

Stages of Loss

The 5 stages of Loss and Grieving, began it's origin in Elisabeth Kubler Ross book *On Death and Dying* published in 1969.

1. Denial
2. Anger
3. Bargaining
4. Depression
5. Acceptance

When one thinks of the disparity and loss in relationship to the 5 stages, one has to wonder if they (Native People) ever complete the 5 stages. To give you some idea of the extent of the crises among Indian communities, consider the comparative rates between Native and Non-Native:

Non-Native expected to live on average 74.5 years, compared to the average expectancy of 44.5 years for Ntaive.

Non-Native 80 % will pass on anticipated deaths
20 % will fall victim to unexpected violent death

Native 20% will pass on anticipated deaths
80 % will fall victim to unexpected violent death

Other Native percentages to consider:

Alcoholism 770 % higher
Diabetes 420 % higher
Accidents 280 % higher
Suicide 190 % higher
Homicide 210 % higher

In 2006, the preliminary birth rate for Native American 15- to 19- year-olds is 54.7 per 1,000, up 2% from 52.7 in 2005 and higher than national birth rate of 41.9 per 1,000

Additionally, the rate of fetal alcohol syndrome among Natives is the highest for any American population 4.2 per 1,000 live births.

Motor vehicle and other accidents are the leading cause of death among Native American youth ages 15-24

Suicide is the second leading cause of death for Native American youth in the 15-24 age group

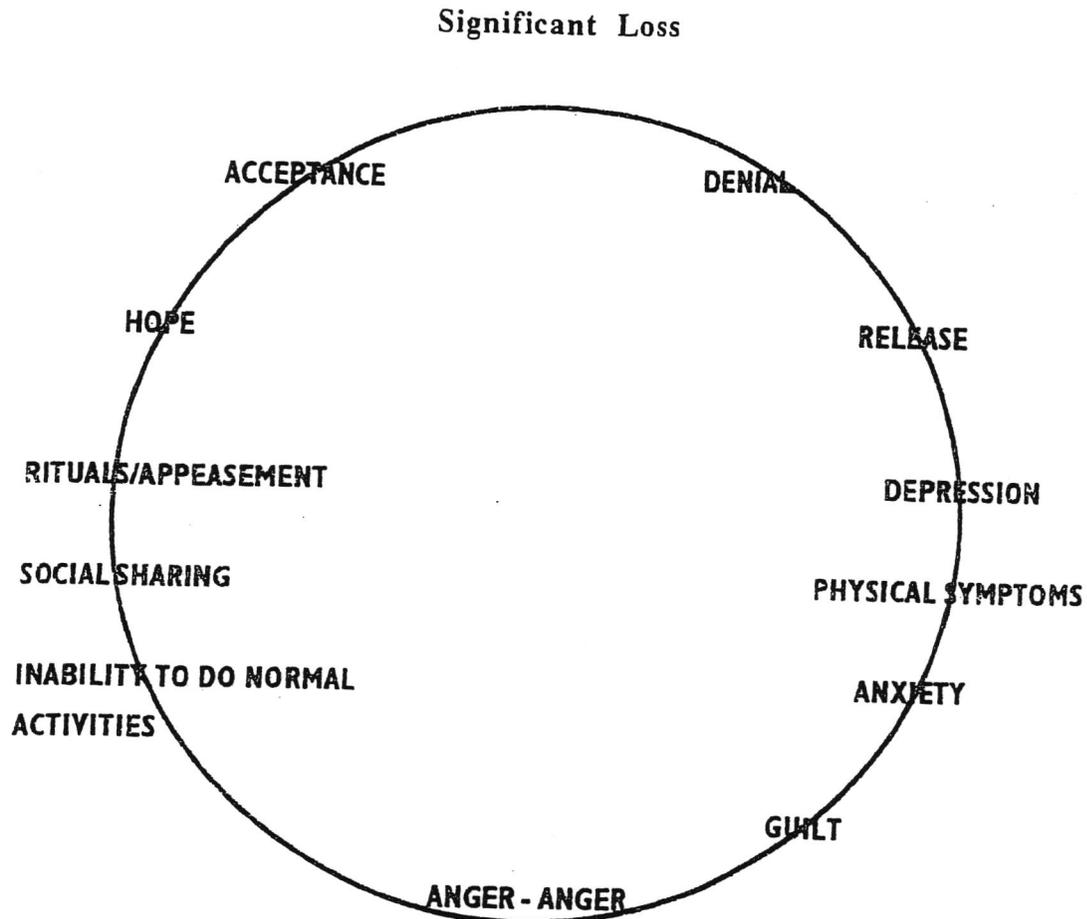
According to the CDC, in 1997, more than half (53%) of all Native Americans with AIDS resided in five states at the time of their AIDS diagnosis: California (25%),

Oklahoma (11%), Washington (7%), Arizona (6%), and Alaska (4%). Additionally, the five metropolitan statistical areas with the highest percentages of Native Americans with AIDS were San Francisco, CA (6%), Los Angeles-Long Beach, CA (6%), Seattle-Bellevue-Everett, WA (4%), Tulsa, OK (4%), and San Diego, CA (3%) (National Minority AIDS Council, 1999).

So when we reflect back on the disparities and losses that the Native American populations endure based on the on that statistical data provided, the 5 stages of Loss and Grieving do not fit, or at least the final acceptance stage is reached eventually at a differing process. If the Stages were to revamped to fit the Native American population it would probably look like the following:

1. Shock
 2. Panic
 3. Denial
 4. Numbness
 5. Rage
 6. Anguish-Despair
 7. Bargaining
 8. Forgiveness
 9. Acceptance
 10. Growth-Maturation
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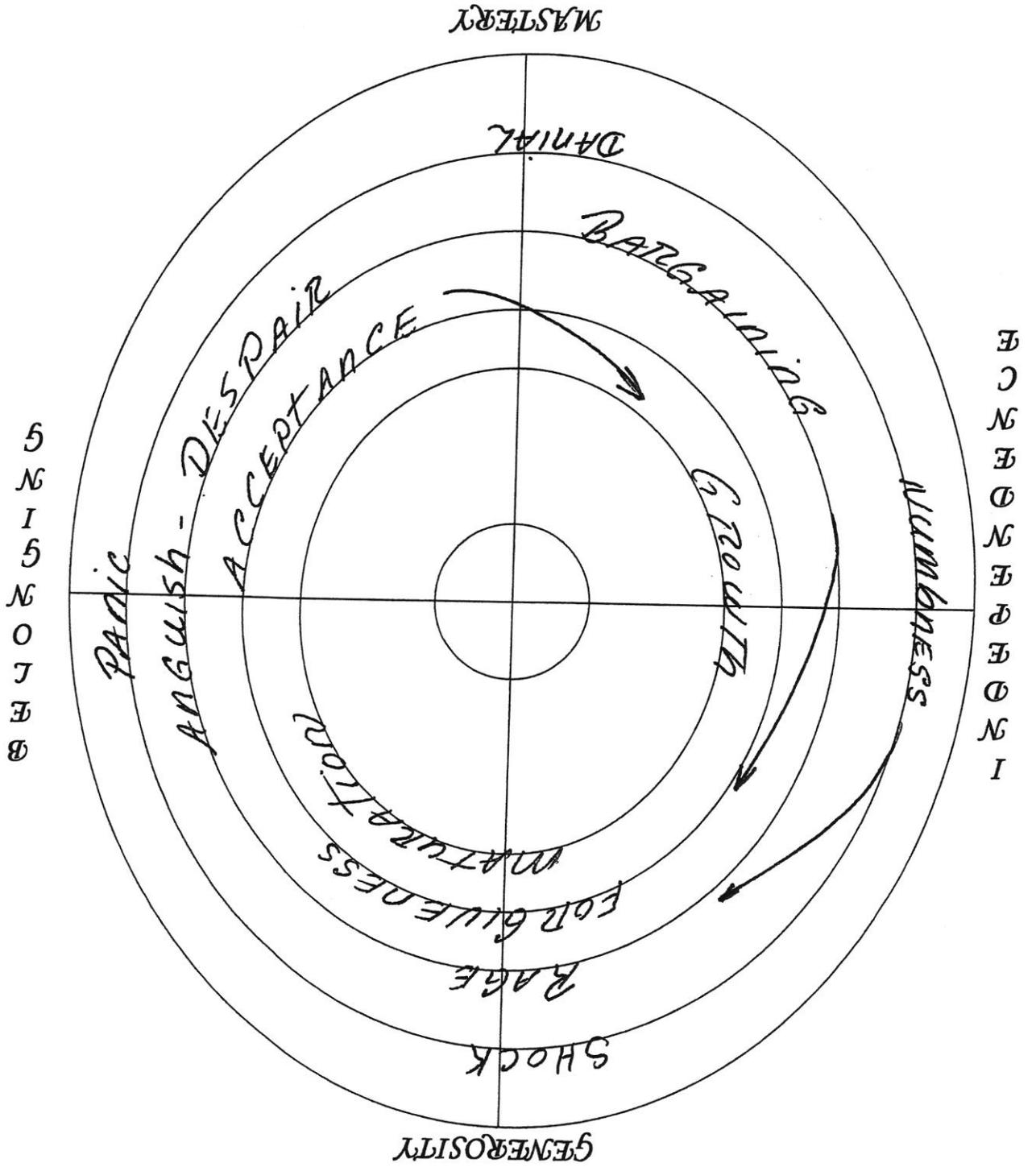
THE GRIEVING CYCLE



"GRIEF is the spiritual response when we have lost something or someone that we have deep feeling for; it is not an enemy; but a natural systems movement towards the restoration of wholeness."

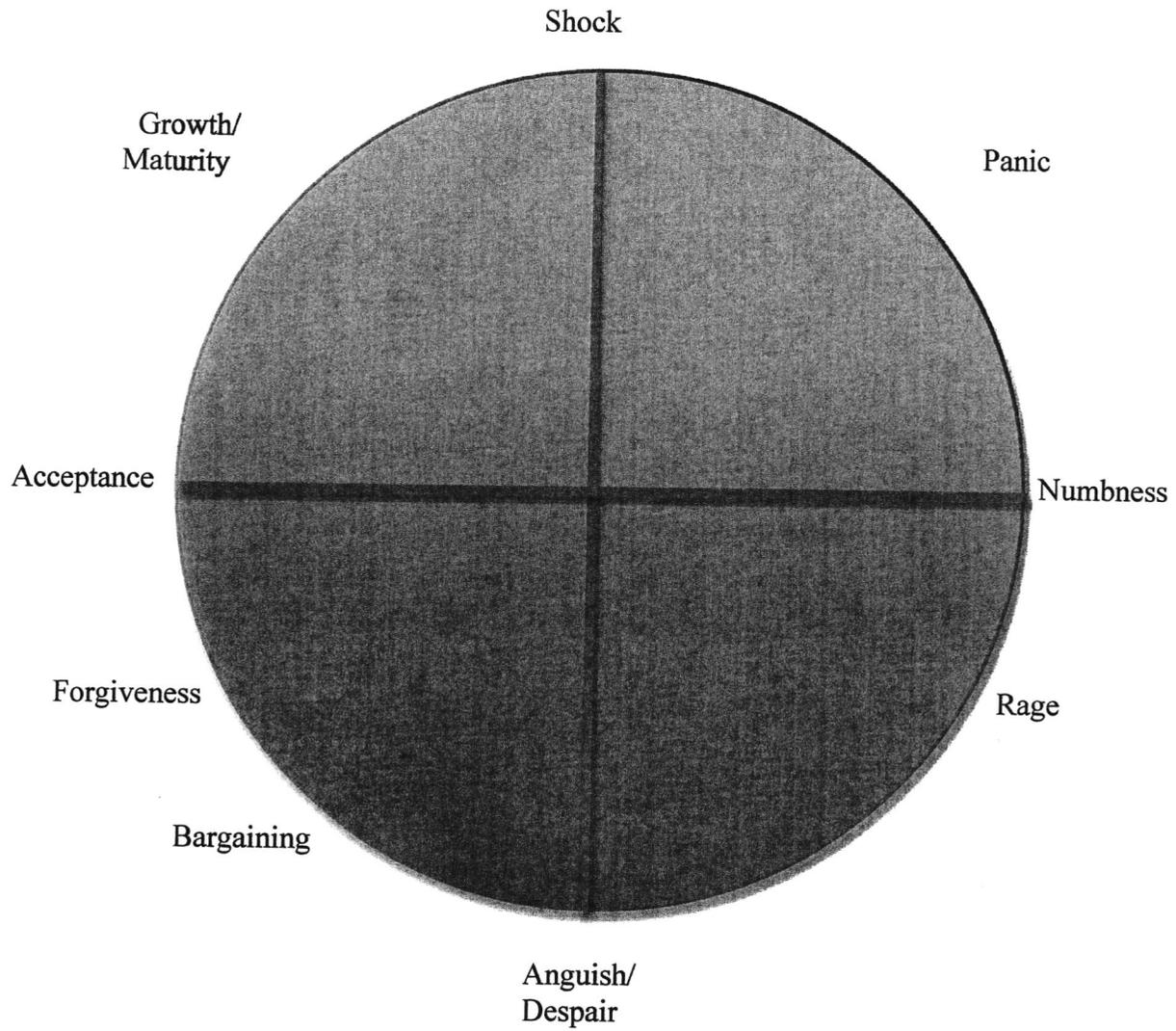
Source: Bea Schawanda - National Native Association of Treatment Directors.

The Circle of Courage

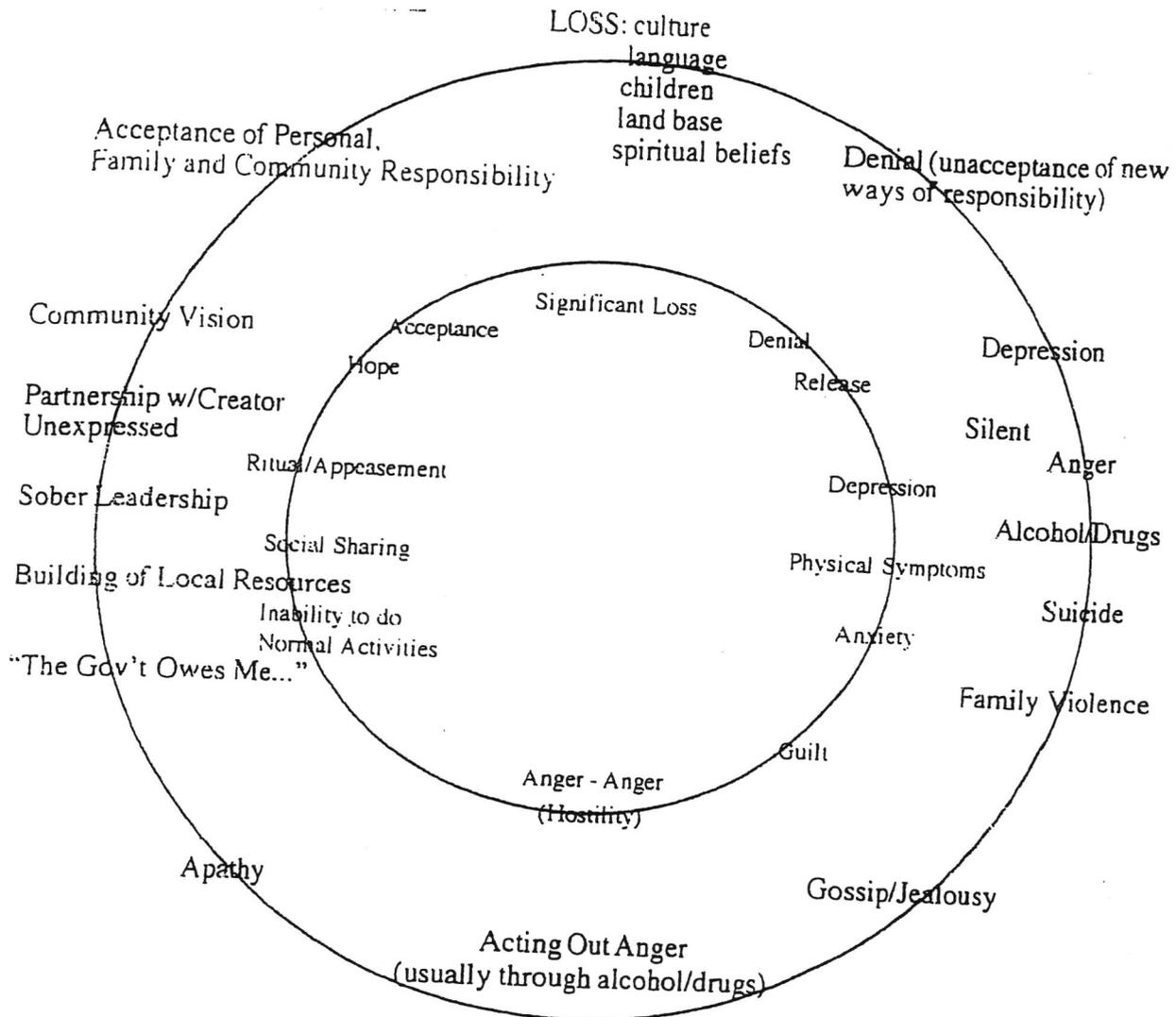


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Native American Grieving cycle



The Grieving Cycle as a Community Development Tool



Using our understanding of the grieving cycle, as a way to understand and work with our communities and understanding the grieving process of Native People as a whole.

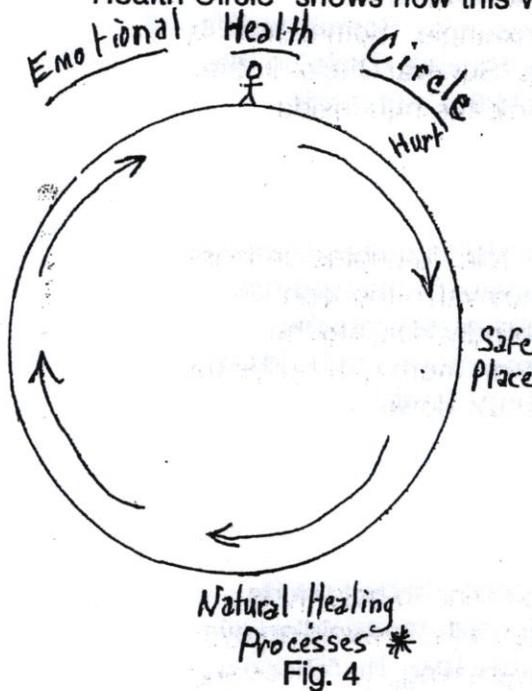
Source: National Native Association of Treatment Directors

The first thing all of this suggests is what we're many times smarter than any of us has been able to act.

The second thing it suggests is that all the things we've wanted to do, (e.g., get good grades, build close friendships, enjoy life to the fullest), but have failed to do, is not due to anything we lack, but simply due to past experiences of hurt.

Now The Good News - We Can Recover Our Good Thinking

The exciting thing we now realize about human beings is that we can recover our ability to think well, if certain natural processes are allowed to happen. The "Emotional Health Circle" shows how this works:



Kinds of Hurt:	*Natural Healing Processes:
Griefs.....	Tears, Sobbing
Heavy fears.....	Shaking, trembling, active kidneys, cold perspiration
Light fears (Embarrassments)....	Laughter, cold perspiration
Heavy Angers.....	Angry noises, violent movement, warm perspiration
Light Angers.....	Laughter, warm perspiration
Boredom.....	Laughter, talking
Physical pains & tensions.....	Yawning, stretching, scratching

When a person gets hurt, either physically (wounds, hunger, cold, etc.) or emotionally (grief, fear, embarrassment, anger, etc.), that person will seek, as soon as possible, a "safe place" to recover from the hurt. The "safe place" is usually another person. If that other person gives the right kind of attention, the hurt person will spontaneously experience some natural healing processes. These healing processes are things we see people doing every day, but haven't really understood before: crying, shaking, raging, laughing, talking in a non-repetitive way, and yawning/stretching.

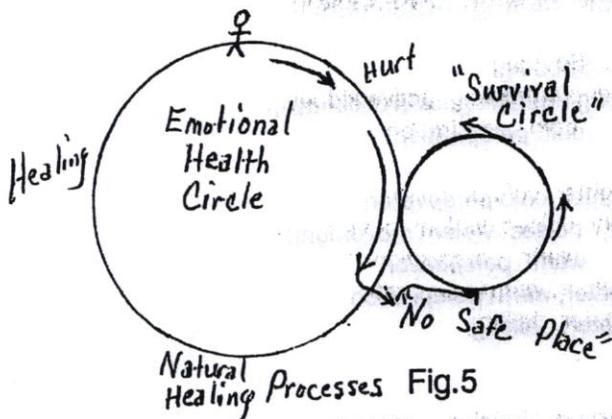
When we see these things happening, we know that the part of our intelligence that got shut down (by the hurt) is getting freed up (by the healing processes). Information that got "frozen" along with the held-in hurt is now freed to file in our memory in a useful way. We are able to make sense of what happened. We may remember the sad or scary times, but they don't "hook us" into painful feelings/behavior anymore.

What Makes a "Safe Place" Safe?

A "safe place" is simply a place where we can be reminded of our basic goodness. This is often another person who can give us just the kind of attention - usually warm, loving and accepting attention. If the person scolds, lectures, pities or tries to make us think about something else, we realize it's not safe to do what we need to do (cry, talk, shake, etc., about what happened). In that case, we can't go on in the emotional health cycle. Instead, we hold the hurts inside. Our thinking stays a little (or a lot) shut-down.

Ways We Hold Hurts Inside - Intermittent and Chronic Patterns

Holding the hurts inside feels at the time like what we need to do to survive. (Sometimes it's true - we might get beaten badly if we cry, for example. Sometimes it's not true. But at the time, we **feel** like it's our only choice.) The "Survival Circle" in the diagram below represents the ways we think and behave to hold the hurt inside.



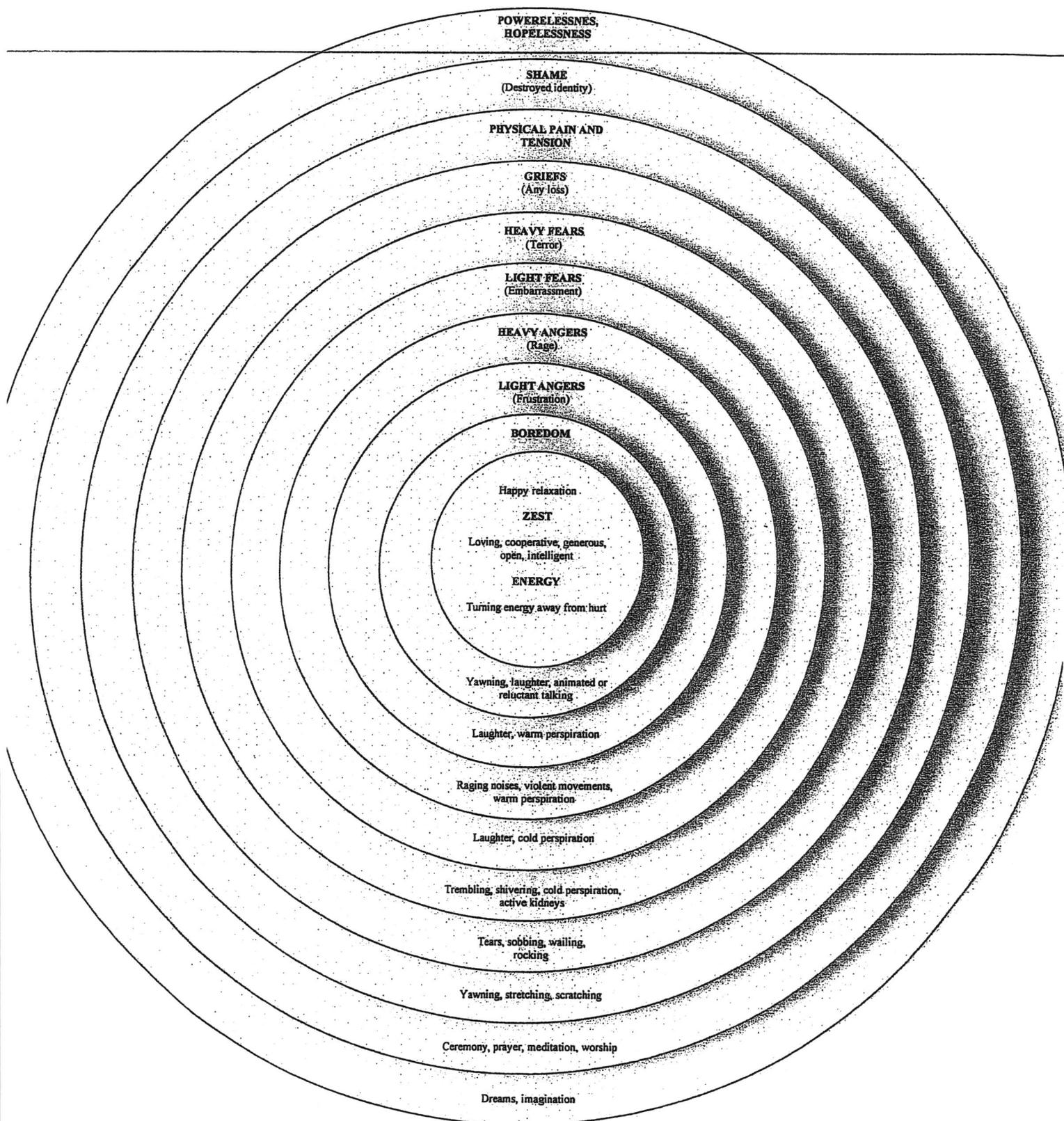
(I put "survival circle" in quotes because it's really anti-survival in the long run. Every time we blindly kick into the "survival" behavior, more hurt builds up, more thinking shuts down.)

People have lots of "survival behaviors" (ways of thinking and acting to hold hurts inside). These vary from picking at their clothing, to biting their nails, to avoiding eye contact, to withdrawing from other people, to striking out, to overeating, to "shopping til they drop", to pasting a smile on their faces, to taking drugs, etc., etc. Any behavior that is used to stop the natural healing processes, no matter how "normal" it may look, is now part of the unhealthy "survival" recording.

Now it's like we're set up. If something happens later that triggers memories of the hurt, we may unthinkingly revert into our old "survival" behavior again. When this happens, it may mean we've developed an "intermittent pattern", a habitual and rigid way of thinking or acting in certain situations.

Some hurts happen so often or go so deep that the patterned behavior that results comes to be seen by us and others as part of our "personality" (e.g., shy, stupid, cruel, lazy, clumsy, worried, obsessive, controlling, hateful, indecisive, perfectionistic, fearful, "responsible", "nice", etc.) We act that way almost all the time. This means we've developed a chronic pattern of behavior.

Levels of hurt and natural healing ways



Crying, laughing, talking, sweating, raging, yawning, shivering, stretching, sleep, good water, good food, good words, dreams, support, safety.

Native American Suicide, Montana

For all age groups, Montana has ranked among the top five states with the highest rates of suicide for the past 40 years.

In 2009, 227 Montanans killed themselves for a rate of 22.9 per 100,000 people - third highest in the nation.

There were 225 suicides in Montana in 2011 and 226 in 2012.

In a state with about 1 million people, an average of 15 Montanans attempt suicide every day, or about 5,500 documented suicide attempts each year.

There were 29 youth suicides (ages 15 to 25) in Montana in 2010 for a rate of 21.66, which compares to a national rate of 10.54.

Butte ranks in the 80th percentile nationwide in terms of suicide rates and Anaconda-Deer Lodge County has ranked No. 1 in Montana the past three years.

suicide does not discriminate in Indian Country.

It shadows every member of every tribe. It has no regard for age or gender.

Earlier this year, an 8-year-old girl on the Fort Peck Indian Reservation tried to hang herself in her bathroom. Another 8-year-old spoke openly about killing herself. And a 9-year-old planned to kill herself by taking her parents' medications.

Each of these attempts was caught in time. But a staggering number are successful.

In fact, Montana Native Americans have the highest rate of suicide in a state that has the highest rate in the nation.

All the factors that contribute to Montana's alarming number of suicides – high rates of alcohol use and gun ownership, insufficient mental health care, rural isolation and joblessness – are compounded on the state's Indian reservations.

During the winter on some reservations, unemployment can jump to 80 percent. Sexual and domestic violence is endemic and the high school dropout rate hovers at about 44 percent.

On top of that is a taboo in some Native American cultures against speaking of the dead, especially the victims of suicide.

Lana Lambert-Mikkelsen, the Fort Peck Indian Tribe's suicide prevention coordinator, said her current caseload includes people ages 8 to 76.

"Who is at greatest risk?" asked an incredulous Lambert-Mikkelsen. "Everybody. I don't have a specific gender. I don't have a specific age group. I don't have specific indicators."

And that's true on all seven of Montana's Indian reservations.

Suicide is the second leading cause of death, after accidents, for Native Americans ages 15 to 34. The rate is 2.5 times higher than the national average for that age group.

Rates are highest for young Native American men, who make up 40 percent of all suicides in Indian Country.

And the suicides can run in clusters.

Within two months in 1985, nine young men on the Wind River Reservation in Wyoming hanged themselves.

More recently, in a span of six months during 2010, at least six students on the Fort Peck Indian Reservation killed themselves. Four hanged themselves, one used a gun and another stepped in front of a train. The youngest was 13.

It could have been even worse. During the same period, at least 20 other young people on the Fort Peck reservation attempted suicide.

This year got off to a bad start. In January, a 23-year-old woman killed herself on the Northern Cheyenne Reservation. Two weeks later, a 17-year-old high school student on the Crow Reservation killed herself. That was followed by a 15-year-old Northern Cheyenne girl's suicide. Two of the women were relatives; all three knew each other.

At 27.2 deaths per 100,000 people, Native Americans in Montana have the highest rate of suicide in the state. By comparison, the rate for Caucasians in the state is 22.2 per 100,000 people.

Historically, suicide rates for Native Americans in Montana tracked just slightly higher than the state's Caucasian population, but lately that gap has been widening, according to Karl Rosston, the state's suicide prevention coordinator.

Native Americans make up around 6.4 percent of Montana's population, about 64,000 people in a state that recently topped 1 million residents.

Because the Native population is relatively small, the occasional suicide cluster can paint an unfair picture of what's happening on the state's Indian reservations, said Fort Peck's Lambert-Mikkelsen.

"We have so many people living in a small area and if a couple of them complete suicide, statistically it looks horrible," she said.

But, the numbers really are higher for Native Americans.

In a 2011 Youth Risk Behavior Survey, at least 6.5 percent of all Montana students in grades nine through 12 said they had attempted suicide during the past 12 months.

For Native American students on reservations, at least 16.2 percent had attempted suicide during the same period. For Native American students in urban settings, the number was even higher. Nearly 19 percent reported having attempted suicide in the last year.

"There is a crisis out there," said Don Wetzel Jr., a member of the Blackfeet Tribe who spent 14 years working for the Montana-Wyoming Tribal Leaders Council where he led a suicide prevention program.

“There’s a lot of drug and alcohol abuse out there on the reservations. That leads to a lot of the issues that we deal with, with suicide being the final rung on the ladder.”

After the 2010 Fort Peck suicide cluster, tribal leaders declared a state of emergency. Federal health officials visited the reservation for several months to provide counseling and to develop a prevention strategy. The Senate Indian Affairs Committee held a field hearing with U.S. Sen. Jon Tester, D-Mont., presiding.

Though the rate of suicides has waned, tribal and health leaders say it’s still the largest challenge facing young people in Indian Country.

“It’s considered an acceptable solution, when the burdens of the day become unbearable,” said Alex Crosby, medical epidemiologist with the Centers for Disease Control and Prevention’s injury prevention center.

Of 23 youth suicide prevention grants the U.S. government awarded nationally in September, 10 went to Native American tribes or organizations, with most of them receiving nearly \$500,000 per year for three years. The Northern Cheyenne Tribal Council in Lame Deer received \$456,783 and the Chippewa Cree Tribe in Box Elder received \$472,686.

“That’s a start,” Tester said. “It’s getting mental health care professionals on the ground. It’s making sure we’ve got a place for people to go when they are in trouble.”

Byron Dorgan, a former Democratic senator from North Dakota who chaired the U.S. Senate Committee on Indian Affairs for 18 years, concurred. He is the founder of the Washington, D.C.-based Center for Native American Youth, which promotes Indian child health and underscores suicide prevention.

The solution to reducing suicides in Indian Country is better mental health services, he said, although he has little faith in the “woefully underfunded” and “dysfunctional” Indian Health Service.

Positions often go unfilled for months, he said. And, incompetent people are frequently transferred within the federal agency instead of being fired.

“When I say dysfunctional, it affects almost everything that they do, unfortunately,” Dorgan said. “It’s just a mess. There are some diligent, good people working in the Indian Health Service, but the service itself has very serious problems in addition to desperately lacking funds to do the things that are necessary.”

Montana Attorney General Tim Fox, who grew up in Hardin on the edge of the Crow Reservation, said he saw firsthand how substance abuse and poverty impacted the lives of his Native American friends. He has pledged to look for new ways to partner with tribal law enforcement while respecting the sovereignty of Indian Country.

Acknowledging he has no authority over sovereign tribal nations, Fox said he would like to see the Montana Highway Patrol have cooperative law enforcement agreements with all Montana tribal governments.

The Department of Justice has conducted on-site training for tribal law enforcement on interview techniques, DUI laws and prescription drug abuse, and he wants to do more.

Fox also has also met with state Superintendent of Public Instruction Denise Juneau about partnering on school safety in Indian Country.

“Our goal is to ensure that Montana’s Native young people can count on having safe communities, safe schools and safe families,” Fox said. “ ... It’s our hope that the despair and risk factors that drive these Native youths to want to take their own lives can be lessened, not just for this generation, but for those that follow.”

It has only been in the past 20 to 30 years that Native Americans have begun culturally to talk about suicide. It is still considered taboo, said Gordon Belcourt, executive director of the Montana-Wyoming Tribal Leaders Council.

But at 68, Belcourt does not shy away from discussing the topic.

“If you’re going to relay a story, you need to be candid,” said Belcourt, whose own grandson committed suicide.

“I’m not talking from an academic tome here,” he said. “I know what it means to have half of your heart ripped out. It’s created a whole sense of urgency and awareness to me.”

Many people who kill themselves don’t really want to die, said Clayton Small, a Northern Cheyenne tribal member who works as a consultant for the Indian Health Service and Bureau of Indian Affairs.

“But, they don’t see any hope,” he said.

When considering their future, many young people look to their parents and grandparents, who often are themselves troubled.

“A kid will settle in and just say, ‘What’s the point?’ ” Wetzel said.

Young people fear there is no one to rescue them. Part of that is rooted in the physical, sexual and emotional abuse that Native American children suffered in the boarding schools they were forced to attend until the 1970s, Wetzel said.

That came on top of the loss of their land and identity, and increasingly, their language, he added.

“We have a lot of hopeless and lost people out there,” he said. “We need to get these kids to understand who they are.”

Cindy Uken’s reporting on Montana’s suicide epidemic was undertaken with the help of a California Endowment Health Journalism Fellowship from the University of Southern California’s Annenberg School of Journalism.