CHOKKA-CHAFFA' KILIMPI', CHIKASHSHIYAAKNI' KILIMPI': STRONG FAMILY, STRONG NATION

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Abstract: To encourage the health and well-being of American Indian (AI) communities, it is first necessary to understand the meaning of health for particular tribes. As such, this investigation reports on the meaning of health and well-being for Chickasaw families. Findings from this investigation additionally highlight ways in which characteristics of strong Chickasaw families are both similar to and different from those of other AI tribes. Implications for science and practice are discussed.

INTRODUCTION

Indigenous communities worldwide are asserting their rights to self-definition and self-determination (e.g., Bishop, 2005). Increasingly, these communities are identifying the root causes of the large-scale social problems they face and are seeking to implement their own culturally and contextually anchored solutions (e.g., Gone, 2009; 2010; in press; Kral et al., 2009; Kral & Idlout, 2009). For many, determining a culturally grounded definition of health and well-being (including identifying areas of convergence with and divergence from Western interpretations of health) is an essential aspect of this process (e.g., Gone, in press; Kral et al., 2009).

In this manuscript we provide an overview of the importance of exploring factors that impact the health of families from multiple cultural perspectives, including considering the ways in which American Indian (AI) tribes define healthy families. We do so by drawing upon research done as part of a collaboration between the Chickasaw Nation and the University of Oklahoma. Finally, we argue that such an understanding is essential for the design of culturally appropriate programming that may lay the foundation for healthy family systems from which healthy individuals can emerge. While this manuscript reports on findings relevant to one tribe, we argue that some of the findings may be generalizable to and relevant to other AI communities.

Data Collection Context

This investigation is situated within an ongoing collaboration between the Chickasaw Nation and the University of Oklahoma. This collaboration has resulted in the establishment of a Chickasaw Nation family resource center on the campus of the university—Chokka' Kilimpi'. This center serves citizens of the Chickasaw Nation, provides internship and other opportunities for students, and serves as a site for university-community collaboration and research. Within this context, this investigation was intended to provide greater insight into the meaning of strong Chickasaw families in order to inform programming at this center and within the larger Nation.

The Context for American Indian and Alaska Native Communities Today

Rates of morbidity and mortality due to violence, accidents, and diseases like cancer, cardiovascular disease, and diabetes are extraordinarily high within AI communities (Centers for Disease Control and Prevention, 2009; Indian Health Service, 2006). However, multiple authors (e.g., Brave Heart, 2004; Duran & Duran, 1995; Gone, 2007) have argued that these alarming statistics need to be considered within an historical as well as a sociocultural context, and that many health concerns are the result of historical trauma and related contemporary marginalization and socioeconomic deprivation experienced by many communities, i.e., past actions taken against AIs have had an intergenerational impact, contributing to modern-day social concerns (Brave Heart, 2004; Duran & Duran, 1995; Gone, 2007). While individual tribes' experiences have varied, as have the ways in which they have adapted to these challenges, this experience of historical trauma is common among AI tribes.

Historical trauma

The term "historical trauma" refers to the accumulated intergenerational transfer of trauma that has resulted from past government actions taken against AI peoples (specifically, genocide and forced acculturation; Brave Heart, 2004; Duran & Duran, 1995; Whitbeck, Adans, Hoyt, & Chen, 2004). These factors, as well as discrimination and marginalization, have had a significant impact upon contemporary tribes, contributing to high rates of substance abuse, mental illness, physical health problems, and other public health concerns. For example, enforced placement of children in boarding schools has interrupted the transmission of language and cultural practices for many tribes, leaving subsequent generations without access to a coherent sense of cultural identity and contributing to some of the epidemiological social problems faced by modern AI communities (Gone, 2007; Brave Heart, 2004; Whitbeck et al., 2004).

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The impact of historical trauma is further complicated by a lack of appropriate, culturally grounded public policies and mental health and social services aimed at AI individuals and families. Members of AI communities are frequently the recipients of services that are not congruent with their worldviews and belief structures (Duran & Duran, 1995; Gone, 2007). In fact, in some cases the imposition of Western models of health is viewed as a continuation of prior policies of genocide and ethnic cleansing, whereby Native people are expected to conform to Western belief systems (Gone, 2007). This incongruence is particularly significant as cultural norms govern a wide range of belief systems, including those that relate to health, illness, and well-being.

Adversity and Well-being

Perceptions of both mental illness and health tend to be expressions of particular cultural norms and belief systems (Gergen, 1994). In addition, regardless of context, individuals and communities who experience adversity often actively strive towards well-being (Lorion, 2000). This process results from the synergy between individuals and the contexts within which they reside (Cowen, 2000; Lorion, 2000; Mays, Bullock, Rosenzweig, & Wessells, 1988; Moane, 2003; Perkins & Zimmerman, 1995). Thus, health cannot be encouraged in the absence of an understanding of context, and it is essential to place an understanding of AI health and wellness within an appropriate historical and sociocultural context (Duran & Duran, 1995) that includes an understanding of cultural norms and belief systems.

In this paper, we examine the meaning of health for Chickasaw families as a first step towards designing interventions intended to encourage such health. While Chickasaw families reside within a unique sociocultural and sociohistorical context, such an understanding may inform similar investigations and interventions aimed at other AI tribes. We start with an examination of the meaning and importance of "family" within AI communities.

Given the significance of families to individual and community health, particularly for AIs (Besaw et al., 2004; Bronfenbrenner, 1981), this investigation focuses upon families as the primary unit of analysis. Within a socio-ecological model, families serve to nurture and socialize their individual members, and the health of families also impacts the well-being of the larger community (Bronfenbrenner, 1981). For example, it is likely that children who are well cared for in loving and non-abusive families are less likely to face mental health concerns and are, therefore, less likely to become a future public health cost and concern. The Chickasaw Nation has thus officially dedicated itself to strengthening its families in order to ensure the overall health and well-being of the nation.

However, the vast majority of literature on familial health and well-being is focused upon non-Native populations (e.g., Beavers, 1981; Fisher, Giblin, & Hoopes, 1982; Lin & Chen, 1994; Olson, Gorall, & Tiesel, 2007; Textor, 1989). The literature that addresses healthy AI families

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appears to be minimal by comparison, and none of it is specific to Chickasaw families. However, much of it calls for the implementation of culturally grounded interventions to improve health (e.g., Brave Heart, 1999; 2004). Multiple authors have argued that, when considered against the larger historical backdrop of the challenges faced by Native families, self-leadership, family strength, and tribal governance are critical (e.g., Besaw et al., 2004).

AI families thus need to be understood within a context that gives primacy to Native values and that allows communities to define their own perceptions of health and well-being. While these contexts and definitions vary across tribes, certain commonalities do exist. By comparison with Eurocentric values (e.g., individualism, a focus on the nuclear family), AI values tend to assert the significance of community (i.e., taking care of others), respect for elders, generosity and sharing, reliance on extended family, spirituality, and the role of balance and harmony (Limb & Hodge, 2008; Garrett & Pichette, 2000). It is thus essential to develop an Indigenous understanding of AI families.

Current Study

The current study sought to answer the question: *What is the definition of a strong and healthy Chickasaw family?* This investigation seeks to contribute to the literature on the health of AI families. As such, this investigation seeks to situate Chickasaw families within their unique sociocultural and sociohistorical context and to understand some factors impacting Chickasaw health and well-being, while identifying findings that may be of significance to other tribes as well.

METHOD

Study Context

The Chickasaw Nation is located in south central Oklahoma. It is one of the Five Civilized Tribes, has jurisdiction over 7,648 square miles of land, including 13 counties, and has a population of approximately 38, 000. The Chickasaw settled in Oklahoma during the 1800s; they were moved during the Great Removal. They established their own government in 1856. Chickasaw cultural norms differ from those of the dominant society. For example, according to official literature, Chickasaws generally do not value material possessions, are present-oriented, are community-oriented, and view intelligence as intuitive, while those in the dominant U.S. culture generally value savings, have a linear time perspective, are individual oriented, and see intelligence as intellect (The Official Site of the Chickasaw Nation, 2011).

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The mission of the Chickasaw tribe is to "enhance the overall quality of life of the Chickasaw people." This goal is being achieved, in part, through the development of the Chickasaw Nation Family Resource Center—Choka' Kilimpi'—in collaboration with the University of Oklahoma. This center is located on the university campus, providing services to Chickasaw citizens and research and training opportunities for University of Oklahoma students and faculty. It is within this context that the current investigation was undertaken. Finally, all research procedures as well as this manuscript were reviewed and approved by the relevant tribal and university IRBs.

Research Design

A mixed methods approach to data collection was utilized, allowing for the collection and analysis of both quantitative and qualitative data. The inclusion of both methods allows not only for the triangulation of data sources, but also for the phenomena under investigation to be explored from multiple perspectives (Creswell & Clark, 2007). A Triangulation Convergence design was used (Creswell & Clark, 2007). Accordingly, qualitative and quantitative data were collected concurrently, yet analyzed separately. However, the interpretations of the data were converged so that findings from one data source could inform those from other sources (Creswell & Clark, 2007). This convergence allowed for a more complete understanding of the meaning of healthy families for Chickasaw families.

Sample

Participants in this investigation include 330 adult attendees at two annual Chickasaw Nation Children's Fairs, 7 employees at the Chickasaw Nation Division of History and Culture, and 20 attendees at a Search Conference intended to inform the development of a family resource center that would serve Chickasaw families (please see below for more information regarding Search Conferences).

Quantitative Data Collection Point One

In 2008, 105 attendees at the annual Chickasaw Nation Children's Fair completed a brief survey regarding the definition of healthy Chickasaw families. Another 110 attendees participated in a card sort. Demographic data were not collected, as the majority of survey participants declined to provide this information, and the game-like characteristics of the card sort did not allow for demographic information to be collected. Only adults (individuals who were 18 or older) were asked to participate. (Research staff confirmed that attendees were over 18 before inviting them to participate.)

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Quantitative Data Collection Point Two

At the 2009 Chickasaw nation Children's Fair, 105 attendees completed a brief survey regarding the definition of healthy Chickasaw families (of the participants at the second fair, 19 were men, 85 were women, and 1 did not report gender). In addition, only adults (individuals who were 18 or older) were asked to participate. Participants ranged in age from 18 to 77, with a mean age of 39.

Qualitative Data Collection

Seven key informant employees at the Division of History and Culture of the Chickasaw Nation were asked to provide narrative definitions of the meaning of strong families. The Division of History and Culture is actively involved in revitalization movements that serve Chickasaw families and, as such, was considered a good location from which to recruit key informants. All responses were completely deidentified prior to being shared with the research team; hence, demographic data are not available for these participants. It is possible that some respondents were not Chickasaw, as the Chickasaw Nation does employ citizens of other tribes as well as individuals from other racial categories. However, all respondents are highly familiar with the cultural context of the nation.

Finally, a Search Conference was held in anticipation of the development of the Chickasaw Nation Family Resource Center (a Search Conference is a participatory planning meeting that brings together key stakeholders to generate attainable long- and short-term goals for programming; e.g., Bryson & Anderson, 2000; Schusler & Decker, 2002; Stensaan, 1994; Warzynski, 2004). Participants included representatives of the Chickasaw Nation and faculty at the University of Oklahoma. All conference participants' aggregate reflections were recorded and deidentified prior to analysis. Thus, demographic information was not available for these participants. However, it is known that participants were Chickasaw citizens as well as members of other racial and ethnic groups.

Procedures

All data collection activities were planned and executed in collaboration with members of the Chickasaw Nation.

Measurement construction

The Executive Committee of Choka' Kilimpi' recommended the annual Children's Fair as a suitable location for the administration of quantitative surveys. Not only is this fair well attended, ensuring access to a large and representative sample, but the research team's presence at the fair would overcome the mistrust of researchers often felt by AI families. All instruments, therefore, had to be designed to be consistent with nature of the event. As a result, both surveys were designed to be relatively short and easy to complete, and the card sort was designed as a fair game that would

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be fun and simple for participants to complete. While more in-depth and time-consuming measures (e.g., a progressive pile sort) would have yielded richer data, the nature of the fair did not allow for the use of such measures. The selection of these measures was additionally supported by the preliminary nature of the inquiry.

Survey and card sort for 2008 Children's Fair

Faculty at the University of Oklahoma, in collaboration with representatives from the Chickasaw Nation Health System, constructed the quantitative measure administered at the 2008 Children's Fair. Items were designed to reflect Chickasaw, Western, and shared cultural norms and family characteristics and required participants to rate the degree to which these statements represented strong and healthy Chickasaw families. The research team reviewed official documents listing Chickasaw and majority-culture characteristics and collectively generated the corresponding items. Tribal stakeholders additionally reviewed all of the items were for cultural congruency and appropriateness. In this way, the measure conformed to the suggestions for the improvement of cross-cultural methods made by Sue (1999). Accordingly, the measure had good external validity and may allow for a better understanding of a culturally specific phenomenon (Sue, 1999). Once the research group constructed the survey, it was submitted to the Chickasaw Nation IRB for approval.

Given the focus of the Chickasaw Nation on strong families, it was decided that all measures would refer to "strong families." For the survey, participants were asked to rate the degree to which statements reflected characteristics of strong and healthy Chickasaw families on a Likert-type scale (ranging from 1 = strongly disagree to 5 = strongly agree). Similarly, characteristics listed on the cards for the card sort activity reflected Chickasaw, Western, and shared family characteristics. The items were derived from official Chickasaw Nation documents contrasting Indigenous and Western characteristics. The Chickasaw Nation publishes documents examining Chickasaw culture on its Web site and in other venues. These publications contrast Chickasaw and Western characteristics (The Official Site of the Chickasaw Nation, 2011). Participants were asked to place the cards in boxes labeled "yes" and "no," indicating whether these represented the characteristics of strong Chickasaw families. Please see Table 1 for examples of survey and card sort items.

Table 1
Example Survey and Card Sort Items

Survey 1	Card Sort
A family where elders are a priority	Community oriented
A family where each individual focuses on their own path in life	Focus on present
A family where multiple members have completed college	Self-reliance

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Survey for 2009 Children's Fair

The survey for the 2009 Children's Fair was constructed by University of Oklahoma faculty, students enrolled in the Chickasaw Nation Learning Community, and representatives of the Chickasaw Nation. The Learning Community students assisted in the construction of this survey as part of their service-learning project. Complete information on the 2009 survey construction will be published elsewhere.

After the first survey was administered at the 2008 Children's Fair, potential modifications were identified that could improve future measures of family strength. Chickasaw students reviewed the first survey and, in collaboration with the research team, constructed additional items that were included in the second survey. Therefore, the 2009 survey was similar to the one administered the previous year, but sought to further explore dimensions of familial strength. While the first survey was primarily focused upon the appearance of strong families, the second survey sought to explore the activities in which strong families participate. The second survey additionally explored potentially more complex characteristics of Chickasaw families, such as the significance of phenotype. This additional information provided a more nuanced perspective on strong Chickasaw families.

As with the first survey, research team members and students generated statements that were reflective of the kinds of activities that strong Chickasaw families may or may not wish to participate in. Tribal stakeholders additionally reviewed all items for cultural congruency and relevance, which contributed to external validity (Sue, 1999). The Chickasaw Nation IRB additionally approved this survey. Participants were asked to rate the degree to which the statements reflected characteristics of strong and healthy Chickasaw families on a Likert-type scale (ranging from 1 = *strongly agree* to 5 = *strongly disagree*). Please see Table 2 for examples of survey items.

Table 2
Example Survey Items

Survey 2
A family where members look AI
A family where members participate in traditional ceremonies
A family where members value education

Qualitative Research Question—Key Informants and Search Conference Attendees

No measures were used for the collection of qualitative data; rather, key informants were simply asked to respond the question: "What makes a Chickasaw family strong?" Similarly, during the Search Conference described below, participants were given the opportunity to freely brainstorm what they believed the characteristics of strong Chickasaw families were. The responses were recorded in writing by the event facilitator.

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Data collection

In 2008, for the first survey, employees of the Chickasaw Nation walked around during the fair, approaching attendees and offering them the opportunity to complete the written survey. While demographic questions were included, the majority of participants did not respond to these. A total of 105 participants completed the survey. All respondents were given a small gift as compensation (e.g., a pen or a T-shirt). The survey administrators reported that a negligible number of participants declined to participate (they did not record the exact number). In addition, a fairground booth was set up where participants were asked to complete the card sort. A total of 110 participants completed the card sort. Demographic data were not collected from these participants; rather, the activity was set up as a fairground game. However, in order to ensure that all ethical standards were upheld, participants were provided with an information sheet informing them of the purpose of the activity before they decided whether to participate. Upon completion of the task, participants were given a small gift (e.g., a pen or a T-shirt).

A total of 115 fair attendees completed the second Children's Fair survey, conducted in 2009. A table with the Chickasaw Nation Learning Community banner was set up at the fair. Interested participants could then stop by the table to complete the survey. Research team members staffed the table and handed out information about the survey, answered participants' questions, and administered the written survey to interested fairgoers. Participants received a small gift in compensation for their time (e.g., a hat or a notebook).

Qualitative data were concurrently collected via narratives regarding the meaning of strong families provided by employees at the Division of History and Culture. The director of this division e-mailed all employees requesting that they provide their interpretations and definitions of what strong and healthy Chickasaw families look like. Employees were assured that this activity was entirely voluntary and there were no consequences for electing not to participate. Interested employees wrote out their responses, which ranged in length from one paragraph to two pages. All narratives were then deidentified and forwarded to the research team.

Finally, participants at a Search Conference were asked to brainstorm characteristics of strong and healthy Chickasaw families. This exercise was intended to inform programming aimed at improving the health of Chickasaw families. A facilitator collected participants' ideas and synthesized them into a document representing the overarching themes that emerged.

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Data analysis

All quantitative data were entered into SPSS for analysis. All data were descriptively analyzed to identify trends present across participants' responses. Linear regression was additionally used to examine relationships between ordered variables. Due to the significance attached to age within many AI communities as well as the impact of historic events upon these communities, it was hypothesized that age may have an impact on participants' perspectives (i.e., older participants may have a different perspective based upon, for example, their differing experiences with discrimination; e.g., Gone, 2007). Hence, the relationship between participants' age and their perception of the significance of variables such as culture and phenotypical appearance to familial health and strength was examined. It was hypothesized that older participants may perceive these two variables differently than younger participants would, as their perspectives may have evolved over time and/or may have been impacted by their life experiences, which would differ from those of younger generations. In particular, it was believed that perceptions of culture and the significance of phenotype are variables that change over time and that these perceptions may thus be impacted by age.

In addition, a thematic content analysis was conducted of the qualitative narratives collected from Division of History and Culture employees to allow for the identification of commonalities across responses and overarching themes. First, a subset of narratives was inductively analyzed in order for a coding framework to be constructed. The principal investigators independently reviewed these documents to identify overarching themes present across all narratives that could be organized into a coding framework upon which they could agree. Thus, the coding framework consisted of a set of common themes that could then be used to deductively analyze the remainder of the narratives. The themes were named and the codes were assigned a definition. All narratives were then deductively analyzed utilizing this framework. When themes were identified in a narrative, they were marked and assigned the relevant code. Any new themes identified during the analysis were added to the coding framework if the coders believed that these themes were present across all or the majority of the narratives. All narratives were then reanalyzed utilizing the expanded coding framework. The coders met periodically to review their codes and to ensure intercoder agreement. After analysis was completed, the codes allowed for the identification of patterns across narratives (Patton, 2002). Finally, a similar thematic content analysis was conducted of the document synthesizing Search Conference attendees' responses (Patton, 2002), allowing for overarching themes and commonalities to be identified.

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RESULTS

Overall, participants reported that strong Chickasaw families possess a range of important characteristics. These families exist on the cusp between the traditional and the contemporary and draw strength from their extended structure, from their location within a larger community, from their culture and traditions, and from their capacity to adapt to challenges. These findings will be discussed in more detail below.

Cultural Orientation

Participants reported that Chickasaw families draw strength from their cultural roots. One key informant discussed his family's pride in their heritage, in spite of the fact that this heritage has not been valued by mainstream U.S. society: "Although raised in a segregated society [they] instilled Chickasaw pride…the family still has cultural materials, some dating to the time prior to the Removal [1837]…"

Key informants also discussed the fact that families often enact cultural traditions without being aware that they are doing so.

> Chickasaw people to some degree still practice these [traditions] today, but don't realize it. They do these things because their mothers taught them, and they don't realize that it has been handed down from many generations.

Another key informant spoke about how strong Chickasaw families need to revive lost cultural traditions: "A strong Chickasaw family would include: lost traditions, ceremonies, and activities being restored…the Chickasaw language [being] prevalent…"

The majority of survey respondents additionally endorsed items indicating that strong Chickasaw families are connected to their cultural roots and to the larger Chickasaw Nation. Please see Table 3 for a breakdown of participants' responses to survey items related to culture. These frequencies represent responses from participants who somewhat or strongly agreed with these items.

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Table 3
Survey Responses Indicating Significance of Cultural Orientation

	Strong Chickasaw families participate in older ways of doing things	Members of strong Chickasaw families participate in traditional ceremonies	Members of strong Chickasaw families are familiar with the mission of the Chickasaw nation	Members of strong Chickasaw families have a strong connection to the Chickasaw nation	Members of strong Chickasaw families honor the dignity and history of the Chickasaw nation
Percentage of respondents who at least somewhat agreed with statements	70%	55%	54%	55%	78%

Interestingly, a significant relationship emerged between participants' age and their endorsement of culture as significant to the strength of Chickasaw families. Older participants were more likely to endorse a connection to culture as significant to Chickasaw familial strength ($\beta = .23$, $p = .02$). This relationship does not imply causality, but represents the fact that these two variables were significantly related. Finally, participants at the Search Conference agreed that learning one's native language, history, and culture leads to healthy identity and self-esteem for Chickasaw families.

Chokka-chaffa'—Family

Family is significant within the Chickasaw value system. Participants in this investigation reported that, in spite of their adaptation to contemporary customs, many Chickasaw families draw strength from their more traditional extended structure. In fact, multiple key informants emphasized the extended, rather than nuclear, nature of their family systems. For example, one key informant said:

> When Chickasaws hear the word 'family', that could mean anything from immediate family to extended family, to blended family, to friends who live in their home for an extended period of time…so the concept of nuclear family is not particularly relevant to Chickasaw employees here.

Another key informant noted the historical context of the extended Chickasaw family: "Our families did not consist of the 'nuclear family', it was determined by the household where grandparents, aunts and uncles, mothers and fathers, and children lived."

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Quantitative data from the survey and card sort support these assertions. Specifically, 93% of participants who completed the card sort indicated that strong Chickasaw families are extended families. The majority of survey respondents additionally at least somewhat agreed with items indicating that strong families are extended families characterized by intergenerational relationships. Please see Table 4 for a breakdown of survey participants' responses.

Table 4
Survey Responses Indicating Significance of Chickasaw Cultural Orientation

	Strong Chickasaw families include grandparents, uncles, aunts, and cousins	In strong Chickasaw families both elders and children are valued	In strong Chickasaw families children have the opportunity to learn from their elders
Percentage of respondents who at least somewhat agreed with statements	91%	98%	91%

In addition, according to participants, joint decision making is another important hallmark of strong Chickasaw families. Specifically, 79% of participants at least somewhat agreed that members of strong families make decisions together, and 58% of participants at least somewhat agreed that young people participate in familial decision making.

However, respondents did tend to agree that strong Chickasaw families balance their collective orientation with an awareness of the value of the goals and achievements of individual members. Thus, while 89% of survey respondents indicated that healthy Chickasaw families value the well-being of the larger family unit over the needs of individual members, and 94% of respondents indicated that members of strong Chickasaw families could rely on one another, individual needs were still significant. Specifically, 54% of card sort participants indicated that strong Chickasaw families are oriented towards individual members, and 55% of survey respondents at least somewhat agreed that individual members of strong families focus on their own life goals. Finally, 53% of survey participants at least somewhat agreed that family members are successful if they are independent of one another. However, competition between family members is not valued, with 70% of card sort participants disagreeing that in strong Chickasaw families there is competition among members.

A thematic content analysis of notes taken at the Search Conference revealed a similar emphasis on the significance of extended family systems that value both children and elders. Thus, there is agreement across all data sources that strong Chickasaw families are characterized by an extended network of kin in which multiple generations coexist, are valued, and learn from one another.

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Chikashsha alhiha'—Chickasaw Community

Respondents additionally emphasized the importance of placing strong and healthy Chickasaw families within the context of their larger community. In fact, multiple respondents emphasized the fact that families may include non-blood relatives, thus illustrating this melding of kin and community. In describing this connection, one key informant said:

> I have discovered that Chickasaws tend to feel this way [connected] towards any other Chickasaw family, not just their own. It is that feeling if kinship that makes these families strong here. They are connected in a way that only they understand, because they still see themselves as one family, even though they are many.

Similarly, 94% of respondents who participated in the card sort indicated that strong and healthy Chickasaw families are community oriented, and 70% of survey respondents at least somewhat agreed that strong Chickasaw families are embedded within a larger community. Finally, according to analyses of the Search Conference notes, participants asserted that healthy Chickasaw families are connected to their larger community.

Ithanachi'—Education

Finally, participants strongly endorsed the value of education to strong Chickasaw families. One respondent to the narrative component of this investigation described the sacrifices that he had made to ensure that his siblings were able to complete their education:

> I have two other siblings, with me being the oldest. I took it upon myself to make sure that I was always there when they needed someone, therefore, causing me to put my life and continued education second. My sister…is in college to become a teacher…my brother, the baby of the family, is also in college and wants to work on computers in some field. I have now started my college career 15 years after high school.

In addition, 62% of survey respondents at least somewhat agreed that strong families include multiple members that have completed college, and 97% at least somewhat agreed that strong Chickasaw families value education. It is likely that this focus on education results from the fact that Chickasaw people have a future orientation and value self-reliance, both of which are

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strengthened by education. Specifically, 90% of survey respondents at least somewhat agreed that strong Chickasaw families focus on the future, and 88% of card sort respondents agreed that strong Chickasaw families are characterized by self-reliance.

What Strong Families Look Like

Finally, both survey and narrative respondents provided insight into the kinds of behaviors and activities in which strong and healthy Chickasaw families engage. There was emphasis on the importance of family cohesion, time spent together, and a focus on more traditional values. Table 5 summarizes some of the characteristics of strong families endorsed by survey respondents. In addition, 64% of card sort respondents agreed that strong families hold mystical beliefs. However, notably, while 79% of respondents at least somewhat agreed that children in strong Chickasaw families were involved in physical activities, only 44% of participants indicated a desire for programming focused upon physical wellness activities.

Table 5
Survey Responses Regarding the Characteristics of Strong Chickasaw Families

	Strong Chickasaw families eat at least one meal together each day	Strong Chickasaw families regularly do activities together	Strong Chickasaw families value both physical and spiritual health
Percentage of respondents who at least somewhat agreed with statements	84%	90%	89%

Participants also tended to agree that strong families did not focus on material possessions. Overall, 96% of card sort participants at least somewhat agreed that giving and sharing characterize strong Chickasaw families. Similarly, only 25% of survey respondents at least somewhat agreed that strong Chickasaw families have many material possessions.

The physical characteristics of members of strong Chickasaw families were additionally significant to respondents. Specifically, older respondents were more likely than younger respondents to indicate that members of strong Chickasaw families look AI ($ß = .21$, $p = .03$). This difference is especially notable as overall, only 22% of respondents indicated that members of strong Chickasaw families look AI. Thus, while this relationship does not imply causality, it does illuminate an important relationship between these two variables.

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Finally, participants' responses reflected the fact that strong Chickasaw families would like a return to a slower, more traditional pace of life. Overall, 74% of respondents to the card sort agreed that strong Chickasaw families focus on the present. Respondents who provided narrative definitions of strong Chickasaw families indicated that this focus had to do with a slower pace of life. One respondent described it as "…getting back to basics of being a Chickasaw; slower pace of life—not rushed like now."

Historical Trauma

It is notable that many of the narrative respondents discussed the historical trauma experienced by their parents and grandparents. While no participants relayed their own experiences with oppression, more than one participant discussed the fact that their parents and/or grandparents were placed in government boarding schools and were subject to government policies that did not allow them to speak their language or engage in cultural practices. It is likely that these policies caused the loss of some of the traditions spoken of by participants.

Notably, these experiences are still a reality for many participants and form part of their understanding of their and their families' identities. The following statement made by one of the key informants perhaps captures this best: "…sometimes I still feel angry about Removal and the harsh treatment…"

In addition, only 38% of survey respondents at least somewhat agreed that members of strong Chickasaw families pass on family history. However, in spite of this loss, respondents took pride in their history and heritage. As described by one key informant: "Almost completely, every Chickasaw I meet of all ages have said that they are proud to be Chickasaw."

DISCUSSION

Findings from this investigation cast light on the characteristics of healthy Chickasaw families. Overall, participants emphasized the fact that these families are extended, are connected to their cultural roots, are embedded and active within their larger community, value education, are cohesive, and are not concerned with material possessions. It has been argued that many of these and other characteristics of strong and healthy Chickasaw families are valued across AI tribes. These traits include the significance of community (i.e., taking care of others), respect for elders, generosity and sharing, reliance on extended family, spirituality, and the role of balance and harmony (Limb & Hodge, 2008; Garrett & Pichette, 2000). Thus, findings from this investigation not only provide insight into the characteristics of strong Chickasaw families, but may also allow for an improved understanding of factors that strengthen other AI families.

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First, similar to findings by Dykeman, Nelson, and Appleton (1995), participants in this investigation endorsed the importance of extended family, an inclusive role for children, and the primacy of the group as essential to the strength and health of Chickasaw families. In addition, and, again, similar to findings by Dykeman et al. (1995) as well as by Duran, Duran, and Brave Heart (1998), participants indicated that culture is a significant factor in the strength of Chickasaw families. However, overall, overt statements regarding the significance of culture were not as strongly endorsed by participants as were statements regarding cultural practices (e.g., valuing the extended family and participating in older ways of doing things). This difference echoes a statement made by one of the key informants indicating that, for Chickasaws, culture may be intuitive and subconscious. Accordingly, individuals engage in cultural practices without necessarily realizing that they are doing so. In addition, while participants indicated that it is essential to honor the history and the dignity of the nation, only a minority of participants indicated that the passing along of family history is important to the strength and health of Chickasaw families. It is possible that the loss of history and culture due to the impacts of historical trauma has resulted in families devaluing the primacy of their history and culture (e.g., Duran & Duran, 1995; Gone, 2007).

In addition, and notably, older participants were more likely to indicate that culture is important to the strength of Chickasaw families than were younger participants. It is possible that, similar to findings by Whitbeck et al. (2004), older participants were more connected to their cultural heritage, but have not effectively passed it on to younger generations. This finding is potentially symptomatic of historical trauma, whereby government policies have resulted in a lack of intergenerational transfer of cultural knowledge (e.g., Gone, 2007; Whitbeck et al., 2004). However, this finding additionally points to the potentially valuable role that can be played by elders who are a font of cultural knowledge, within both individual families as well as the larger community. Participants who indicated that in strong Chickasaw families children are able to learn from their elders also recognized this value.

Older participants were also significantly more likely to endorse the importance of phenotype to the strength of Chickasaw families. Accordingly, older participants believed that members of strong Chickasaw families look AI, while the majority of participants did not share this belief. This finding likely reflects the diversity that is present across modern AI communities, as well as significant intergenerational differences that may exist within the Chickasaw community. It may have significant implications for the ways in which services are provided to elder members of Chickasaw families who may be mistrustful of individuals who cannot be readily identified as AI. It may also reflect historical mistrust that exists between AI and Western communities (e.g., Gone, 2007) and that should be considered during program design.

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Interestingly, participants also endorsed values that are more characteristic of Western perceptions of healthy families. For example, consistent with Beavers' (1981) discussion of the characteristics of majority-culture families, participants indicated that in strong families members are differentiated. Thus, while participants gave primacy to the larger family, the importance of supporting individual members in their unique pursuits was also recognized. Strong and healthy Chickasaw families, therefore, provided space for individuals while valuing the whole.

It has recently been found that biculturalism (i.e., the ability to adapt to majority cultural norms while still remaining grounded in one's own culture) serves to buffer AI youth against negative outcomes such as substance abuse. It is believed that bicultural competence allows these youth to combine what is best from both cultures as a source of strength in the face of adversity (e.g., LaFromboise, Coleman, & Gerton, 1993; Kulis, Napoli, & Marsiglia, 2002). It appears that participants in this investigation intuitively endorsed bicultural competence as a source of family strength and well-being. In this way, families are grounded in Chickasaw culture and tradition while simultaneously being able to navigate the context of mainstream American culture. This biculturalism provides members of these families with the tools for psychological health and success.

Participants in this investigation additionally indicated that education is important to the strength of Chickasaw families. This finding reflects a cultural and historical value found within Chickasaw communities. This focus is also coupled with the fact that, according to participants, strong families possess a future orientation. Healthy Chickasaw families thus prepare for the future and equip themselves with the tools necessary for success. This is an important value, as it provides families with significant resources and has likely been the cornerstone of Chickasaw success in the face of historical trauma. Education allows the Chickasaw Nation to continue to build its own resources and to improve its capacity to care for its members.

Finally, participants indicated that strong Chickasaw families do things together. Strength for these families thus has its roots in the activities in which they engage. These activities may also provide a means of building the connection between families and the larger community (e.g., cultural activities, fairs, sporting events) may provide an avenue through which participants can form connections to their communities), and may be a resource for strengthening cultural ties (especially if elders can be constructively involved).

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CONCLUSION

Following the suggestions of authors such as Duran and Duran (1995), findings from this investigation may provide an initial model of Indigenous family health and a starting point for a dialogue on the characteristics of healthy AI families relative to majority-culture American families. Ideally, such an understanding can lay the foundation for programming that counteracts the negative realities of historical trauma within AI communities while capitalizing upon the assets that already exist within these communities. Building upon this understanding can, therefore, inform programming aimed at strengthening families and at healing the "soul wound" experienced by AI communities (Duran, Duran, & Brave Heart, 1998).

Limitations

Findings from this investigation should be interpreted within the context of the following limitations. First, these findings are largely descriptive, and important relationships between variables may thus be obscured. Second, the qualitative data were collected in a way that precluded follow-up questions and probes, limiting some of the depth of these data. Third, findings from this investigation represent one community in a particular geographic location and at a particular point in time, limiting their generalizability. Fourth, demographic data were not collected from participants in all phases of data collection, limiting the analyses as well as the generalizability of the data. Finally, findings are preliminary and should be interpreted as such.

Areas for Future Inquiry

Findings from this investigation highlight several important areas for future inquiry. First, the importance of exploring both unique tribal characteristics as well as universal AI values is illustrated. This investigation allows programming to be tailored to the specific needs and experiences of individual tribes, while capitalizing upon shared experiences and values. Second, findings from this investigation demonstrate the need to further explore similarities and differences that exist between AI and majority-culture value systems. Such exploration allows for programming to be tailored appropriately to AI communities while capitalizing upon the strengths fostered by a bicultural orientation. Third, future inquiries should include a more in-depth investigation of factors that facilitate the health of AI families, as well as elucidating assets that already exist within their communities and can be capitalized upon. Fourth, future inquiries should focus on the differential impact of historical trauma upon AIs and the ways in which communities have adapted in the face of these experiences. Fifth, future inquiries should focus upon teasing apart the impact of demographic characteristics such as age and possibly gender upon AIs' perceptions of factors that are important

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to familial health and strength. This inquiry may highlight sources of diversity present within tribes and may have significant implications for programming aimed at these communities. Finally, future inquiries should focus upon evaluating the impact of culturally appropriate programming aimed at improving the health and strengths of AI families. This work may include a special emphasis on the significance of cultural practices to AI family health.

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REFERENCES

Beavers, W.R. (1981). A systems model of family for family therapists. *Journal of Marital and Family Therapy, 7*, 299-307. doi: 10.1111/j.1752-0606.1981.tb01382.x

Besaw, A., Kalt, J. P., Lee, A., Sethi, J., Wilson, J. B., & Zemler, M. (2004). *The context and meaning of family strengthening in Indian America*. Cambridge, MA: The Harvard Project on American Indian Economic Development.

Bishop, R. (2005). Freeing ourselves from neocolonial domination in research: A Kauopapa Maori approach to creating knowledge. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (pp. 109-138). Thousand Oaks, CA: Sage.

Brave Heart, M. Y. H. (1999). Oyate Ptayela: Rebuilding the Lakota Nation through addressing historical trauma among Lakota parents. In H. N. Weaver (Ed.), *Voices of First Nations people: Human service considerations* (pp.109-126). New York: Hawthorne Press.

Brave Heart, M. Y. H. (2004). The historical trauma response among natives and its relationships with substance abuse: A Lakota illustration. In E. Nebelkopf & M. Phillips (Eds.), *Healing and mental health for Native Americans: Speaking in red* (pp. 7-18). Walnut Creek, CA: Alta Mira.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.

Bryson, J. M. & Anderson, S. R. (2000). Applying large-group interaction methods in the planning and implementation of major change efforts. *Public Administration Review, 60*, 143-162. doi: 10.1111/0033-3352.00073

American Indian and Alaska Native Mental Health Research
Journal published by the Centers for American Indian and Alaska Native Health
Colorado School of Public Health/University of Colorado Anschutz Medical Campus (www.ucdenver.edu/caianh)

Centers for Disease Control and Prevention (2009). *Highlights in minority health and health disparities*. Retrieved on November 16, 2009 from http://www.cdc.gov/omhd/Highlights/Highlight.htm

Cowen, E. L. (1991). In pursuit of wellness. *American Psychologist, 46*, 404-408. doi: 10.1037/0003-066X.46.4.404

Creswell, J. W. & Clark, P. C. (2007). *Designing and conducting mixed methods research*. Thousand Oaks, CA: Sage.

Duran, E. & Duran, B. (1995). *Native American postcolonial psychology*. Albany, NY: SUNY Press.

Duran, B., Duran, E., & Brave Heart, M. Y. H. (1998). Native Americans and the trauma of history. In R. Thornton (Ed.), *Studying Native America: Problems and prospects* (pp. 60-76). Madison: University of Wisconsin Press.

Dykeman, C., Nelson, J. R., & Appleton, V. (1995). Building strong working alliances with American Indian families. *Social Work in Education, 17*(3), 148-158. Retrieved from http://nasw.publisher.ingentaconnect.com/content/nasw/cs;jsessionid=37l8qlir2c5nx.alice

Fisher, B. L., Giblin, P.L., & Hoopes, M. H., (1982). Healthy family functioning: What therapists say and what families want. *Journal of Marital and Family Therapy, 8*, 273-284. doi: 10.1111/j.1752-0606.1982.tb01451.x

Garrett, M. T., & Pichette, E. F. (2000). Red as an apple: Native American acculturation and counseling with or without reservation. *Journal of Counseling & Development, 78*, 3-13. Retrieved from http://www.counseling.org/Publications/Journals.aspx

Gergen, K. J. (1994). *Realities and relationships: Surroundings in social construction*. Cambridge, MA: Harvard University Press.

Gone, J. P. (2007). "We never was happy living like a Whiteman": Mental health disparities and the postcolonial predicament in American Indian communities. *American Journal of Community Psychology, 40*, 290-300. doi: 10.1007/s10464-007-9136-x

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

Gone, J. P. (2010). Psychotherapy and traditional healing for American Indians: Exploring the prospects for therapeutic integration. *The Counseling Psychologist, 38*, 166-235. doi: 10.1177/0011000008330831

Gone, J. P. (2011). The red road to wellness: Cultural reclamation in a Native First Nation community treatment center. *American Journal of Community Psychology, 47*, 187-202. doi: 10.1007/s10464-010-9373-2

Indian Heath Services. (2006). *Facts on Indian health disparities*. Retrieved from http://info.ihs.gov/Files/DisparitiesFacts-Jan2006.pdf

American Indian and Alaska Native Mental Health Research
Journal published by the Centers for American Indian and Alaska Native Health
Colorado School of Public Health/University of Colorado Anschutz Medical Campus (www.ucdenver.edu/caianh)

Kral, M. J. & Indlout, L. (2009). Community wellness and social action in the Canadian Artic: Collective agency as subjective well-being. In L.J. Kirmayer & G. G. Valaskakis (Eds.), *Healing traditions: The mental health of Aboriginal peoples in Canada* (pp. 315-334). Vancouver, Canada: UBC Press.

Kral, M.J., Wiebe, P. K., Nisbet, K., Dallas, C., Okalik, L., Enuaraq, N., et al. (2009). Canadian Inuit community engagement in suicide prevention. *International Journal of Circumpolar Health, 68*, 292-308. Retrieved from http://ijch.fi/

Kulis, S., Napoli, M., & Marsigilia, F.F. (2002). Ethnic pride, biculturalism, and drug use norms of urban American Indian adolescents. *Social Work Research, 26*, 101-112. Retrieved from http://www.naswpress.org/publications/journals/swr.html

LaFromboise, T., Coleman, H. L., & Gerton, J. (1993). Psychological impact of Biculturalism: Evidence and theory. *Psychological Bulletin, 114*, 395-412. doi: 10.1037/0033-2909.114.3.395

Limb, G. E., & Hodge, D. R. (2008). Developing spiritual competency with Native Americans: Promoting wellness through balance and harmony. *Families in Society: The Journal of Contemporary Social Services, 89*(4), 615-622. doi: 10.1606/1044-3894.3816

Lin, P. L., & Chen, J. (1994). *Characteristics of a healthy family and family strengths: A cross-cultural study*. Indianapolis: University of Indiana.

Lorion, R. P. (2000). Theoretical and evaluation issues in the promotion of wellness and the protection of "well-enough." In D. Cicchetti, J. Rappaport, I. Sandler, & R. P. Weissberg (Eds.), *The promotion of wellness in children and adolescents* (pp. 1-27). Washington, D.C.: CWLA Press.

Mays, V. M., Bullock, M., Rosenzweig, M. R., & Wessells, M. (1998). Ethnic conflict: Global challenges and psychological perspectives. *American Psychologist, 53*, 737-742. Retrieved from http://www.apa.org/journals/amp/

Moane, G. (2003). Bridging the personal and the political: Practices for liberation psychology. *American Journal of Community Psychology, 31*, 91-101.

The Official Site of the Chickasaw Nation. (2011). Retrieved from http://chickasaw.net/

The Official Site of the Chickasaw Nation: Characteristics. (2011). Retrieved from http://www.chickasaw.net/history_culture/index_646.htm

Olson, D. H., Gorall, D. H., & Tiesel, J. W. (2007). *FACES IV & the circumplex model: Validation study*. Minneapolis, MN: Life Innovations. Retrieved from http://www.facesiv.com/pdf/2.development.pdf

Patton, M. Q. (2002). *Qualitative research & evaluation methods*. Thousand Oaks: Sage Publications.

Perkins, D.D. & Zimmerman, M. (1995). Empowerment research, theory, and application. *American Journal of Community Psychology, 23*(5), 569-579. doi: 10.1023/A:1023026704576

American Indian and Alaska Native Mental Health Research
Journal published by the Centers for American Indian and Alaska Native Health
Colorado School of Public Health/University of Colorado Anschutz Medical Campus (www.ucdenver.edu/caianh)

Schusler, T. M. & Decker, D. J. (2002). Engaging local communities in wildlife management area planning: An evaluation of the Lake Ontario Islands Search Conference. *Wildlife Society Bulletin, 30*(4), 1226-1237. Retrieved from http://joomla.wildlife.org/index.php?option=com_content& task=view&id=186&Itemid=248

Stensaan, S. (1994). How may we use the Search Conference to start implementing *Total Quality Leadership in a company? Total Quality Management, 5*, 355-366. doi: 10.1080/09544129400000055

Sue, S. (1999). Science, ethnicity, and bias: Where have we gone wrong? *American Psychologist, 54*(12), 1070-1077. Retrieved from http://www.apa.org/journals/amp/

Textor, M.R., (1989). The 'healthy' family. *Journal of Family Therapy, 11*, 59-75. doi: 10.1046/j..1989.00333.x

Warzynskil, C. C. (2004). Future-Search Conference at Cornell University. *New Directions for Institutional Research, 123*, 105-112. Retrieved from http://www.airweb.org/?page=91

Whitbeck, L. B., Adams, G. W., Hoyt, D. R., & Chen, X. (2004). Conceptualizing and measuring historical trauma among American Indian people. *American Journal of Community Psychology, 33*, 119-130. doi: 10.1023/B:AJCP.0000027000.77357.31

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Journal published by the Centers for American Indian and Alaska Native Health
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