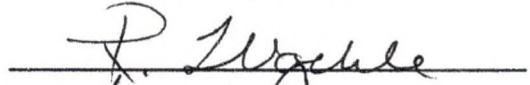
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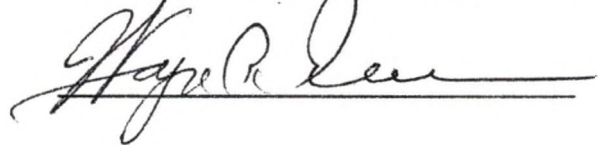
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This thesis, submitted by Serena Marsden-Koop in partial fulfillment of the requirements for the Degree of Master of Social Work from the University of North Dakota, has been read by the Faculty Advisory Committee under whom the work has been done and is hereby approved.



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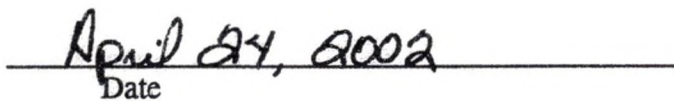




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TABLE OF CONTENTS

LIST OF TABLES	vii
ACKNOWLEDGMENTS	viii
ABSTRACT	x
CHAPTER	
I. INTRODUCTION	1
Purpose of the Research	2
Research Implications	2
CHAPTER	
II. LITERATURE REVIEW	4
Definition of Suicide	4
Statistics	5
Gender and Acts of Suicide	6
Census Data	7
Causes of Suicide	7
Bi-Cultural Strain	8
Traditional Teachings	8
Acculturation	9
Drugs and Alcohol	12

Gambling	13
Religion	16
Family	18
Conclusion	22

CHAPTER

III. METHODOLOGY	24
Setting	24
Researcher	25
Research Design	26
Respondents	26
Demographics	27
Religion	29
Tribal Permission Requirements	30
UND Institutional Review Board Process (IRB)	31
Aberdeen Area Institutional Review Board Process (AAIRB)	31
The Survey Instrument	32
Data Analysis	32

CHAPTER

IV. FINDINGS	34
Bi-Cultural Strain	35
Acculturation	36
Addictions	37

Drugs and Alcohol	37
Gambling	38
Lack of Religion	39
Lack of Family Unity	39
Abuses	40
Family Separation	41
Children Taking Care of Children	41
Summary of Causes of Suicide	42
Suicide Prevention	43
Traditional Teachings	43
Religion	44
Family Communication	45
Prevention and Acknowledged Themes	45
Conclusion	47
 CHAPTER	
V. DISCUSSION	49
Summary	49
Limitations of the Research	56
Implications for Further Research	56
Implications for Social Work	57
APPENDICES	62
REFERENCES	69

LIST OF TABLES

Table		Page
1.	Participants Responses for Causes of Suicide	34
2.	Participants Responses for Prevention of Suicide	43

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ABSTRACT

This thesis presents a study of Native American traditional elders perspective of suicide on the Turtle Mountain Indian Reservation in North Dakota. Native American elders are viewed as spiritual leaders who have wisdom and knowledge. They are the ones people in the tribe turn to for guidance, healing, and information. This study looked at suicide causes and prevention focusing on a Native American Indian population. The data was gathered using an open-ended questionnaire. The study shows the themes that emerged based on the traditional elders responses. The themes were based on the number of responses to the questionnaire sections. The primary themes for causes of suicide were Bi-Cultural Strain, Addictions, Lack of Religion, and Lack of Family Unity. The primary themes for suicidal prevention were Traditional Teachings, Religion, and Family Communication. The findings generate a better understanding of the suicidal issues that traditional elders feel are affecting younger generations and how to alleviate these causes. This information can be beneficial to all Indian and non-Indian people.

CHAPTER I

INTRODUCTION

The rates of suicide on Indian reservations are alarming. The age group with the highest rates of suicide is young adults between the ages of 15-24 (Borowsky, Resnick, Ireland, & Blum, 1999). Depending on what literature one reads, these numbers can vary. There are too many young Native American Indian people taking their own lives when they have not had a chance to live. Unfortunately, the social conditions that many Indian people live with in their own tribes have been a struggle for decades. The social conditions addressed in this research are some of the reasons why young Native American Indian people are attempting or completing suicide.

The literature review provides some disturbing but factual information on what is happening to Indian people residing on reservations. Native American Indians are dealing with issues such as bi-cultural strain, addictions, religion, and lack of family unity.

This research provides not only literature to support that these issues are affecting Native American Indian people but testimony from Native American Indian traditional elders. The methodology section provides detailed quotations from tribal elders and their experiences living on the Turtle Mountain Band of Chippewa Indian reservation in North Dakota.

Purpose of the Research

The purpose of this study is to provide information on suicide and what Native American Indian traditional elders expressed about it. This information can set a foundation for further research on the issue of suicide and the Native American Indian population.

Some Indian reservations are fortunate enough to have intervention programs and the resources to assist them with the issue of suicide. Other reservations are in such remote and isolated areas that these resources are limited. Therefore, understanding the causes and preventions of suicide is crucial for all tribes.

There has also been a lack of research in the area of suicide and what the traditional elders have to say about this topic. Traditional elders are the ones who carry the history of Native American Indian culture and teach the younger generations about spirituality and Native American Indian language. Traditional elders work on maintaining balance in people's lives whether they are Indian or non-Indian. They practice the four medicines of tobacco, sage, cedar, and sweetgrass. It is unfortunate that their views are not incorporated into more research on suicide.

Research Implications

The finding of this research paper will assist in educating Indian and non-Indian people on the issues of suicide. For any professional field, it is important for all professionals to have an understanding of various cultures. This information can assist professionals on how to serve their Native American Indian client population better whether they are working in rural or urban areas.

This research will demonstrate that there is a need for training on suicidology and how to combat the large numbers of suicide, especially with the young adult's population. In Turtle Mountain, schools, tribal college, hospital, or mental health professionals can provide this training. The training on suicidology warning signs or risk factors would provide information to prevent future opportunities.

Suicide prevention can be an issue for Indian and non-Indian people. Too many young Native American people are attempting suicide or taking their own lives. One of the main resources that tribes have is their traditional elders. Traditional elders may not be experts in suicide prevention, but they are a start. Until tribal communities have the resources to prevent suicide on Indian reservations, they can utilize their tribal elders and avoid future suicide attempts.

In this thesis, I will provide a structure of the research that I have completed on the issue of suicide. The focal point of this research came from the traditional elders on the Turtle Mountain Indian reservation. This thesis includes an Introduction, a Literature Review, Methodology, Findings, a Discussion, Appendices, and References.

CHAPTER II

LITERATURE REVIEW

This review provides information on various aspects of suicide causes and prevention focusing on the Native American population. The literature reviewed for this research was found in books, journals, electronic journals, and the World Wide Web. This literature review was organized into fourteen sections: Definition of Suicide, Statistics, Gender and Acts of Suicide, Census Data, Causes of Suicide, Bi-Cultural Strains, Traditional Teachings, Acculturation, Addictions, Drugs and Alcohol, Gambling, Religion, Family, and Conclusion.

Definition of Suicide

Webster's definition of suicide is an act of a person who intentionally takes his/her own life, or attempts to do so (The New Lexicon-Webster's Encyclopedic Dictionary, 1988). Emile Durkheim's definition of suicide is the ultimate act of defiance (LaFromboise & Bigfoot, 1988; Bachman, 1992). Alec Roy (1990) uses another Durkheim's definition of suicide that states:

We may then say conclusively: The term "suicide" is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself which he knows will produce this result. An attempt is an act thus defined but falling short of actual death.

In regards to Native American Indian suicide, Theresa D. LaFromboise and Delores S. Bigfoot (1988) provides a more explicit definition of suicide:

It reflects the hopelessness of trapped and imprisoned souls. It is an unwillingness to continue suffering. It is the burlesque of life and the mockery of death. According to many American Indians, whose lives have been affected by the governmental goal of assimilating them into the general ethos of American life, suicide could be construed as the ultimate act of freedom. It is an act that defies governmental control and challenges the dominant society to face up to its irresponsibility in meeting treaty agreements for health, education and welfare.

The definition of suicide is vague and broad. These two definition of suicide provide both a technical and emotional, expressive meaning. To obtain a clearer illustration of the ramifications of suicide we can look at the statistics.

Statistics

Officially, there are almost 30,000 suicides in the United States each year. Some estimate that the actual incidence of suicide in America is closer to 100,000 (Wass, Bernardo, & Neimeyer, 1988). The annual number of suicides have averaged about 30,000 since the late 1980's and has consistently exceeded the annual number of homicides (Encarta Suicide, 2002).

According to CDC (2001) the age distribution of suicide rates for Native Americans is quite unlike that for the general population, because of the high rates among young adults and lower rates among the elderly. During the period from 1972-

1992, suicide rates for Native Americans were about 1.5 times the national rate. There was a disproportionate number of suicides among young male Native Americans during the period, as males 15-24 accounted for 64% of all suicides by Native Americans (CDC, 2001).

Gender and Acts of Suicide

There has been an abundant amount of literature that discusses gender and the acts of suicide. One of the clearest conclusions about suicide is that males commit suicide 2-3 times more frequently than females. Females, on the other hand, attempt suicide 3-5 times more than males (Wass, Bernardo, & Neimeyer, 1988).

Males are more prone to commit suicide by using firearms or hanging (LaFromboise & Bigfoot, 1988; Bachman, 1992). Females are more prone to attempt suicide by a drug overdose. Females attempt suicide more than males but male suicide usually result in death (Bachman, 1992).

Philip May (1990) argues that Indian suicide is more frequently alcohol related and violent methods (firearms and hanging) are more commonly used than in the mainstream United States population. May goes on to stress that in spite of these commonalities, there is extreme variation in suicide rates from one tribe to the next. Among men, Native Americans have the highest suicide rate, followed by whites (Encarta Suicide, 2002).

In the Turtle Mountain Indian reservation, the suicide rates have fluctuated over a five year period from 1997 to 2001. For females the rates per 100,000 population were: 1997 (30); 1998 (36); 1999 (108); 2000 (102); and 2001 (51). For males the

rates per 100,000 population were: 1997 (51); 1998 (66); 1999 (96); 2000 (84); and 2001 (42).

Census Data

The U.S. Census Bureau, North Dakota (2000) reported that the total population of North Dakota was 642,200. There are 31,329 American Indian and Alaskan Native persons in North Dakota. The Native population is 4.9% of the total population in the state. The U.S. Census Bureau (2000) defines American Indians and Alaskan Natives as a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Causes of Suicide

The literature states that the main risk factors for suicide are depression, issues about sexual orientation, stressful life events such as breaking up with a boyfriend or girlfriend, or death or other loss of a significant other, and a family history of suicide or previous suicide attempts are risk factors for suicide (Stevens, 2001). Other causes have been related to loss of a job, socioeconomic conditions, or failure in school.

Current literature states that suicidal causes include dealing with homosexuality. Gay youth are 2 to 3 times more likely to attempt suicide than other young people (Remafedi, 1999). In adolescents, suicide was found to be linked with panic attacks (Pinkowish, 2000). Other findings state that suicide is linked with individual psychological factors such as antisocial behavior and borderline personality (Dilsaver, 1989; Holden, 1992). People with mental disorders have high suicide rates, although

estimates of risk vary according to duration of follow-up (Hiroeh, Appleby, Mortensen, & Dunn, 2001). Finally, suicide in patients with the acquired immune deficiency syndrome (AIDS) has been mentioned frequently in the literature over the past several years (Kirchner, 1995).

According to the National Institute of Mental Health (2001), risk factors for attempted suicide in adults include depression, alcohol abuse, cocaine use, and separation or divorce. Risk factors for attempted suicide in youth include depression, alcohol, or other drug use disorders, physical or sexual abuse, and aggressive or disruptive behaviors. Suicide is the second leading cause of death for American Indians and Alaska Natives ages 15 to 34 (CDC, 2002).

Bi-Cultural Strain

There has been an abundant amount of information on bi-cultural strain of African Americans, Asian Americans, and the Hispanic population. There has been a limited amount of bi-cultural research that focuses on the Native American Indian and Alaskan Native population. This clearly illustrates a gap in the literature.

Traditional Teachings

While specific teachings and beliefs vary among Indian peoples, there is an almost universal belief in the importance of spirituality and the influence of spiritual forces in the balance of one's life (Cross, 2001). This spirituality can be found through a Native American spiritual healers or traditional elder.

Native American traditional elders are the "keepers" of the culture and the reservoirs of knowledge and wisdom (Edwards & Edwards, 1998). American Indian

elders play a central role in the day-to-day activities of Indian family life (Red Horse, 1980). Tribal elders are portrayed as wise counselors, orators and spiritual guides (Paine, 1999).

Native American traditional elders are the ones people in the tribe turn to for guidance, healing, and information. They teach the younger generations about Native American culture and spirituality through ceremonies, and oral teachings. It is these traditional elders that assist Native American and non-Native American people with issues such as suicide.

Native American teens and young adults are at increased risk for suicide. According to the Center for Disease Control and Prevention (2002), this higher risk may be due to loss of traditional spiritual practices and indigenous language. These young adults can turn to Native American traditional elders for guidance to alleviate the risk for suicide.

This includes a recapture of discipline which requires elders to help young people balance behaviors with spiritual propriety (Red Horse, 1980). With traditional elder involvement and guidance young adults can look for other cultural alternatives as opposed to suicide.

Acculturation

Within anthropology, the first major studies of acculturation were in the 1930's. This was the classic definition of acculturation:

Acculturation comprehends those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact,

with subsequent changes in the original culture patterns of either or both groups...under this definition acculturation is to be distinguished from culture change, of which it is but one aspect, and assimilation, which is at times a phase of acculturation (Brislin, 1990).

In other more recent literature, the term acculturation refers to the process that results in population level changes that are due to contact with other cultures (Brislin, 1990). In a definition, acculturation is defined as the process by which an ethnic minority individual is assimilated into the majority culture (Zimmerman, M.A., Rameriez-Valles, J., Washienko, K. M., Walter, B., & Dyer, S., 1996).

According to McDonald, Morton, and Stewart, (1993) acculturation plays a large part in every native person's life. Most Native American's self-perception is directly tied to feeling about their culture as well as the degree that they are an active participant (i.e., tribal council members, artists, healers, elders, etc.). Often the individual is not even aware of the ways acculturation manifests itself, often in the form of stress.

McDonald, Morton, and Stewart (1993) state that an acculturation level may be thought of as a point, or more accurately a range, on a continuum. On one end of the continuum is the unacculturated individual who lives a complete traditional way of life. The other side of the continuum is defined as traditional acculturation-stress resolution. This is when a Native American has little or no knowledge or value for traditional Indian ways. This resolution may be termed "assimilated". Individuals who fall somewhere in between may be thought of as "bi-cultural". American Indians having

more contact with the dominant society (one measure of acculturation) were found to have higher suicide rates (Baker, 1996).

In addition, there is often a particular set of stress behavior that occur during acculturation, such as lowered mental health status (especially confusion, anxiety, depression), feelings of marginality and alienation, heightened psychosomatic symptom level, and identify confusion (Brislin, 1990).

Brislin goes on to say acculturation stress is thus a phenomenon that may underlie a reduction in the health status of individuals (including physical, psychological, and social aspects). To qualify as acculturation stress, there changes should be related in a systematic way to known features of the acculturation process as experienced by the individual.

Other literature argues that acculturation was necessary for American Indians. In other words, acculturation was an effective survival strategy. According to Anthony Layng (1986), if we assume that Indians copied the ways of the whites only because their native culture had been destroyed, or that they were forced against their will to abandon their native culture and accept white culture, we do them a great wrong.

Either way that you look at it, acculturation leads to stress, anxiety, depression, and confusion that can be an emotional roller coaster for Indian people. One way to alleviate these feeling is to become educated and practice a Native American traditional way of life. According to Martha Gorospe (1999) generally the more traditional the family is, the less accepting of Euro-American methods or practices it is. Many Indian people believe that the loss of their culture is the primary cause of many

of their existing social problems, especially those associated with alcohol (Beauvais, 1998).

The following literature will discuss addictions, gambling, religion, and family as it pertains to the suicide and the Native American Indian population.

Drugs and Alcohol

Alcohol abuse and alcoholism among American Indians and Alaska Natives is considered one of the most significant health problems facing this minority population (Hisnanick & Erickson, 1993). People who drink and use drugs are at a higher risk of suicide than those who don't (Quinnett, 2000). Seventy-five percent to eighty percent of Indian suicides involve the use of alcohol (Nofz, 1988). Unlike the rates of illicit drug use, which tend to fluctuate over time, alcohol use among Indian youth has remained stable since 1975 (Beauvais, 1998).

Substance use is an epidemic that effects all Native American people directly or indirectly. The main concern is with Native American youth whose age group 15-24 falls into the highest rates of suicide. These youth exhibit more serious problems than the U.S. "all race" population in such areas as depression, suicide, anxiety, substance use, general health status, and school dropout rates (Cameron, 1999).

Four of the top ten causes of death among Indians are alcohol related injuries, chronic liver disease and cirrhosis, suicide, and homicide (Cameron, 1999). An estimated 75% of all traumatic deaths and suicides among Indian youth involve alcohol (Rhoades, Hammond, Welty, Handler, & Amler, 1987). These statistics are very

alarming especially the fact that when 60% of the American Indians and Alaskan Natives are under the age of 25 is considered (Cameron, 1999).

Studies have also revealed that youth most likely to abuse alcohol are those who have close ties to alcohol and drug abuse peers, do not perform well in school, do not strongly identify with Indian culture, and come from families who also abuse alcohol (May & Moran, 1995).

In younger adolescent girls, suicidal behavior was linked with the use of alcohol, tobacco, and marijuana and with delinquency; in older adolescent girls, suicidal behaviors were related with risky sexual behavior. In younger adolescent boys, suicidal behaviors were linked with the use of inhalants, mouthwash, and other drugs and with truancy or running away; in older adolescent boys, suicidal behaviors were linked with violence and gang activity (Potthoff, Bearinger, Skay, Cassuto, Blum, & Resnick, 1998).

Gambling

One of the most controversial issues in American Indian communities today is gambling. Some have called the gaming the "new buffalo", touting it as something that could help to restore American Indians to their former pre-contact status (Cozzetto & Larocque, 1996; Peacock, Day, & Peacock, 1999).

Native American gambling can be viewed as a way for tribes to become sovereign nations. It is providing a much needed source of reservation jobs, and it is generating tribal revenues that have gone to support reservation projects encompassing improved housing, educational scholarships, medical clinics, repurchase of reservation

land held by non-Indians and the establishment of industrial parks for new business opportunities (Vinje, 1996).

Nicholas C. Peroff (2001) states that people who think gaming strengthens tribes point to improved infrastructure; diversified tribal economies; heightened employment; augmented health; housing, education, and social program budgets; increased indigenous language retention; and generally renewed community vitality.

Other literature discusses casino corruption, promote compulsive gambling, lead to increased bankruptcies and suicide, and prey on the elderly (Adams, 2001). Many reservations members worry about gambler's long range impact on tribal members (Vinje, 1996). Peroff (2001) feels gaming will weaken tribes generally point to breakdowns in tribal cultures and traditional values; increased domestic abuse and tribal factionalism; and increased corruption, especially of tribal leaders.

Unfortunately, there are negative ramifications for Native American gambling. These externalities include: compulsive gaming, increased drug and alcohol abuse, crime, neglect and abuse of children and spouses, and missed work days (Anders, 1996). Long-term compulsive gambling can lead to the further deterioration of tribal social institutions such as collectively, family, and the important role of elders. Compulsive gambling can also cause increases in suicide rates, divorce rates, and alcoholism (Cozzetto & Larocque, 1996).

It was the federal Indian Gaming Regulatory Act of 1988 which allowed federally recognized tribes to offer many forms of gambling legal in their states

(Christopher, Durand, & Jacobs, 1993). For some tribes, this meant economic self-determination but for other tribes it meant a negative impact on the tribe as a whole.

By 1997 gambling was legal in 48 out of 50 states and over 115 Indian tribes had class III gaming operations (video machines/table games and/or bingo) with 131 tribal/state compacts approved in 23 states (Peacock, Day, & Peacock, 1999). Today, gross revenue in the Indian gaming industry exceed \$9.6 billion. Of the 558 federally recognized tribes in the United States, about one-third, or 195 tribes, run 309 gaming operations in twenty-eight states. Gaming revenues varied tremendously from tribe to tribe (Peroff, 2001).

Don A. Cozzetto and Brent W. Larocque (1996) observed that the ratio of Indian to non-Indian gamblers was higher at the Turtle Mountain Reservation than the Fort Totten Reservation. This may be explained in part by the fact that Fort Totten is much closer to a larger, predominantly white community (Devils Lake) than is Turtle Mountain. Moreover, the Turtle Mountain Reservation has a larger Indian population than does Fort Totten. Another interesting difference is that alcohol is served at the Turtle Mountain casino, but it is not served at the casino on the Fort Totten Reservation.

Finally, there are also concerns in regards to the negative social and cultural aspects of tribal life. Thomas, D. Peacock, Priscilla A. Day, and Robert B. Peacock (1999) write:

Those who viewed the effects as negative focused on: a perception that gambling was replacing alcohol abuse as an addiction, with an accompanying

neglect of family responsibilities caused by gambling addiction; a decrease in family and other community social activities as they are replaced by casino gambling as the dominant social activity; problems with child care as gamblers and casino workers alike are relying on young people to provide child care, or neglecting to provide child care altogether because extended family members are either working in casinos or gambling.

There are pro's and con's to Native American gaming on tribes. Other concerns besides addictions that elder's have expressed as a concern related to suicide is religion.

Religion

Traditional elders are concerned with the issue of religion and the Native American population. Some Native Americans choose to follow a traditional way of life, while others are more religious or a combination of the two. In August 1978, the American Indian Religious Freedom Act (AIRFA) was passed by Congress as a guarantee of constitutional protection of First Amendment rights for Native Americans. This act was passed as an attempt to redress past wrongs by the federal government or its agents (Irwin, 1997).

The history that many Native Americans encountered was of a religious and cultural oppression. Sharon Day (1995) writes:

When American Indians began having contact with Europeans, they were deluged with Western attitudes and laws that ignored or were contrary to traditional Native values and behaviors. In some ways, this resulted in forced

inclusion. For example, Indian children who lived on Indian reservations that did not have their own schools were sent to boarding schools, many of which were run by government or Christian missionaries; there, the children were often not permitted to speak their own language or practice tribal ceremonies, and they may have been punished for doing so.

Among the earliest Christians to have contact with Native American people were missionary groups of the Roman Catholic church (EchoHawk, 1997). Other groups that attempted to convert Native American Indians to Christianity were of Baptist, Episcopalian, Presbyterian and Quaker denomination (EchoHawk, 1997).

Perhaps one of the most fundamental of all strategies in the struggle for spiritual survival among Native Americans has been the constant theme of maintaining traditional religious integrity and not compromising religious beliefs or practices in the face of massive oppression and coercion (Irwin, 1997).

Other literature has stated how churches have been a deliverance for preventing suicide. It has been suggested that people who attend religious services, on average, are generally believed to exhibit much lower rates of suicide. In addition, those who attend church frequently are four times less likely to commit suicide than those who never attend (Religious Tolerance, 2002).

Steven Stack and Ira Wasserman (1992) feel that church's promoting network involvement were found to have lower levels of suicide ideology. Attendance at religious services potentially gives individuals access to a support network. Those

without a support network are most likely to commit suicide (Religious Tolerance, 2002).

The literature suggests that the past religious experiences of Native American's had been forced upon them by Christian missionaries. These missionaries affected the way some Native American's view religion today. Some Native American's adopted Christianity, while others strictly practice their traditional way of life or a combination of the two. The literature also suggests that the more religious one is, the less likely they will experience suicidal behavior. With new and modified policies being implemented on Native American practices there is a positive outlook for religious and traditional balance.

Only when we fully affirm those practices as living resources for our mutual betterment can we move past the need for legislation and legal protection for what is, in fact, a right of all human beings---the free exercise of their religious beliefs (Irwin, 1997). The following section will look at the impact of suicide and the family.

Family

Family unity or the lack of family unity have been viewed as having a relationship with suicide. While some literature suggests that the family is a recognized cornerstone of American Indian society (Red Horse, 1980). Other literature suggests that the Native American family is not what is used to be and is deteriorating.

An Indian family is an active kinship system inclusive of parents, children, aunts, uncles, cousins, and grandparents (Red Horse, 1980). The American Indian people are a family. Family is really what a tribe is all about (Wilkinson, 1980).

American Indians have traditionally maintained a strong sense of responsibility to family, kinship group, and tribe. In many cases, the tribe is viewed as an extended family (Noft, 1988).

Martha Gorospe (1999) feels in American Indian culture, family is frequently defined in a broader sense than the nuclear, immediate family. Family may include immediate family, extended family members, or it may be as broad as the family's clan or tribe. In many families the roles and responsibilities relate to the care of the child may belong to members of the extended family rather than the biological parents.

The care of extensive family members can have a positive impact for some Native Americans in regards to suicide. Native American teenagers who have a strong family connection and the ability to discuss problems with friends or family appear less likely to attempt suicide (Borowsky, Resnick, Ireland, & Blum, 1999). A strong family connection and good mental health lowered the risk of attempted suicide whereas, illness, physical or sexual abuse, drug or alcohol abuse, gang involvement, and gun availability increased the risk (Borowsky, Resnick, Ireland, & Blum, 1999).

James Shore (1975) felt that such factors as disintegration of traditional values, the disorganization of families, and the separation from significant others contributed to contemporary Indian suicide. This behavior has been traced to low family connectedness as a result of moving from reservation to non- reservation surroundings (Machamer & Gruber, 1998).

Emile Durkheim argued that suicide rates are related to social integration, that is, the degree to which and individual feels part of a larger group. Durkheim found

suicide was more likely when a person lacked social bonds...as one example of the significant social bonds, suicide rates among adults are lower for married people than for divorced, widowed, or single people (Encarta Suicide, 2002).

In regards to Native American divorces, Gerald Wilkinson (1980) stated it is hard to comprehend from the outside what is really happening in the Indian community. He states:

Years ago, divorce was a rarity in the Indian community and people who were divorced were pretty much of a community tragedy. Now, the number of divorces is rising, there are more assaults in Indian communities, more families are breaking up, and there seems to be a disintegration of Indian communities as a whole.

Other literature has supported this view. When there is no alternative within a family but divorce or disruption, steps must also be taken to assure the best interest of any children who may be involved (Bachman, 1992).

The literature has stated that Native American families rely on other family members to assist in child rearing, that there is an increase in family separation, and it will be the children who will suffer in the end. Gary Sandefur and Carolyn Liebler (1997) bring out some alarming results from their research that should be a great concern for all Native and non-Native people. They write:

The percentage of young American Indian women who have never married has increased over time, and the percentage of American Indian women who are divorced had increased over time, and the percentage of American Indian

children who reside with a single parent has increased as well. The percentage of American Indian women who have never married and who are divorced and the percentage of American Indian children who live with a single parent are higher than those among the general population. The incident of children living with a single parent is especially high on some reservations which also have high levels of poverty and unemployment.

In the traditional Indian spiritual belief system, children were viewed as a gifts from the Creator. The family is the pivotal base of Native American life (Napoli & Gonzalez-Santin, 2001). Traditional elders are viewed with respect for having knowledge, wisdom, and being spiritual healers.

Family involvement remains very important among Native American elders. Over half (58%) of all Native American elders live in households with two or more persons. About 20-25% of the elders households have one or more foster children, often their grandchildren or children of other relatives (John, 2001).

The literature has illustrated the definitions of Native American families, family relationships related to suicide, and cultural needs of unifying families. Family unification and utilizing Native American traditional elders are key for bringing families together. Tribes need to utilizing traditional elders more or we may see a continuous breakdown in Native American families where the children will suffer in the end.

Conclusion

Suicide is an epidemic when it comes to the Native American population. Suicide affects all Native American and non-Native American people directly or indirectly. This literature review provided information that supported my research. There were fourteen sections that were discussed in this segment. The sections were the Definition of Suicide, Statistics, Gender and Acts of Suicide, Census Data, Causes of Suicide, Bi-Cultural Strains, Traditional Teachings, Acculturation, Addictions, Drugs and Alcohol, Gambling, Religion, Family, and a Conclusion.

The definition of suicide provided two different meanings of the term. The literature on the statistics stated that the rates of suicide have remained constant since the 1980's. As well, the higher rates of suicide are among young adults between the ages of 15-24. As for gender, the literature stated that females attempted more suicides than males. In addition, more males completed the act of suicide than females.

The literature on the census data indicated that total population of North Dakota, the American Indian/Alaskan Native population, and the definition of American Indian/Alaskan Native. Some of the literature on the causes of suicide supported my research while other literature did not. The main point that was brought up was the fact that suicide is the leading cause of death for Native American/Alaskan Native people between the ages of 15-34.

The literature stressed that there was limited research on bi-cultural strains on the Native American Indian population. The area on traditional teachings focused on the roles of the tribal members. The creative writing on acculturation was defined

from past to present. In addition, the literature discussed the impact acculturation had on Native American Indians.

The literature on drugs and alcohol found high rates of suicide linked to Native American Indians and alcohol. It is the Native American youth who are most likely to abuse alcohol. In addition, other addictions such as gambling are now termed the "new buffalo". The literature discusses the pros and cons of Indian gaming. It also talks about the ramifications on Native American Indian families, tribes, and the community as a whole.

On religion, the literature discussed religion versus a traditional way of life. In addition, there was a section on the American Indian Religious Freedom Act of 1978. The literature also looked at religion and suicide. The literature on family discussed family relationships and how they were related to suicide. This included family connectedness or the lack of family connectedness. The literature discussed family with the Native American Indian culture and how the tribal family is deteriorating. The participants responses to some of these sections will be discussed in the following methodology section.

CHAPTER III

METHODOLOGY

Setting

The Turtle Mountain Band of Chippewa Indian reservation is located in north central North Dakota, just south of the Canadian border. The reservation has approximately 72,000 acres, which was recognized by treaty in 1882 and 1884. The tribal enrollment is approximately 28,703, with 16,500 living on or adjacent to the reservation. The trust acreage of the reservation is 67,974. Turtle Mountain is located within Rolette County, and the town of Belcourt is the sole community.

Although the tribe prides itself on their name, the Turtle Mountain Band of Chippewa Indians, the tribe also has members of the Pembina Band of Chippewa, Cree, and people of European descent residing in the community. Some tribal members are of mixed ancestry, predominately French, also referred to as Mitchif or Metis. The tribe has a small number of full-blood Chippewa or more correctly, Ojibwa, remaining.

The reservation offers outdoor recreation such as fishing and hunting. The Turtle Mountain Indian reservation is in the process of developing a commercial walleye fishing industry and commercial bait farms. The community has horse racing, a bingo hall, a casino, a community college, and an electronic plant, all of which create

employment and revenue. Approximately 50% of tribal employment is through local, state, and federal governments.

The tribe displays log cabins, a Mandan earth lodge, and a Plains Indian Village at an intercultural center. The tribe celebrates powwows in July and on Labor Day weekends. The reservation has forests and resident wildlife. Turtle Mountain has a unique natural environment that makes the area distinctive when compared to the rest of North Dakota.

This research was conducted in the fall of 2001, approximately, one month after the September 11, 2001, terrorist attack. This will be acknowledged in some of the quotes used in this thesis.

Researcher

I, Serena Marsden-Koop, am a graduate student at the University of North Dakota (UND) in Grand Forks, ND. The research reported here is part of my Master's degree in Social Work. I was born and raised in Winnipeg and Fairford, Manitoba. My ethnic background is half Ojibwa and half Jewish.

During the time that the work on this thesis was being completed, there was a controversy regarding the UND athletic team and logo, the Fighting Sioux. Native American's and some non-Native American's felt that the UND logo was discriminatory. After numerous hours of testimony and protest by various people the name and logo remained at UND. This made my presence sensitive while I was with the Turtle Mountain tribe.

Research Design

The research that was conducted on the Turtle Mountain Indian reservation was qualitative. The method used to gather information was narrative. The interviewees were read a questionnaire and their responses were tape-recorded with their permission. A pad of paper was used to scribble down notes and quotes from the participants. I created the open-ended questionnaire used for this thesis (see Appendix A).

The original nine questions were based on suicide prevention and intervention. I added two additional questions to total eleven questions. The two additional questions were about the participant's background and how they defined a traditional elder. After the interviews, the notes were reread and analyzed for themes. The tape-recorded interviews were transcribed and printed.

The primary themes found were based on the number of respondents to each question. The lesser themes were based on the relationship to the primary themes. The primary and lesser themes were categorized based on the number of respondents.

Respondents

The participants in this study were Native American traditional elders from the Turtle Mountain Band of Chippewa Indians in North Dakota. I interviewed six traditional elders from this tribe. All of the participants signed a consent form and agreed to use their personal names in this thesis. There was one traditional elder who chose to use her Indian name, Miigizi Ikwe. The other five participants were Francis and Rose Cree, Resa Davis, Steve Davis, and Mary Cornelius. My thesis was based on Native American traditional elders views on suicide. These people were chosen due

to being Native American traditional elders from this tribe. There was one traditional elder from this community who refused to participate in this thesis due to the UND Fighting Sioux logo controversy. Therefore, the total number of participants in this research study was six.

Demographics

There was one demographic question at the beginning of the questionnaire, in which the participants were asked to discuss their personal background information. The participants were asked to express only as much information as they felt comfortable sharing. The information included sex, Native American ethnicity, birth date, and education level. Some of the participants talked about the history of their socialization experiences.

Miigizi Ikwe currently resides in Turtle Mountain, N.D. She is half-Ojibwa, and parts Irish, Scottish, and French. She was not born or raised on the reservation but came to the reservation in 1959. Her father was a marine from Turtle Mountain and attended boarding school. Her mother was also from Turtle Mountain and attended boarding school there too. They moved with the military from state to state. Miigizi Ikwe traveled to California, Hawaii, and Guam. Miigizi Ikwe was born in San Francisco, California, and she is the eldest of eight children. She lived in California until age thirteen when her family moved back to Turtle Mountain. She stated, "In 1959, we moved and I made Turtle Mountain my home," (personal communication, October 12, 2001). Miigizi Ikwe was born on June 10, 1945.

Francis Cree was born July 24, 1920. He stated:

I was raised as an Indian, with Indian culture, and spirituality. I use what was passed down to me from the elders. The Sundance, Sweat lodge, Medicine lodge or Shaking tents. All were shared with me by the elders. And marriage ceremonies, and healing ceremonies. I follow the four commandments: love, respect, unity, and faith in God. God gave all Indian people gifts for healing. He gave the pipe, and the sweat lodge. I am Ojibwa, Cree, Assiniboine, and Sioux with some French (personal communication, October 13, 2001).

Francis has a grade three education but he is very knowledgeable in his traditional practices.

Rose Cree was born on July 21, 1921 in Carlyle, Saskatchewan. She then moved to the United States. She stated, "When I was seven years old I went to a boarding school until age fifteen" (personal communication, October 13, 2001). Rose is part Ojibwa and Cree. She graduated from the eighth grade. Rose is known in her community for her beautiful baskets that she weaves by hand.

Steve Davis was born in Belcourt, N.D. Steve is the oldest of five children, and has three sisters and one brother. Steve feels he has learned a lot about Indian culture. He felt he got his start by attending powwows, and this is what he has been doing for the past 35 years. Davis stated, "I go to a lot of ceremonies, participate in the Sundance, and I know about the Ojibwa culture" (personal communication, October 14, 2001). Davis shares his knowledge with other people around him. Steve Davis is Ojibwa and French and has adopted the Cree language.

Resa Davis was born on May 3, 1931, in Turtle Mountain, N.D. She is Ojibwa and French. Resa comes from ten siblings with eight boys and two girls. She feels she lived in a different era. Resa Davis stated, "We weren't encouraged to be Indian. We were more encouraged to go the other way. It was supposed to be easier for us. We never spoke our language. My parents spoke French. Our language here is Mitchif, which is Cree, French and some Ojibwa" (personal communication, October 14, 2001). Resa attended a rural boarding school where if she tried to speak her language she would be laughed at. This made it hard for her to pick up a language because she didn't want to be laughed at. Resa stated, "I would really like to speak our language fluently but I don't." Resa feels that anything she learned about traditions was self-taught.

Mary Cornelius was born on July 20, 1916. She is Pembina, which is full Ojibwa. Mary grew up at Turtle Mountain where she lived until 1934 and then she moved to the state of Washington for 35 years. She then moved to California and then back to Turtle Mountain. Mary completed high school and attended two years of college. Cornelius is currently the vice-president of Nurad Inc.

Religion

The participants in this study were diverse in their religious and traditional backgrounds. According to Resa Davis, the majority of people on the Turtle Mountain Indian reservation practice the Roman Catholic faith. A small number of tribal members also practice the Lutheran faith. There are also some tribal members who practice traditional Native American customs. Most of the participants in this research

study were both religious and traditional. There were two participants who are traditional and Lutheran, there were three participants who are traditional and Roman Catholic, and there was one participant who is now only traditional but used to be Roman Catholic.

Tribal Permission Requirements

I had to obtain tribal permission to conduct research from the Turtle Mountain Band of Chippewa Indian reservation. This permission came from the Chairman and council. Tribal members vote for the tribal council to represent them in the community. There are a total of nine members that govern the tribe. This researcher had set up a meeting with the tribal secretary to ask for permission from the tribe during their monthly public meeting. This meeting is attended by community members and was broadcasted over the radio.

I also had to write a letter to the tribal council verifying what type of research that would be conducted within the community. The first letter was misplaced and this researcher had to send a second letter to the tribal council (see Appendix B).

I contacted the tribal secretary on June 6, 2001, and she verified that the tribal council gave this researcher permission to conduct research at Turtle Mountain. The tribal secretary stated that she would send this researcher a confirmation letter. She also gave this researcher some names and number of traditional elders within the reservation. On July 14, 2001, I received the letter of confirmation to allow the research at Turtle Mountain (see Appendix C).

UND Institutional Review Board Process (IRB)

In order for this researcher to do research with human subjects, I had to go through the UND Institutional Review Board (IRB) and the Aberdeen Area-IRB. The UND-IRB reviewed the application and returned it in one week for revisions. The revisions were turned in again three days later. The UND-IRB gave this researcher permission in the span of two weeks (see Appendix D).

Aberdeen Area Institutional Review Board Process (AAIRB)

When an individual is planning to do research on an Indian reservation they must go through the Indian Health Service (IHS) in their area. I had to go through the IHS in Aberdeen, South Dakota, also known as the AAIRB. The AAIRB does not have a structured application like the UND-IRB. I sent in a similar copy of my UND-IRB application to the AAIRB. I also sent in the UND confirmation letter, tribal permission letter, questionnaire, and the participants consent forms.

The AAIRB was unable to approve this researcher's application due to the protocol not addressing the situation of people who cannot read or see clearly. The AAIRB also advised this researcher to rephrase the consent form to a sixth grade reading level. The protocol was modified and the consent form was revised three times before it was acceptable. The approval letter was received on September 7, 2001.

The entire process of obtaining the tribal letter, UND-IRB, and the AAIRB prior to beginning my research for this thesis took approximately six months (see Appendices E and F).

The Survey Instrument

The questionnaire had a total of eleven questions. At the beginning of the questionnaire, some of the questions that the participants responded to were, tell me how you define a traditional elder, tell me about your background, and what do you believe were the causes of suicide in Turtle Mountain? Other questions included, what is your perspective on suicide in the community, do you view suicide as good or bad, and why? Also, what is the expectation of suicide in the Native American culture? The end of the questionnaire asked the participants to explain if suicide was acceptable or not acceptable, and what could prevent future suicides in their community.

Data Analysis

The data was obtained by interviewing Native American traditional elders in their homes. The elders were tape-recorded and they all signed a consent form giving their permission to use their names. This researcher also took notes on a writing pad. The tapes were transcribed. This researcher listened to each tape-recorded interview and typed out the participant's responses. The transcribed interviews were then printed.

After reading the transcriptions, this researcher began to look for common themes and patterns. After rereading the transcribed interviews, the common themes began to emerge. For example, all six participants discussed lack of traditional teachings while five participants discussed drugs and alcohol. From this I began to get a general theme of bi-cultural strain, and addictions.

Some of the interviewee's responses to the questionnaire were similar and this is how the other themes developed. These themes were analyzed and placed in two categories. These categories were larger themes and smaller themes. The themes that did not fit either category were still acknowledged but not applied to either large or smaller theme. These themes were acknowledged further in the paper.

This methodology section has described how I obtained and analyzed my data. This section included the Setting, Researcher, Research Design, Respondents, Demographics, Religion, Tribal Permission Requirements, UND-IRB, AAIRB, Survey Instrument, and Data Analysis. The following section will look at the findings from the methodology section.

CHAPTER IV

FINDINGS

As stated in the Methodology section, there were a total of six out of seven Native American traditional elders who participated in this thesis. Out of these participant's responses the primary and lesser themes were created. The respondent's quotes under these themes will be discussed in this section.

There were four main themes that emerged after transcribing the tapes on the causes of suicide. The term "cause" is not used in a scientific sense but the way it is used in everyday language. The first primary theme was Bi-Cultural Strain, the second primary theme was Addictions, the third primary theme was Lack of Religion, and the fourth primary theme was Lack of Family Unity. Under these main themes lesser themes were found. See Table 1.

Table 1. Participants Responses for Causes of Suicide

Themes	No. of Participants Who Responded
Bi-Cultural Strain:	
Lack of traditional teachings	6/6
Acculturation	2/6
Addictions:	
Drugs and Alcohol	5/6

Table 1 Cont.

Themes	No. of Participants Who Responded
Gambling	2/6
Lack of Religion:	4/6
Lack of Family Unity:	
Parents do not attend to their children	4/6
Abuses	2/6
Family Separations	2/6
Children taking care of children	2/6

Bi-Cultural Strain

All six respondents felt that lack of traditional teachings was a cause of suicide. Francis Cree feels that the tribe has a high European descendent population, and they don't follow their Native American traditional ways such as spirituality. Francis stated, "That is what is causing suicide." Rose Cree feels that parents don't believe in teaching their children about spirituality.

According to Resa Davis, "A lot of it is not knowing our own culture and not enough spirituality. There is too much interference with the values of life. People don't value life anymore. I think a lot of our young people don't see that if they kill themselves today that they won't be back tomorrow. They don't realize that it is final."

Steve Davis feels, "People don't value their spiritual life and they don't have balance in their life. The physical, emotional, and spiritual, this is lacking in people. People need to learn how to maintain this balance. Anything we do is spiritual because

everything around us is spiritual and we need to maintain this. We don't look for our spiritual ways."

Miigizi Ikwe stressed that more people need to work with traditional ways and not non-traditional ways.

Mary Cornelius discussed her version of the Old World versus the New World. Cornelius stated:

Mine is the Old World and the younger ones are in the New World. In the Old World we were all taught as children to be able to do something. Sewing, making bread, taking care of youngsters that came to our house, and we were told to be courteous to older elders in the house. We were not allowed to be sassy with them. You have to accept the New World with a grain of salt. The average woman can't sew a button now and that is the difference (personal communication, October 14, 2001).

Acculturation

Acculturation also came up as a cause of suicide. The respondents were Francis Cree, Resa Davis and Steve Davis. Cree felt that "Today we have the New World teachings and this is why we are having so many problems today." Children get their influence from the New World system.

Resa Davis feels, "We are living too much in the "me, me generation." We don't think about how we hurt other people, how we hurt ourselves, how selfish we are when there are other things to do besides killing yourself".

Steve Davis feels the community receives a lot of influence from the outside world.

He said, "We focus in on too many material things. Everything you see in the world focuses on material things. People feel lost when they feel they cannot have those things. Even in our community you see the kids wearing the Nike clothing and other people can't afford things like that. I really feel it is a form of acculturation."

Addictions

The second primary theme was addictions. The lesser themes were gambling, drugs and alcohol. Drugs and alcohol were grouped together and gambling was separate. The respondents were Miigizi Ikwe, Steve Davis, Francis Cree, Rose Cree and Mary Cornelius.

Drugs and Alcohol

Miigizi Ikwe discussed how there have been "drug runners", also known as drug dealers in the community. She also feels that alcohol has always been in the Turtle Mountain community as far back as she could remember. When talking about suicide and substances Miigizi Ikwe stated:

It wasn't more than a few years ago that a young man was killed. He was stopped by the police but I don't know if the family was notified. Before the night was up and from my experience on drugs and alcohol, this child was on more than just alcohol. This child must have been on more than just alcohol that evening. To me driving fast, driving reckless, drinking, and using in itself is suicidal.

Miigizi Ikwe went on to say, "When you do drugs or drink alcohol you are committing suicide. When you are using you are not thinking about yourself, you are thinking about the drugs or alcohol. People don't understand that. I didn't understand that."

Steve Davis felt that people turned to alcohol due to a lack of cultural identity. Francis Cree views drugs and alcohol as the causes of suicide. He stated, "Long time ago they didn't allow Indians to drink and now some of them have become alcoholics." Francis Cree feels that it is not only the adults but the children as well. He said, "The kids are committing suicide because they are using drugs and alcohol. The parents come home with alcohol and they take part for that. There are even born alcoholics today and drug addicts". Rose Cree agrees that drugs and alcohol are causes of suicide. While Mary Cornelius feels that "the pot has to go" out of the Turtle Mountain community.

Gambling

Gambling was another addiction that was expressed by the traditional elders. The respondents were Francis and Rose Cree. Francis feels that gambling contributes to suicide. He said, since gambling came to the community people have become gamblers. He believed, "The men and women spend all of their time there and they don't attend to their kids". Rose Cree feels that gambling is what is causing family separations and children committing suicide due to a dysfunctional home life.

Lack of Religion

The third primary theme was lack of religion. There were five out of six respondents who were religious and traditional. The traditional elders who responded were Steve Davis who feels that there is religion in Indian culture but people don't seek religion for help. Miigizi Ikwe is not religious but feels people should go to church for assistance.

According to Francis Cree, the evil spirit causes suicide. He said:

We all got spirit but people take that spirit and they put in the evil spirit. That is when they use the drugs and alcohol and do all kinds of bad things. That is when they get that evil spirit. That evil spirit is what causes war, the war that we are having now, one man got that evil spirit and look how many people he killed.

Rose Cree shared information about her own children and religion. She stated, "Some of our girls go to church and some to the sweat lodge. The boys are different. Some people think we have good religious kids but they are mistaken. They all go their own way when they get older."

Lack of Family Unity

The fourth primary theme was lack of family unity. The first lesser theme was parents do not attend to their children. The four respondents were Francis Cree, Rose Cree, Miigizi Ikwe, and Mary Cornelius. Francis Cree felt that men and women were spending all of their time gambling at the casino and they do not attend to their kids. Since the parents are not attending to their kids they are using drugs and alcohol.

Francis feels that this is one of the contributions to suicide in the community. Francis also feels that parents who bring alcohol in the home contributes to them not attending to their children.

Rose Cree feels that suicide is a bad thing not only for the parents but also for the kids. She feels that parents do not have time for the kids anymore. Rose feels that parent's are not even taking care of children when they are home. Since these children are being neglected, Cree feels this is the most cause of suicide in the community.

Miigizi Ikwe shared her own personal experience with a suicide attempt and not having anyone to talk to about it. Miigizi Ikwe stated:

I have tried to commit suicide twice with a plan. The other time was at the spur of the moment. No one heard me, paid attention to me, or understood what was happening to me. I had no one talk to, no one to go to, and I was left out on a limb. I was scared to talk, to share, I didn't have anyone to run to, I didn't trust and this is a big thing. It is hard to find as a child.

Mary Cornelius felt that suicide was unacceptable. She went on to say that, "The parents don't pay attention to what the children want or what troubles they are having in school. The child usually gets a beating or something in school. The parents should sit down and talk with their children."

Abuses

The second lesser theme was abuses. The respondents were Miigizi Ikwe and Steve Davis. Miigizi Ikwe felt that there were many forms of abuse that contribute to suicide. When she was asked what she believed were the causes of suicide she stated,

"Sexual abuse, physical abuse, verbal abuse, emotional abuse, and spiritual abuse."

She also discussed boarding school experiences and the abuse that young men as alter boys faced from the priests. As well, that the girls faced from the nuns. She stated, "The sisters hit, and they did not want you to be who you are." This was also one of the main reasons why Miigizi Ikwe is not longer Roman Catholic.

Steve Davis stated that abuse stems from lack of cultural identity combined with alcoholism. He feels that people in the community have religion (angleo) and spirituality (manitouk) but they do not turn to either of them. He feels that people feel confused and with no one to turn to they abuse.

Family Separation

The third lesser theme was family separations. The respondents were Rose Cree who felt that a cause of suicide was family separations. Rose Cree stated, "Children commit suicide on the account of the parents leaving each other." Miigizi Ikwe agreed and stated that suicide in Turtle Mountain was due to absentee fathers, lack of two loving parents, and lack of their elders or grandparents influence.

Children Taking Care of Children

The fourth lesser theme was children taking care of children. There were two respondents who were Rose Cree and Mary Cornelius. Rose Cree feels that children taking care of children is not acceptable.

Cree stated, "Parents don't teach their children and they don't have time for their children. When the baby is born the other children are taking care of the baby not

the parents. Then the children and taken away and put into foster care and all of that. That is the biggest problem here in Turtle Mountain."

Mary Cornelius agrees and believes that suicide is a bad thing. Cornelius stated:

It's sad when youngsters commit suicide because they have not experienced the life. I think they get bogged down too much. Some can take it and some can't. The parents put too much responsibility on them. Parents run off for three or four days and leave children alone. They are children. The children are taking care of themselves.

Summary of Causes of Suicide

These were the four themes that emerged as causes of suicide from the traditional elders in Turtle Mountain. The four primary themes were bi-cultural strain, addictions, lack of religion, and lack of family unity.

However, other causes of suicide included children not having enough to do in the community, and professionals breaching confidentiality within the community. Mary Cornelius feels that children do not have enough to do and they are the forgotten people in the community. She expressed that this is why children are committing suicide because they have nothing to do. Miigizi Ikwe felt that professional talk about confidential information. This may not be done on purpose but it is breached. She stated, "When people talk and other people hear their conversation word can get around the tribe pretty fast."

These were the themes for causes of suicide in Turtle Mountain. I will now discuss the themes that emerged for suicide prevention.

Suicide Prevention

There were three themes that emerged for suicide prevention. The three themes include traditional teachings, religion, and family communication. See Table 2.

Table 2. Participants Responses for Prevention of Suicide

Themes	No. of Participants Who Responded
Traditional Teachings	5/6
Religion	4/6
Family Communication	2/6

Traditional Teachings

The first significant prevention theme was traditional teachings. The traditional elders who responded were Francis Cree, Rose Cree, Miigizi Ikwe, Resa Davis, and Steve Davis. Francis Cree discussed the use of the teaching lodge. He said, "Today, we have sweat lodge three times a week, teachings of the medicine wheel, and healing of the medicine wheel. We show films of our culture and we try to get our kids to learn this."

Rose Cree stated, "If they don't go along with the healing of the medicine wheel they won't prevent suicide. They got to get the traditional teachings but some listen and some won't."

Miigizi Ikwe stated, "The people need to go to a sweat, ceremony, or fast like the old ways. We need to release the pain, sadness, anger, or hurt. We need to talk

about it and share it with the creator and give it back to mother earth. We need to go to the Sundance, teaching lodges, or go to a therapist."

Resa Davis stressed, "I think we need more traditional teachings in the home. We need to be taught the value of life and let the people know who they are. I feel that we are still in an era where we don't know our identity as Indian people."

Steve Davis said, "We need to help people become aware of their cultural identity and valuing their cultural identity. We need to teach them that all life is sacred. What is given to you is a gift and you need to take care of it as a gift. That is the most precious thing you have is that life and you need to live it in a good way."

Religion

The second prevention theme is the need for religion. The respondents were Resa Davis, Miigizi Ikwe, Rose Cree, and Francis Cree. Resa said, "We need more religion and spirituality. Our fifth commandment is thou shall not kill ourselves. There needs to be more emphasis on this." Miigizi Ikwe feels that prayer is important whether it is in church or to the Creator.

Francis Cree stated, "People need to follow four things. They are love, respect, unity, and faith in God."

Cree went on to say, "I have been busy all of my life teaching the Indian culture and the spirituality to all people because we are all the same. We are all the same we have the same spirit, blood and one God. This is what I am teaching everyday and I travel all over to United States, and Canada. I am teaching this to all the Indian people, all people."

Rose Cree discussed the struggles she faces with her own children. She stressed, "Although we tried hard with our kids, our grandkids, foster kids, they all go their own way." Rose felt that even though she raised her children with religion some of them still use substances and go a stray. Despite these obstacles, Rose and Francis Cree continue to teach all children about religion and traditional cultural ways.

Family Communication

There were two participants who believed that family communication was a key factor for suicide prevention. The respondents were Mary Cornelius, and Miigizi Ikwe. Cornelius said, "I think the parents should really take notes on what the kid is saying. It must be awfully lonely because that is the only reason why I feel a lot of them commit suicide. They have no one to talk to."

Miigizi Ikwe felt that parents need to explain to their children that they have a choice. She said, "Parents need tough love because we have been too soft." Miigizi Ikwe expressed that people need affection such as hugs and positive words. She feels, "We need to unite and become a family again. We need to stop the generational cycle of not communicating as a family."

Prevention and Acknowledged Themes

The primary themes for suicide prevention were traditional teachings, religion, and family communication. However, other themes for suicide prevention included more care within the community, valuing our bodies, overcome socioeconomic conditions, and the situation with suicide is going to get worse. There was also another

respondent who discussed workshops, groups, going to see a professional therapist, and sobriety.

Resa Davis feels that the tribe needs to care for each other in the community. This includes not looking down on each other due to where you live such as referring to some children in the community as "housing kids". Resa feels that every one should be treated equally because we are all human beings. Resa also stressed that children are not valuing their bodies. Resa said, "If you mistreat your body you are killing oneself." Resa viewed smoking, drinking, drugs and not eating properly as forms of killing yourself.

Steve Davis believes that overcoming socioeconomic conditions can prevent suicides in Turtle Mountain. He stressed that the community needs assistance to help the tribe overcome third world living conditions. Francis Cree thinks the situation with suicide is going to get worse due to the education that Indian people are receiving today. He feels the education has nothing to do with Indian teachings. Francis referred to this as the "New World" education. He thinks this is why Indian people have so many problems today.

Miigizi Ikwe thought that workshops on anger management, abuse, and domestic violence for young people and adults would work. She would also like to do talking circle groups for children, adults, and grandparents. If these do not work out for some people she advises them to see a professional therapist or doctor. This can be done within or outside of the tribe. Miigizi Ikwe also stressed sobriety because it would alleviate unnecessary problems for any individual, family, or community.

Conclusion

The themes for suicide causes and prevention were obtained by six traditional elders from the Turtle Mountain Indian reservation. These traditional elders felt that there were causes and prevention issues that were related to suicide in their tribe. The number of responses to each question determined the primary and lesser themes.

For the causes of suicide, the primary themes included Bi-Cultural Strains, Addictions, Lack of Religion, and Lack of Family Unity. A narrative method was used with direct quotes from the participants to explain these themes. The lesser themes fell beneath the primary themes due to their relationship.

The primary and lesser themes are illustrated in tables one and two. Beneath bi-cultural strain, the lesser themes were lack of traditional teachings, and acculturation. Under addictions, the lesser themes were drugs and alcohol, and gambling. The primary theme of lack of religion had no lesser themes. Below lack of family unity, the lesser themes were parents do not attend to their children, abuses, family separations, and children taking care of children.

There were two themes that did not apply but were acknowledged. They were children not having enough to do in the community and professions breaching confidentiality within the community.

The primary themes for prevention of suicide included Traditional Teachings, Religion, and Family Communication. There were no lesser themes under these primary themes.

The themes that were acknowledged but not applied included more care within the community, valuing our bodies, overcoming socioeconomic conditions, and the situation with suicide is going to get worse. There was one respondent who discussed workshops, groups, going to see a professional therapist, and sobriety.

CHAPTER V

DISCUSSION

Summary

The purpose of this research was to develop a profile of Native American Indian traditional elders perspectives on suicide causes and prevention. The profile was based on a narrative method on the Turtle Mountain Indian reservation in North Dakota. The research provided information on some of the issues that the elders felt were affecting their tribe.

This discussion section will compare the literature review and the testimony of the traditional elders. This section will also include limitations in the research, implications for further research, and implications for social work.

This research can set a foundation for future researchers that are interested in qualitative research pertaining to the issue of Native American Indian suicide. The themes that were expressed could be elaborated on in other tribes in North Dakota or in the nation. This would provide more detailed information on the issues of suicide pertaining to the reservations in the state.

According to the Center for Mental Health Services (2002), from 1996-1998, suicide rates among Native American males were 20.9 per 100,000 population. Among males the highest rates for adolescents and young adults (15-24 years) are in the

Native American community. Native American female suicide rates were 5.3 per 100,000 population.

The Turtle Mountain Indian reservation has had its share of unnecessary suicides but the rates have not been as high as other tribes in the state. The data provided on the number of suicide rates in this community were based on 100,000 population to protect the confidentiality and anonymity of the people who committed suicide.

Although rates per 100,000 are good indicators of trends and the problem within larger populations, they do not adequately measure the emotional and social impact of suicides among small Indian communities (Black Bear, 1999). Each tribe is diverse in regards to the issues, severity, and age groups of suicide rates. Therefore, using a large number to indicate the problem of smaller Indian communities would show inaccuracies in the data.

The data in this research does support bi-cultural strain such as lack of traditional teachings and acculturation. The data supports addictions such as drugs, alcohol, and gambling. Finally, the data also supports lack of religion, lack of family unity such as parents not attending to their children, abuses, family separations, and children taking care of children. As for traditional teachings, religion, and family my data viewed these as a cause and a prevention of suicide.

The data did not support all of the risk factors of suicide but acknowledged that they were still relevant for future research. The areas discussed in the literature review that did not fit my data for having a relationship with suicide were depression, sexual

orientation, breaking up with a girlfriend or boyfriend, death or loss of a significant other, and a family history of suicide. Other areas the literature did not fit were the loss of a job, failure in school, panic attacks, anti-social behavior, borderline personality, and the AIDS virus.

There was limited research in the area of bi-cultural strain. There has been plenty of literature and research on African Americans, Asian Americans, and the Hispanic population but not on the Native American Indian population. This is an area that clearly shows a gap in the literature.

As for traditional teachings, suicide was a factor for those who lacked traditional teachings. The literature states that spirituality and balance are needed to prevent suicide. This spirituality can be found in Native American traditional elders in the tribe. Native American traditional elders role in the community is to provide knowledge, maintain culture, and educate the younger generations on spirituality. Finally, the literature states cultural community activities were viewed as a prevention method to alleviate suicides in Indian tribes.

The traditional elders from Turtle Mountain felt that the younger generations were not practicing a traditional way of life and this is what was causing suicide. They felt that there was a lack of balance in their lives. A couple of the traditional elders discussed the New World versus the Old World. The Old World is where these traditional elders are from and this is how they maintained their cultural way of life. The New World is where the younger generation gets lost and follows an Euro-American way of life.

For some Native American Indians, guidance from traditional elders can have a large impact on how they function in society. For those who do not seek a traditional elders guidance, may find themselves dealing with personal struggles such as acculturation.

According to the literature, over the years the definitions of acculturation have changed. One of the main points has been that acculturation manifests itself usually in the form of stress. This point goes so far as to define acculturation-stress resolution. Some of the literature stated that acculturation was a cause of suicide while other literature suggests it was necessary for Native American Indians. The resolution would be for Native American Indians to follow a traditional way of life.

When discussing acculturation the traditional elders brought up the New World teachings and why there are so many problems today with Native American Indian suicide. They felt that this was where children were getting their influence today. Another elder felt that the younger generation was living a materialistic and selfish way of life and this was a contributor to suicide. Traditionally, Indian families are brought up to share food and possessions with other family members. According to the elders, this is not what it is like in our current society.

There is an abundant amount of literature that suggests that alcohol and drugs are contributors of suicide with Indian people. The literature also suggests that practitioners need to be culturally sensitive when working with Native American Indian clients and provides suggestions on how to do so.

According to the literature, when treating Native American's for substance abuse it is important for practitioners to be culturally sensitive. For example, if a Native American is seeking help through Alcoholic's Anonymous, it is important to implement spirituality within the treatment program.

The traditional elders felt that when people are using substances like drugs and alcohol they are committing suicide. They also felt that Native American Indians turned to substances because they are confused about their own identity. It is not only adults who are taking part in all of this but also includes young children. The elders feel that these substances have to leave the Turtle Mountain community to alleviate suicide.

According to the literature, the "new buffalo" is the latest term used to describe Native American Indian gaming. The literature proposes that gaming has had positive and negative ramifications to tribes across the nation. Some of these ramifications are supported in this research. Some of the negative ramifications are alcohol abuse, crime, missing work, and abuse/neglect of children. Compulsive gambling increased suicide rates, divorce rates, and alcoholism. The number of tribe that have gaming on the Indian reservation has increased over the years. On the positive side, gaming has contributed to increase in employment, improved infrastructure, augmented health and an increase in indigenous language retention to name a few.

The traditional elders feel parents are spending too much time at the casino and not enough time taking care of their children. This is viewed as causing family separations and children committing suicide due to a dysfunctional home life.

The literature on religion discussed the history and policy that was implemented for Native American Indian people. The policy was the American Indian Religious Freedom Act (AIRFA) of 1978. This Act guaranteed a constitutional protection of the First Amendment right for Native American Indians.

Other literature has stated that people who attend church more frequently and develop networks tend to have low suicide levels. For those who are strictly traditional this literature is insignificant. For those who are religious or a combination of the two this information can be beneficial for preventing future suicides.

Some of the traditional elders felt that there is religion in Indian culture but people don't seek religion for assistance. One elder who is strictly traditional agreed that Native people should go to church for help. One elder discussed the "evil spirit" that causes suicide and related this to the 9/11 attack on America. Most of the traditional elders believed that you could have both religion and spirituality in life. This would assist in alleviating suicide in the tribe.

According to the literature, Native American families need to have respect for each other and utilize their elders in their time of need. Cross, Earle, and Simmons (2000) write:

This respect is the key work in the relationship between Indian children and their parents, it lies at the center of a person's relationship to nature and to the Creator, respect for the elders, respect for the child, respect for all living creatures in life. Respect is really the foundation of discipline and authority, it is basic to every kind of learning as well as to the enjoyment of life.

The literature suggests that the Native American families used to be united with the assistance of extended family members in the tribe. Nowadays, Native American Indian families are changing for the worse. This varies from tribe to tribe. The literature states that Native American families need to become united again with the assistance of traditional elders. This would help alleviate suicide in the community and bring together Native American Indian families.

The Turtle Mountain elders felt that parents were spending too much time gambling and less time with their children. Then the children begin to use alcohol and drugs because there is no one taking care of them. The elders viewed this child neglect as a contributor to suicide. One elder shared her personal experience of attempting suicide as a child for this very reason. One elder expressed that parents need to communicate with their children as well.

In regards to family, the elders felt that other contributors to suicide were abuse, family separation, and children taking care of children. It is the children who commit suicide when the parents separate. Another elder felt this was due to absentee fathers, lack of two loving parents, and lack of an elder or grandparent's influence.

Finally, the literature states that there is an increase in Native American Indian single-parents, divorce, and out-of-wedlock children. These children usually live on the reservation where there are high levels of poverty and unemployment.

The traditional elders felt this contributed to children taking care of children in the community. The elders felt that parents don't have time for their children anymore. They stated that when a baby is born, the parents are not taking care of the

baby. It is the older children that have that responsibility. The elders felt this was why children from Turtle Mountain were going into foster care. Another elder felt that the parents put too much responsibility on the younger children and this is why they commit suicide, especially, when the parents are gone for three to four days and leave the children home alone.

It is important to stress that these themes were based on Indian traditional elders responses to an open-ended questionnaire on the Turtle Mountain Indian reservation. These themes may not be applicable to other tribes in the nation. These social conditions can change over time and vary from tribe to tribe.

Limitations of the Research

There were a total of six traditional elders that were interviewed for this research project. This creates a limitation with the research. It would have been beneficial to have more elders perspectives, but due to the time constraints and one elder declining to be interviewed, six elders were used. The information they provided was very valuable and will assist in educating Indian and non-Indian people on the issue of suicide.

Implications for Further Research

This research was conducted in a rural area. It would be interesting to see the difference of conducting the research in an urban area with the same population. *Urban Indians* are believed to have more problems dealing with suicidal issues due to experiencing higher levels of stress in an outside environment.

The themes that were acknowledged but not supported by the data are still relevant to the issue of Indian suicide. These themes can be looked at when conducting research with this population. These themes were children not having enough to do in the community, and professionals breaching confidentiality. There were also issues of self-esteem, overcoming socioeconomic conditions, and why some elders feel the situation with Indian suicide is going to get worse.

The area of bi-cultural strain is an area with extreme limited literature. This can be an area of future research all on its own. There has been a lot of research regarding other ethnic groups such as Asian, Hispanic, and African American but narrow when it comes to Native American Indians. This is an area of concern and needs to be addressed with this population.

Implications for Social Work

Suicide is an issue that effects everyone directly or indirectly. However, it is crucial that all social workers have an understanding of the American Indian culture. At some point in a social workers career you will be working with a Native American Indian client. It is important to know the history of this population, the social conditions that many of them live in, the struggles they face, and how to work with them as clients. Each client should be viewed as a unique individual. It is important to understand spirituality and how they may want to use Indian medicines in therapy. It is vital that social workers grasp an understanding of suicide and its effects on this ethnic group.

According to McDonald, Morton, and Stewart (1993) many clinicians can follow a "rule of thumb" when working with Indian clients:

1. **Begin and End Each Session by Shaking Hands.** For most tribes, this is a sign of trust and goodwill. It is best to shake the client's hand with the same pressure they shake yours.
2. **Eye Contact.** There is a stereotype that "all" Native American clients avoid eye contact. While this may hold true for some people it is not always the case. A simple solution would be to discuss the issue of eye contact with your client.
3. **Silence.** This can be a form of communication for many Native American's. Some Native American elders may stop to silently pray or some clients may be showing respect by waiting for you to speak. Again, this is something you can discuss with your client.
4. **Laughter.** It is important to keep in mind that Indian people are not stereotypically "stoic". Indian people enjoy laughing and jokes even in difficult life events.
5. **Rituals and Ceremonies.** Native Americans, especially the more traditional, have their own cultural ways of healing. This may include burning sage, sweatgrass, cedar, or to pray, sing, or meet in a spiritual comfortable location. The traditional Native client may wish to give you a gift for helping them.

Although it is well aware that a gift violates the ethical standards of practice. Clinicians should keep in mind that they could be flexible and respectful in these situations.

Another way to accomplish this would be for Native American communities to develop "Heritage Centers" with assistance from traditional elders. This would benefit various age groups of tribal members, other Native American groups and non-Indians.

The journal article states:

These "Heritage Centers" house (1) pictorial living histories of their tribal heritage; (2) auditoriums for ceremonial and social dances, and powwows; (3) facilities for hosting traditional games and social gatherings; and (4) ceremonial dwellings such as "longhouses" in which healing and traditional ceremonies are held for the benefit of all tribal members (Edwards & Edwards, 1998).

Some heritage center residences could house museums, portray historical tribal arts or modern art, have gift shops that promote sales of tribal art, create theaters for local plays, hold ceremonies, and other cultural community events.

Another idea would be to enhance the strength of Indian and non-Indian people through community development activities. This would involve creating a cultural enhancement model that would put emphasis on four great powers.

The goal of this community is to enhance the meaning of life through traditional values of (1) spirituality-living in harmony with the spiritual teachings of tribal groups; (2) intellectual development of knowledge; (3) emotional well-being-development of self discipline through respect for nature, family, and clan; and

(4) physical well-being-achieving holistic wellness by adhering to principals of good health (Edwards & Edwards, 1998).

There are a variety of activities that community members could become involved with. These include martial arts or cultural arts such as beading, weaving, basketry, and leather work. Community members could enhance their native language skills, learn about traditional medicines, drumming circles, sweat lodge ceremonies, and vision quests. These activities could be available with assistance from spiritual or traditional healers. These traditional elders would be treated with the respect and honor during "giveaways" and tribal ceremonies according to the tribe's cultural beliefs.

Social workers need to read literature, continue education, attend training sessions and seminars as they pertain to the Native American Indian cultures. There are over 500 Indian tribes that have over 200 various dialects of Indian languages in the United States. Therefore, each tribe and individual should be viewed as unique.

As well, when working with the Native American Indian population it is imperative to understand that most of them come from rural areas. These rural areas lack the necessary resources for Indian people to utilize. Therefore, it is important for social worker to assist Indian people and inform them with the resources that are available to them in their area.

Finally, social workers could also provide training on suicide prevention and intervention in their area especially for those working in rural or tribal areas. This training can be done in schools, tribal colleges, churches, hospital, or community center. Educating various age groups on suicide prevention and intervention could

assist in reducing the number of people taking their own lives senselessly. Part of a social worker's ethical responsibility in practice settings according to the Code of Ethics is to educate and train. This can be accomplished by a social worker's area of knowledge and competence.

APPENDIX A

Interview Questions

My name is Serena Marsden and I am interviewing traditional elders from the Turtle Mountain Indian reservation to discuss the issue of suicide. I am an UND graduate student working on my thesis for my Master's in social work degree. I am hoping this research will bring about awareness to the issue of suicide and assist in educating native and non-Native people.

I want to talk about suicide prevention and intervention. I want to obtain traditional Native American elder's views on this issue. I am hoping to conduct the interviews and my questions will be based on what their response are. The duration of the interview will last as long as it takes for each participant to answer all of the open-ended questions. I am interested in this topic because suicide effects individuals, families, and communities. I want to research this topic to find out what the traditional elders have to say to prevent the rise of suicides among the Native American population. Hopefully, native and non-native people can learn from my research. These interviews will be reviewed by the Tribal Council upon completion.

1. Tell me how you define a traditional elder?
2. Tell me about your background?
3. What do you believe are the causes of suicide in Turtle Mountain?
4. Tell me why you think that way?
5. Tell me what you think about suicide in this community?
6. Is this a good thing or bad thing?
7. Tell me why you think that way?
8. What is the expectation of suicide in your Native American culture?
9. Is it accepted or not accepted?
10. Tell me what you think could prevent future suicides?
11. Tell me why you think that way?

APPENDIX B

May 21, 2001

Re: Research Meeting

As per our conversation on the telephone, I am setting up a meeting to do research on the Turtle Mountain Indian Reservation. My name is Serena Marsden and I am a graduate student from the University of North Dakota. I am currently in the process of starting to work on my thesis.

I am hoping to interview a few of your traditional elders from your community and talk with them about their perspective on Native American suicide prevention and intervention. I am going to begin my thesis by obtaining permission from your community and then I will begin my Institutional Review Board (IRB) process.

I also understand that I also have to obtain permission from the IHS. I will respect all confidentiality issues that you may have and I will answer all of your questions at our future meeting to the best of my ability. I look forward to meeting with all of you on June 7th, 2001.

Sincerely,

Serena Marsden
UND Graduate Student

APPENDIX C

RESOLUTION NUMBER TMBC1937a-0601 OF THE DULY ELECTED AND CERTIFIED GOVERNING BODY OF THE TURTLE MOUNTAIN BAND OF CHIPPEWA INDIANS

WHEREAS, the Turtle Mountain Band of Chippewa Indians, hereinafter referred to as the Tribe, is an unincorporated Band of Indians acting under a revised Constitution and bylaws approved by the Secretary of the Interior on June 16, 1959 and amendments thereto approved on April 26, 1962, April 03, 1975, October 25, 1990, November 03, 1992, February 03, 1995, February 5, 1997 and March 22, 2000; and

WHEREAS, Article IX (a) Section 1 of the Turtle Mountain Constitution and Bylaws empowers the Tribal Council with the authority to represent the Tribe and to negotiate with the Federal, state and local governments and with private person(s); and

WHEREAS, Serena Marsden, a UND graduate student wishes to conduct interviews as part of her thesis, of traditional elders from our community on their perspective on Native American suicide prevention and intervention; and

WHEREAS, all comments will be held confidential and will be reviewed with the Tribal Council upon completion; now

THEREFORE BE IT RESOLVED that the Tribal Council is granting permission to Serena Marsden to conduct research for her thesis to interview traditional elders from our community on their perspective on Native American suicide prevention and intervention.

CERTIFICATION

I, the undersigned Tribal Secretary of the Turtle Mountain Band of Chippewa Indians, do hereby certify that the Tribal Council is composed of nine (9) members of whom **eight (8)** constituting a quorum were present at a meeting duly called, convened and held on the **1st day of June, 2001**, that the foregoing resolution was adopted by an affirmative vote of **seven (7) in favor**; none (0) opposed; and the Chairman not voting.

Tribal Secretary

CONCURRED:

Chairman

APPENDIX D

REPORT OF ACTION: EXEMPT/EXPEDITED REVIEW
University of North Dakota Institutional Review Board

Date: July 25, 2001 Project Number: IRB-200107-015
Name: Serena Marsden Department/College: Social Work
Project Title: Perspective of Traditional Elders on the Turtle Mountain Indian Reservation

The above referenced project was reviewed by a designated member for the University's Institutional Review Board on July 26, 2001 and the following action was taken:

- Project approved. Expedited Review Category No. _____
Next scheduled review is: _____
 - The attached consent form, dated _____ is the only consent form which may be used for this study.
- Project approved. Expedited Review Category No. 2
This approval is valid until Nov 31, 2003 as long as approved procedures are followed. No periodic review scheduled unless so stated in the Remarks Section.
 - The attached consent form dated July 26, 2001 is the only consent form which may be used for this study.
- Project approved. Receipt of corrections/additions. These corrections/additions should be submitted to ORPD for review and approval. This study may not be started until final IRB approval has been received. (See Remarks Section for further information.)
- Project approval deferred. This study may not be started until final IRB approval has been received. (See Remarks Section for further information.)
- Project denied. (See Remarks Section for further information.)

REMARKS: Any adverse occurrences in the course of the research project must be reported immediately to the IRB Chairperson or ORPD.

Any changes in protocol or Consent Forms must receive IRB approval prior to being implemented. You must submit a memo with a copy of the Consent Form and a revised Human Subjects Review Form, with the appropriate signatures, to the Office of Research and Program Development for review and approval.

PLEASE NOTE: Requested revisions for student proposals MUST include advisor's signature. All revisions MUST be highlighted.

Education Requirements Completed. (Project cannot be started until IRB education requirements are met.)

cc: Dr. Miss Jacobson

Cory D. Davi 7/26/01
Signature of Designated IRB Member
UND's Institutional Review Board



If the proposed project (clinical medical) is to be part of a research activity funded by a Federal Agency, a special assurance statement or a completed 310 Form may be required. Contact ORPD to obtain the required documents.
(Revised 2/2001)

APPENDIX E

August 17, 2001

Serena Marsden
1850 34th St. S. #111
Grand Forks, ND 58201

AAIRB #: 01-R-21AA

Dear Ms. Marsden,

On August 17, 2001 the Aberdeen Area Institutional Review Board (AAIRB) reviewed protocol 01-R-21AA "Perspective of Traditional Elders on the Turtle Mountain Indian Reservation."

The AAIRB is unable to approve your protocol until the condition of revising the Consent Form to decrease the reading level to the 6th grade reading level is met. And please address the situation of people who cannot read or see clearly.

Please submit the requested response by September 17, 2001. If we have not heard from you by that date, approval for your study will be suspended. This is not a letter of final approval. The final letter of approval will be sent when the changes are reviewed and all AAIRB conditions are met. Contact Marsha Remleitner or Connie Ryan, AAIRB Coordinators, at (605) 226-7535 if you have any questions or require further information.

Sincerely,

Elaine Miller, MD
Co-Chairperson, AAIRB

cc: IHS National IRB

APPENDIX F

September 7, 2001

Serena Marsden
1850 34th St. S #111
Grand Forks, ND 58201

AAIRB #: 01-R-21AA

Dear Ms. Marsden,

The Aberdeen Area Institutional Review Board (AAIRB) has reviewed the information you submitted fulfilling the conditions set for protocol 01-R-21AA "Perspective of Traditional Elders on the Turtle Mountain Indian Reservation."

This is to confirm that your application is approved. You are granted permission to conduct your study as described in your application effective immediately. The study is subject to continuing review on or before **August 17, 2002**, unless closed before that date.

Please note that any changes to the study as approved must be promptly reported and approved. Some changes may be approved by expedited review, others require full board review. This approval does *not* cover any presentations (oral, poster, or handouts) that may be made regarding this study. Presentations will need a separate AAIRB approval and Service Unit/Tribal approvals if necessary. Contact Marsha Rernleitner or Connie Ryan, AAIRB Coordinators, at (605) 226-7535 if you have any questions or require further information.

Sincerely,

Elaine Miller, MD
Co-Chairperson, AAIRB

cc: IHS National IRB
UND IRB

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