“AHO! ALL MY RELATIONS:” NATIVE IDENTITY AND ITS RELATIONSHIP TO PSYCHOLOGICAL WELL-BEING

A Dissertation

Presented to

The College of Graduate and Professional Studies

Department of Psychology

Indiana State University

Terre Haute, Indiana

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Psychology

---

by

Jamie Ramsey

December 2014

Keywords: Native identity, Natives, American Indians, psychological well-being, blood quantum, community involvement

COMMITTEE MEMBERS

Committee Chair: Patrick Bennett, Ph.D.

Associate Professor of Psychology

Indiana State University

Committee Member: Liz O'Laughlin, Ph.D.

Professor of Psychology

Indiana State University

Committee Member: Tom Johnson, Ph.D.

Professor of Psychology

Indiana State University

Advisor: Jacqueline Gray, Ph.D.

Associate Professor and Associate Director of the Center for Rural Health

School of Medicine and Health Sciences

University of North Dakota

ABSTRACT

This is the first known study to examine the relationship between Native identity and psychological well-being, which is defined by Ryff in positive psychology as existential strengths. It is also the first known study to investigate the relationship between Native identity and blood quantum through quantitative measures. Overall, 199 Natives from two American Indian Centers, three Indiana powwows, and online from Facebook participated by completing the Ryff's Scales of Psychological Well-being, Phinney's Multigroup Ethnic Identity Measure, and demographic information. The main hypothesis was to explore whether any of the psychological well-being subscales (positive relations, autonomy, mastery of environment, self-acceptance, personal growth, and/or life purpose) was associated with achieved Native identity status. Interestingly, only positive relations was significant in correlation with Native identity. A second hypothesis that diffused Native identity development would be associated with less Native ancestry, based on the negative, internalized socialization of blood quantum, was not supported; Native identity appears to be more complex with its multiple influences. However, the third hypothesis that achieved Native identity status was associated with more Native community involvement was supported. This is understandable in light of its high importance in Native values and identity formation. The discussion reviews the potential reasons for such results, as well as implications for promotion of more traditional community involvement in Native programs and services.

ACKNOWLEDGEMENTS

I simply wish to thank the Creator, my family and friends, and all who helped me on this passionate and challenging journey of re-search. I could not have completed this without the love, support, and prayers of others. I do this research in honor of all Indigenous Peoples, and for the Children of the next Seven Generations. Wado, wanishi, miigwetch, wopila….

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1

INTRODUCTION

Overview

In 2011, there were 1.9 million American Indians representing the 565 federally recognized tribes in the United States (U.S. Department of the Interior). There were 2.5 million people who self-identified as American Indian in the 2002 Census, with another 1.6 million individuals claiming to be part American Indian (Gone, 2009; Sutton & Broken Nose, 2005). With at least another 200 tribes that are state-only recognized, and other unofficial American Indians (for several historical reasons), there are a variety of ways to culturally identify as an American Indian (Trimble & Clearing-Sky, 2009). Some individuals call themselves American Indian mainly due to ancestral inheritance, or recognition of having at least the minimum required amount of blood quantum, or percentage of Native ancestry (and/or by specific tribal laws). However, others identify to be American Indian also based on being involved in an American Indian community, and from practicing American Indian customs and religious tribal beliefs. Community is highly traditionally valued for American Indians, and it also serves several positive *functions*, such as increasing self-esteem, resiliency, and social support. Furthermore, variations in cultural ways among those who identify as American Indian depend not only on the unique tribal culture, but also on the effects of residential context. In particular, there are advantages and disadvantages to living on a reservation and to living in an urban setting, and so a

large percentage of American Indians attempt to live both in the city and on reservations to maximize the benefits.

Cultural identity is a meaningful source of pride for many American Indian people, and yet it has been threatened throughout history due to the effects of post-colonization and cultural genocide (Tafoya & Del Vecchio, 2005). The experienced losses of homelands, languages, and traditions have consequently fragmented strong Indian values such as family and communal sharing, and have influenced intergenerational problems such as alcoholism, domestic violence, depression, and suicide (Belcourt-Dittloff & Stewart, 2000).

Regaining a sense of indigenous identity, including historical heritage, language, and spirituality, therefore, has been considered by Native psychologists to be an antidote to the bereavement and historical trauma of losses endured by American Indian people (Gone, 2009). Maintaining traditional Native values and identity within majority culture may influence resiliency and persistence to succeed (Montgomery et al., 2000). A strong ethnic identity can reduce the effects of negative stereotypes and discrimination, and enhance one's awareness of the tribal or minority group's positive attributes (Smith & Silva, 2011). However, it may not reduce experiences of distress or mental health problems in minorities, at least partly due to more vulnerability to the occurrence of systemic discrimination and racism (Smith & Silva, 2011). American Indians as a minority group are especially affected by racism, currently as well as historically, with disproportionate levels of high mental distress (Belcourt-Dittloff & Stewart, 2000; Gone, 2009).

Thus, enhancing purpose and resiliency through strong Native identity seems essential to the holistic healing process for an Aboriginal person (Gone, 2009). Strong ethnic or indigenous identity, as a form of confident self-knowledge and collective social support, should be

positively related to personal well-being (Smith & Silva, 2011). Such cultural and spiritual reclamation may particularly influence psychological well-being (PWB) through increased meaning in life. PWB involves one's perceived ability to meet the existential challenges of life, such as having significant goals, self-acceptance, and good relations (Keyes, Ryff, & Schmotkin, 2002; Ryff & Keyes, 1999). PWB stresses mastery, purpose, and personal growth despite life's obstacles, thus it also is related to resiliency.

Statement of the Problem

Despite the importance of Native identity and its potential influence on psychological well-being (or vice versa), no known studies have been done to determine if there is a relationship between both constructs. Relatively few studies have investigated identity for American Indians in relationship to aspects of mental health and/or well-being (that is synonymous to self-esteem, community efficacy, and/or life satisfaction) (Adams, Fryberg, Garcia, & Delgado-Torres, 2006; Krause & Coker, 1999). Much more research on identity and aspects of well-being has been performed with other racial-ethnic minority groups compared to American Indians; there is no established American Indian identity development model, unlike for other racial minorities (Smith & Silva, 2011). Moreover, most research that has been done on American Indian identity has focused on adolescents in order to understand its developmental processes. However, studying adults may be beneficial, depending on the research question, because they may have more stable, more explored, and/or more developed identities compared to adolescents (Albright & LaFramboise, 2010; Kail & Cavanaugh, 2009). American Indian psychological research also tends to concentrate on unhealthy behaviors and mental health issues, and neglects the positive qualities of their cultures (Kenyon & Carter, 2011). However, this project will focus on the potential strengths of American Indian identity. Overall, more

information on Native identity and its relationship to psychological well-being could improve health services in order to better meet the cultural needs of American Indians.

Definition of Terms

To prevent misunderstanding, this study clarifies several definitions used in this research project.

American Indian, Native American, Indian, Aboriginal, and indigenous are interchangeable terms for an individual or group associated with the first known ethnic and racial cultures who inhabited the Americas. Clans or bands are smaller units of indigenous groups called tribes, connected to extensive family relations.

For the purpose of this dissertation, “Native” or “American Indian” will be applied. These terms were chosen because “Native” is used as an umbrella term for all indigenous peoples, and the accepted term by the National Congress of American Indians is American Indian/Alaska Native (J. Gray, personal communication, September 24, 2014). However, it also is recognized that not all North American indigenous groups accept such terms as a form of identification. Instead, the acceptance of any terms by Natives to label themselves depends more on other influences such as residential type (ie. urban or reservation), generation or political era, and home region (i.e., the Canadian Aboriginal or the States’ American Indian). Many Natives prefer to be identified by their tribe or Nation, such as “Cree” and “Oglala Lakota.” Alaskan Natives, Native Hawaiians, Canadian Aboriginals, and Mexican Indians were included in this study since they considered themselves in this research to be indigenous Natives of North America.

Native identity is related to a perceived sense of belonging to an indigenous tribal culture and way. It encompasses the internalized history, worldview, values, practices, and experiences

of a tribe, and feeling and expressing oneself to be racially, ethnically, or culturally Indian (Lucero, 2010).

Federal law requires blood quantum to be at least twenty-five percent in degree or amount of Native ancestry in order to define someone as American Indian. Tribes tend to have their own specific requirements for member enrollment, which may differ from the federal law in regard to degree of Native ancestry.

Racial identity is a social construct that pertains to feeling aligned to a certain racial group (corresponding to similar physical or genetic features), in more broad terms, such as Asian, Latino, Caucasian, American Indian, and African American. Race is a created category that has conditioned people to perceive natural, separate groups, with underlying different cultures (Hud-Aleem, Countryman, & Gillig, 2008). Culture can be broadly defined as anything a group (or individual in the group) does, thinks, and has. It is what a group does to define itself and survive, via customs, ceremonies, and traditions that may change over time and setting (Bryant & Baker, 2003; Christensen, 1999). Culture also is related to shared meanings in beliefs, values, and symbols (Christensen, 1999).

Ethnic identity, however, is more specific than racial identity, and pertains to a sense of inclusion as part of a certain culture and language, with kinship ties (Smith & Silva, 2011). Ethnic identity can be defined more specifically as the overall attitude that an individual has about the symbols, values, and shared histories that identify him/her as a member of a distinct group (Christensen, 1999). It also involves a sense of belonging and social participation in a self-identified ethnic group. Ethnic identity can change over time and context. The meanings of racial and ethnic identities overlap, and ethnicity can be equated to being a racial minority, but they are not the same (Christensen, 1999; Smith & Silva, 2011).

When an individual is more than one race or ethnicity, he/she is identified as biracial (two races), multiracial (two or more races), or multi-ethnic, respectively. Interracial is a term related to a family unit having at least two racial backgrounds, or a couple that consists of different races (Kerwin & Ponterotto, 1995). Bicultural or multicultural implies acceptance of more than one culture.

Theoretical Framework

Native Psychology, as part of Ethnic Minority Psychology, is a relatively new approach in the field of psychology that focuses first on directly serving local indigenous community needs and diverges from more common therapy approaches based on White, Anglocentric, colonial culture (Gone, 2009). This implies that mainstream psychological approaches may need to be modified for the particular community to minimize or eliminate bias. Native Psychology uses a multicultural model for more culturally sensitive therapies (CSTs), employing tribal perspectives that have their own experiences of social representations, cultural patterns, and reality structures. Native Psychology recognizes that American Indian people have a unique historical legacy compared to other racial-ethnic groups in mainstream U.S. culture, and therefore have a special set of problems that do not necessarily map exactly onto Western psychopathology in function, form, or content (Gone, 2009). It focuses less on personal deficits and more on systemic oppression (e.g. boarding schools, assimilation), community susceptibility (e.g. religious bans, suppressed traditions), and intrapersonal factors (lack of resources to cope, losses) (Gone, 2009; Sue, 2009). Tribal group behaviors and values are not, therefore, considered lacking or inferior in Native Psychology, but institutions are critiqued in order to catalyze policy changes that promote more well-being. Essentially, the indigenous model attempts to decolonize American Indians by collective, intentional, and reflective examination for improvements in

quality of life, instead of uncritically accepting Western ideology as the ideal standard. To "decolonize" means basically to liberate American Indians from Western oppressions through awareness and healing (Duran, 2006). Native Psychology is multidisciplinary, relating as well to anthropology, sociology, psychiatry, and social work.

Purpose of the Study

At a time when psychology is acknowledging the need for more ethnic minority research, this study seeks to examine the relationship between identity development status and psychological well-being (defined as having existential strengths) for American Indians. Identity development will be measured using Phinney's (1992) pan-ethnic statuses since there are no established American Indian identity development models and the assessment is deemed appropriate for all ethnic groups. Based on the identified benefits from the Native American cultural reclamation, it is hypothesized that achieved identity as an American Indian will be related to the dimensions of psychological well-being. Other factors that may influence sense of identity will be investigated as well, such as degree of Native ancestry and access to participating in traditional ways of one's tribe in a community. In particular, how does blood quantum influence an American Indian's sense of identity? Based on the more divisive and negative socialization from blood quantum, the hypothesis is that diffused Native identity development will be related to lower percentage of American Indian ancestry. However, it also is hypothesized that achieved American Indian identity will be related to those who participate more often in the traditional ways of a Native community.

CHAPTER 2

REVIEW OF THE LITERATURE

Ethnic Minority Psychology

Ethnic Minority Psychology is a domain of psychology that recognizes the perspectives of racial and ethnic minorities (Leong, 2009). There have been meaningful developments within this sub-field since its conception in the last half century, despite neglect of racial-ethnic minorities in the history of general psychology publications. While working to establish its niche in psychology, its movement attempts to rectify ethnocentric biases that occur in psychological science and practice for justice and equality. Ethnic minorities, as historically oppressed groups, have been underrepresented in psychology, with relatively little research, knowledge, or theory based on their cultures. Instead, knowledge on Latinos, Asian Americans, African Americans, and American Indians (including Alaska Natives and Native Hawaiians) has often been based on racist, and/or stereotypical assumptions, and assessments and interventions that may not generalize beyond majority U.S. culture. Therefore, psychological practices *tended* to fail in improving the quality of life for ethnic minorities until the institutional policies and programs were challenged on their racism and its subtle and direct effects on treatment of minorities (Sue, 2009).

Native Psychology

American Indian and Alaska Native Psychology, as a sub-field of Ethnic Minority Psychology, pertains to the psychological study of the perspectives of American indigenous

people, in light of their history and culture, and it seeks to facilitate more effective assessments and interventions. Compared to other ethnic studies in psychology, Native psychology is a relatively new development. Currently, there are about 350 Natives with doctoral degrees in psychology, compared to the 10 Native doctoral professionals who commenced work with psychology doctorates during the late 1960s (Trimble & Clearing-Sky, 2009). Moreover, several American Indians have been leading figures in the American Psychological Association's (APA) governance activities, including Logan Wright (1985 APA President), Teresa LaFramboise, and Joseph Trimble, to name a few. The growth in American Indian psychologists and leaders is largely due to educational programs that recruit and encourage American Indians to obtain doctoral degrees in psychology so they can serve the mental health needs of Native communities. Programs such as the Society of Indian Psychologists (SIP) and INPSYDE (the Indians into Psychology Doctoral Education) have played huge roles in retaining Native students through cultural sensitivity and accommodation, mentorship, and active support.

Other than studies on intelligence in the 1920s and 1930s, little literature on the psychology of Natives existed before the 1960s, despite the fact that Natives are the most studied ethnic group in the United States in behavioral and social sciences (Trimble & Clearing-Sky, 2009). This partly is attributed to Native psychology being interdisciplinary in nature, involving sociology and anthropology, for example. Furthermore, early writings discussed American Indians as if they were becoming extinct. Increased awareness and interest in American Indians during the mid-1960s led to the emergence of psychology research, typically regarding alcohol and drug abuse, and mental health. Articles discussing ways to counsel American Indians began to be published in 1965, and discussed topics such as applying psychoanalytic theory, as well as topics such as Indian self-concept, personality, and values, and managing value conflicts with

non-Indians. There were only 203 psychology references on American Indians in the 1960s, which rose to 1,434 psychology references in the 1990s (Trimble & Clearing-Sky, 2009). Moreover, relatively few books have been written on Native Psychology. Overall, research specifically in psychology has been lacking in content in regard to American Indians.

American Indians

American Indians (also interchangeably referred to as Native Americans, Indians, aboriginal people, Native people, American indigenous people, and so on) compose many heterogeneous tribal groups that are indigenous to America, and whose individual cultures are based on spiritual relationships to their environments. Although some similarities in belief sets exist, indigenous tribes have diverse religions, lifestyles, languages, and kinship and community systems that are collectively represented under the term American Indian (Choney, Berryhill-Paapke, & Robbins, 1995; Sutton & Broken Nose, 2005). American Indians comprise about 1% of the United States population (Christensen, 1999). American Indian identity can be controversial and tentative in nature due to tribal diversity and multiple definitions; a survey from the Department of Education (DOE) resulted in 70 different definitions for American Indian identification (Trimble & Clearing-Sky, 2009).

What is the "Real" American Indian? Social Tensions

There are many conflicting messages from both majority and American Indian cultures about what makes an individual American Indian. American Indians are the only minority group who currently are legally identified in the United States and Canada by percentage of American Indian genetic heritage (for political and economic purposes), or blood quantum, versus the hypodescent rule (i.e., the "one-drop rule of blood" as a socio-historical term) used for other races and ethnicities (Gonzalez & Bennett, 2011; Hud-Aleem, Countryman, & Gillig, 2008; Sue

& Sue, 2008b). The Bureau of Indian Affairs (BIA) currently defines an American Indian as someone with at least one-quarter blood quantum, and who is registered or enrolled as a member to a federally recognized tribe (Trimble & Clearing-Sky, 2009). Blood quantum is a European construct initiated in the 19th century, and was related to European-American efforts to control the American Indians (Churchill, 1999; Fogelson, 1998). Churchill (1999) argued that precontact American Indians did not rely on "blood percentages" for indigenous identity or tribal membership; family ancestry, instead of racial genetics, was of core importance. Furthermore, Churchill stated that the legal requirement, contrary to traditional indigenous ways, was an imposed policy to diminish and destroy Native culture. Many American Indians also perceive it as a way to divide the American Indian people (Hamill, 2003). For example, the current, stricter revision of blood quantum criteria for Natives, which changed from 1/16th in the 1930s to the present requirement, has consequently split families apart. In other words, certain family members are recognized and have rights as American Indians, whereas others are not, which *can* lead to social and emotional tensions (Nenemay, 2005).

Blood quantum has become problematic for the Native American population given that the majority of American Indians are now multiracial (Sue & Sue, 2008b). American Indians and non-Indians have intermarried since the end of the Precontact era, and intermarriage has greatly increased since the 1960s and 1970s with the urbanization of American Indians (Lucero, 2010). Some American Indians lamented the decrease and lack of real tribal Indians in interviews during the late 1960s (Hamill, 2003). In the mid-1990s, roughly 80% of all American Indians were bi- or multiracial; American Indians of mixed heritage will increase, so that by the end of this century, it is projected that only 8% of American Indians will have at least one-half blood quantum (Lucero, 2010). According to the U.S. Census Bureau, in 2005, there were 1.3 million

American Indian and White biracial individuals. For every 100 Native babies born, there are 140 Native-White infants born (Crohn, 1998). However, as more people begin to identify as American Indian, even as multiracial, a growth rate in American Indian population may occur that eventually reaches its original number (5 million) from the Precontact era (Choney et al., 1995).

Certified Degree of Indian Blood (CDIB), along with tribal membership, are the bases for confirming how Native an individual is by ancestry (Hamill, 2003). CDIB is the formal documentation that an individual fits the legal requirement of blood quantum in order to be considered American Indian. However, blood quantum is perceived increasingly as a necessary, but not sufficient determinant of identity. Percentage of Native ancestry as a Native identifier is common in discussions among American Indians, and it is a major topic within American Indian studies. Because of the underlying debate about how to define an American Indian, tribes have varied minimum blood quantum levels for acceptance as members. Tribes such as the Miami, Choctaw, and Cherokee request evidence for ancestral lineage, but set no minimum blood quantum. The highest blood quantum minimum is one-half for the White Mountain Apache tribe (Hamill, 2003). Certain tribes, such as Zuni, have until recently excluded those in their tribe who are not fully Native from attending ceremonies; now, individuals who are half Zuni are more often accepted and allowed to participate. Another issue underlying tribal membership is American Indian treaty benefits and rights, such as education scholarships and health care. For example, scholarships have been given to people with blood quantum as low as 1/1024 (Hamill, 2003). Tribal resources are limited; thus, there are community concerns with regard to the lowering of minimum blood quantum, as it is possible that this assistance may not go to whom it was originally intended.

In 2011, there were 1.9 million American Indians representing the 565 federally recognized tribes in the United States (U.S. Department of the Interior). However, 2.5 million people self-identified as American Indian, with another 1.6 million people claiming to be biracial and part Indian, according to the U.S. Bureau of the Census in 2002 (that permits self-declaration of ethnic identity) (Gone, 2004; Sutton & Broken Nose, 2005). There are several valid reasons why many more people claim Native identity than what the federal BIA numbers reflect (Gone, 2004, p. 11) beyond being (so-called) "wannabees." American Indians affiliated to the 200 tribes that are not federally, but state, recognized, including those from small tribes that never signed treaties, are not included in the BIA total. There are many Black-Indians who were disenfranchised from their own tribes, and there are multitribal American Indians who do not meet criteria for any tribal enrollment (Gone, 2004). Some American Indians, regardless of their degree of ancestry, have difficulties enrolling into a tribe due to nonexistent (or inaccessible) documentation of heritage for individual and collective historical reasons. For example, there are cases of American Indians with full ancestry who do not have documents to confirm it because they were adopted out of their tribes (D. Poe, personal communication, September 18, 2011). Finally, there was a time when American Indians, who were treated as inferior to Whites, would conceal their heritage in order to stay on their lands and farms. Ways to conceal American Indian status included intermarriage with Whites, changing last names, or pretending to be another darker European ethnicity, such as Greek or Jewish (R. Laybourne, personal communication, February 21, 2011).

Residency

American Indian identity also may differ depending on residency. About half of the U.S. American Indians reside in the West, and 500,000 Natives live near or on reservations (Gone,

2004). In another earlier estimate, nearly 30% lived on reservations, and more than half lived in urban areas (Christensen, 1999).

American Indians who live on reservations tend to grow up knowing their tribal cultures and mother languages. However, substandard housing, poverty, prolonged and consistently high unemployment rates, poor health care, malnutrition, higher morbidity and mortality rates, and suicide are among the issues that plague those living on the reservation.

Since urban areas have increased prospects for jobs and education, many American Indians have become urbanized since the 1950s, so that only 24% of U.S. American Indians lived on reservations in 1980 (LaFramboise, 1988). However, the urban lifestyle has contributed to stress from having to adjust to majority culture, as well as difficulties in maintaining traditional tribal cultures and language (LaFramboise, 1988). Some American Indians have been raised outside the reservation with little or no learning of their traditional heritages (Lomay & Hinkebein, 2006). Loss of traditions may be due to urban American Indians experiencing more interactions with other ethnic groups and majority culture, along with more interracial marriages (Lucero, 2010). Urban lifestyles tend to negatively influence tribal connections and cultural identity, with less stress on specific tribal ways and more blended, pan-Indian identification. Although sometimes urban Natives can, and do, form strong tribal identities and connections through forming communities to continue to practice cultural traditions, with some existing for more than 50 years, they also tend to have cultural values that differ from reservation Indians due to economic, educational and social influences that impact change in culture — to the extent that it has been questioned as to whether they are truly Indians (Choney et al., 1995; Peroff & Wildcat, 2002). Therefore, a large percentage of Indians attempt to live both in the city and on

reservations in order to have more opportunities, yet preserve culture and community ties, respectively (Lomay & Hinkebein, 2006; Lucero, 2010).

Regaining Native Identity

American Indian identity can be established by ancestral descent, community bonding, and reconnecting to land origins, which are major aspects for acceptance within Native communities, as well as by societal standards. Krouse (1999) investigated how urban American Indians with mixed heritages managed to regain tribal ties by using their Native ancestry to reconnect with kinship ties and ultimately restore their Native identities. Kinships were re-established by adoption, marriage, or finding biological relations, which facilitated legitimacy in the Native community and access to cultural participation and knowledge.

In another study, ancestry was less related to identity than learning and practicing traditional ways in a community (Bryant & LaFramboise, 2005). Lumbee American Indians with mixed heritages who were actively involved in traditions identified more with being American Indian than with their other heritages. They also had integrated identity development despite having undocumented tribal history. Furthermore, the Lumbee people lack a traditional language. Therefore, although speaking traditional language tends to be a core element to American Indian identity, this supports that its importance may not be applicable for tribes that have lost their languages (Gonzalez & Bennett, 2011).

American Indian Identity: Community as Strength

Acceptance into a Native community often becomes more significant than legal requirements for American Indian identification since there can be difficulties gaining official acknowledgement based on documented Native ancestry (Hamill, 2003; Sutton & Broken Nose, 2005). Being part of an American Indian community, which is highly culturally valued, has

several benefits and functions. Family and social networks can meet needs for reassurance of worth, intimacy, nurturing, and social integration, and they are crucial in influencing psychological and physical health (Christensen, 1999). The increased social support from being in a community added to resilience more than sense of mastery in one study with 160 American Indian women (Hobfall et al., 2002). More self-esteem from having group identity, along with pride and belongingness from its social support, may be related to less depressive symptoms. Additionally, ethnic group solidarity is important in combatting or managing oppressions and discrimination, which American Indians have historically and currently experienced (Bombay et al., 2010; Yoon, 2011). In one study, 99% of the American Indians reported having at least one discriminatory experience in the past year. Ethnic group identity was cited as the most important compensatory resilience factor in affecting the influences of discrimination on wellness, in that it may directly relate to wellness and reduce the impact of discrimination. Discrimination predicts health outcomes better than other stressors, and its experience by American Indians is related to negative social and health outcomes, such as depression. More in-group identity, with meaningful affect and relationships, offers a protective function against discrimination's influence on self-esteem, depression, and other social-emotional functioning (Bombay et al., 2010).

Traditional Values among American Indians

American Indians often place much value on familial relationships, which tend to be central to their overall welfare (Bagley, Angel, Dilworth-Anderson, Liu, & Schinke, 1995). The definition of "family" tends to encompass the immediate biological family (biological siblings, parents, grandparents) and spousal relationships, as well as extended family (uncles, aunts, cousins) and clan members (Lomay & Hinkebein, 2006). Daughters-in-law and brothers-in-law

are referred to as daughters and brothers, and cousins may also be called brothers or sisters (Sutton & Broken Nose, 2005). Traditionally, the main caregiving relationship is with grandparents; however, grand aunts or uncles, and aunts or uncles can likewise be parents to their nieces and nephews. Generally, the strength of the emotional relationship is more important than genetic relationships, so that individuals with non-biological relationships and Medicine people may also be adopted into American Indian families.

American Indians traditionally share with their families and relations in a communal manner, or for the common good of everyone in the community. Those who cooperatively give the most to their family and friends, and then extend their gifts to help the community, band, or tribe, are also the ones who usually receive the most respect (Sutton & Broken Nose, 2005). For instance, giveaways, or the giving away or "gifting" of possessions to other people for their needs and benefits, are still common practices among the Native people during community events or ceremonies. American Indians are hierarchical collectivists, and traditionally think about the greater good for their elders, the children, and other relations more than themselves when making decisions. Elders, who traditionally give oral teachings through storytelling, are highly respected for their authoritative wisdom and knowledge related to tribal culture (Christensen, 1999). As part of this respect, children and others are expected to listen and observe (to learn), instead of giving their own opinions.

American Indians traditionally believe in maintaining harmony and balance with nature instead of trying to control it. They believe in the sacredness of all their relations, extending beyond human relationships and ancestry to include spiritual and natural connections, such as with animals, plants, wind, mountains, and water. American Indians recognize the symbiotic relationship with nature and its elements to self and others.

Each tribe has original, unique spiritual beliefs related to healing, traditions, and ceremonies. However, the type of religious involvement for American Indians may differ by individual or group (Kenyon & Carter, 2011). For example, some American Indians practice Mormonism or other forms of Christianity, while others solely practice their traditional old ways and attend ceremonies. Still other American Indians find ways to blend traditional religious beliefs with other Western religions, such as through the Native American Church (Choney et al., 1995; Hamill, 2003; Lomay & Hinkebein, 2006). These religious differences may influence interpretations or understanding of a health problem, and consequently affect treatment-seeking behaviors, such as whether a family or individual will use Western medical services, holistic traditional healing, or both as complementary interventions.

American Indian History

Although overlooked by majority culture, it is necessary to understand and give validation to the traumatic history of American Indians in order to fully grasp the current mental and physical health problems they endure (Trimble & Clearing-Sky, 2009). In the past few centuries, American Indians have experienced manifold losses, particularly their tribal homelands, languages, and traditions. Unlike immigrants who started anew and often toiled to gain equal status in America, American Indians had cultural strengths and resources, including unity with the land, that governmental policies continually attempted to eliminate and/or take away from them until more recent history (Johnson, et al., 1995).

Paniagua (1994) elaborated on four eras of American Indian history. Precontact was the timeframe for American Indians before the arrival of Europeans, earlier than 1492. During this era, each tribe lived relatively isolated (except during trade exchanges), and commonly named their own groups as “the (true) people” in their own languages (Tafoya & Del Vecchio, 2005).

Children were taught about their cultural heritage, their traditional religious ways, and survival skills before becoming accepted as an adult with a role in the tribe. Many teachings and tribal histories were transmitted orally through storytelling.

The Colonization era (1492-1890) was influenced by the doctrine of Manifest Destiny, when Europeans believed that they had a right to overtake America. Therefore, the Native people were considered to be the problem to attaining expansion (Choney et al., 1995). In the process of problem-solving, American Indians endured warfare, slavery, exportation, coerced assimilation, diseases, and oppression. Entire Native populations vanished. Due to genocidal policies of the Army, massacres upon American Indian villages by U.S. soldiers were not uncommon; more well-known instances of massacres were at Sand Creek (Chivington's Massacre) and Wounded Knee. A cycle of tensions, displacement, and broken treaties tended to occur between the Federal Government and American Indians, which continually forced them further into unknown territories. Government policies mandated Indian removals; consequently, arduous journeys where many died en route to the distant, poor reservation lands, such as the Cherokee Trail of Tears and Potawatomi Trail of Death, occurred. By the late 18th century, only 10% of the original population of American Indians existed (Sue & Sue, 2008a).

The Assimilation time period (1890-1970) involved governmental policies that were implemented to destroy American Indian culture and catalyze total immersion into mainstream culture. From the late 1800s onward, boarding schools took Native children as young as five years old away from their homes in order to "educate the Indian out of the Indian" (Sutton & Broken Nose, 2005, p.43; Tafoya & Del Vecchio, 2005). This forced removal left families estranged from their own children, who were immersed in Western culture and prohibited from engaging in or knowing anything of their tribal culture. Often run by ex-military staff, these

boarding schools were more aptly likened to correctional settings, with hard physical labor, brutal punishment, and sexual, emotional, and physical abuse. The non-nurturing experiences from boarding school severely affected the children; a residential school syndrome was posited as a contextual form of PTSD (Gone, 2009). Although changes were proposed to the boarding school systems in 1928, enrollment reached its highest in the 1970s. Most boarding schools were closed in the 1980s and 1990s, although some are still functioning. Missionaries and their schools also aimed to forcibly convert American Indians from their "savage" religious ways. Non-Native religious social service agencies preferred to place Indian children with non-Native families for adoptions (Johnson et al., 1995). American Indian ceremonies, such as the Sun Dance and Ghost Dance, were banned until 1974, and speaking Native languages was forbidden by the federal government (Johnson et al., 1995). In 1902, the Hiawatha Indian Insane Asylum was opened by the BIA; some suggest that this institution was created in order to hold not only mentally ill Natives, but also those who revolted against reservation rules or misbehaved in boarding schools, as well as individuals on vision quest, Medicine People, and spiritual leaders. The Dawes Allotment Act of 1887 selectively redistributed ownership of communal American Indian land plots to individuals, and greatly reduced tribal lands by allowing Whites to settle on the remaining tribal lands that the government bought (Hamill, 2003). The Federal Indian Relocation Program in 1951 used financial incentives to entice Indians (or in some cases force them) to move to urban areas, which American Indian researchers have perceived to be a way to reduce and extinguish tribal identity/rights, as well as culture and family connections (Lomay & Hinkebein, 2006).

Since the 1970s, the Self-Determination timeframe has been marked by tribes gaining independent sovereignty to manage their schools, expand their economies, and promote

professional development in its members. Sovereignty was facilitated by the Federal Bureau of Indian Affairs, whose goals were to preserve tribal traditions and identity, to influence social policies for increased life satisfaction, and to enforce the government's responsibilities to honor treaties and promised services. The Indian Education Act (1972), Indian Self-Determination and Education Assistance Act (1975), Indian Child Welfare Act (1978), Indian Religious Freedom Act (1978), and American Indian Languages Act (1992) are federal legislation passed during this era (Lomay & Hinkebein, 2006).

American Indian Health

The cumulative, collective intergenerational oppressions of the First Nations People have influenced their experiences of unresolved grief, bereavements, and historical trauma. The suffering of Natives has been compared to the experiences of survivors from the Nazi Holocaust (Tafoya & Del Vecchio, 2005). Responses to the incurred "soul wound" and existential suffering, along with the governmental policies that weakened traditional values, practices, and relational systems (such as familial cooperation and parenting skills), have resulted in less effective coping tactics, and heightened vulnerability to encountering traumatic life events (Duran, 2006; Gone, 2009; Kenyon & Carter, 2011). Thus, American Indians may present with multiple mental and physical health issues as a result of their increased risk status from historical racism and poor social conditions. Additionally, the rates for mental and physical health problems are higher for American Indians compared to non-Indians (Bombay, Matheson, & Anisman, 2010).

Mortality and morbidity rates are disproportionately higher for American Indians than the U.S. population: 63% higher for homicide; 71% higher for pneumonia and influenza; 190% higher for suicide; 280% higher for accidents; 420% higher for diabetes mellitus; 750% higher

for tuberculosis; and 770% higher for alcoholism (Gone, 2004). Assault, theft, social unrest, and divorce also are prominent in some Native settings (Choney et al., 1995). Given the far greater incidence of alcoholism with American Indians than in any other ethnic group, American Indian children are consequently at higher risk for fetal alcohol syndrome and effect (Choney et al., 1995). Obesity, anemia, and hepatitis also have high morbidity rates (Bagley et al, 1995; Johnson et al., 1995). The most common causes of death among Natives are heart disease, liver disease (cirrhosis), diabetes mellitus, and accidents (Belcourt-Ditloff & Stewart, 2000). Cancer, especially lung cancer for women, is another leading cause of death, with higher rates for American Indians in the northern states than for the average U.S. population (Bagley et al., 1995). Along with higher incidence rates, American Indians have the lowest five-year survival rate for cancer of any ethnic group in the United States.

American Indians aged 15-24 years have a threefold higher death rate for accidental injuries, often related to substance abuse, in contrast to all other ethnic groups (Bagley et al., 1995). Suicides and accidents account for almost three-quarters of the overall death rate in this age group. Boys aged 10-19 particularly have a death rate almost three times higher than any other racial group, and overall the death rate for Native teens is two times higher than for those from other racial groups.

The degree of physical impairment seen in elderly Natives at age 55 is similar to that seen in elderly non-Natives at age 65 (Christensen, 1999). American Indians generally tend to be younger than the general population (median age of 28.7 years compared to 35.3 years), which reflects lower life expectancy (from 3.4 to 8 years less), higher birth rates, and the effects of poverty compared to Whites (Christensen, 1999). Thirty-seven percent of American Indians die before age 45, in contrast to 12% of the general population. Although only 5.3% of the American

Indian population is over age 65, interestingly, the death rate for American Indians over 65 is 20% less than for the general population. Although reasons are still unclear, Christensen (1999) attributed individual hardiness to survive to the lower death rate of American Indians beyond the age of 65.

Overall, domestic abuse, child abuse, drug abuse, and mental health problems, such as depression and anxiety, occur at high rates; American Indians are represented at a higher rate for most mental disorders compared to all other racial ethnicities in the United States (Iwasaki & Byrd, 2010). American Indians also have one of the highest disability rates (27%) for any racial group from 16 to 64 years of age (Lomay & Hinkebein, 2006). American Indian elders have higher rates of depression in comparison to older non-aboriginal people (Christensen, 1999).

Health issues are heightened by extreme, prolonged unemployment, substandard housing, poor sanitation facilities, malnutrition, and high poverty rates, thus increasing risks for problems such as alcoholism, HIV, and child abuse (Hobfoll et al., 2002; LaFramboise & Rowe, 1983). Unchanged by the fluctuations of national economy, 24.5% of American Indians subsisted below the poverty line compared to 11.7% of the general population in 1990 (Gone, 2004). American Indians who live in rural areas are generally poorer than those living urban (Christensen, 1999). There are lower percentages of high school (71%) and college (11%) graduates compared to the general population (80% and 24%, respectively) (Gone, 2004).

American Indians over 60 years old who live alone have twice the poverty rate of their White counterparts (Christensen, 1999). The difference in poverty rises to 2.8 to 4 times more when the American Indians over 60 years old live with family. Similar to their White counterparts, American Indian elders over 75 years old who live alone have the highest poverty rate; almost 60% live below the poverty level (Christensen, 1999). However, being a provider of

income for the family from social security and pensions, half of the American Indian elders also care for children.

Despite the need for health services, American Indians are underrepresented and underserved compared to the general population, with mental health care almost unavailable to many of them (Gone, 2004). Many of the services emphasize medical interventions, and are managed by paraprofessionals (D. Foster, personal communication, June 22, 2012). Service settings oftentimes are inaccessible due to location and/or lack of transportation. Federally recognized tribes have rights to educational and health services provided by the federal government, if the tribal sovereignties accept it. However, in reality of being underserved compared to the general population, the funding and administration do not tend to meet the goals or requirements to adequately help the Native people (Lomay & Hinkebein, 2006). Services for substance abuse and mental health were designated less than 7% of the total IHS budget, for example (Gone, 2004). Therefore, for practical reasons (as well as cultural reasons, being collectivistic), American Indians tend to turn to family instead of to psychological services (Christensen, 1999).

The Reclamation of Indigenous Identity

Self-determination and strong commitments to indigenous identities and traditional ways help many American Indians persist in life despite their experienced obstacles (Trimble & Clearing-Sky, 2009). A rejection of one's Native identity *can* lead to unhealthy behaviors and estranged feelings; Native pride has been shown to be negatively related to isolation (Christensen, 1999).

Native identity, with its tribal family values and traditional practices, may be important for resiliency in American Indians (Bombay et al., 2010). For instance, Native identity was found

to be related to resiliency in American Indian college students when integrated into academic life, and helped American Indians successfully complete their education (Montgomery, Miville, Winterowd, Jeffries, & Baysden, 2000).

Actively regaining and increasing positive identity as a postcolonial indigenous person is deemed beneficial and even essential for enhanced self-transformation, self-esteem, purpose in life, and more wellness in American Indians (Bombay et al., 2010; Christensen, 1999; Gone, 2009). Active involvement and commitment to cultural spirituality has been shown to increase hope, personal strength, and health, and protect against suicide attempts (Kenyon & Carter, 2011). As further support, religion is a powerful influence on meeting the core human needs of establishing relationships, meaning in life, and sense of control (Hood, Hill, & Spilke, 2009). There is a positive association between frequency of attending religious activities and sense of control, and increased sense of control and life purpose boost self-esteem. Cultural learning and socialization may also offer more resources, including values, self-validation, and community (Whitesell et al., 2009).

American Indian therapeutic interventions for addictions and mental health problems, therefore, are starting to actively promote reclamation of indigenous identity, ancestry, and spirituality to heal the harmful effects of colonization (Gone, 2009). For instance, Gone (2009) described an indigenous substance abuse treatment center on a Canadian Algonquian reserve (reservation) that integrated Western therapy with traditional Native cultural learning and activities, including ceremonies and reserve community participation. This healing lodge incorporated the Medicine Wheel, thus reflecting an ethos of working toward holistic health, balance, and harmony for the individual and community.

Identity Models for American Indians as Minorities

There is controversy and confusion with regard to ethnic identity's theories and assessments, both of which inform and influence each other's development (Yoon, 2011). There are many identity theories, and various ways to operationalize ethnic-racial identity, which can lead to mixed results across studies.

Identity development is a continual process throughout life (Hud-Aleem et al., 2008). Identity, itself, is complex and multidimensional, forming on individual and collective levels (Yoon, 2011). It affects individual or group perceptions, behaviors, and social interactions with others. Group identification occurs with the awareness of distinct boundaries between those from dissimilar groups, whereas racial identity forms with awareness of sharing a collective culture with a certain racial group (Bryant & Baker, 2003). Identity is influenced by diverse cultural, historical, social, and intrapersonal factors. Examples of these factors are religious beliefs, race and ethnicity, socio-political events, socioeconomic status, family structure, community dynamics, peers, temperament, age, gender, and sexual orientation.

The extent that one identifies with majority culture (through second culture acquisition) compared to traditional tribal culture influences American Indian identity. The goal of assimilation is the eradication of subgroup identities for a common identity, exemplified by the "melting pot" notion of becoming Americans (Huo, Binning, Molina, & Funge, 2010). American Indians who are not assimilated are described as heritage-consistent Native Americans (HCNA), whereas on the other end of the continuum are heritage-inconsistent Native Americans (HINA), who are assimilated to majority culture (Zitzow & Estes, 1981). Assimilation can harm individual well-being by disregarding ways in which subgroup or minority identities are core aspects to self-concepts. The multicultural movement argues against assimilation, and values

ethnic subgroups, with recent research findings being more consistent with its pluralist approach (Huo et al., 2010).

Unlike assimilation, which occurs with the loss of one (original) culture for another culture, acculturation pertains to the levels of acceptance and adherence to both the dominant and original cultures while maintaining original cultural identity. Acculturation's deficit model is problematic in that it assumes that more adaptive identity flows in one direction, from the original culture toward the dominant culture (Choney et al., 1995). Therefore, an Anishinaabe Native who lives in the city and does not know his language or traditions is more acculturated than an Anishinaabe who lives on the reservation and was raised knowing his tribal language and customs (Lomay & Hinkebein, 2006). This model does not account for the retraditionalization occurring among American Indians, or that acculturation for the Native people was forced (Choney et al., 1995). The deficit model also explained traditional American Indians' dysfunctional behavior as due to acculturative stress, or from experiencing conflict in cultural differences, thus suggesting a relationship between psychopathology and Native identity.

Choney et al. (1995) created a health model of acculturation for American Indians, based on the medicine wheel, and consisting of four circles within one. Through the circles, the five acculturation levels are represented: traditional, transitional, bicultural, assimilated, and marginal. This corresponds to whether the individual identifies most with Native values, fluctuating cultural values, both group values, mainstream values, or as being low on values for both cultures, respectively (Lucero, 2010). The central circle represents traditional values, whereas marginalization is placed outside the circles. The four divisions from the cross represent the personality dimensions of cognition, behavior, emotions/spirit, and social/environment. In this way, the model recognizes that there may be different acculturative levels in each dimension.

It is not linear, acculturation levels are not judged as superior or inferior, and dimensions are treated equally. It is assumed there are strengths in each acculturation level, which may be coping skills based on social/environmental contexts. Well-being is not related to unidirectional movement, and acculturative stress does not necessarily have to occur. However, the Life Perspectives Scale that is based on Choney et al.'s (1995) acculturation model lacks utility, and only supports a two-factor structure instead reflecting its four domains of interest (Berryhill, 1998).

Trimble posited an ethnic identity measurement model in 2000 that assesses natal, subjective, situational-context, and behavioral domains. Natal aspects are birthplace and ethnic origins of family and self. Subjective measures include attitudes toward out-groups, acculturation status, identification of self, and ego involvement in group (Gonzalez & Bennett, 2011). Situational aspects include home-family, school, or work settings, for example. His behavioral measures, which are often used to assess cultural identity or traditionalism, refer to the extent of involvement with cultural participation, religious activities, use of language, and preferences for music and food. However, the emerging problem is that traditionalism may have many underlying, protective processes and effects, such as coping skills (through social support and spirituality) and aspects of social identity such as in-group pride, that do not get directly assessed (Bombay et al., 2010).

The Native Identity Scale (NIS) is a new assessment based on the modification of a multidimensional model for African American identity (Gonzalez & Bennett, 2011). In an exploratory study, a four-factor model of centrality (importance in life), humanism (accepting attitude toward other races), public regard (perceived evaluation by non-Natives), and oppressed minority (solidarity with other ethnic minorities) emerged, and construct validity for the factors

were partially shown through significant correlations with validity assessment variables. Its purpose is to describe Native identity via the socializing agents of friends, family, community, and culture.

As part of the search for an identity model suitable to American Indians, a qualitative study found that seven urban American Indians with strong tribal identities underwent similar feelings and experiences in stages associated with age (Lucero, 2010). Each identified stage had challenges and tensions: rebellion, catalytic experience, the need for community, and living the Red Road (or, in other words, practicing Native spirituality in daily life). There were supportive, positive experiences in the family for being Indian in childhood, but in adolescence, a struggle occurred in being Native to the extent that the individuals tried to reject or rebel against the culture. This tended to lead to dangerous or unhealthy lifestyles, until a catalyst-like experience in the mid-20s propelled them to reconnect strongly with Native ways. The catalyst usually was described as spiritual, unavoidable, and beyond individual control. It facilitated exploration of traditional values and customs. In the mid- and late 20s, there was a strongly felt need to establish connections with fellow American Indians in order to feel community or family belonging and Native identity. Finally, in the late 20s to middle 30s, the individuals consciously lived the Red Road, or Native ways. The Indian identity, with its values and traditions, was internalized into their self-schemas, and positively experienced. Spiritual depth and practice were tied to positive identity and imparted strong meaning to being Native. Native spirituality was also considered healing, and it motivated the individuals to help other American Indians, which further increased their Native identities. Although this study is not generalizable given the very small sample size, it may offer insight into positive identity development for at least certain types of Natives (urban, with supportive early family experiences of being Native).

American Indians do not yet have their own, unique identity development model or scale with established empirical validity and utility, unlike other minority races. This is partly due to the typical neglect of American Indian samples in research on ethnic and racial identity. There are continued attempts, however, and a team of American Indian researchers currently is undertaking a large qualitative study to determine the foundations of an American Indian identity model (R. Robbins, personal communication, Aug 17, 2011). Although there is not yet consensus on how to assess Native identity, several general identity models have been applied to American Indians in research. These models are able to account for various degrees of "Indian-ness," or Native identity that includes expression of tribal beliefs, customs, values, attitudes, and appearances (Choney et al., 1995).

The orthogonal model of cultural identification theory is based on the bicultural theory that cultural identifications are independent from each other, so that one's place on a continuum for one cultural identification does not imply anything about one's placement on the continuum for another culture (Gonzalez & Bennett, 2011). It also classifies cultural identity for American Indians as traditional, assimilated, bicultural, or marginalized. Through the model levels, racial identity and acculturation appear to be distinct but related to each other for American Indians. It also conveys the potential for shifting between cultures.

Several racial identity development models (RIDs) have been proposed for racial-ethnic minorities that acknowledge the historical oppression or domination of humans according to socio-political and cultural constructions on biological distinctions, such as skin color (Helms, 1995). Although there is little research on how American Indian identity develops, the Racial/Cultural Identity Development Model (R/CID) has been applied in research to understand the behaviors and attitudes related to indigenous identity since it is a general model for minority

groups (Gonzalez & Bennett, 2011; Helms, 1995; Sue & Sue, 2008c). It is also known as the People of Color Racial Identity model, with "people of color" referring to anyone who is not completely White (Helms, 1995). There is expressed concern for assessing American Indians as one racial identity because race (broad) may downplay the diversity of American Indians; being too general, it may not be applicable to those who identify more with their tribe (i.e. "I am Cree..") than as "Indian" (Choney et al., 1995). It has been argued however, that American Indians have similarities by sharing an underlying racial identity, beyond tribal differences (Bryant & Baker, 2003).

Helms' racial identity concepts have been linked to Indian racial identity development (Choney et al., 1995). The R/CID incorporates stages of development that reflect individual relationships to the majority culture and their own cultures, which are displayed through behaviors, attitudes, and emotions. The stages are likened to worldviews or statuses (of the ego), conveying the dynamic process of identity development and potential for an individual to be in more than one stage (Helms, 1995). The statuses are not mutually exclusive; one may dominate or govern an individual's reactions, while other statuses may be accessible, depending on context. The stages, or statuses, from less defined to well-formed are: conformity, dissonance, resistance and immersion, introspection, and integrative awareness. In the *conformity* stage, individuals prefer the racial majority culture, and devalue their own racial group, or are neutral toward it due to its lack of salience (Helms, 1995; Sue & Sue, 2008c). Individuals in this stage tend to process information related to race through denial, minimization, and selective interpretation. During *dissonance*, there is confusion and conflict from depreciating and appreciating both the dominant culture and one's own racial group. Ambivalence, anxiety, and disorientation are common experiences during dissonance. *Immersion* occurs with the

psychological identification and idealization of one's own racial group, with likely devaluing of dominant culture. Dichotomous thinking and hypersensitivity correspond to how individuals in this stage process information. *Introspection* is a questioning stage, when the individual begins to view the positive and negative aspects of her own culture, beyond idealization, and can perceive the good aspects in majority culture despite its problems and ethnocentric biases toward minority groups. Abstractions and intellectualizations are made as part of the process. Finally, internalization or *integration* occurs when there is appreciation for both majority culture and personal racial culture. Then, the individual is able to flexibly analyze and respond to racial information. The last stage is related to acculturation and biculturalism, by its definition (as acceptance of both cultures).

In the past, multicultural researchers primarily assumed that ethnic minorities would be more likely to experience low self-esteem and self-hatred when they preferred majority culture, in light of discrimination and stereotypical, societal messages about their race or ethnicity. Conversely, minorities were assumed to be in good mental health, and have life satisfaction and high self-esteem when they preferred to identify with their own racial-ethnic group. The above assumptions have had substantial support from research (Ghavami, Peplau, Fingerhut, Grant, & Wittig, 2011). For instance, a study on African Americans showed how belongingness to one's group and family mediated the relationship between racial identity and life satisfaction positively, whereas perceived discrimination negatively mediated it, with gender moderating the strength of the effects (Yap, Settles, & Pratt-Hyatt, 2011). Furthermore, studies on acculturation and its processes show that minority people who identify with both minority and majority culture have more psychological wellness than those who identify with only one of the two groups (Ghavami et al., 2011). For example, one study found that African American men in conformity

and immersion (extreme, “all Black”) statuses, who also do not resist anti-Black messages, reported less self-esteem and more psychological distress, compared to those with more internalization and resistance to anti-Black forces reporting more self-esteem (Pierre & Mahalik, 2005). American Indian adolescents with bicultural identification also have been shown to have better mental well-being (Kenyon & Carter, 2011).

There is a revised theory (based on the People of Color Racial Identity Model) that removes the assumptions of mental well-being related to stages for minorities, since race/ethnicity may vary in importance across groups and individuals. For example, a minority may feel satisfied when desires are met to fit in with the dominant, entitled group (Kenyon & Carter, 2011). It proposes that racial identity is composed of ascribed identity, reference group orientation, and personal identity. Society’s or other people’s assumptions impose ascribed identities on an individual. Group identity preference (or reference group orientation) may be recognized as high or low in salience in comparison to personal identity, or unique personality characteristics (Hud-Aleem et al., 2008). Group identities may be multiply defined or intersecting by race, gender, and/or sexual orientation, for example, and may differ from personal identity. The importance of race and culture for an individual in contrast to other identities, therefore, along with whether the associated valence (or affect) is positive, negative, or neutral, is considered to impact individual wellness more than the identity developmental stage.

Despite the revised theory, previous literature has found that ethnic identity is salient for racial minorities, and is more central to their self-concept from as young as five years old, compared to majority children (Yoon, 2011). Ethnic identity consistently has a significant relationship to self-esteem for ethnic minorities, unlike for White Americans. Lower status group members (e.g., non-White, female, and/or homosexual) of majority culture share experiences as

minorities, and tend to reflect more on how their identities are different from the status quo (Yoon, 2011). Ethnic identity also is important to minorities in that it affects their sense of well-being. For example, adolescents with strong ethnic identities tend to report more self-esteem, more satisfying family and peer relations, more happiness, and less worry (Kail & Cavanaugh, 2010). They also tend to fare better academically, and are more likely to attend college. Consequently, research commonly finds that more minority individuals are in the advanced stages of identity than White Americans, and that they have a clear identity status hierarchy in regard to adjustment. Therefore, although most people undergo processes to form racial awareness, identity development models differ in patterns by racial culture or ethnicity due to the varied experiences of socialization in mainstream culture. For example, there are differences in stages for White identity development (for overcoming internalized entitlement) compared to African American identity development (for overcoming internalized racism) (Helms, 1995). Moreover, the influences of majority culture on ethnic identity vary by minority group heritage, history, and generation (Kail & Cavanaugh, 2010).

Tajfel's social identity theory has been applied to American Indian identity research via a social identification scale (Bombay et al., 2010). According to Tajfel's social identity theory, group identification consists of several elements: cognitive recognition of membership in a group, centrality or importance to self-concept, emotional value given to group membership (in-group pride or affect), and emotional attachment or involvement with others in the group (in-group ties) (Bombay et al., 2010; Tajfel, 1978). Tajfel proposed that believing in in-group superiority boosts self-esteem since self-concept is based on belonging to collective social groups (Yoon, 2011; Tajfel, 1981). However, there is the potential for negative self-concepts with the minority groups that are negatively perceived by mainstream White society; essentially

all minorities have experienced discrimination and negative assumptions about their cultures (Kenyon & Carter, 2011). Operationalizing identity through relational or emotional elements has generally resulted in positive effects for the relationship between ethnic identity and well-being (Bombay et al., 2010).

Theories from Tajfel on social identity, as well as from Erikson in 1968 and Marcia in 1980 on the acculturation processes of identity development, have informed Phinney's Multigroup Ethnic Identity Measure (MEIM) used widely in identity studies, including some American Indian psychological studies (Phinney & Ong, 2007; Smith & Silva, 2011; Yoon, 2011). It measures affirmation and achievement, which then interact to form four identity development categories. Affirmation is positive commitment to one's own ethnic group, and is separate from achievement, which entails the cognitive processes of exploration, search, and crisis. More specifically, the associated development levels for achievement, according to Phinney (1992), are the unexamined identity (favoring majority culture), ethnic identity search (through intense immersion with ethnic culture), and achieved identity. Marcia began to categorize individuals into statuses related to Phinney's levels, from less to more developed, although they are not necessarily linear. Instead, they are more dimensional with processes on a continuum. Each status involves associations to affirmation (or level of commitment) and achievement (or crisis, to propel exploration), which are considered to be crucial aspects for forming identity. Her statuses are known as diffusion, foreclosure, moratorium, and achievement. *Identity diffusion* lacks crisis and commitment, and *foreclosure* has commitment without crisis; both are subtypes of the unexamined identity due to lack of interest or importance, and/or acceptance of the status quo. *Moratorium*, part of ethnic identity search and an intermediate level of development, entails crisis with little to no commitment, and achievement (or *achieved*

identity) occurs from commitment after resolving crisis with a clear ethnic concept (Kail & Cavanaugh, 2010; Yoon, 2011). Achievement occurs from the internalization and acceptance of one's identity (Kenyon & Carter, 2011). The theory emphasizes how different components of identity impact well-being, such as cognitive and affective processes, instead of focusing on the strength of social identity (Ghavami et al., 2011).

Most adolescents experience the state of diffusion or foreclosure, with few in the achievement status, and no moratorium status (Kail & Cavanaugh, 2010). Thus, teenagers tend to have more unexplored identities. Young adults, however, most commonly attain achievement status, with fewer experiences of diffusion and foreclosure compared to adolescents. Moratorium also is present as a status for some young adults.

Identity achievement and affirmation, as part of the theories and developmental stages for the MEIM assessment, predict psychological wellness independently. Identity achievement develops the meaning of identity in one's life, and is an intense cognitive process that is especially important to minority individuals for more integration of identity. There is a positive association with it and psychological wellness in the form of self-esteem and life satisfaction; those who have more fully reflected on their identity have more positive self-image and less psychological distress compared to those who have explored their identity less. As further support, minorities with achieved identities have been shown to express more sense of mastery, self-evaluation, and better familial and peer interactions (Kenyon & Carter, 2011). Identity affirmation is the affective process that forms positive feelings, pride, attachment, and connection to a group. It also has a positive relationship with psychological well-being, particularly with self-esteem, academic achievement, and positive self-image. Identity affirmation is negatively associated with mental health problems. Research results from three

studies on minorities (ethnic and sexual, with varying age groups) using MEIM have supported that understanding and exploring one's minority identity (identity achievement) can facilitate positive feelings toward the group (identity affirmation), with increased attachment and belongingness. This, in turn, can give minority people psychological benefits in life satisfaction and self-esteem, and less depression and anxiety (Ghavami et al., 2011). This is consistent with the notion that identity formation starts when individuals seek information about their group(s) through exploration (Ghavami et al., 2011).

Biracial (and Bicultural) Identity Development Models for Natives

The biracial (and bicultural) identity development models also are relevant to American Indians, despite most of their research being from African American-White participants (Kerwin & Ponterotto, 1995). All ethnic-racial minority groups must acquire some level of biculturality, or social ability to behave in dual cultural modes that are appropriate in different contexts, in order to interact with mainstream Western culture (LaFramboise & Rowe, 1983). American Indians, like other groups, tend to be distinguished by others based on appearance, or race, and also have their own culture that is distinct from other minority groups (Bryant & Baker, 2003). Furthermore, the biracial model applies because the majority of American Indians are not of full Native ancestry. Being of two (or more) races implies an interaction of cultures, so that biracial/multiracial individuals tend to also be bi/multicultural.

LaFramboise, Coleman, and Gerton's (1993) bicultural "alternation model" assumes that someone of one heritage can understand and participate in two cultures competently, with no assumed superiority of either culture, and an orthogonal, bidirectional relationship between the cultures (Kerwin & Ponterotto, 1995). Moreover, in bicultural competence, the individual chooses how and how much he/she associates with either culture, without having to prefer one

over the other or lose cultural identity (LaFramboise et al., 1993; Lomay & Hinkebein, 2006). The extent of being bicultural (or acculturated) does not depend on appearance, language, or behaviors related to Indian-ness. More American Indians are of mixed heritages, so their American Indian identity may not be clearly visible to others (Bombay et al., 2010). Therefore, notions or myths of what are racial, physical Native features (such as lack of facial or leg hair, no body odor, no baldness, skin color, or facial bone structures) that are often used to justify being of full American Indian ancestry, despite genetic exceptions and variations, are no longer paramount for biracial identity (Hamill, 2003; LaFramboise et al., 1993). As the key to mental well-being, bicultural competence takes skills to alternate between cultures. It is a continual process, challenged by life's contexts and demands; acculturative stress has been related to reduced physical and mental health (LaFramboise, Albright, & Harris, 2010). However, bicultural competence skills training is proposed to decrease the negative impact from intercultural conflicts (Kerwin & Ponterotto, 1995).

The stages for Poston's (1990) biracial development are similar to the R/CID model, albeit applied to those with mixed cultural heritages (Sue & Sue, 2008b). The five stages convey the development of reference group orientations, which encompass racial self-identification, attitudes, and preferences, but exclude self-esteem (Kerwin & Ponterotto, 1995). In the *personal identity* stage, the person has developed apart from his/her racial group attitudes. Parental attitudes toward race influence the person, and the racial cultures are not integrated into the person. During *choice of group categorization*, the person is forced to choose an identity due to society's need to classify. The decision may be based on personal appearance, cultural knowledge, environment, social support (from society, community, peers, and family), and group status (Hud-Aleem et al., 2008). Alienation and crisis may occur in an individual who chooses

one racial culture over another. In *enmeshment/denial*, the guilt from choosing leads to disloyal feelings toward a parent, and potential anger, self-hatred, or shame. The individual may then deny that there are racial differences between the groups. Resolving the negative feelings is essential in order to progress into the *appreciation* phase, when the person starts to include both racial groups into his/her identity. The second heritage is explored more while there is still identification with one main cultural group. Finally, *integration* occurs when all of an individual's ethnic-racial backgrounds are acknowledged in a secure stance, with continued acquisition of knowledge for the cultures.

The Poston model is useful in that it recognizes the impact of family, peers, and community on the internalization of identity and self-formation. Although confusion and consequent maladjustment may not be required experiences for the bi/multi-racial person, there have been studies on biracial individuals that support the Poston model. Furthermore, biracial models need to recognize the ambiguity, marginality, and potential alienation that biracial/bicultural individuals commonly experience. While society tends to classify bi/multi-cultural individuals into one racial category, often based on appearance, multi-cultural/racial people may try to identify with their differing heritages without fully belonging to any. Thus, those who have part American Indian ancestry may experience discrimination and identity differently from those of full Native ancestry or homogeneous minorities, in that they anticipate more discrimination, but cannot use their group-based identity as a buffer (Bombay et al., 2010).

There are several continuum models to understand bicultural and/or biracial identity. Rockquemore and Laszloffly's (2005) Continuum of Biracial Identity Model (COBI) acknowledges that equally valid, diverse racial identifications exist, without trying to fit individuals into a stage. Each pole on the continuum represents a racial heritage, and the middle

represents a blended, dual identity. Individuals can locate themselves on any point in the continuum, which may change over time and situation. The model is less judgmental of wellness, and recognizes that identifying with one racial heritage may be positive for the individual (Hud-Aleem et al., 2008). However, those with shifting monoracial-biracial identities tend to have less self-esteem than individuals with a consistent biracial identity (Kail & Cavanaugh, 2010). There is a similar, linear acculturation model that determines whether one identifies with the minority or dominant group, or both biculturally. Finally, like the orthogonal model for biculturalism in minority statuses, there are dimensional acculturation models that perceive identifications with multiple racial and cultural backgrounds on separate continuums (Christensen, 1999). Separate continuums for each culture or race appear to explain better how biculturalism is related to self-esteem and psychological health (Christensen, 1999).

Psychological Studies on American Indian Identity

Ethnic identity is deemed to be central to the psychological health of underrepresented groups that experience discrimination, such as American Indians (Gonzalez & Bennett, 2011). There is scarce empirical research on American Indian identity compared to other minority groups, especially compared to African Americans, who have been studied greatly in Ethnic Minority Psychology. Most studies on American Indians have been conducted on teenagers in regard to identity, at least partially because it is of critical importance in their developmental phase (Gonzalez & Bennett, 2011; Kenyon & Carter, 2011; Smith & Silva, 2011). However, it may also be that Native youth have less stable or developed identities compared to adults; stable identity achievement is much more common in young adults than teenagers (Albright & LaFramboise, 2010; Kail & Cavanaugh, 2010).

One study of 1,611 teenage participants found that cultural identity was not correlated with academic success, having only minute, indirect effects, unlike factors of self-esteem (i.e. personal resources), which did correlate to success (Whitesell et al., 2009). Therefore, identity and academic success may correlate less because strong Native identity could influence more cultural conflicts in Western education — particularly taking into consideration the differences in learning styles, and the Native values of collectivism and cooperation in contrast to individuality and competition in Western culture. Although the results of the Whitesell et al. (2009) study may be valid, methodological issues also were identified; their earlier study (2007) that used different measures with more data on test scores and grades revealed links between achievement and cultural identity.

In another study, Native identity had no relationship to hopelessness across two timepoints, although there was a significant, negative correlation between White identity and hopelessness for the 114 American Indians in middle school on a poor reservation (Albright & LaFramboise, 2010). Results may reflect the understudied complexities between mental health, low SES, and Native identity; the effects of discrimination can be heightened by poverty, so that majority identification may become a positive influence or ideal (Smith & Silva, 2011). Alternatively, the Native teens may be in Helms' first stage of conformity, or preferring majority culture and lacking a developed integration of appreciation for both majority and personal tribal cultures.

Hopelessness has been found to be significantly less for Indian youth living on the reservation compared to rural and urban settings, as well as being significantly less in those with bicultural competence compared to those adept in neither or only one culture in another study. For urban Native teens, competence also in White culture was shown to be beneficial, thus

suggesting different needs for American Indian youth in cultural competence, depending on the context of residency (LaFramboise, Albright, & Harris, 2010).

Studies focusing specifically on Navajo adolescents found varying results on identity. One conveyed that higher cultural identity was modestly associated with decreased depression, with more predictability and control and less duration of stressful experiences affecting less depressive symptoms (Rieckmann, Wadsworth, & Deyhle, 2004). In another study, there was a strong, positive correlation between White identity and adaptive functions for Navajos primarily during initial assessment, but discrimination was consistently associated with less social functioning and self-esteem in males across the two years, including strong longitudinal ties to substance use (Galliher, Jones, & Dahl, 2011). Females reported higher psychosocial functioning and ethnic identity than males. Results also suggested that Navajo identity and sometimes White identity could protect against harmful discriminatory effects, with implications that bicultural competence is the most beneficial for minorities to adjust to different cultural contexts. McNeil, Kee, and Zvolensky (1999) found no relationship between cultural anxiety and ethnic identity for a Navajo sample, but found higher levels of cultural identity among Navajo college students compared to college students from other races (including Caucasian). In another study of Navajo teenagers, stronger in-group ties and in-group affect were correlated with higher social functioning and self-esteem and less symptoms of depression (Jones & Galliher, 2007). In-group ties can be defined as having connections to other members, whereas in-group affect is synonymous to positive feelings for one's group such as pride and confidence.

First Nations adults (n=220) in Canada were sampled to investigate how aspects of ethnic identity, especially in-group ties, in-group affect, and centrality, could serve functions for vulnerability or resilience in relation to depressive symptoms and perceived discrimination

(Bombay et al., 2010). In-group ties protected against perceived discrimination for males only, perhaps due to gender differences in socialization or added gender discrimination for women. In-group affect was directly related to less depressive symptoms, and it protected against perceived discrimination. However, high levels of centrality, or salience of group membership, were related to more symptoms, and it augmented the association between depressive symptoms and perceived discrimination; thus, centrality served as a vulnerability factor. Results were generally consistent with similar past studies, except centrality has tended to have mixed results in previous studies because it can sometimes protect against discrimination, especially when minority status is visible, such as for African Americans. However, such as in this study, centrality has been found to increase the likelihood that individuals will be more sensitive to discriminatory experiences, especially when group membership is not visibly obvious. Such was the likely case for this First Nations sample since more than half were mixed in heritage. Furthermore, it also may be the situation for American Indians in general, considering how the majority is no longer of full Native ancestry.

Native men and women elders living on a reservation or in an urban setting were studied to determine whether there were differences in ethnic identity and family support in relationship to mental health outcomes (Christensen, 1999). There are noted differences between Native elders in the city versus on the reservation in regard to lifestyle, income, family contact, and general quality of life. Additionally, elder women of racial minority status were found to have higher poverty rates compared to elderly White women and minority men (of the same racial group). Women tended to live longer than men, were more involved with family than men, and related to families more through nurturing compared to men, who had more instrumental involvement. However, family, especially children, is in general a source of support for Native

elders (Christensen, 1999). Results found that family relationships were important to American Indian elders' psychological health; those with more supportive families endorsed less anxious, depressive, and psychosomatic symptoms. Urban elders reported to have significantly more financial problems, and a stronger minority identity status than elders on reservations (likely due to its contrast from interaction with dominant culture). Urban men had the highest rate for divorce or separation, the highest education, and were the most likely to have a history of substance abuse. High levels of self-esteem were reported, and significantly so by women. Overall, the sample expressed little to no psychological problems, and those who were in distress refused to participate. Methodological concerns were raised, including a potential issue that the absence instead of presence of mental health was measured (Christensen, 1999). Therefore, suggestions for future studies were to measure aspects related to life satisfaction and competency.

Meta-analysis Results on Ethnic Minority Identity (Compared to Native Identity Results)

A meta-analysis of 184 correlational studies with 41,626 participants (and with 5% of the participants across all the studies being American Indians) found that *overall*, ethnic/racial minority identity shows mostly positive associations with personal well-being (also known as happiness, mental health, self-esteem, (lack of) depressive symptoms, and/or coping ability), despite some individual studies that reveal otherwise for American Indian identity. In other words, those with strong cultural identities are more apt to have high self-esteem and resiliency (Smith & Silva, 2011). Cultural membership through identity also can buffer the effects of discrimination or other difficult experiences (Albright & LaFramboise, 2010). When biracial teenagers are able to maintain dual identity and represent both heritages accurately, they have been shown to have higher self-esteem and sense of efficacy, and less stereotype vulnerability

compared to monoracial individuals (Bracey, Bamaca, & Umana-Taylor, 2004; Shih, Bonam, Sanchez, & Peck, 2007). In general, higher levels of identity development, particularly integration, appear to be related to more well-being.

Unlike the meta-analysis results, there have been mixed results in several studies on Native identity's relationship to well-being or mental health, as exemplified earlier in psychological studies for American Indian identity. For instance, higher levels of Native identity were positively associated with awareness of racism and community efficacy in another study, although negatively related to social self-esteem for the American Indian university students from reservations (Adams, Fryberg, Garcia, & Delgado-Torres, 2006). As mentioned earlier, the many identity theories and operationalizations of ethnic-racial identity can influence mixed results across studies.

Moreover, ethnic identity for minorities in general had a weaker, more independent relationship to depression, anxiety, and mental health distress, with effect sizes twice as small compared to well-being in the meta-analysis (Smith & Silva, 2011). For example, American Indian teens with high, "achieved" identity levels (with high exploration and affirmation) also had significantly higher sense of community and positive affect, but there were no differences on psychosomatic or depressive symptoms by identity level (Kenyon & Carter, 2011). This may suggest that positive personal identity does not directly protect against mental distress, but that other factors, such as coping skills, socialization, biological health, and the effects of discrimination impact it.

Overall, a positive, consistent relationship between ethnic minority identity and personal well-being (based on happiness and self-esteem) was of small-modest strength ($r = 0.17$) in the meta-analysis. The association accounted for only 3% of the total variance for well-being.

Therefore, there are other influences on well-being besides the importance of ethnic identity for minorities. However, the magnitude of the relationship greatly varied between the studies included in the meta-analysis (r = -0.18 to 0.57), with the relationship stronger for adolescents/ young adults, and those older than 40. Acculturation levels moderated outcomes, with low Western acculturation shown in five studies that had minimal correlations between identity and well-being.

Native Studies on Well-being as Defined in Positive Psychology

From the growth of the positive psychology movement, there has been heightened interest in understanding overall well-being and mental health for the prevention of suffering and the promotion of "happiness." Several studies have investigated "psychological well-being" in the forms of mental health and other certain aspects of well-being, such as self-esteem and life satisfaction, for American Indians (and/or their identity; i.e., Hobfoll et al., 2002; Kenyon & Carter, 2011). However, only one study was found that explicitly addressed positive psychology's subjective well-being (SWB), or "happiness" defined as life satisfaction, as well as from experiencing more positive affect than negative affect. This study explored the relationship between SWB and depression for 97 American Indians who experienced spinal cord injury, with more depression associated with less SWB (Krause, Coker, Charlifue, & Whitneck, 1999). However, no studies have been found that examine Ryff's (1989) construct of psychological well-being for American Indians or American Indian identity.

Ryff's Psychological Well-Being

Psychological well-being (PWB) is an outgrowth of positive psychology, and it is the perceived capacity to engage in existential life challenges despite adversity. Thus, it is unlike subjective well-being (SWB) in its definition; although conceptually related, they are found to be

empirically distinct (Keyes, Ryff, and Shmotkin, 2002). Furthermore, PWB is based on an eudaimonic perspective, which emphasizes the engagement of meaningful activities in order to attain self-realization, and how well people live in relationship to their true selves. This is unlike subjective well-being's hedonic happiness that is based on gaining pleasure or removing pain, or positive and negative affect (Abbott et al., 2006; Springer & Hauser, 2006). PWB also is not synonymous to mental health, although related.

PWB is theory-based, unlike past definitions and measurements of well-being (Springer & Hauser, 2006). Its items and subscales were formed from summarizing Western philosophy in regard to the concepts of mental health, self-actualization, optimal functioning, the healthy developmental lifestyle, and maturity (Siefert, 2005). As a result, Ryff's well-being includes subjective, psychological and social facets with health-related behaviors. In particular, PWB encompasses the convergent, core dimensions of self-acceptance, life purpose, good relations, personal growth, environmental mastery, and autonomy (Ryff & Keyes, 1995). Thus, positive feelings for oneself and one's past, meaning and goals in life, the ability to love others and have good, satisfying relationships, being open to new experiences for holistic self-progress, sense of control in finding or working with available resources to manage one's life, and evaluation by personal standards (instead of aiming for approval from others) for self-determination and independence from norms are considered to be the respective criteria that merge together for overall good psychological functioning (Ryff, 1989).

Happiness and life satisfaction have been positively related to all the dimensions of PWB, especially for self-acceptance and environmental mastery (Abbott et al., 2006). Environmental mastery, or satisfaction from managing time, responsibilities, and daily tasks, may be understood by attribution theory. Those who feel unable to control their environment receive lower scores,

and explain the lack to be from an internal, stable, and global cause. Depressive symptoms then result from feeling helpless due to perceived negative events in the future. There is a negative relationship between psychiatric symptoms and PWB, and an overlap between lack of depressive symptoms and PWB.

From scholarly reflection, it may be that Ryff's PWB could reflect the benefits of the American Indian cultural reclamation. In particular, self-acceptance, life purpose, good relations, and personal growth especially may relate positively to American Indian identity. Positive, strong Native identity facilitates pride, meaning in life, and emotional connections to other American Indians. A feeling of purpose and self-importance emerge from belonging and contributing to the community. Involvement in one's community seems central to developing Native identity, thus entailing both individual and communal growth processes (Lucero, 2010). Native identity appears to provide, in this way, a sense of spiritual, social, and emotional healthiness, wholeness, and balance.

Present Study

Native Psychology, as part of Ethnic Minority Psychology, is a relatively new sub-field that needs more research to promote the well-being of American Indians. Despite some intertribal similarities in traditional values, there are multiple ways to define American Indians in light of their diverse tribal groups and range of living situations in America. Blood quantum legally identifies American Indians. However, problematic and controversial, it has become insufficient in determining Native identity, with tribal enrollment and community involvement becoming increasingly significant influences on identification. American Indians have experienced cultural genocide and intergenerational oppressions, and the historical traumas have negatively affected their mental and physical health through a deep "soul wounding." Therefore,

the therapeutic remedy for American Indians' problems currently involves the active regaining of traditional and spiritual Native identities, which is supported by research on its benefits. Since American Indian identity models are currently in development, more generic ethnic identity development models were explored. Psychological studies on Native identity tend to focus on adolescents, with varying results related to mental health or well-being (as self-esteem, for example). Although ethnic identity shows a consistent, positive association with well-being and a more independent relationship with mental health problems, relatively few studies have investigated well-being for American Indians. Only one study of Natives that dealt with subjective well-being from positive psychology was found, and no studies have been found linking Native American identity with Ryff's construct of psychological well-being. Psychological well-being in positive psychology concerns the perceived ability to engage in existential aspects such as life purpose, self-acceptance, and personal growth, despite life challenges. This definition of psychological well-being may therefore resound strongly with the identified benefits from culturally reclaiming and achieving Native identity.

The present study investigated the relationship between American Indian identity and psychological well-being (as existential strengths) in American Indian adults. Using Phinney's (1992) identity development assessment to form the four status categories (i.e., diffusion, foreclosure, moratorium, and achievement), achieved Native identity's association with any subscales of psychological well-being was explored. This hypothesis was based on past research support (e.g., Ghavami et al., 2011; Yoon, 2011) and the indigenous movement of cultural reclamation, which claims that Native identity offers many benefits, including more purpose in life, self-acceptance, personal growth, and community belonging. A secondary area of investigation concerns the degree to which blood quantum and access to traditions in a

community affect Natives' sense of indigenous identity. Based on the negative socialization and divisive effects of blood quantum, it was hypothesized that diffused Native identity development is related to lower degree of American Indian ancestry. However, achieved American Indian identity likely is related to more traditional Native community involvement. Native identity and sense of community are valued traditionally by American Indians; they are considered to have potential buffering effects against the consequences of colonization and cultural genocide. Community gives belongingness and social support, and can increase resilience. However, little research has been done to understand this relationship for American Indians. Moreover, there is a general lack of psychological research in regard to American Indians, who are underrepresented and underserved in the mental health services despite having higher rates of health problems than the general U.S. population. The results from this study may have wider implications on American Indian services that promote reclamation of Native identity for psychological well-being.

CHAPTER 3

METHOD

Participants

The American Indian Center of Indiana, Inc. (AICI) and American Indian Student Services (AISS) of University of North Dakota (UND) assisted in obtaining research participants for this study. AICI is a tax-exempt organization that offers services to American Indians living in Indiana for health outreach, workforce development, and cultural education in order to promote better quality of life. Data was collected from a sample of convenience that consisted of members of the AICI, with recruitment of Natives especially occurring at the AICI booth during three powwows located in Bedford, Rockville, and Lebanon, Indiana. The AISS of UND is a Native community center at a university in North Dakota that provides for the multiple needs of students on campus, including advocacy, academic and financial services, and cultural/social/spiritual events. Natives at the AISS participated in the study during two Soup Friday events, when homemade soup is cooked and served free of charge for Native students and the greater campus community. Furthermore, some Native participants completed Qualtrics surveys online via Facebook sites, which made the study more accessible to participants from other locations.

Participants were required to self-report American Indian ancestry in order to be included in the study. Individuals responding to all items in the same direction despite the presence of reverse-scored items, or responding inappropriately to the added validity question from MCMI-3

would have been dropped from the final sample. However, no one incorrectly completed the items in these ways. Data from individual participants were not included in the final data set when the participants declined or withdrew at any time, or if there were large amounts of incomplete responses (50% or more).

Overall, there were 220 participants in this study. However, one participant withdrew from the study, and 20 participants were removed due to significant amounts of missing data. Therefore, 199 participants in total were included in this study. Of those 199 participants, 86 completed the surveys online, 75 were recruited from the AICI powwow booth, and 38 were Native students from UND's AISS.

The participants' original homelands or reservations are in diverse regions of the United States and North America, representing a wide variety of tribal backgrounds. Due to tribal sovereignty and rights, tribal affiliations cannot be identified. It was difficult to ascertain the number of tribes and regions in this study due to historical homeland changes, sometimes more than one tribal affiliation for one participant, and different regional factions or names for the same tribe. However, it appears that about 45 different tribes were represented from all regions of the USA. There was one Mexican Indian, one Native Hawaiian, and 11 Canadian Aboriginals (representing two tribes) in this study as well.

In regard to gender, 41.7% (n= 83) of the participants self-identified as being male and 56.8% (N =113) as being female, with 0.5% (n =1) as female/third gender and another 0.5% (n = 1) as Two-Spirit. The average for age was 46 (n= 179, sd =16), and it ranged from 18 to 84 years old. Overall, 25 participants (12.5%) were between 18 and 25 years old, 35 participants (17.5%) were 26 to 35 years old, 19 participants (9.5%) were 36 to 45 years old, 36 participants (18%)

were 46 to 55 years old, 52 participants (26%) were 56 to 65 years old, and 15 participants (7.5%) were 66 to 84 years old.

Twelve participants had Native as their first language, two were bilingual (i.e. English and another language), and 182 reported English to be their first language. There were 50 participants who reported that they either were learning their Native language, or speaking a Native language (not as a first language).

The average highest level of education was 4.18 (N = 198, *sd* = 2.05), or roughly at a vocational degree. Overall, 10 participants (5%) reported not completing high school, 35 participants (17.5%) graduated high school, and 62 participants (31%) had some college. In regard to degrees, eight participants (4%) had a vocational degree, 16 participants (8%) had an associate's degree, 31 participants (15.5%) had a bachelor's degree, 25 participants (12.5%) had a master's degree, and 11 (5.5%) had a doctorate degree.

The average for percentage of Native ancestry (or blood quantum) was 0.46 (*n*= 129, *sd* = 0.32). Of all participants, 59 (29.5%) reported they did not know their percentage of Native ancestry and did not offer estimates, two (1%) wrote "enough," and one (0.5%) reported that he/she will not answer this question.

Average American Indian community involvement on a scale of 0-4, from "Not at all" to "All the time," was 2.23 (*n*= 199, *sd* =1.34), or between "Moderately" (2) and "Frequently" (3). Overall, in regard to American Indian community involvement, 12.6% reported "Not at all," 22.1% reported "Sometimes," 16.1% reported "Moderately," 28.1% reported "Frequently," and 21.1% reported "All the time" attending.

Out of the 199 Natives, 22% of them grew up on reservations. Recognizing that participants may have inhabited multiple settings, 31.7% reported being raised in the country,

41.2% in a small town, and 39.7% in a city. Only 3% of the participants now live on a reservation, however, and more than half (51.8%) abide in a city. Currently, 16.6% reside in the country, and 32.2% in a small town.

Procedures

All of the study protocols were approved by the Indiana State University Institutional Review Board (IRB), as well as UND's IRB for recruitment at AISS under advisor and Native psychologist, Dr. Jacque Gray. Individuals and leaders of Native groups (such as AICI) who have Facebook sites pre-approved the research study to be on their walls before links to Qualtrics were posted.

With the assistance of the AICI director, a recruitment script introduced participation to the AICI members via different modalities (by letters, telephone, or in emails; see Appendices A-C). To ensure participants' understanding of item questions, the researcher offered to administer the package of surveys to AICI members in face-to-face encounters or by online links in emails. Recruitment on Facebook used the same email script (Appendix C). No one, however, followed through with the offer to meet in person. Natives at powwows (including AICI members in attendance) were recruited and participated via face-to-face encounters (See Appendix D). Natives on the AISS Listserve received a recruitment script by email that gave a date to attend their American Indian Center if interested, or otherwise they were recruited face-to-face during the administration of the survey packages there (see Appendices D and E). They were not given an option to participate online.

Informed consent was explained to all potential participants; the consent form gave brief information about the study's content and its potential value in research, confidentiality and anonymity, and the right to be able to withdraw at any time (see Appendices F- H). Those who

agreed to participate were asked to provide written informed consent. However, the Natives at UND received an informed consent letter, and signatures were not required in order to maintain their confidentiality and anonymity (See Appendix H).

Once consent was obtained, the surveys related to American Indian (ethnic) identity, psychological well-being, and demographic information were completed by the participants. Participation took approximately 20 minutes. Participants were debriefed at the end about the study's intent (see Appendices I and J), and provided an opportunity to comment about the study. Furthermore, the final results were communicated to AICI, AISS, and Facebook sites that provided assistance. In this way, those who gave their time and effort to help were honored, and received potentially valuable information in which they collaborated.

Measures

Ryff's Scales of Psychological Well-Being

Ryff's Scales of Psychological Well-Being (RPWB, 1989; refer to Appendix K) consists of 84 items that measure overall psychological well-being. There are 14 items in each of the six dimensions: autonomy, environmental mastery, self-acceptance, personal growth, purpose in life, and positive relations with others.

To review the subscales, those high in autonomy are independent, and able to act and evaluate from personal standards instead of social pressures. Its items are 2, 8, 14, 20, 26, 32, 38, 44, 50, 56, 62, 68, 74, and 80 (Ryff, 2008). Environmental mastery entails feeling competent in one's environment, managing activities, and taking opportunities; items 3, 9, 15, 21, 27, 33, 39, 45, 51, 57, 63, 69, 75, and 81 are for this subscale. Those with self-acceptance feel positively about themselves, embracing both their weaknesses and strengths. The self-acceptance subscale has items 6, 12, 18, 24, 30, 36, 42, 48, 54, 60, 66, 72, 78, and 84. Personal growth is about being

open to new experiences, realizing potential, and feeling a sense of self-development and progress. Its items are 4, 10, 16, 22, 28, 34, 40, 46, 52, 58, 64, 70, 76, and 82. The life purpose subscale entails having purpose, direction, and meaning in life, and has items 5, 11, 17, 23, 29, 35, 41, 47, 53, 59, 65, 71, 77, and 83. Finally, those with high positive relations have mutually satisfying, trusting relationships with others and care about others' well-being. Its items are 1, 7, 13, 19, 25, 31, 37, 43, 49, 55, 61, 67, 73, and 79.

Alpha coefficients for each of the six dimension subscales range from 0.83 to 0.91, suggesting good internal consistency within the dimensions. The 20-item subscale parent measurement is highly correlated to the 14-item subscale measurement (with each dimension having r between 0.97-0.99), and its test-retest reliability is 0.81-0.88 from a subsample examined over six weeks (Siefert, 2005).

Each dimension has equal amounts of positively scored and reverse scored items, and items from the dimensions are mixed in order for formatting. Participants rate their answers on a six-point scale (strongly disagree =1, moderately disagree=2, slightly disagree=3, slightly agree=4, moderately agree=5, strongly agree=6). General psychological well-being and/or the separate subscales may be investigated for research purposes.

The RPWB has been widely used in major studies, but has not yet been used with a Native population. More theoretically grounded, its current six dimensions of well-being are debatable and lack support as being distinct. Although Ryff and Keyes (1995) validated its multidimensional structure based on a nationally representative sample of Anglophone adults aged at least 25 years old, other research studies with varied populations show instead high conceptual overlaps between many subscales (Clark et al. 2001; Van Dierendonck, 2004). Springer and Hauser (2006) found correlations between the subscales to range from 0.32 to 0.76;

the higher the intercorrelation, the less distinct the subscales are from each other. Burns and Machin (2009) more recently found support from exploratory factor analysis for a three-factor model of autonomy, positive relations, and a superordinate factor that encompassed the other subscales. This study showed sociodemographic effects on the structure and items, which likely influence other models that have been identified previously. Shorter versions (ie. with 3 and 9 item subscales) have better factorial validity, but are not recommended for assessing psychological well-being due to low internal consistency (Ryff & Keyes, 1995; Siefert, 2005). Therefore, despite the 14-item subscale version's limitation with ambiguous factor loadings and high correlations between various subscales from different studies, Siefert (2005) suggests it to still be a valid and reliable measure for psychological well-being.

The Multigroup Ethnic Identity Measure

The Multigroup Ethnic Identity Measure (MEIM) is a 12-item questionnaire (see Appendix L) to assess ethnic identity development (Phinney, 1992). It requests participants to rate themselves on a Likert scale utilizing one to four points (strongly disagree, disagree, agree, and strongly agree, respectively).

The MEIM consists of a developmental/cognitive factor (known as achievement from ethnic identity exploration/search) and an affective factor (known as affirmation from a sense of belonging and commitment) (Roberts et al., 1999). Overall scores for the achievement and affirmation factors are calculated by their means, thus ranging from 1 to 4, with low versus high scores differentiated by a median split (Phinney & Ong, 2007). These two factors interact by their low and high combinations to form four developmental stages of ethnic identity (EI): achieved identity (high scores in both achievement and affirmation), moratorium identity (high achievement score and low affirmation score), foreclosed identity (low achievement score and

high affirmation score), and diffused identity (low scores on both achievement and affirmation) (Kenyon & Carter, 2011). Items 1-5 correspond to achievement or ethnic identity search, and items 7-13 relate to affirmation, or belonging and commitment.

One item from the Millon Clinical Multiaxial Inventory-3 (MCMI-3) ("I have not seen a car in fifteen years") was added as item 6 for the purpose of measuring validity, and to examine potential self-presentation bias from answering surveys on personal psychological well-being as well as ethnic identity (Millon, Millon, Davis, & Grossman, 2009; Siefert, 2005). In addition, the first paragraph for directions was adapted to be more suitable to American Indians, which has been permitted by Phinney. Questions also were modified so that participants knew to address their Native identity. The measure has a level of reading equivalent to 6^{th} or 7^{th} grade.

The MEIM has been widely used in multicultural research, including for American Indians, and is appropriate for use in all ethnic groups. MEIM has shown good internal consistency in its use with diverse ethnic groups and ages, with alphas usually more than 0.80. In Phinney's (1992) study, alphas ranged from 0.74 to 0.86, with overall internal consistency being 0.90. Similarly, in Roberts et al.'s (1999) study, internal consistency ranged from 0.81 to 0.89 for diverse ethnic groups, including American Indian youth. The total internal consistency for a Navajo sample of 116 college students in an earlier, 20-item version was 0.92, with adequate alphas ranging from 0.54 to 0.76 for its subscales (including the current version's achievement and affirmation) (McNeil, Kee, & Zvolensky, 1999). MEIM has not been studied with only Native populations previous to this 1999 study.

Demographic Information

Information on age, gender, education level, languages spoken, past and current residencies, and Indian versus non-Indian social interactions in the residential environments were requested (see

Appendix M). Information on access and level of involvement (via a Likert scale) in an American Indian community, tribal affiliations, other potential racial heritages, and parents' ethnicities were collected as well. Blood quantum was requested via a fill-in-the-blank question about degree/percentage of American Indian ancestry, with no other evidence or measures taken. The responses were then converted to decimals for statistical purposes. The content for demographic information was partially borrowed from Phinney's (1992) supplemental questions from MEIM, and from Berryhill's (1998) dissertation that used a sample of American Indians.

CHAPTER 4

RESULTS

Descriptive Statistics

The average for Ryff's psychological well-being across subscales, and on a scale from 1-6, was 3.85 (*n*= 193, *sd*= 0.27), or between "Disagree slightly" and "Agree slightly." The averages for the subscales of psychological well-being were: *M* = 3.71 for autonomy (*n*= 194, *sd* = 0.49), *M* = 3.99 for environmental mastery (*n*= 194, *sd* = 0.49), *M* = 4.00 for personal growth (*n*= 194, *sd* = 0.38), *M* = 4.06 for positive relations (*n*= 195, *sd* = 0.55), *M* = 3.66 for life purpose (*n*= 195, *sd* = 0.45), and *M* = 3.74 for self-acceptance (*n* = 195, *sd*= 0.41).

In regard to the statuses of Native identity based on MEIM results, out of 197 participants, 43.2% (*n*= 86) had achieved identity, whereas 45.2% (*n*= 90) had diffused identity. Only 13 participants (6.5%) showed the foreclosure status, and eight participants (4%) had moratorium status. On a scale of 1-4, the average for the Affirmation subscale was 2.69 (*n*= 198, *sd* = 1.04) and the average for Achievement was 2.67 (*n*= 197, *sd* = 1.02). Both were therefore between "Agree" and "Disagree." The average for Native identity was 1.71 (*n*= 197, *sd* = 0.76) or between "Strongly disagree" and "Disagree."

Please review Table 1 for correlations between the variables of psychological well-being, Native identity, community involvement, and blood quantum (or percentage of Native ancestry).

Hypothesis 1

A multivariate analysis of variance (MANOVA) was statistically applied in order to investigate the hypothesis that achieved Native identity is associated with any of the dimensions of psychological well-being (known as environmental mastery, autonomy, personal growth, positive relations, purpose in life, and self-acceptance). There was a statistically significant difference ($p < 0.01$) in psychological well-being subscales based on the status of Native identity, Pillai's Trace = 0.19, F (18,555) = 2.06, $p = 0.006$ (See Table 2).

Given the significance of the omnibus test, univariate main effects were examined in order to determine how the subscales differ for Native identity statuses (See Table 2). There was a significant effect ($p < 0.005$) for Native identity only in positive relations, F (3,188) = 4.90, $p = 0.003$. In particular, significant pairwise mean differences were obtained in the positive relations subscale between achieved identity and diffused identity ($p < 0.05$) and achieved identity and moratorium identity ($p < 0.05$). Achieved identity had the lower mean (3.93) in both significant cases; while foreclosed had the same average (3.93) as achieved identity, diffused identity was higher at 4.14, and moratorium identity had the highest mean (4.53). See Table 3 for the means and standard deviations on Native identity statuses for the positive relations subscale. Overall, hypothesis 1 was partially confirmed since there was a significant relationship between achieved identity and one dimension of psychological well-being, positive relations.

Hypothesis 2

A one-way between subjects analysis of variance (ANOVA) was conducted to compare the effect of Native identity on percentage of Native ancestry. There was a significant effect of Native identity on percentage of Native ancestry at the $p < 0.05$ level for the four statuses, F (3, 124) = 3.18, $p < 0.05$ (See Table 4).

However, post-hoc comparisons utilizing the Tukey HSD test indicated that diffused Native identity was not significantly different with its mean (0.43) in percentage of Native ancestry compared to other statuses. Therefore, there was no support for the second hypothesis that diffused identity is associated with lower degree of Native ancestry.

Instead, post-hoc analyses conveyed that the mean for foreclosure status ($M = 0.69$, $sd = 0.45$) was significantly different from moratorium ($M = 0.15$, $sd = 0.12$) in regard to percentage of Native ancestry. In other words, those with foreclosure status were higher in Native ancestry, and those with moratorium status tended to have lower percentage of Native ancestry. However, both had small participant numbers compared to the other two group sizes. View Table 3 for the actual means, standard deviations, and number of participants.

Hypothesis 3

A one-way between subjects analysis of variance (ANOVA) was conducted to compare the effect of Native identity on level of Native community involvement. There was a significant effect of Native identity on Native community involvement at the $p < 0.05$ level for the four statuses, F (3, 193) = 10.90, $p < 0.001$ (See Table 5).

Post-hoc comparisons from the Tukey HSD test indicated that the mean for achieved status ($M = 2.80$, $sd = 1.05$) was significantly different from diffused status ($M = 1.73$, $sd = 1.41$) in regard to Native community involvement. See Table 3 for the different Native identity status' means and standard deviations on level of community involvement. In summary, the third hypothesis that achieved Native identity is related to more Native community involvement was supported.

CHAPTER 5

DISCUSSION

In summary, the first hypothesis was partially confirmed in that one of the six aspects of Ryff's psychological well-being, positive relations, was significantly related to achieved Native identity. However, the differences were significant between achieved identity and diffused and moratorium identities; both less developed types had slightly higher means for psychological well-being than those with achieved identities. The second hypothesis was not supported for diffused identity being significantly associated with lower Native ancestry percentage (or blood quantum). Instead, those with foreclosure status were higher in Native ancestry, and those with moratorium status tended to have lower percentage of Native ancestry. Such intriguing results would be worthy of further study with larger samples of these two developmental statuses. Finally, the third hypothesis was supported in that achieved Native identity was significantly related to more Native community involvement.

Hypothesis 1

There are plausible reasons for the relationship between positive relations and achieved Native identity. Perhaps it is due to Native spirituality being integral to Native cultures and identity; it honors the sacredness of all relationships and connections, be it human, natural, or otherworldly. Thus, there is a Native saying and philosophy, often used at the end of prayer: "Aho! All my Relations." Native spirituality is defined by the relationships within a tribal community, and similarly, a major influence on Native identity is acceptance and legitimacy in a

Native community through forming bonds and family relationships (Krouse, 1999). Therefore, Native identity can be described via socializing agents, including friends, family, community, and culture (Gonzalez & Bennett, 2011). As part of the benefits, Native identity can increase collective social support, intimacy, and sense of belongingness, and Native pride is negatively correlated to isolation (Christensen, 1999). For instance, family relationships were found to be important to Native elders' psychological health (Christensen, 1999).

Secondly, perhaps positive relations was significant because of the affective factor, affirmation, in the MEIM assessment. Affirmation items were partly based on Tajfel's notion of in-group ties, and has to do with emotional involvement and a commitment to being connected with others in a group. Positive relations and affirmation were significantly correlated; however, the relationship was in a negative direction.

However, there are unanswered questions in regard to the results of the first hypothesis. To begin with a critical question, why were positive relations, but no other facets of psychological well-being, significant in relationship with achieved identity? In light of the movement to reclaim indigenous identity, past research has supported other facets besides positive relations (e.g., Bombay et al., 2010; Christensen, 1999; Gone, 2009; Hood, Hill, and Spilke, 2009; Kenyon & Carter, 2011; Montgomery et al., 2000; Smith & Silva, 2011).

However, such previous research findings have not been supported by this study. This may be due to the overlapping qualities of Ryff's factors, or questionable validity and reliability for the RPWB in application to Native populations since it has never been tested solely on them. Most of the psychological well-being subscales significantly correlated with each other in this study, especially with self-acceptance. The utilization of different theories, definitions, and assessments for both Native identity and psychological well-being in past research, versus those

chosen for the purpose of this study, also may lead to inconsistencies in results. Furthermore, ethnic identity is a social concept and so may correlate more easily with positive relations.

It may be that for Natives, positive relationships are key to the other aspects of psychological well-being since it is a means to learn, socialize, and gain resources. For instance, positive relationships in a Native community or circle can promote personal self-growth and transformation toward the development of achieved Native identity. Perhaps also, positive relationships can become the life purpose for those with achieved Native identity because they have learned their traditional ways and values, such as to give back to the tribal community. Likewise, self-worth for Natives may emerge from the sense of belonging that positive relations offer. After all, positive relations correlated significantly with all other psychological well-being subscales.

The next question is, why does the mean score for positive relations suggest that two less-developed identity statuses, especially moratorium (with the highest mean), have better average well-being in regard to good relationships than achieved identity? There may be several reasons why achieved identity had a significantly lower mean positive relations score compared to two less-developed identity categories, diffused and moratorium identities. Firstly, it is important to note that Phinney's stage model is more dimensional and less about distinct statuses, and not necessarily linear. The median split to determine high from low achievement or affirmation categories was arbitrary. Also, the differences between the averages may be considered nominal in regard to meaning since the three types were in the approximated range between "Agree Slightly" and "Agree Somewhat." Achieved identity's mean was 3.93, thus implying to tend more toward "Agree Slightly" than "Disagree Slightly."

Relating other identity models to Phinney's stages, particularly Helms' (1995) Racial/Cultural Identity Development Model (R/CID) since it has been tied to Native identity development, may assist in explaining the lower positive relations average for achieved identity (Choney et al., 1995). Since Phinney's model is not linear, those with achieved identity in this sample may include people in the R/CID's immersion and integration stages because both types value their own minority groups. Those who are integrated appreciate both majority culture and their own identified ethnic group, being bicultural. However, those in the immersion stage idealize their own ethnic group and devalue mainstream ways. If the participants with achieved identities were indeed in the immersion stage, then their hypersensitivity may influence relationships with others more negatively, and be reflected in the lower average.

Next, with achieved Native identity comes more awareness in regard to discrimination, which occurs often for Natives (Adams et al., 2006; Yoon, 2011). Although awareness can promote healing and achieved Native identity may help protect from the impact of oppression through group pride, it may not reduce the emotional distress from racism since psychological well-being and mental health are not synonymous, but related (Duran, 2006; Smith & Silva, 2011). High salience of group membership is an increased risk factor for discrimination and depression, especially when such membership is less visible, such as for those with mixed heritages (Bombay et al., 2010). Achieved and foreclosure identities entail a high commitment or affirmation (with its associated pride and feelings of attachment) to Native group membership. The other two statuses with low affirmation may both therefore be less affectively aware of group discrimination, and so positive relations may indeed be experienced as slightly better in terms of psychological well-being. The diffused identity follows the status quo, without commitment or crisis (as part of achievement). Moratorium identity may be experienced as better

since there is a crisis to cognitively search for meaning with high achievement, but still with low emotional commitment (Yoon, 2011).

Both latter explanations (regarding Helm's immersion stage as potentially part of achieved identity, and awareness of discrimination with achieved identity) also may explain positive relations' significant negative correlations with affirmation and achievement (to a lesser degree of strength). After all, the definition for achieved identity entails both of these identity factors to be high, which means that its positive relations would likely be low, based on the correlations.

The potential explanation of awareness of discrimination being tied to statuses with high affirmation highlights another possible explanation. There could be a number of other unaccounted-for factors that influence the relationship between Native identity and psychological well-being. For instance, racism, age, coping skills, and physical health have shown significant effects in other ethnic minority studies investigating similar concepts (i.e., Smith & Silva, 2011; Yap et al., 2011). Finally, as mentioned earlier, Ryff's (1989) psychological well-being scale has never been tested for external validity on American Indians specifically. For example, its dimension of autonomy may not readily apply to the indigenous experience of importance in community and collectivism. Natives also may interpret the questions and scaled answers differently, depending on their acculturation levels.

Hypothesis 2

The second hypothesis that diffused identity would be related to a lower percentage of Native ancestry or blood quantum was not supported. This is understandable, given the complexity of identity in general, and Native identity more specifically since it has controversial, multiple definitions (Trimble & Clearing-Sky, 2009). Identity is generally multidimensional with

both individual and group levels, influenced by cultural, historical, social, and intrapersonal factors (Yoon, 2011). The majority of Natives are multiracial and diverse, and differences such as ancestral percentage and residential setting can be treated divisively due to the influence of the socialized degrees of "Indian-ness," which has to do with being more or less Native, relative to others (Choney et al., 1995). The decision for group categorization or identity as American Indians can be based on appearances, attitudes, cultural knowledge (of tribal beliefs, customs, and values), environmental exposure, social support, group status, and the impact of others on internalizing the identity (Kerwin & Ponterotto, 1995; Hud-Aleem et al., 2008; Sue & Sue, 2008b).

American Indians are the only ethnic minority in the USA and Canada to be defined federally by blood quantum. Deemed to be a European-American imposed way to control and divide Natives so that the trend is they become only more Non-Native, the results of this study are promising in that it supports that Native ancestry is necessary but not sufficient (Churchill, 1999; Fogelson, 1998; Hamill, 2003). It therefore appears that other factors indeed are involved more than the negative socialization of blood quantum. Being Native also is dependent on tribal enrollment, which may diverge from the federal rule on blood quantum and allow less than one-quarter percentage. For example, tribal enrollment for the Miami tribe of Indiana is one-sixteenth. Some tribes even have changed their enrollment requirements so that it is based more traditionally on lineage. Additionally, being Native is defined in other ways than the major aspect of descendency, such as community bonding, gaining access to actively participate in traditions, and reconnecting to one's homeland origins (Krouse, 1999). Having strong Native ties as family in a community especially is important; relationships are traditionally labeled more by emotional closeness than genes.

Interestingly, Natives with foreclosure status were higher in Native ancestry, and those with moratorium status tended to have lower blood quantum. Foreclosure is a status type that entails a high commitment to group membership without a crisis to propel examination of the identity. Those with higher Native ancestry (with the average being 69%) also likely physically appear more Native and so have accepted such an identity more readily and without questioning. Ethnic minority identity is a core aspect to self-concept as early as age five; significantly impacting wellness, self-esteem, and relationships, it is important or preferred in comparison to the other multiple identities experienced within individuals (Hud-Aleem et al., 2008; Yoon, 2011). However, those who are part Native and appear less Native cannot use a group-based identity so readily to protect against discrimination when compared to those with full Native ancestry (Bombay et al., 2010). Therefore, those with lower Native ancestry (with the average being 15%) may physically appear less Non-Native, being multiracial, and may be cognitively exploring their Native ancestry at a high level without committing to it in membership.

There is one other concern with the results in hypothesis 2. Most of the participants either fit the diffused or achieved types (in fairly equal numbers), and the other two statuses were less well represented. However, achieved identities are expected in adult samples that are studied with Phinney's assessment since they tend to have more explored and stable identities (Kail & Cavanaugh, 2010). The explanation for more participants having diffused identities (with an average of 43% Native ancestry) than expected, though, is more speculative in nature. It may be due to any of the multiple factors that influence choices on identity, being "less Indian" than others, and/or negative associations or stereotypes about being Native.

Hypothesis 3

The third hypothesis that achieved Native identity is associated with more Native community involvement was supported. Echoing some of the explanations for the first hypothesis' results, community involvement is highly traditionally valued, and it is another way to be defined as Native other than blood quantum. In fact, blood quantum (or percentage of Native ancestry) only significantly correlated with community involvement in this study, suggesting that those with more Native ancestry are likely to participate more. Being engaged in a community offers a sense of belongingness and serves several positive functions, such as to increase self-esteem, resiliency, and social support. Active involvement and commitment to traditional spirituality can augment hope, strength, and health, and reduce suicide attempts (Bombay et al., 2010). Traditionalism may add coping skills through spirituality and social support; cultural learning and socialization may enhance resources such as values, self-validation, and community (Kenyon & Carter, 2011; Whitesell et al., 2009).

Moreover, with achieved Native identity also comes more awareness in regard to community efficacy; American Indian teens with achieved identities significantly felt more sense of community (Kenyon & Carter, 2011; Adams et al., 2006). In a qualitative study, the need for community was a third theme or stage for Native identity that was described as a strong-felt need to make connections (Lucero, 2010). Community involvement was significantly correlated with affirmation and achievement in this study, which suggests that more community participation likely occurred with those who had achieved Native identity. After all, Native identity is a form of ethnic identity, which by definition entails social participation and inclusion in an ethnic group; thus, it is likely more salient in a group setting (Christensen, 1999; Smith & Silva, 2011).

Since Native identity is about belonging and inclusion via kinship ties to a tribal culture, perhaps community involvement is the way to first regain Native identity—to know values and then live them (Lucero, 2010; Smith & Silva, 2011). Acceptance into a Native community can be more significant than legal requirements for Native identity because of obstacles such as lack of documentation (Hamill, 2003). Learning and practicing traditions in a community can trump ancestry for being able to identify as Native, exemplified by the Lumbees, who have predominantly mixed heritages and undocumented tribal history (Bryant & LaFramboise, 2005).

Limitations

There were several limitations to this study. Although there were many tribes represented in the study, the results still may not be generalizable to the more than 560 (excluding non-federally recognized) tribes in the United States. The self-report measures may not be as valid or reliable for the American Indian sample used in this study compared to other tested populations. The results reflected one timeframe, and hence may lack in conveying the changes of Native ethnic identity over time. No causation was involved or implied in this study, which was correlational in nature to explore the complex relationships of identity and well-being. Interpretation of measures by potentially less acculturated American Indians may moderate outcomes (Smith & Silva, 2011). However, most American Indians in this study were likely more acculturated, considering the contexts of the research (since there are no reservations in Indiana, AICI is based in an urban city, AISS caters to Natives that have experienced some level of acculturation to be public university students, and Qualtrics online surveys required that the Native participants were acculturated enough to use the computer). As further potential support, most participants reported speaking English as their first language, and only 3% now live on a reservation.

Moreover, this study did not use qualitative indigenous methodology, per se. However, it was in accordance with the principles of indigenous research: respect (by honoring the participants' experiences in the study), relevance (by results being potentially beneficial for American Indians), reciprocity (i.e. sharing results with AICI and AISS), and responsibility as a researcher (Wilson, 2008).

Future Directions

There are many possibilities for future studies based on this research. Despite the complexity of Native identity and psychological well-being, no moderators or mediators such as acculturation, discrimination, and age were accounted for, which may be useful to investigate. It would be beneficial to try for more equal numbers for the identity statuses, and to potentially further replicate results. A valuable pursuit would be the external validity and reliability for American Indians in Ryff's (1989) psychological well-being scale, with factor analyses to compare results with other ethnic-racial samples. Using multiple measures for community involvement and Native identity would be a worthy endeavor. For instance, having a bicultural identity model and assessment that measures assimilation versus acculturation could offer additional knowledge on Native identity (Kenyon & Carter, 2011). Although MEIM is the most widely used for ethnic identity in general, how it assesses for Natives only compared to other populations (including majority culture) could be tested. Native identity in relation to spirituality may be fruitful to overtly explore in assessment items, in recognition of how integral it is to Native identity.

Implications

This research has offered more valuable information for Natives as it has been the first to investigate the relationship between Native identity and psychological well-being as defined in

positive psychology, with its existential strengths that assist in adversity. Aspects of well-being or mental health (i.e. life satisfaction, self-esteem, anxiety, depression) typically have been measured with Native populations instead, and not Ryff's eudaimonic perspective on psychological well-being (Adams et al., 2006; Krause & Coker, 1999). No previous studies are known to determine the relationship between percentage of Native ancestry (or blood quantum) and Native identity, despite its negative socialized impact on defining Natives. Research has been relatively scant on Native identity compared to other ethnic minorities; there is no established identity development model or assessment for Natives as of yet (Smith & Silva, 2011). Finally, the first published study that investigated sense of community was by Kenyon and Carter (2011) with Native youth, reviewing its relationship with psychological well-being (measured by positive affect, health, and lack of depression). Thus, community involvement is still a topic in Native psychology that has been relatively little researched. As an additional asset to this study, the Native participants were diverse in regard to percentages of Native ancestry, tribal backgrounds and regions, and other demographic information, with fairly equal numbers in regard to gender.

Overall, this study focused on the strengths of being Native in order to enrich Native psychology, and potentially apply new information for the benefit of Natives. Its results could improve services for Natives by supporting the need and worth of more traditional community activities, which can facilitate more achieved Native identity. By reclaiming Native identity, the intergenerational source of losses and traumas may eventually be healed (Gone, 2009). Programs for Natives with mental health and/or addictions issues could benefit from having traditional community involvement integrated into their treatment plans, for example. Promoting positive,

healthy relationships within Native family and social networks via media and culturally informed educational classes also can be reinforced by the study's results.

REFERENCES

Abbot, R. A., Ploubidis, G. B., Huppert, F. A., Kuh, D., Wadsworth, M. E. J., & Croudace, T. J (2010). Psychometric evaluation and predictive validity of Ryff's psychological well-being items in a UK birth cohort sample of women. *Health Quality Life Outcomes, 4,* 6. Doi: 10.1186/1477-7525-4-76

Abbot, R. A., Ploubidis, G. B., Huppert, F. A., Kuh, D., & Croudace, T. J (2010). An evaluation of the precision of measurement of Ryff's Psychological Well-being Scales in a population sample. *Social Indices Research, 97,* 357-373. Doi: 10.1007/s11205-009-9506-x

Adams, G., Fryberg, S. A., Garcia, D. M., & Delgado-Torres, E. U. (2006). The psychology of engagement with indigenous identities: A cultural perspective. *Cultural Diversity and Ethnic Minority Psychology, 12,* 493-508. Doi: 10.1037/1099-9809.12.3.493

Albright, K., & LaFramboise, T. D. (2010). Hopelessness among White- and Indian-identified American Indian adolescents. *Cultural Diversity and Ethnic Minority Psychology, 16,*437-442. Doi: 10.1037/a0019887

Bagley, S. P., Angel, R., Dilworth-Anderson, P., Liu, W., & Schinke, S. (1995). Panel V: Adaptive health behaviors among ethnic minorities. *Health Psychology, 14,* 632-640.

Belcourt-Ditloff, A. & Stewart, J. (2000). Historical racism: Implications for Native Americans. *American Psychologist,* 1166-1167. Doi: 10.1037//0003-066X.55.10.1166

Berryhill, E. M. (1998). *Examining the life perspective scale: An investigation of an American Indian acculturation instrument.* (Doctoral dissertation). University of Michigan, Ann Arbor, MI. 190+ pp.

Bombay, A., Matheson, K., & Anisman, H. (2010). Decomposing identity: Differential relationships between several aspects of ethnic identity and the negative effects of perceived discrimination among First Nations adults in Canada. *Cultural Diversity and Ethnic Minority Psychology, 16,* 507-516. Doi: 10.1037/a0021373

Bracey, J. R., Bamaca, M. Y., & Umana-Taylor, A. J. (2004). Examining ethnic identity and self-esteem among biracial and monoracial adolescents. *Journal of Youth and Adolescence, 33,* 123-132.

Bryant, A. Jr. (1998). *A validation of Helms' People of Color Racial Identity Attitude Scale with a Native American population.* (Doctoral Dissertation.) North Carolina State University, NC. 75pp.

Bryant, A. Jr., & Baker, S. B. (2003) The feasibility of constructing profiles of Native Americans from the People of Color Racial Identity Attitude Scale: A brief report. *Measurement and Evaluation in Counseling and Development, 36,* 2-9.

Bryant, A. Jr., & LaFramboise, T. D. (2005). The Racial Identity and Cultural Orientation of Lumbee American Indian high school students. *Cultural Diversity and Ethnic Minority Psychology, 11,* 82-89. Doi: 10.1037/1099-9809.11.1.82

Burns, R. A. & Machin, M. A. (2009). Investigating the structural validity of Ryff's psychological well-being scales across two samples. *Social Indicators Research, 93,* 359-375.

Choney, S. K., Berryhill-Paapke, E., & Robbins, R. R. (1995). The acculturation of American Indians. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.) *Handbook of multicultural counseling* (pp. 73-92). Thousand Oaks, California: Sage.

Christensen, M. L. (1999). *The role of ethnic identity and family support in the psychological well-being of American Indian elders: comparison of men and women in reservation and urban settings.* (Doctoral Dissertation.) Loyola University, Chicago. 121pp.

Clarke, P.J., Marshall, V.M., Ryff, C.D., & Wheaton, B. (2001). Measuring psychological well-being in the Canadian study of Health and aging. *International Psychogeriatrics, 13,* 79-90.

Crohn, J. (1998). Intercultural couples. In M. McGoldrick (Ed.). *Revisioning family therapy: Race, culture, and gender in clinical practice* (pp. 295-308). New York, NY: Guilford Press.

Davis, G. L., Hoffman, R. G., & Nelson, K. S. (1990). Differences between Native Americans and Whites on the California Psychological Inventory. *Psychological Assessment: A Journal of Consulting and Clinical Psychology, 2,* 238-242.

Duran, E. (2006). *Healing the soul wound: Counseling with American Indians and other Native peoples.* New York: Teachers College.

Epperson, D. L., & Hammond, D. C. (1981). Use of interest inventories with Native Americans: A case for local norms. *Journal of Counseling Psychology, 28,* 213-220.

Fogelson, R. D. (1998). Perspectives on Native American identity. In R. Thornton (Ed.), *Studying Native America: Problems and perspectives* (pp. 40-59). Madison: University of Wisconsin Press.

Galliher, R.V., Jones, M.D., Dahl, A. (2011). Concurrent and longitudinal effects of ethnic identity and experiences of discrimination on psychosocial adjustment of Navajo adolescents. *Developmental Psychology, 47,* 509-526. Doi:10/1037/a0021061

Ghavami, N., Peplau, L. A., Fingerhut, A., Grant, S. K., & Wittig, M. A. (2011). Testing a model of minority identity achievement, identity affirmation, and psychological well-being among ethnic minority and sexual minority individuals. *Cultural Diversity and Ethnic Minority Psychology, 17,* 79-88. Doi: 10.1037/a0022532

Gone, J. P. (2004). Mental health services for Native Americans in the 21st century United States. *Professional Psychology: Research and Practice, 35,* 10-18. Doi: 10.1037/0735-7028.35.1.10

Gone, J. P. (2009). A community-based treatment for Native American historical trauma: Prospects for evidence-based practice. *Journal of Consulting and Clinical Psychology, 77,* 751-762. Doi: 10.1037/a0015390

Gonzalez, J., & Bennett, R. (2011). Conceptualizing Native Identity with a multidimensional model. *American Indian & Alaska Native Mental Health Research, 17,* 22-43.

Hamill, J.F. (2003). Show me your CDIB: Blood quantum and Indian identity among Indian people of Oklahoma. *American Behavioral Scientist, 47,* 267-282. Doi: 10.1177/0002764203256187

Helms, J. E. (1995). An update of Helms's White and people of color racial identity models. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 181-198). Thousand Oaks, CA: Sage.

Helms, J. E. (2007). Implementing fairness in racial-group assessment requires assessment of individuals. *American Psychologist, 62,* 1083-1085. Doi: 10.1037/0003-066X.62.9.1083

Hobfoll, S. E., Bansal, A., Schurg, R., Hobfoll, I., Johnson, R., Young, S., & Pierce, C. A. (2002). The impact of perceived child physical and sexual abuse history on Native American women's psychological well-being and AIDS risk. *Journal of Consulting and Clinical Psychology, 70,* 252-257. Doi: 10.1037//0022-006X.70.1.252

Hood, R. W., Hill, P.C., & Spilka, B. (2009). *The psychology of religion: An empirical approach*. New York, New York: Guilford Press.

Hud-Aleem, R., Countryman, J., & Gillig, P.M. (2008). Biracial identity development and recommendations in therapy. *Psychiatry, 5,* 37-44.

Huo, Y. J., Binning, K. R., Molina, L. E., & Funge, S. P. (2010). Subgroup respect, social engagement, and well-being: A field study of an ethnically diverse high school. *Cultural Diversity and Ethnic Minority Psychology, 16,* 427-436. Doi: 10.1037/a0019886

Johnson, K. W., Anderson, N. B., Bastida, E., Kramer, B. J., Williams, D., & Wong, M. (1995). Panel II: Macrosocial and environmental influences on minority health. *Health Psychology, 14,* 601-612. Doi: 10.1037/0278-6133.14.7.601

Jones, M. D., & Galliher, R. V. (2007). Ethnic identity and psychosocial functioning in Navajo adolescents. *Journal of Research on Adolescence, 17,* 683-696.

Kail, R. V., & Cavanaugh, J. C. (2010). Moving into the adult social world. In J. Perkins, K. Makarewycz, & P. Leeds (Eds.), *Human development: A life-span view* (5th ed.)(pp. 325-353). Belmont, CA: Thomson-Wadsworth.

Kenyon, D. B., & Carter, J. S. (2011). Ethnic identity, sense of community, and psychological well-being among Northern Plains American Indian youth. *Journal of Community Psychology, 39,* 1-9. Doi: 10.1002/jcop

Kerwin, C., & Ponterotto, J. G. (1995). Biracial identity development. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 181-198). Thousand Oaks, CA: Sage.

Keyes, C. L. M., Schmotke, D., & Ryff, C. D. (2002). Optimizing well-being: The empirical encounter of two traditions. *Journal of Personality and Social Psychology, 82*, 1007-1022. Doi: 10.1037/1099-9809.12.4.632

Krause, J. S., Coker, J., Charlifue, S., & Whiteneck, G. G. (1999). Depression and subjective well-being among 97 American Indians with spinal cord injury: A descriptive study. *Rehabilitation Study,* 354-372.

Krouse, S. A. (1999). Kinship and identity: Mixed bloods in urban Indian communities. *American Indian Culture and Research Journal, 23*, 73-90.

LaFramboise, T. D. (1988). American Indian mental health policy. *American Psychologist, 43*, 388-397. Doi: 10.1037/0003-066X.43.5.388

LaFramboise, T. D., Albright, K., & Harris, A. (2010). Patterns of hopelessness among American Indian adolescents: Relationships by levels of acculturation and residence. *Cultural Diversity and Ethnic Minority Psychology, 16*, 68-76. Doi:10.1037/a0016181

LaFramboise, T. D., & Rowe, W. (1983). Skills training for bicultural competence: Rationale and application. *Journal of Counseling Psychology, 30,* 589-595.

Leong, F.T.L. (2009). Guest editor's introduction: History of racial and ethnic minority psychology. *Cultural Diversity and Ethnic Minority Psychology, 15,* 315-316. Doi: 10.1037/a0017556

Lomay, V. T., & Hinkebein, J. H. (2006). Cultural considerations when providing rehabilitation services to American Indians. *Rehabilitation Psychology, 51,* 36-42. Doi: 10.1037/0090-5550.51.1.36

Lucero, N. M. (2010). Making meaning of urban American Indian identity: A multistage integrative process. *Social Work, 55,* 327-336.

Millon, T., Millon, C., Davis, R., & Grossman, S. (2009). *MCMI-III Manual* (4th Ed.). Minneapolis, MN: Pearson Education, Inc.

Mitchell, C.M., & Beals, J. (2011). The utility of the Kessler Screening Scale for Psychological Distress (K6) in Two American Indian communities. *Psychological Assessment, 23,* 752-761. Doi: 10.1037/a0023288

McNeil, D.W., Kee, M., & Zvolensky, M.J. (1999). Culturally related anxiety and ethnic identity in Navajo college students. *Cultural Diversity and Ethnic Minority Psychology, 5,* 56-64.

Montgomery, D., Miville, M. L., Winterowd, C., Jeffries, B., & Baysden, M. F. (2000). American Indian college students: An exploration into resiliency factors revealed through personal stories. *Cultural Diversity and Ethnic Minority Psychology, 6,* 387-398. Doi: 10.1037//1099-9809.6.4.387

Nenemay, K.A. (2005). *An exploratory study of tribal enrollment, blood quantum, and identity among the confederated Salish and Kootenai tribe of Western Montana.* (Doctoral dissertation). Rutgers University. 249pp.

Nijboer, Y. L. (2011). *The ethnic identity and inter-ethnic relations of primary and secondary school students in the former Yugoslav Republic of Macedonia*. (Doctoral Dissertation.) Universiteit Utrecht, Europe. 34pp. from http://igitur-archive.library.uu.nl/student-theses/2011-0718-200656/Masterthesis%20Nijboer,%20YL-3188469.pdf

Paniagua, F.A. (1994). *Assessing and treating culturally diverse clients: A practical guide.* Thousand Oaks, CA: Sage.

Peroff, N. C., & Wildcat, D. R. (2002). Who is American Indian? *Social Science Journal, 39,* 349-361.

Phinney, J. (1992). The Multigroup Ethnic Identity Measure: A new scale for use with adolescents and young adults from diverse groups. *Journal of Adolescent Research, 7,* 156-176.

Phinney, J.S., & Ong, A.D. (2007). Conceptualization and measurement of ethnic identity: Current status and future directions. *Journal of Counseling Psychology, 54,* 271-281.

Pierre, M. R., & Mahalik, J. R. (2005). Examining African self-consciousness and Black racial identity as predictors of Black men's psychological well-being. *Cultural Diversity and Ethnic Minority Psychology, 11,* 28-40. Doi: 10.1037/1099-9809.11.1.28

Poston, W. S. C. (1990). The biracial identity development model: A needed attention. *Journal of Counseling and Development, 69,* 152-155.

Renn, K. A. (2004). *Mixed Race Students in College: The Ecology of Race, Identity, and Community.* Albany, New York: SUNY Press.

Renn, K. A. (2008). Research on biracial and multiracial identity development: Overview and synthesis. *New Directions for Student Services, 123,* 13-21.Doi: 10.1002/ss.282

Rieckmann, T.R., Wadsworth, M.E., & Deyhle, D. (2004). Cultural identity, explanatory style, and depression in Navajo adolescents. *Cultural Diversity and Ethnic Minority Psychology, 10,* 365-382. Doi: 10/1037/1099-9809.10.4.365

Roberts, R., Phinney, J., Masse, L., Chen, Y., Roberts, C., & Romero, A. (1999). The structure of ethnic identity in young adolescents from diverse ethnocultural groups. *Journal of Early Adolescence, 19,* 301-322.

Rockquemore, K. A., & Laszloffly, T. (2005). Moving beyond tragedy: A multidimensional model of mixed race identity. In K. Rockquemore & T.A. Laszloffly (Eds.), *Raising Biracial children* (pp. 1-17). Lanham, MD: Altamira Press.

Root, M. P. P. (1990). Resolving 'other' status: Identity development of biracial individuals. *Women and Therapy, 9,* 185-205.

Ryff, C.D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57,* 1069-1081.

Ryff, C.D. (2008). *Scale of psychological well-being.* Madison, WI. 20 pp. from ioa/ryff/wellbeing/scales14-itemhandout

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology, 69,* 719-727. Doi: 10.1037/0022-3514.69.4.719

Schmutte, P. S., & Ryff, C. D. (1997). Personality and well-being: Reexamining methods and meanings. *Journal of Personality and Social Psychology, 73,* 549-559.

Siefert, T. (2005). Assessment of the Ryff Scales of Psychological Well-Being Inventory. Retrieved from the Center of Inquiry in the Liberal Arts at Wabash College http://www.liberalarts.wabash.edu/ryff-scales/

Shih, M., Bonam, C., Sanchez, D. T., & Peck, C. (2007). The social construction of race: Biracial identity and vulnerability to stereotypes. *Cultural Diversity and Ethnic Minority Psychology, 13,* 125-133.

Smith, T.B., & Silva, L. (2011). Ethnic identity and personal well-being of people of color: A meta-analysis. *Journal of Counseling Psychology, 58,* 42-60. Doi: 10.1037/a0021528

Springer, K.W. & Hauser, R. M. (2006). An assessment of the construct validity of Ryff's scales of psychological well-being: Method, mode, and measurement effects. *Social Science Research, 35,* 1080-1102. Doi:10.1016/j.ssresearch.2005.07.004

Sue, D. W., & Sue, D. (2008a). Counseling American Indians and Alaskan Natives. In D. Sue, & D.W. Sue (Eds.), *Counseling the culturally diverse: Theory and practice* (pp. 345-356). New York, NY: Wiley.

Sue, D. W., & Sue, D. (2008b). Counseling individuals of multiracial descent. In D. Sue, & D.W. Sue (Eds.), *Counseling the culturally diverse: Theory and practice* (pp. 389-403). New York, NY: Wiley.

Sue, D. W., & Sue, D. (2008c). Racial/cultural identity development in people of color: Therapeutic implications. In D. Sue, & D. W. Sue (Eds.), *Counseling the culturally diverse: Theory and practice* (pp. 233-258). New York, NY: Wiley.

Sue, S. (2009). Ethnic minority psychology: Struggles and triumphs. *Cultural Diversity and Ethnic Minority Psychology, 15,* 409-415. Doi: 10.1037/a0017559

Sutton, C.T., & Broken Nose, M.A. (2005). American Indian families: An overview. In M. McGoldrick, J. Giordano, & N. Garcia-Preto (Eds.), *Ethnicity & family therapy* (pp. 43-54). New York, NY: Guilford.

Suzuki-Crumly, J., & Hyers, L.L. (2004). The relationship among ethnic identity, psychological well-being, and intergroup competence: An investigation of two biracial groups. *Cultural Diversity and Ethnic Minority Psychology,10,* 137-150. Doi: 10.1037/1099-9809.10.2.137

Tafoya, N., & Del Vecchio, A. (2005). Back to the future: An examination of the Native American holocaust experience. In M. McGoldrick, J. Giordano, & N. Garcia-Preto (Eds.), *Ethnicity & family therapy* (pp. 55-63). New York, NY: Guilford.

Tajfel, H. (1978). Social categorization, social identity and social comparison. In H. Tajfel (Ed.), *Differentiation between social groups: Studies in the social psychology of intergroup relations* (pp.61-76). London, UK: Academic Press.

Tajfel, H. (1981). *Human groups and social categories*. Cambridge, UK: Cambridge University Press.

Trimble, J. E., & Clearing-Sky, M. (2009). An historical profile of American Indians and Alaska Natives in psychology. *Cultural Diversity and Ethnic Minority Psychology, 15,* 338-351. Doi: 10.1037/a0015112

U.S. Department of the Interior (2011). *American Indians and Alaska Natives.* Retrieved from http://www.doi.gov/tribes/index.cfm.

Van Dierendonck, D. (2004). The construct validity of Ryff's scales on psychological well-being and its extension with spiritual well-being. *Personality and Individual Differences, 36,* 629-43.

Venner, K. L., Wall, T. L., Lau, P., & Ehlers, C. L. (2006). Testing of an orthogonal measure of cultural identification with adult Mission Indians. *Cultural Diversity and Ethnic Minority Psychology, 12,* 632-643. Doi: 10.1037/1099-9809.12.4.632

Whitesell, N. R., Mitchell, C. M., Spicer, P., & The Voices of Indian Teens Project Team (2009). A longitudinal study of self-esteem, cultural identity, and academic success among American Indian adolescents. *Cultural Diversity and Ethnic Minority Psychology, 15,* 38-50. Doi: 10.1037/a0013456

Wilson, S. (2008). *Research is ceremony.* Winnipeg, Manitoba: Fernwood Publishing.

Yap, S. C. Y., Settles, I. H., & Pratt-Hyatt, J. S. (2011). Mediators of the relationship between racial identity and life satisfaction in a community sample of African American women and men. *Cultural Diversity and Ethnic Minority Psychology, 17,* 89-97. Doi: 10.1037/a0022535

Yoon, E. (2011). Measuring ethnic identity in the Ethnic Identity Scale and the Multigroup Ethnic Identity Measure-Revised. *Cultural Diversity and Ethnic Minority Psychology, 17,*144-155. Doi: 10.1037/a0023361

Zitzow, D., & Estes, G. (1981). The heritage consistency continuum in counseling Native American children. In Spring Conference on Contemporary Issues (Ed.), *American Indian issues in higher education* (pp. 133-139). Los Angeles, CA: American Indian Studies Center.

Table 1

Correlation Matrix of Variables for Psychological Well-being, Native Identity, Community Involvement, and Native Ancestral Percentage

Variable	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*
Aut	____									
EM	*.21***	____								
PG	*.09*	*.32***	____							
PR	*.29***	*.20***	*.18**	____						
LP	*.20***	*.35***	*.38***	*.16**	____					
SA	*.37***	*.29***	*.29***	*.22***	*.38***	____				
Aff	*-.02*	*-.12*	*-.14*	*-.21***	*.01*	*.16**	____			
Ach	*-.01*	*-.14*	*-.14*	*-.15**	*.02*	*.13*	*.94***	____		
CI	*-.04*	*.11*	*.00*	*-.11*	*.21***	*.06*	*.22***	*.23**	____	
NA	*-.11*	*.05*	*.07*	*-.04*	*-.06*	*.13*	*.05*	*-.00*	*.37***	____

Note: Aut = Autonomy, EM =Environmental Mastery, PG = Personal Growth, PR Positive Relations, LP= Life Purpose, SA = Self-Acceptance as the Psychological Well-being Subscales. Aff = Affirmation, Ach = Achievement as Identity Factors. CI= Community Involvement. NA = Native Ancestry Percentage. $^{**}p < .01$, $^{*}p < .05$.

Table 2

Multivariate and Univariate Analyses of Variance F Ratios for Native Identity Status Effects for the Six Factors of Psychological Well-being

	MANOVA	ANOVA *F*(3, 188)					
Variable	*F*(18, 555)	Autonomy	E. Mastery	Personal Growth	Positive Relations	Life Purpose	Self-Acceptance
Native Identity	2.06*	0.63	0.90	1.64	4.90**	0.46	1.65

Note. F ratios are Pillai's approximation of F, E. Mastery = Environmental Mastery, * $p < .01$, ** $p < .005$.

Table 3

The Means and Standard Deviations for Positive Relations, Percentage of Native Ancestry, and Native Community Involvement as a Function of Native Identity Statuses

Native ID	Positive Relations			Native Percentage			Comm Involvement		
	M	*SD*	*n*	*M*	*SD*	*n*	*M*	*SD*	*n*
Achieved	3.93	0.49	84	0.50	0.26	59	2.80	1.05	86
Diffused	4.14	0.54	87	0.43	0.43	58	1.73	1.41	90
Foreclosure	3.93	0.60	13	0.69	0.69	7	2.08	1.55	13
Moratorium	4.53	0.55	8	0.15	0.15	4	1.88	0.99	8

Note. Native ID = Native Identity; Comm Involvement = Community Involvement.

Table 4

One-way Analysis of Variance for the Effects of Native Identity Status on Percentage of Native Ancestry

Variable and source	SS	MS	F(3, 124)	*p*
% Native Ancestry				
Between	0.91	0.30	3.18	0.026
Within	11.86	0.10		

Table 5

One-way Analysis of Variance for the Effects of Native Identity Status on Native Community Involvement

Variable and source	SS	MS	F(3, 193)	*p*
Native Community Involvement				
Between	51.68	17.23	10.90	0.000
Within	305.04	1.58		

APPENDIX A: SCRIPT/INSTRUCTIONS FOR STUDY ON AMERICAN INDIAN IDENTITY AND PSYCHOLOGICAL WELL-BEING, LETTER FOR AICI MEMBERS

Would you like to be in a study looking at American Indian identity and well-being? The study involves doing one survey on well-being, one survey on American Indian identity, and a form on background information. It should take at least 20 minutes. Participation is totally voluntary; however, you must be at least 18 years old and identify as having American Indian heritage to be in it. Your responses will be kept confidential.

If you would like to be in this study, you have the option of responding through surveys online (http://tinyurl.com/native-wellness) or by doing it face-to-face with the researcher in AICI. If you wish to do it face-to-face, please contact the researcher (jramsey2@sycamores.indstate.edu) to make arrangements.

APPENDIX B: SCRIPT/INSTRUCTIONS FOR STUDY ON AMERICAN INDIAN IDENTITY AND PSYCHOLOGICAL WELL-BEING, TELEPHONE FOR AICI MEMBERS

"Would you like to be in a study looking at American Indian identity and well-being? The study involves doing one survey on well-being, one survey on American Indian identity, and a form on background information. It should take at least 20 minutes. Participation is totally voluntary; however, you must be at least 18 years old and identify as having American Indian heritage to be in it. Your responses will be kept confidential."

"If you would like to be in this study, you have the option of responding through surveys online or by doing it face-to-face with the researcher in AICI. If you wish to do it face-to-face, please contact the researcher (Jamie Ramsey at 812-841-3526) to make arrangements. If you wish to consent and do the surveys online, the website is: http://tinyurl.com/native-wellness

APPENDIX C: SCRIPT/INSTRUCTIONS FOR STUDY ON AMERICAN INDIAN IDENTITY AND PSYCHOLOGICAL WELL-BEING, EMAIL/ONLINE RECRUITMENT OF AICI MEMBERS AND FOR FACEBOOK

"Would you like to be in a study looking at American Indian identity and well-being? The study involves doing one survey on well-being, one survey on American Indian identity, and a form on background information. It should take at least 20 minutes. Participation is totally voluntary; however, you must be at least 18 years old and identify as having American Indian heritage to be in it. Your responses will be kept confidential."

"If you would like to be in this study, you have the option of responding through surveys online (http://tinyurl.com/native-wellness) or by doing it face-to-face with the researcher in AICI. If you wish to do it face-to-face, please contact the researcher (jramsey2@sycamores.indstate.edu) to make arrangements."

APPENDIX D: SCRIPT/INSTRUCTIONS FOR STUDY ON AMERICAN INDIAN IDENTITY AND PSYCHOLOGICAL WELL-BEING, FACE-TOFACE POWPOWS (AT AICI BOOTH) AND UND'S AISS

"Would you like to be in a study looking at American Indian identity and well-being? The study involves doing one survey on well-being, one survey on American Indian identity, and a form on background information. It should take at least 20 minutes. Participation is totally voluntary; however, you must be at least 18 years old and identify as having American Indian heritage to be in it. Your responses will be kept confidential."

If interested, hand out the informed consent form.

Introducing forms: "First is the informed consent form. Please read it, and let me know if you have any questions or problems with reading and/or understanding the consent form. Please sign if you understand and accept being in this study. "

Hand out surveys after they agreed and signed to be in the study.

"Please read the instructions on the surveys carefully. Also, be aware that there are questions on both sides of the paper. Mark your responses on the surveys. Do not put your name on them. When you are done, keep the informed consent form and return the completed surveys to me. Please do not discuss this study with your friends because they may also be in the study at a later date. Are there any more questions before you begin? Again, thanks for your time**."**

When participants turn the completed questionnaires back in, give them a copy of the debriefing form and thank them.

APPENDIX E: SCRIPT/INSTRUCTIONS FOR STUDY ON AMERICAN INDIAN IDENTITY AND PSYCHOLOGICAL WELL-BEING, EMAIL/ONLINE TO RECRUIT NATIVES FROM AISS

"Would you like to be in a study looking at Native identity and well-being? The study involves doing one survey on well-being, one survey on Native identity, and a form on background information. It should take approximately 20 minutes. Participation is totally voluntary; however, you must be at least 18 years old and identify as having Native heritage to be in it. Your responses will be kept confidential."

There is value and need for more strengths-based research on Native identity, and including Native participants in research to potentially promote more culturally-based services. If you would like to be in this study, please come to visit AISS on (date provided). AISS is located on UND campus at Stop 8274, 315 Princeton. Thanks for your time."

APPENDIX F: INFORMED CONSENT, HARD COPY

You are being asked to be in a research study on the well-being and identity of American Indians. This research is being done by Jamie Ramsey, advised by Dr. Bennett in the Psychology Department at Indiana State University. The American Indian Center of Indiana, Inc. (AICI) is also helping with this study. Your participation is totally voluntary. Please read the information below and ask the main researcher about anything you do not understand or cannot read before choosing to participate.

If you volunteer to be in this study, you will be asked to fill out two surveys. Also, there will be questions about your tribal background, amount of Native ancestry, amount of involvement in a Native community, and basic information such as gender and age. The total time that is likely needed to fill out the surveys is at least 20 minutes.

Your participation and responses will be anonymous and confidential. No one except the researchers will have access to participants' answers. Please do not add your name or address (or similar identifying information) on the survey, to keep your privacy. All information will be kept secure and double-locked in storage.

You can choose to be in this study. If you volunteer to be in this study, you may withdraw at any time without any negative consequences. You may also choose to not answer any questions that you do not wish to answer. However, we would like you to answer all the questions. We will help you if you have problems with understanding the questions on the surveys.

You may feel some mild stress because of personal information asked about your American Indian identity and well-being. Although there may not be any direct benefits to you as a participant, more information about the relationship between American Indian identity and psychological well-being may inform better quality services to American Indians. In return, interested participants will also learn of the study's outcomes when AICI receives the final results from the primary investigator.

Again, if you have any questions or concerns about this research, please contact Jamie Ramsey (812-841-3526 or jramsey2@sycamores.indstate.edu). You can also contact Dr. Bennett at 812-237-4663, or by e-mail at pbennett@indstate.edu.

If you have any questions about your rights as a research subject, you may contact the Indiana State University Institutional Review Board (IRB) by mail at Indiana State University, Office of Sponsored Programs, Terre Haute, IN 47809, by phone at (812) 237-8217, or e-mail the IRB at irb@indstate.edu. You will be given the opportunity to discuss any questions about your rights as a research subject with a member of the IRB. The IRB is an independent committee composed of members of the University community, as well as lay members of the community not connected with ISU. The IRB has reviewed and approved this study.

I confirm that I am at least 18 years old and have American Indian ancestry. I have read and understand the procedures described above. My questions have been answered to my satisfaction, and I agree to be in this study. I have been given a copy of this form.

_____ _____

Name (first, last) Dat

APPENDIX G: INFORMED CONSENT FOR ONLINE INTERNET - QUALTRICS

You are being asked to be in a research study on the well-being and identity of American Indians. This research is being done by Jamie Ramsey, advised by Dr. Bennett in the Psychology Department at Indiana State University. The American Indian Center of Indiana, Inc. (AICI) is also helping with this study. Your participation is totally voluntary. Please read the information below and ask the main researcher about anything you do not understand or cannot read before choosing to participate**:** **jramsey2@sycamores.indstate.edu** or Jamie's cell phone: 812-841-3526.

If you volunteer to be in this study, you will be asked to fill out two surveys. Also, there will be questions about your tribal background, amount of Native ancestry, amount of involvement in a Native community, and basic information such as gender and age. The total time that is likely needed to fill out the surveys is at least 20 minutes.

Your participation and responses will be anonymous and confidential. All computer data will be automatically stored separately from any identifying information. No one except the researchers will have access to participants' answers, protected by a password.

You can choose to be in this study. If you volunteer to be in this study, you may withdraw at any time without any negative consequences. You may also choose to not answer any questions that you do not wish to answer. However, we would like you to answer all the questions. We will help you if you have problems with understanding the questions on the

surveys. If you have problems reading, we would prefer you to contact the researcher to get help in answering the questions.

You may feel some mild stress because of personal information asked about your American Indian identity and well-being. Although there may not be any direct benefits to you as a participant, more information about the relationship between American Indian identity and psychological well-being may inform better quality services to American Indians. In return, interested participants will also learn of the study's outcomes when AICI receives the final results from the primary investigator.

Again, if you have any questions or concerns about this research, please contact Jamie Ramsey (812-841-3526 or jramsey2@sycamores.indstate.edu). You can also contact Dr. Bennett at 812-237-4663, or by e-mail at pbennett@indstate.edu.

If you have any questions about your rights as a research subject, you may contact the Indiana State University Institutional Review Board (IRB) by mail at Indiana State University, Office of Sponsored Programs, Terre Haute, IN 47809, by phone at (812) 237-8217, or e-mail the IRB at irb@indstate.edu. You will be given the opportunity to discuss any questions about your rights as a research subject with a member of the IRB. The IRB is an independent committee composed of members of the University community, as well as lay members of the community not connected with ISU. The IRB has reviewed and approved this study.

I confirm that I am at least 18 years old and have American Indian ancestry. I have read and understand the procedures described above. My questions have been answered to my satisfaction, and I agree to be in this study. I have been given a copy of this form.

_____ _____

Name (first, last) Date

APPENDIX H: INFORMED CONSENT LETTER FOR UND HARD COPY (ONLY)

The University of North Dakota INFORMATION to Consent to Participate in Research

TITLE: The Relationship between Native Identity and Psychological Well-being

PROJECT DIRECTOR: *Jamie Sue Ramsey*
PHONE # *701 777 2127*
DEPARTMENT: *University Counseling Center*

STATEMENT OF RESEARCH

A person who is to participate in the research must give his or her informed consent to such participation. This consent must be based on an understanding of the nature and risks of the research. This document provides information that is important for this understanding. Research projects include only subjects who choose to take part. Please take your time in making your decision as to whether to participate. If you have questions at any time, please ask.

WHAT IS THE PURPOSE OF THIS STUDY?

You are invited to be in a research study about Native identity and well-being because you are at least 18 years old and identify as having American Indian heritage.

The purpose of this research study is to establish the relationship between Native identity and psychological well-being, to focus on the potential strengths of identifying as Native. It will also investigate two social influences on Native identity: percentage of Native ancestry and Native community involvement.

HOW MANY PEOPLE WILL PARTICIPATE?

Approximately 50 more people are needed in this study at the University of North Dakota.

Recruitment previously occurred through American Indian Center of Indiana and at Indiana powwows, through the approval of Indiana State University's IRB.

HOW LONG WILL I BE IN THIS STUDY?

Your total participation in the study will last approximately 20 minutes. You will need to visit UND's American Indian Student Services/American Indian Center (AISS/AIC) when the researcher is administering the survey package in order to be part of the study.

WHAT WILL HAPPEN DURING THIS STUDY?
The study involves doing one survey on well-being, one survey on Native identity, and a form on your tribal background for demographic data such as your percentage of Native ancestry, amount of involvement in a Native community, and basic information such as gender and age. It should take at least 20 minutes overall to complete, held at AIC when the researcher is administering the packages. Participation is totally voluntary. Your responses will be kept confidential. Although you are encouraged to answer all the questions, you are free to skip any questions that you prefer not to answer. Please ask if you have problems with understanding any questions on the surveys.

WHAT ARE THE RISKS OF THE STUDY?
There may be some risk from being in this study. You may feel uncomfortable with mild stress or fatigue, or experience frustration that is often experienced when completing surveys. Some questions may be of a sensitive nature because of asking personal information about your well-being and Native identity, and you may therefore become upset as a result. However, such risks are not viewed as being in excess of "minimal risk."

If, however, you become upset by questions, you may stop at any time or choose not to answer a question. If you would like to talk to someone about your feelings about this study, you are encouraged to contact UND's Student Counseling Center at 701-777-2127 (M-F 8-4:30), or 1-800-273-8255 (National chat line after hours and on weekends).

WHAT ARE THE BENEFITS OF THIS STUDY?
You may not benefit personally or directly from being in this study. However, we hope that in the future, other Natives might benefit from this study because more information about the relationship between Native identity and psychological well-being may inform better quality services to American Indians. In return, interested participants will also learn of the study's outcomes when AIC receives the final results from the primary investigator.

WILL IT COST ME ANYTHING TO BE IN THIS STUDY? WILL I BE PAID FOR PARTICIPATING? WHO IS FUNDING THE STUDY?
You will not have any costs for being in this research study. You will not be paid for being in this research study.

The University of North Dakota and the research team are receiving no payments from other agencies, organizations, or companies to conduct this research study.

CONFIDENTIALITY
The records of this study will be kept private to the extent permitted by law. In any report about this study that might be published, you will not be identified. Your study record may be reviewed by Government agencies, the UND Research Development and Compliance office, and the University of North Dakota Institutional Review Board.

Any information that is obtained in this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality and anonymity will be maintained by ensuring that you do not add your name or address (or similar identifying information) on the survey, to keep your privacy. All information

will be kept secure and double-locked in storage. Survey packages will be randomly numbered to organize sets of responses, as needed. If we write a report or article about this study, we will describe the study results in a summarized manner so that you cannot be identified. No one except the researchers will have access to participants' answers. This will include sharing grouped and unidentifiable data with the UND advisor, Dr. Gray, but also with Dr. Patrick Bennett, Chair of this research at Indiana State University, for the purpose of finishing dissertation.

IS THIS STUDY VOLUNTARY?
Your participation is voluntary. You may choose not to participate or you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. Your decision whether or not to participate will not affect your current or future relations with the University of North Dakota.

CONTACTS AND QUESTIONS?
The researcher conducting this study is Jamie Ramsey, advised by Dr. Jacque Gray in the School of Medicine at University of North Dakota. You may ask any questions you have now. If you later have questions, concerns, or complaints about the research please contact Jamie Ramsey at 701-777-2127 during the day, at 812-841-3526 after hours, or by email: jamie.ramsey@und.edu. You may also contact Dr. Jacque Gray at 701-777-0582, or by e-mail at jacqueline.gray@med.und.edu.

If you have questions regarding your rights as a research subject, you may contact The University of North Dakota Institutional Review Board at **(701) 777-4279**.

- You may also call this number about any problems, complaints, or concerns you have about this research study.
- You may also call this number if you cannot reach research staff, or you wish to talk with someone who is independent of the research team.
- General information about being a research subject can be found by clicking "Information for Research Participants" on the web site: http://und.edu/research/resources/human-subjects/research-participants.cfm

APPENDIX I: DEBRIEFING

In this study we are interested in the relationship between American Indian identity and psychological well-being.

Thank you for being part of this study. If you have any questions or if you are interested in the final results of the study please contact Jamie Ramsey at 812-841-3526, or Dr. Bennett in the Department of Psychology at Indiana State University (ISU), 812-237-4663. You can also e-mail Jamie Ramsey at jramsey2@sycamores.indstate.edu. The American Indian Center of Indiana, Inc. will also be informed of the results of the study.

Finally, please do not talk about what this study is with your friends because they may also be in it in the future.

APPENDIX J: DEBRIEFING FOR UND'S AISS

In this study we are interested in the relationship between Native identity and psychological well-being.

Thank you for being part of this study. If you have any questions about this study or if you are interested in its final results please contact Jamie Ramsey at 812-841-3526, or Dr. Jacque Gray in the School of Medicine at University of North Dakota (UND), 701-777-0582. You can also e-mail Jamie Ramsey at jamie.ramsey@und.edu. The American Indian Center will be informed of the results of the study.

Finally, please do not talk about what this study is with your friends because they may also be in it in the future.

APPENDIX K: RYFF'S PSYCHOLOGICAL WELL-BEING SCALE

Please follow the directions in the surveys. Please answer all the questions, and give only one answer for each question. There are no wrong or right responses. Answer honestly by what you feel. Do not think too long about a question, but follow your first feeling or thought. When you have finished, please check to make sure that you did not skip any questions.

The following questions deal with how you feel about yourself and your life. Please remember that there are no right or wrong answers!

Circle the number that best describes your present agreement or disagreement with each statement.	Strongly Disagree	Disagree Somewhat	Disagree Slightly	Agree Slightly		Agree Somewhat	Strongly Agree
1. Most people see me as loving and affectionate.	1	2	3	4	5		6
2. Sometimes I change the way I act or think to be	1	2	3	4	5		6

more like those around me.						
3. In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5	6
4. I am not interested in activities that will expand my horizons.	1	2	3	4	5	6
5. I feel good when I think of what I've done in the past and what I hope to do in the future.	1	2	3	4	5	6
6. When I look at the story of my life, I am pleased with how things have turned out.	1	2	3	4	5	6
7. Maintaining close	1	2	3	4	5	6

relationships has been difficult and frustrating for me.						
8. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	1	2	3	4	5	6
9. The demands of everyday life often get me down.	1	2	3	4	5	6
10. In general, I feel that I continue to learn more about myself as time goes by.	1	2	3	4	5	6
11. I live life one day at a time and don't really think about	1	2	3	4	5	6

the future.						
12. In general, I feel confident and positive about myself.	1	2	3	4	5	6
13. I often feel lonely because I have few close friends with whom to share my concerns.	1	2	3	4	5	6
14. My decisions are not usually influenced by what everyone else is doing.	1	2	3	4	5	6

Circle the number that best describes your present agreement or disagreement with each statement.	Strongly Disagree	Disagree Somewhat	Disagree Slightly	Agree Slightly	Agree Somewhat	Strongly Agree
15. I do not fit						

very well with the people and the community around me.	1	2	3	4	5	6
16. I am the kind of person who likes to give new things a try.	1	2	3	4	5	6
17. I tend to focus on the present, because the future nearly always brings me problems.	1	2	3	4	5	6
18. I feel like many of the people I know have gotten more out of life than I have.	1	2	3	4	5	6
19. I enjoy personal and mutual conversations with family members or friends.	1	2	3	4	5	6
20. I tend to worry about what other	1	2	3	4	5	6

people think of me.						
21. I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6
22. I don't want to try new ways of doing things - my life is fine the way it is.	1	2	3	4	5	6
23. I have a sense of direction and purpose in life.	1	2	3	4	5	6
24. Given the opportunity, there are many things about myself that I would change.	1	2	3	4	5	6
25. It is important to me to be a good listener when close friends talk	1	2	3	4	5	6

to me about their problems.						
26. Being happy with myself is more important to me than having others approve of me.	1	2	3	4	5	6
27. I often feel overwhelmed by my responsibilities.	1	2	3	4	5	6
28. I think it is important to have new experiences that challenge how you think about yourself and the world.	1	2	3	4	5	6
29. My daily activities often seem trivial and unimportant to me.	1	2	3	4	5	6
30. I like most aspects of my personality.	1	2	3	4	5	6

31.I don't have many people who want to listen when I need to talk.	1	2	3	4	5	6

Circle the number that best describes your present agreement or disagreement with each statement.	Strongly Disagree	Disagree Somewhat	Disagree Slightly	Agree Slightly	Agree Somewhat	Strongly Agree
32. I tend to be influenced by people with strong opinions.	1	2	3	4	5	6
33. If I were unhappy with my living situation, I would take effective steps to change it.	1	2	3	4	5	6
34. When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5	6
35. I don't have a good sense of what it is I'm trying to	1	2	3	4	5	6

accomplish in life.						
36. I made some mistakes in the past, but I feel that all in all everything has worked out for the best.	1	2	3	4	5	6
37. I feel like I get a lot out of my friendships.	1	2	3	4	5	6
38. People rarely talk to me into doing things I don't want to do.	1	2	3	4	5	6
39. I generally do a good job of taking care of my personal finances and affairs.	1	2	3	4	5	6
40. In my view, people of every age are able to continue growing and developing.	1	2	3	4	5	6
41. I used to set goals for myself, but that now seems like a waste of time.	1	2	3	4	5	6
42. In many ways, I feel disappointed	1	2	3	4	5	6

about my achievements in life.						
43. It seems to me that most other people have more friends than I do.	1	2	3	4	5	6
44. It is more important to me to “fit in” with others than to stand alone on my principles.	1	2	3	4	5	6
45. I find it stressful that I can’t keep up with all of the things I have to do each day.	1	2	3	4	5	6
46. With time, I have gained a lot of insight about life that has made me a stronger, more capable person.	1	2	3	4	5	6
47. I enjoy making plans for the future and working to make them a reality.	1	2	3	4	5	6
48.For the most part, I am proud of who I am and the life I lead.	1	2	3	4	5	6

Circle the number that best describes your present agreement or disagreement with each statement.	Strongly Disagree	Disagree Somewhat	Disagree Slightly	Agree Slightly	Agree Somewhat	Strongly Agree
49. People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6
50. I have confidence in my opinions, even if they are contrary to the general consensus.	1	2	3	4	5	6
51. I am good at juggling my time so that I can fit everything in that needs to be done.	1	2	3	4	5	6
52. I have a sense that						

I have developed a lot as a person over time.	1	2	3	4	5	6
53. I am an active person in carrying out the plans I set for myself.	1	2	3	4	5	6
54. I envy many people for the lives they lead.	1	2	3	4	5	6
55. I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6
56. It's difficult for me to voice my own opinions on controversial matters.	1	2	3	4	5	6
57. My daily life is busy, but I derive a sense of satisfaction from keeping up with everything.	1	2	3	4	5	6
58. I do not enjoy being in new situations that require me to	1	2	3	4	5	6

change my old familiar ways of doing things.						
59. Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5	6
60. My attitude about myself is probably not as positive as most people feel about themselves.	1	2	3	4	5	6
61. I often feel as if I'm on the outside looking in when it comes to friendships.	1	2	3	4	5	6
62. I often change my mind about decisions if my friends or family disagree.	1	2	3	4	5	6
63.I get frustrated when trying to plan my daily activities because I never accomplish the things I set out to do.	1	2	3	4	5	6
64.For me, life has been a continuous process of learning,	1	2	3	4	5	6

changing, and growth.						

Circle the number that best describes your present agreement or disagreement with each statement.	Strongly Disagree	Disagree Somewhat	Disagree Slightly	Agree Slightly	Agree Somewhat	Strongly Agree
65. I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6
66. Many days I wake up feeling discouraged about how I have lived my life.	1	2	3	4	5	6
67. I know that I can trust my friends, and they know they can trust me.	1	2	3	4	5	6
68. I am not the kind of person who gives in to social pressures to think or act in certain ways.	1	2	3	4	5	6
69. My efforts to find the kinds of activities and relationships that I need have been quite	1	2	3	4	5	6

successful.						
70. I enjoy seeing how my views have changed and matured over the years.	1	2	3	4	5	6
71. My aims in life have been more a source of satisfaction than frustration to me.	1	2	3	4	5	6
72. The past had its ups and downs, but in general, I wouldn't want to change it.	1	2	3	4	5	6
73. I find it difficult to really open up when I talk with others.	1	2	3	4	5	6
74. I am concerned about how other people evaluate the choices I have made in my life.	1	2	3	4	5	6
75. I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6
76. I gave up trying to	1	2	3	4	5	6

make big improvements or changes in my life a long time ago.						
77. I find it satisfying to think about what I have accomplished in life.	1	2	3	4	5	6
78. When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6
79. My friends and I sympathize with each other's problems.	1	2	3	4	5	6
80. I judge myself by what I think is important, not by the values of what others think is important.	1	2	3	4	5	6

Circle the number that best describes your present agreement or disagreement with each statement.	Strongly Disagree	Disagree Somewhat	Disagree Slightly	Agree Slightly	Agree Somewhat	Strongly Agree

81. I have been able to build a home and a lifestyle for myself that is much to my liking.	1	2	3	4	5	6
82. There is truth to the saying that you can't teach an old dog new tricks.	1	2	3	4	5	6
83. In the final analysis, I'm not so sure that my life adds up to much.	1	2	3	4	5	6
84. Everyone has their weaknesses, but I seem to have more than my share.	1	2	3	4	5	6

APPENDIX L: MULTIGROUP ETHNIC IDENTITY MEASURE (MEIM)

In this country, people come from many different cultures, and there are many different words for the different backgrounds or ethnic groups that people come from. Some examples of the names of ethnic groups are American Indian, Hispanic or Latino, Black or African American, Asian American, Mexican American, Caucasian or White, and many others, including mixed heritages. These questions are about your Native American ancestry or your tribal ethnicity/group and how you feel about it or react to it.

Please fill in: In terms of ethnic group, I consider myself to be _____

For the following questions, please indicate how much you agree or disagree with each statement.

	(4)	**(3)**	**(2)**	**(1)**
Question	**Strongly agree**	**Agree**	**Disagree**	**Strongly disagree**
1. I have spent time trying to find out more about my Native tribe(s)/ groups, such as its history, traditions, and customs.				
2. I am active in organizations or social groups that include mostly members of my own Native group.				

Question	Strongly agree	Agree	Disagree	Strongly disagree
3. I think a lot about how my life will be affected by my Native American group membership.				
4. In order to learn more about my Native background, I have often talked to other people about my Native group/tribe.				
5. I participate in cultural practices of my own Native American tribe/group, such as food, music, or customs.				
6. I have not seen a car in fifteen years.				
7. I have a clear sense of my Native ethnic background and what it means for me.				

Question	Strongly agree	Agree	Disagree	Strongly disagree
8. I am happy that I am a member of the Native group I belong to.				
9. I have a strong sense of belonging to my own Native group/tribe.				
10. I understand pretty well what my Native group membership means to me.				
11. I have a lot of pride in my Native American ethnic group.				
12. I feel a strong attachment towards my own Native tribe/ group.				
13. I feel good about my Native cultural or ethnic background.				

APPENDIX M: DEMOGRAPHIC INFORMATION FORM

Age:

What gender are you?

What was your first language?

Do you speak more than one language? If yes, what? _____

Highest level of education:

Where did you grow up? (Circle all that apply)

Reservation in the country small town city

Overall, did you grow up (until about age 18) around Indians or non-Indians more, or both?

How long have you lived in Indiana?

Where do you live now? (Circle all the apply)

Reservation in the country small town city

Do you live more around Indians or non-Indians, or both?

Is it hard to attend tribal events because of where you live? (Circle) Yes No

How involved are you in an American Indian community? (Circle the best answer)

Not at all	Sometimes	Moderately	Frequently	All the time
0	1	2	3	4

What tribe(s) do you belong to?

Are you an enrolled member of your tribe? (circle) Yes No

Do you have: (Circle all that apply)

tribal membership card and/or Certificate of Indian Blood Card (CDIB)

What is your degree/percentage of American Indian ancestry? (Write “DK” if you do not know.)

_____

If of mixed ancestry (meaning that ancestors are from at least two different racial/ethnic groups), what other races or ethnicities are part of your heritage? (Circle all numbers that apply)

(1) Asian or Asian American, including Japanese, Chinese, and others

(2) Black or African American

(3) Latino or Hispanic, including Mexican American, Central American, and others

(4) White, Anglo, Caucasian, European American; non-Hispanic

(5) Other (write in): _____

My father's ethnicity is _____

My mother's ethnicity is _____