"We are still here": Learning from Native American perspectives

By: Amanda L. Giordano, Elizabeth A. Prosek, Michael K. Schmit, and Kelly L. Wester

Abstract:

Counselors' multicultural competence is often cultivated through 1 graduate-level diversity course. Therefore, it is important to regularly assess multicultural counseling textbook content to ensure accurate representation of the perspectives of members of diverse populations. To this end, the authors interviewed 14 Native Americans to explore their perspectives on subjects related to counseling to inform clinical practice and training. Using consensual qualitative research, the authors identified 10 domains in the data. Cross analysis of the domains revealed 1 general and 29 typical categories. The identified categories have implications for the development of culturally competent clinicians. Implications, limitations, and suggestions for future research are discussed.

Article:

According to the Bureau of Indian Affairs (n.d.), there are 573 federally recognized Native American tribes in the United States. Of those tribes, 229 are located in Alaska, and the remaining tribes are found in the continental United States (National Congress of American Indians, n.d.). The 2010 census indicated that 1.7% of the American population (5.2 million) identified as Native (alone or in combination with other races; Humes, Jones, & Ramirez, 2011).

Despite the existence of mental health and substance use concerns among Native populations (Park-Lee et al., 2018), researchers suggested that Native Americans underutilize traditional mental health services (Herman-Stahl & Chong, 2002; Substance Abuse and Mental Health

Services Administration [SAMHSA], 2014; Walls, Johnson, Whitbeck, & Hoyt, 2006). According to SAMHSA (2014), of all the clients who received inpatient and outpatient mental health treatment in 2010, only 0.4% and 0.6% were Native American, respectively. Additionally, among Native Americans from three reservations who met criteria for substance abuse problems, only 20.7% reported using formal treatment (either exclusively or in combination with informal treatment) within the past year (Herman-Stahl & Chong, 2002). Finally, researchers examined perceived effectiveness of various types of services for mental health or substance use issues (traditional, formal on reservation, and formal off reservation) among 865 Native American parents/caretakers (Walls et al., 2006). The services perceived to be most effective were traditional, such as consulting with family member (71.7%), talking to an Elder (59%), offering tobacco and praying (49.1%), and working with a traditional healer (39.8%). Only 32.9% of the sample perceived talking to a counselor on the reservation to be effective, and 24.3% perceived talking to a counselor outside the reservation to be effective (Walls et al., 2006).

Counselor Preparedness

One explanation for the underutilization of traditional counseling services among Native clients is the cultural appropriateness of clinical approaches and cultural competence of the counselors. Indeed, there is evidence that Native cultural competence is low in the general population. Dunbar-Ortiz and Gilio-Whitaker (2016) stated that public knowledge related to Native culture is often incomplete, biased, or limited. Knowledge that is most available to the public may include only negative statistics such as high substance use and suicide rates among certain Native communities (Indian Health Service, 2014), without a holistic understanding of factors contributing to these rates, such as historical and transgenerational trauma (Brave Heart, 2004; Turner & Pope, 2009), generational poverty (Krogstad, 2014), and victimization (Sarche & Spicer, 2008). Counselors are not immune from limited or biased understanding of Native culture. Portman (2013) noted, "Indigenous people's cultural perspective may appear foreign to many practicing counselors, particularly because of the vast array of differences in culture and values found across tribal affiliation, nations or geographic locations" (pp. 23–24). Native cultural competence among counselors is essential, given that Turner and Pope (2009) posited that successful counseling for Native clients is predicated upon counselors' understanding of Native culture and experiences of societal oppression and the use of clinical strategies grounded in Native worldviews.

Thus, given the underutilization of counseling services and potential for limited Native cultural competence, it is imperative to examine counselor training related to Native populations. A study of 132 professional counselors within the American Counseling Association indicated that the average number of completed courses dedicated to multicultural training was 1.37 (Constantine, 2001). Therefore, it is likely that most clinicians receive their primary multicultural training from one diversity course in their counselor training program. A few scholars have described specific educational strategies for expanding Native American cultural competence in counseling programs. Specifically, authors have detailed a multicultural training program related to Native-themed mascots and logos (Steinfeldt & Steinfeldt, 2012) and a graduate-level experiential course dedicated to indigenous healing practices (Rybak, Eastin, & Robbins, 2004). In both articles, the efficacy of the educational approaches was supported by perspectives of students involved in the experience. Although helpful, it may be additive to counseling literature

to elicit perspectives directly from members of Native communities related to educational strategies designed to cultivate cultural competence of trainees and practitioners. One specific aspect of multicultural counseling courses that has yet to be assessed is textbook content.

Most instructors of diversity courses utilize a general multicultural textbook, the majority of which include at least one chapter dedicated to the specific characteristics and considerations pertaining to Native culture (e.g., Garrett et al., 2018; Portman, 2013; Sue & Sue, 2016; Thomason, 2014). Topics common to these chapters include: elements of Native American history, cultural values, social issues, risk factors and challenges, and clinical guidelines and implications for counseling Native clients (Garrett et al., 2018; Portman, 2013; Sue & Sue, 2016; Thomason, 2014). To ensure effective multicultural counselor training—and subsequently, culturally competent clinicians—it is important to regularly assess whether the content presented in counseling textbooks aligns with the perspectives of members of Native communities. Indeed, Trimble (2010) compared Native American counseling literature to an onion, stating, "the vast majority of the literature on counseling Native American Indians unfortunately deals largely with the outer superficial layers" (p. 245). Without regular evaluation of textbook content, counselor training programs may not adequately produce culturally competent clinicians able to offer effective services for diverse client populations.

Therefore, the purpose of this study was to elicit perspectives from Native Americans on topics relevant to counseling to assess the accuracy of content presented in multicultural counseling textbooks. Specifically, we designed the study to answer the following research questions: What do Native Americans view as important about their culture? What would Native Americans like counselors and counselor educators to know about their culture?

Method

Although many terms exist for members of Native American communities, throughout the article we use *Native American* or *Native*, as these descriptors were most commonly requested by our participants. Our study aimed to uncover the "inner experiences, attitudes, and beliefs" (Hill, 2012, p. 14) of Native Americans on subjects pertinent to counseling and counselor education, making consensual qualitative research (CQR) an ideal research methodology. CQR is a systematic approach used to create an in-depth understanding of a complex phenomenon by reaching consensus (Hill, 2012; Hill, Thompson, & Williams, 1997). We determined CQR to be the appropriate qualitative method to answer our research question because it allowed for rigorous exploration of participants' experiences, generated analysis of experiences across participants, and, as an inductive approach, demonstrated cultural sensitivity by allowing the voices of our participants to guide the findings (Hill, 2012; Hill et al., 2005). In sum, we sought to explore both experience (i.e., phenomenology) and direct applications of findings (i.e., grounded theory); therefore, we elected to use CQR as this qualitative design captures both elements.

Participants

Our participants included 14 Native Americans currently residing in a southwestern region of the United States. Ten participants identified as female, and four identified as male. Participants'

ages ranged from 24 to 69 years ($M = 46.07$, $SD = 14.19$). Six participants currently lived on a Pueblo or reservation, seven previously lived on a Pueblo or reservation, and one never lived on a Pueblo or reservation. Participants identified as members of seven different tribes: Navajo, Hopi, Tongva, Santo Domingo, Jemez, Ohkay Owingeh, and Northern Cheyenne. Participants had various vocations, including artist, engineer, curator, and archivist. Eleven participants identified their religion or spirituality as their Native culture, and three identified as Catholic.

Sampling Procedure

After obtaining institutional review board approval, we identified one city in a southwestern state of the United States to conduct our research, given its diverse Native population and proximity to 19 Pueblos. Using a combination of purposive and snowball sampling procedures, the first author began emailing potential contacts from Native American organizations (e.g., schools, museums, cultural centers) in the chosen geographical area. These emails frequently developed into a series of electronic exchanges in which potential participants inquired about the purpose of the project and the first author provided information regarding the aim of the study and potential significance of the research. The email exchanges led to six scheduled interviews prior to the researchers arriving in the city. Hill (2012) noted that sampling from marginalized racial groups often is based on "developing an emotional bond" with participants (p. 192). The initial email conversations between the researcher and potential participants created this emotional bond as participants had the opportunity to ask questions and learn about the aim of the study from the researcher's point of view as a non-Native.

Upon arrival in the city, the first two authors distributed a flyer to potential participants and discussed the study with Native residents in the local plaza. We received contact from several interested participants and names of others to invite to participate. We chose to distribute a flyer with the first author's contact information as our means of recruitment to allow Native individuals the choice of whether or not they wanted to engage with non-Native researchers. Those who elected to participate in our study were those who not only were interested in the research, but also felt comfortable disclosing information about Native culture to White interviewers. Given Hill's (2012) recommendation that CQR samples range from 12 to 15, we kept recruitment open until we reached the required number of participants. Inclusion criteria consisted of being 18 years or older and identifying as Native. We scheduled interviews with each interested participant who met inclusion criteria until we reached 14, at which point we closed recruitment.

The first two authors conducted 14 individual audio-recorded interviews using a semistructured interview protocol. Interviews ranged from 45 to 60 minutes and took place in various locations requested by participants. We allowed participants to select the location of the interview (e.g., in their homes, at their places of work, at their favorite coffee shop) to ensure comfortable, familiar settings. We began each interview with casual conversation to establish rapport and a research alliance (Hill, 2012) and ended by giving participants the opportunity to share any additional information that they felt was important for the researcher to know. Each participant was given $50 as compensation for their time.

Interview Protocol

The interview protocol included eight demographic questions and eight open-ended, evocative questions. Existing literature on Native American culture, a review of multicultural textbook chapters related to Native populations, and our research questions informed the development of the interview protocol (Hill, 2012). As non-Native researchers, we relied on textbook and literature review related to Native populations to guide the development of our questions. For example, we crafted a question examining perceived strengths of Native culture given that multicultural textbooks describe the strengths of Native populations (Garrett et al., 2018; Sue & Sue, 2016). We included a question related to education because several texts contain information related to educational attainment among Native people (Portman, 2013; Sue & Sue, 2016). Moreover, given that several multicultural textbooks describe advocacy for Native populations (Garrett et al., 2018; Thomason, 2014), we created a question related to advocacy in our interview protocol. As non-Natives, our interview protocol reflected our understanding of important issues from the perspective of those outside of the culture.

In light of the researchers' non-Native cultural identities, we sent the initial draft of the interview questions to an expert in Native studies, who also identifies as Native American (Diné), for review. She assessed the protocol for cultural appropriateness and suggested several revisions. We also sent the interview protocol to our external auditor (who racially identifies as White) to review the protocol and give feedback from the perspective of an experienced CQR researcher. The final version of the interview protocol consisted of the following evocative questions: (a) What aspects of your Native culture are you most proud of? What do you perceive as the strengths of Native culture? (b) In your opinion, what aspects of Native culture do you think educators should be teaching college students? (c) Where do educational systems fail in terms of teaching students about Native culture? (d) In your opinion, what do you believe are the biggest obstacles or struggles that Native people face today? (e) What is your perspective on Native people seeking counseling services for psychological or mental health concerns like depression, anxiety, grief, or relationship issues? (f) What is your perspective on Native people seeking treatment for addiction? (g) How, if at all, can non-Native people advocate with or on behalf of Native people? (h) In your opinion, what obstacles prevent interested students from pursuing college or graduate school?

Research Team

The research team was composed of three counselor educators (first three authors). The primary researcher, a White female, had several years of experience teaching a counseling diversity course, which informed her interest in exploring Native culture. The collaborating researchers identified as a White female and a multiracial male. All team members had experience in qualitative research and a curiosity to inform and strengthen multicultural training.

Before beginning the interview process, all three members discussed their expected answers to the interview protocol questions and assumptions to inform bracketing during data analysis (Hill, 2012). In brief, we felt largely ignorant and limited in our knowledge of Native culture beyond what we had learned from multicultural textbooks. As non-Natives, we had limited direct experience engaging with Native Americans. Therefore, we generally did not know what

responses to expect from participants. We believed our interview protocol reflected themes found in multicultural textbooks, but we were unsure as to whether those themes were most important to Native individuals. As doctoral-level counselor educators with clinical experience, we recognized that we had assumptions related to the most effective ways to offer clinical services for mental health and substance use concerns. We were very interested in participants' perceptions of the best ways to care for the mental health needs of Native people, which we recognized may or may not include traditional counseling services. Additionally, we concluded that one of our questions carried the assumption that most Native Americans have an interest in pursuing higher education, which we felt may have been an imposition of our Western value system that prizes educational attainment. We referred back to our beliefs and assumptions by verbally challenging each other during consensus meetings to ensure bracketing.

Data Analysis

All interviews were professionally transcribed for analysis. We followed the inductive data analysis procedures of CQR as outlined by Hill (2012), including the development of domains, synthesizing data into core ideas, and conducting cross analysis. The hallmark of CQR is the process of consensus among research team members (Hill et al., 2005); therefore, with each procedural step, we independently reviewed the data and then met for discussion to reach consensus. We also used an external auditor throughout the process to provide feedback and increase the trustworthiness of the results (Hill, 2012).

To develop domains, we followed Hill's (2012) suggestion of reviewing transcripts and noting which domains naturally emerge, rather than creating a domain list from the interview protocol. All three members of the research team reviewed one transcript independently and noted possible domains from large portions of the data. After a consensus meeting, we agreed upon a domain list and independently reviewed two more transcripts, refining the domain list during subsequent consensus meetings. We applied the domain list to four more transcripts until we reached stabilization of the domains (Hill, 2012). Throughout the process of developing domains, we referred back to our initial expectations and assumptions to investigate whether we were effectively suspending our biases and judgments. Research team members felt comfortable challenging one another's assumptions and asking clarifying questions to ensure we were effectively bracketing our personal values. As non-Native researchers, we questioned the extent to which our understanding of the data reflected our cultural norms. Additionally, we noted that the information participants disclosed was the information they felt comfortable sharing with those of different racial and ethnic cultural identities. Hill noted that the external auditor provides an "additional layer of review" (p. 180) to assist with the elimination of researcher bias. Thus, when we felt we had a completed domain list, we sent it to our external auditor, who refined definitions and offered suggestions for improvement. After implementing these revisions, we applied the final domain list to all 14 transcripts and came to consensus regarding the designation of data within each domain. For the development of core ideas (Hill, 2012), one team member would make suggestions for an entire domain and the remaining team members made edits as needed during each consensus meeting.

According to Hill (2012), the final step of data analysis is cross analysis, which is a further abstraction of themes from the data to create categories within each domain. We independently

developed our own interpretations of potential categories, then met to come to consensus on a final list of categories. As with the creation of the domains, we engaged in thorough discussion to ensure bracketing while crafting categories. Given the egalitarian nature of the relationships between members of the research team, we were able to question and contest category ideas if they seemed influenced by a research team member's personal biases or values.

As a group, we applied the final categories to each data cluster within the 14 domains. At the end of each consensus meeting, we calculated the frequency of the categories across participants in the domain, identifying general, typical, and variant themes. Hill (2012) stated that general categories were represented in the total number of cases minus one (13 cases), typical categories were represented by more than half of the participants' transcripts (8–12 cases), and variant categories were represented by at least two participants and up to half (2–7 cases). Our biases and assumptions were revealed through cross analysis as we had emotional reactions to several categories that did not emerge as general or typical. We discussed these reactions and our presuppositions about what topics we thought would be most important to our participants. We worked to bracket our judgments via the consensus process and presented findings that were truly representative of the data. In addition, we sent the spreadsheet to the external auditor for review and confirmation of accurate interpretation of the categories.

Trustworthiness

We ensured trustworthiness in a variety of ways, including the use of an external auditor to balance reflexivity and subjectivity, valuing the consensus process, ensuring a large sample for CQR research, providing significant detail of our procedures, disclosing expectations, conducting consistent interview processes, and establishing stability during data analysis (Hill, 2012; Williams & Morrow, 2009). With regard to the external auditor, we selected an experienced full professor in counselor education with expertise in research methodology and CQR. The auditor was not involved in data collection or consensus meetings; thus, she was able to provide objective, unbiased feedback within each step of the research process.

Additionally, we demonstrated trustworthiness by providing in-depth descriptions of domains and categories, using participant quotes in the findings, and developing implications that reflect the data (Hill, 2012; Williams & Morrow, 2009). With regard to member checking, Hill et al. (2005) questioned the usefulness of this approach given the frequent lack of response from participants and difficulty incorporating feedback into the findings. Moreover, Morse (2015) noted that sending a collective synthesis of analyzed interviews back to one individual participant for evaluation does not augment trustworthiness in a qualitative research project. We agree with these concerns and, furthermore, did not have follow-up contact information for many of the participants in our sample and felt partial member checking would be inequitable. Rather than postanalysis member checking, we engaged in narrative accuracy checks during each interview by using reflections and asking clarifying questions when needed. Additionally, after the interviews were transcribed, research team members took turns checking the written transcriptions against the recorded interviews to ensure accuracy.

Results

We conducted 14 interviews with Native Americans to understand what our participants viewed as important about their culture and what they would like counselors and counselor educators to know. To ensure confidentiality, pseudonyms are used for all participants. We identified 10 domains in the data, each with multiple categories. Because of space limitations, we discuss only general and typical categories here. (See Table 1 for a complete list of categories.)

Table 1. Domains, Categories, and Frequencies of Participant Responses

Domain and Category	Frequency
Identity	
Influence of parents and family	Typical
Influence of the arts	Typical
Positive childhood memories	Variant
Tribal heritage and characteristics	Variant
Living in sobriety	Variant
Personal dislike for school	Variant
Career aspirations to help Natives	Variant
Catholic influence	Variant
History of abuse	Variant
Cultural values and strengths	
The Sacred	General
Traditional practices	Typical
Community interconnectedness	Typical
Language	Typical
Survival	Typical
Land and natural resources	Variant
Privacy	Variant
Learning	Variant
Navigating two worlds	
Living in two different worlds is challenging	Typical
Responsibility for maintaining tradition	Typical
Marginalization for acculturation	Typical
Leaving the reservation for education	Variant
Western influence changes Native culture	Variant
Fear of non-Native world	Variant
Benefits of exposure to non-Native world	Variant
Oppression	
Historical injustice and trauma	Typical
Stereotypes and ignorance	Typical
Government oppression	Typical
Cultural erasure	Typical
Limits to power and control	Typical
Border towns	Variant
Area of need	
Substance misuse	Typical
Limited employment opportunities and consequences	Typical
Limited access to resources	Typical
Mental health concerns	Typical
Family concerns	Variant
Insufficient quality of education	Variant

Domain and Category	Frequency
Diabetes	Variant
Advocacy and collaboration	
Consult and engage with Natives	Typical
Self-advocacy	Typical
Build trust and respect culture	Variant
Educational support	Variant
Creating resources	Variant
Promote Native voices	Variant
Raise awareness	Variant
Informed action	Variant
No desired help	Variant
Current treatment perspectives	
Services are available	Typical
Stigma and shame	Typical
Negative connotations of services	Typical
Limited awareness of services	Variant
Services not needed or sought	Variant
Mandates or family pressure to seek services	Variant
Need for trained professionals	Variant
Services offered by Native counselors	Variant
Barriers to services	Variant
Inconsistencies of services	Variant
Positive connotations of services	Variant
Preferred method of care	
Native community support	Typical
Culturally competent non-Native counselors	Typical
Preference for Native counselors	Variant
Prevention, education, and outreach	Variant
Medicine/Native way	Variant
Family involvement and support	Variant
Genuine alliance	Variant
Ongoing services and aftercare	Variant
Alternative helping methods	Variant
Systems approach	Variant
Educational preferences	
Accurate information	Typical
Diversity among Natives	Typical
Informed and invested educators	Typical
Learn respectful behavior	Variant
Active existence	Variant
Cultural norms and practices	Variant
Awareness of learning styles	Variant
Importance of language	Variant
Barriers to higher education	
Financial	Typical
Challenges with scholarships	Variant
College environment	Variant
Disconnection from community and family	Variant

Domain and Category	Frequency
Academic motivation	Variant
Lack of family support	Variant

Identity

The Identity domain consisted of rich data regarding participants' personal identity development, including descriptions of their tribe or clan, descriptions of their heritage, and accounts of their early educational and family experiences. Two categories were typical: influence of parents and family, and influence of the arts. Specifically, participants described the importance of their parents and family in exposing them to Native practices, helping them develop artistic and practical skills, and influencing their school and career decisions. For example, when speaking of his father, Jeff said, "That's what my dad taught me—basic survival skills in the wilderness. If I were to get lost, I'd know what to do. I know how to build a fire, what to eat, what not to eat." Participants also described how learning and creating art was an important part of their upbringing and identity formation. Artistic expression included jewelry making, pottery, painting, sculpting, beadwork, weaving, and dancing. Kathy said,

> I grew up learning how to make pottery, learning how to weave, learning how to bead. Those are all mathematical concepts, just spatial, and you don't recognize that growing up. But it wasn't until I got into college that I started realizing, oh my God, this is valuable.

Many participants reported that it was important for their parents and family members to share their artistic skills with the next generation, and some participants were already teaching their children their craft. The arts were influential to participants' identity development.

Cultural Values and Strengths

The Cultural Values and Strengths domain included any identified collective priority, value, or perceived strength of Native culture. One general category emerged: the Sacred, which consisted of all Sacred beliefs and practices including ceremonies, dances, prayer, healing practices and the Medicine Way, Mother Earth, the sweat lodge, spirits of ancestors, the Creator, the afterlife, and sacred objects. Participants described the Sacred as a way of life rather than a compartmentalized aspect of their identity or a particular spiritual practice. Kathy noted,

> A lot of people think dancing is a performance. For us it's prayer meditation. It's very repetitive, and it's because we've got to center ourselves to get that mind and body connection, which a lot of people don't have anymore. So, it really makes you withdraw within yourself and that's how you strengthen your inner spirit.

In addition to the Sacred, several categories emerged as typical: traditional practices, community interconnectedness, language, and survival. Participants identified their traditional practices, such as farming, creating art, practicing hospitality, and unique tribal customs as values within Native culture. In addition, several participants noted that the supportive relationships among Natives were a strength. Star described Native communities as "one big family" and Dawn said,

"When you grow up in the Pueblo, you might have a parent, but you're raised by the tribe."
Moreover, speaking and preserving Native languages emerged as an important cultural value.
Mercedes said,

> Our language isn't written. … We're the only ones in the world that speak this language,
> and I tell [my kids] that it's important that you learn this, and that you teach your kids,
> because … if we lose it, then it's gone, and that's very sad.

Finally, when asked to identify cultural strengths, many participants disclosed that a strength of
Native people is that they survived colonization, genocide, and disease. Tom Bull Elk reported,
"They wanted to eradicate us. They wanted to kill us off. We're still here." Rain said a strength
was "just the fact that we still have our culture, and our people are still here. We're real. We've
been here, and we've learned to adapt."

Navigating Two Worlds

The Navigating Two Worlds domain included participants' descriptions of their experiences
existing in two different worlds: one defined by Native culture and one defined by the majority
Eurocentric culture. Typical categories included living in two different worlds is challenging,
responsibility for maintaining tradition, and marginalization for acculturation. Specifically,
participants described the challenge of balancing life in both worlds. Tom Bull Elk said,

> We live in two worlds. We live in a Western White man world and then we go back to
> the Native Indian world. Our struggle is that you have to know both. You just can't live
> in one because you need the other. You've got your TV, cable, satellite, phone, then, you
> go back home and you have your preaching, your praying, and your ceremonies.

As members of two worlds, participants reported feeling a responsibility to maintain their
cultural traditions, such as speaking Native languages, participating in cultural activities,
knowing Native history, and learning the arts. Furthermore, many participants shared
experiences of marginalization from the Native community for acculturating to the non-Native
world. Star described her experience deviating from traditional gender norms on the reservation:

> I didn't want to be a fry bread maker. I didn't want to be an oven bread maker. I wanted
> to see the world. … I'm very welcome when I go home, but if you're not always there
> helping with everything, you're a little bit ostracized.

Oppression

The Oppression domain included descriptions of any form of current or historical discrimination
or injustice experienced by participants. Typical categories of oppression were historical
injustice and trauma, stereotypes and ignorance, government oppression, cultural erasure, and
limits to power and control. Many participants described historical atrocities that continue to
affect Native Americans, including colonization leading to the Pueblo Revolt, the Trail of Tears,
sickness brought by colonizers, torture and rape at the hands of friars and priests, boarding
schools, relocation programs, resource extraction, and taking Native land. Additionally,

participants noted widespread ignorance about Native culture among non-Natives and pervasive stereotypes, such as "all Natives are the same," "all Natives live in teepees," and "all Natives wear feathers." Lissa noted, "All of Native Americans aren't in poverty, or [struggling with] alcoholism and drugs, which is a common stereotype." Furthermore, participants noted that many non-Natives think Native Americans are frozen in time or icons of the past. Indeed, Marilyn Begay said, "A lot of people don't know that there's even any more Native Americans."

Several participants gave examples of government oppression that have negatively affected Native communities, including broken treaties, unhealthy government food rations, prohibiting voting rights, and failing to recognize tribes as sovereign nations. Kathy noted, "[Native people] have been hurt by trauma. They're still dealing with the government trying to break up communities. That goes back to boarding schools. They were stealing children from the tribe and putting them in a boarding school." With regard to the experience of cultural erasure, participants described the lack of Native history in textbooks and how Native content often is omitted from course curricula. Willis said,

> You guys have it readily available, this history. It's just not distributed to the masses because, for some reason, it doesn't matter. This land came at a price, and for some reason, time has washed it away or something. But we, as people, we won't forget. So, it's an everyday struggle.

Lozen shared, "They don't teach it at all. If they do teach it, it's a very stereotyped, inaccurate version of Indian people today." Finally, participants described feeling oppressed by limits to their power and control. For example, several individuals spoke of the lack of control over the use of their land and natural resources, being forced to learn and speak English, and having limited power regarding the use of financial resources on reservations.

Area of Need

The Area of Need domain contained participants' descriptions of challenges and hardships faced by Native people. Typical categories included substance misuse, limited employment opportunities and consequences, limited access to resources, and mental health concerns. Several participants shared that members of Native communities struggle with drug and alcohol abuse; however, they provided context for the misuse, often linking it to poverty, mental health concerns, isolation, and the experience of injustice. For example, Snowflake said,

> [Natives] will move away from the reservation into the city, and they can't get a job, so they end up being homeless. Sometimes it's a downward spiral. They say, "Well, I can't get a job. I might as well keep on drinking."

Kathy identified substance use as a means of coping and shared, "If you've had trauma and you haven't dealt with it, you're going to try to numb yourself, thinking that it's going to go away … and it doesn't."

Another area of need among Native communities is limited job opportunities and the subsequent consequences of unemployment. Several participants noted that there are few jobs available, particularly on reservations. Jeff said,

> There's not much business going on in the Pueblo. … It's a residence. We do farming a lot, so that's basically the only work that goes on. There's a couple clinics, fire department, office work, but that's something I don't want to do.

Moreover, competing for employment outside the reservation can be hard for Native Americans. Marilyn Begay said, "Just competing for jobs and a lot of people, I think, we're not aggressive enough. We're not aggressive people."

In addition to limited employment opportunities, another hardship for Native Americans is limited access to resources, including transportation, internet and technology, public services, and universities and trade schools. Dawn noted,

> I think it's gotten better, but even within the tribe, there's not a lot of jobs and there's not a lot of transportation. … How do you expect someone to better themselves if they don't have the central things to do that?

Lozen said, "It's a very trying and difficult experience. You'll find that a lot of our leaders' time is now spent dealing with all the state agencies, even highways, to get a highway cleared in the winter." Several participants also noted that the geographic isolation of reservations can be challenging. Finally, participants reported that mental health concerns, such as depression and childhood trauma, are areas of need among Native communities. Star provided context for mental health concerns, stating they may be the consequence of oppression: "I think there's a lot of depression. Maybe there's depression in every culture but I'm from a Native culture, so I see it, and I think there's a lot of oppression from the outside towards Native people."

Advocacy and Collaboration

The Advocacy and Collaboration domain included participants' perceptions of advocacy from non-Natives, preferred methods of advocacy, and desired forms of collaboration with non-Native communities. Two typical categories emerged: consult and engage with Natives and self-advocacy. It was apparent that participants did not wish for non-Natives to work independently to advocate for Natives, but instead to collaborate and consult with Native communities. Participants wanted non-Natives to visit Pueblos and reservations, utilize Native resources, work with tribal leaders, and engage in conversations with Natives to learn their perspectives. In response to the question about desired advocacy, Star said, "Just what you're doing, is the best. You're taking time to talk to us. Just to get to know us and see what we do … see what we can do."

Participants also disclosed the desire to advocate for themselves by educating non-Natives about Native culture and correcting misperceptions. Additionally, participants believed they could advocate for their own communities by working within a variety of professional fields in order to be seen, known, influence policy, and serve as role models for the next generation of Natives.

For example, Lissa uses her career as a way to educate others about Natives: "That's what I found as my calling—working with museums. I have this voice, and I am Native American, and so I do try. Whenever somebody has a question, I'm more than willing to answer it." Willis summarized several participants' desire for opportunities to advocate for themselves by saying, "We don't need handouts. We just need help so we could help ourselves."

Current Treatment Perspectives

The Current Treatment Perspectives domain consisted of participants' descriptions of current treatment options, available services, and perceptions of seeking treatment among Native populations. Typical categories included services are available, stigma and shame, and negative connotations of services. Several participants confirmed that services were indeed available for Native communities, including addictions treatment, counseling services, 12-step programs, and behavioral health and social services (typically provided by the Indian Health Service). Although services exist, many participants disclosed that there is notable stigma and shame associated with seeking help for mental health concerns or substance use within Native culture. Jeff shared, "I think, going to counseling … just the word, it freaks [Natives] out. It's like they tell themselves there is something wrong with them." Additionally, many participants disclosed that services often are provided by members of one's community, which leads to the perceived or real threat that information will not be kept confidential. Further negative connotations of counseling include the fear of being judged by members of one's own tribe and the belief that counseling is largely ineffective. When talking about services, Rain stated,

> The Native [community], it's really a struggle for them because they're embarrassed; they feel ashamed, and they don't want to seek help for their problems because of that. And another reason why is they feel that it's not confidential. On our reservation, we have our behavioral health, and we have our own people working for the department. [Natives] don't want to disclose anything to the tribal staff there.

Preferred Method of Care

The Preferred Method of Care domain contained participants' descriptions or ideas regarding the most effective ways to meet the health needs of Native Americans. Two categories emerged as typical: Native community support and culturally competent non-Native counselors. A commonly identified strength of Native culture was the interconnectedness of the community; thus, it is not surprising that several participants identified community support as a preferred means of addressing mental health concerns. They felt the community could offer role models of those who have overcome addiction or psychological distress, educate one another, and care for those currently struggling with mental health concerns. Jeff said,

> If a Native American was in a state of depression, for instance, and they were going to university … you probably won't find many Native Americans there. I guess the best way to help, without counseling, is to find a contact … either their mom, their brother, their cousins—somebody from the community—just to feel that family support again.

If Native Americans do go to counseling with non-Native counselors, many participants stressed the importance of counselors demonstrating cultural competence and aligning services with Native culture. For example, when asked about the best way to serve Native clients with mental health concerns, Rain suggested, "The first thing would be that the non-Natives need to be educated about the people they're serving and the community that they're serving—as far as our culture. [They need] to be culturally aware of how our people are." Violet also shared,

> I think if there was some culturally based counseling opportunity, because I think [Native] people who have a strong connection to their culture may feel safest if they are provided with counseling approaches that would maybe be similar to what their own community would do … whether it's a spiritual component or finding resources on a reservation or seeking counseling from another Native person.

With regard to addictions treatment, Dawn emphasized the importance of counselors relating services to Native culture:

> Natives all don't fit into one box. Just because [counselors] have this curriculum on how you're supposed to treat addiction, it is not going to fit everybody. Like for me, when you put more of a cultural value on the sense of recovery, it's more meaningful.

Educational Preferences

The Educational Preferences domain included participants' descriptions of desired representation of Native culture, preferred content, and suggestions for facilitating learning about Native Americans in educational settings. Typical categories included accurate information, diversity among Natives, and informed and invested educators. Participants clearly described the importance of dispelling myths and accurately presenting Natives as members of modern society. When asked what she wanted students to know about Natives, Snowflake answered, "That we're not the Hollywood Indians. We're real. We matter." Participants want educators to present up-to-date, nonstereotypical, and unbiased information about Native Americans. Specifically, participants wanted students to learn about Native history (without romanticizing past events such as colonization), current events (such as the protest of the Dakota Access Pipeline at Standing Rock), and issues relevant to modern Natives (such as current oppression and discrimination). Willis encouraged educators to do their research:

> It doesn't have to be in history books. Yeah, they mention us, but what really happened when [the Europeans] arrived? What really happened? What did Columbus really bring? What was he really like? And Lewis and Clark, is everything true? [Educators] can go more into it. There's enough people out there documenting stuff now.

Many participants shared their desire for students to understand the diversity among Native communities. Participants identified the importance of recognizing differences in Native languages, histories, practices, values, and traditions. Tom Bull Elk said, "We don't all do the same thing. We don't speak the same language. Our dances are not the same. Our songs are not the same. Our feast times—when [we] have certain feasts and dances—they're not the same."

Furthermore, participants emphasized the weight of responsibility that comes with presenting information about Native culture. They noted that any educator who teaches about Native culture should be well-informed and invested in effectively imparting knowledge. Participants suggested that educators become informed by seeking out immersion experiences to spend time with Natives before teaching their students about the culture. Dawn said,

> If there was a teacher from around here who was non-Native, we have a lot of Pueblos that are around. And we have our feast days and our Buffalo Dances that are open to the public. If you want to get to know more about who we are and what we're all about, come and become a part of it, see our hospitality. Be immersed in it and actually get an experience, don't just read about it.

Furthermore, Violet suggested that educators elicit the help of Natives to teach about Native culture:

> I think it's important to reach out to whoever the [Native] leaders are of the local community so that they can speak to a class or send a representative who can speak about their culture to show, you know, we're still here. We're still alive.

Barriers to Higher Education

The final domain, Barriers to Higher Education, consisted of information regarding specific obstacles that Natives face when pursuing higher education. One typical category emerged: financial. Several participants noted that the cost of higher education prevented many Natives from attending or completing college. Jeff shared,

> The biggest obstacle is money. It's very expensive to go to a university or a 4-year college. … You have to really work hard. Once you're in high school, you have to work hard, starting on the first day of freshman year to the last day of senior year. That's how you earn scholarships.

Several participants noted the difficulty of maintaining paid employment and going to college simultaneously, yet this often is a reality for Native students. Even if Native Americans are able to pay for school initially, participants noted that money or scholarships often run out and they are unable to complete their college degrees. Mercedes confirmed that finances were the biggest obstacle: "Yeah, financially, because [Natives] do go to school, but they come back because their parents can't afford it anymore."

Discussion

In light of the underutilization of traditional mental health services among Native American populations (Herman-Stahl & Chong, 2002; SAMHSA, 2014; Walls et al., 2006), we sought to explore whether discrepancies exist between counselor multicultural training efforts and what members of the Native community deem as most meaningful for developing counselors' cultural competence. Specifically, we desired to elicit perspectives from Native Americans regarding what they believe is important about their culture and what they want counselors and counselor

educators to know. The domains and categories that emerged from participants' interviews illuminate topics and themes that were common among our sample. It is important to note that these categories are representative of participants within one region and that great diversity exists among Native peoples. Moreover, our findings reflect themes from the information that participants were willing to share with non-Native researchers. Given these considerations, the findings of our study can be helpful for evaluating the content provided in multicultural counseling textbooks and serve to increase cultural awareness among clinicians.

We found that several of the themes emphasized by our participants were reflected in contemporary multicultural counseling textbooks. For example, the value of community support and interconnectedness among Native people as well as descriptions of historical injustice and government oppression were typical categories in our study and were addressed in several multicultural textbooks (Garrett et al., 2018; Portman, 2013; Sue & Sue, 2016; Thomason, 2014). Additionally, textbooks commonly refer to the challenges of acculturation and existing in two worlds, which reflected our domain of Navigating Two Worlds and its typical category, living in two different worlds is challenging. Finally, several areas of need, including substance misuse, limited employment opportunities and poverty, and mental health concerns, were referenced in the textbooks and also emerged as typical categories among our participants (Garrett et al., 2018; Portman, 2013; Sue & Sue, 2016; Thomason, 2014). Notably, the Native Americans in our sample provided context for these areas of need. Participants believe that current systemic oppression and historical trauma contribute to the substance misuse, poverty, and mental health concerns among Native communities. Culturally competent counselors should recognize that substance use and mental health concerns are understandable outcomes of generational trauma, historic and current oppression, stereotyping, and multilevel injustice toward Native people.

Our findings also revealed topics that participants deemed important that may not be frequently addressed in multicultural training efforts. Although many textbook chapter authors referenced spirituality and religion (Garrett et al., 2018; Portman, 2013; Sue & Sue, 2016; Thomason, 2014), the topic tended to be less paramount and extensive than what was described by our participants. For example, rather than an item on a list of cultural values, our participants described the Sacred as central to their worldview, consisting of foundational beliefs and communal practices. Indeed, the Sacred was the only category to emerge as general within our sample. With this knowledge, it is important for counselors to explore the spiritual identity of Native clients and consider ways to effectively honor and integrate spirituality into the counseling process. For example, Hodge and Limb (2010) used a grounded theory approach to explore the utility of spiritual assessment when counseling Native American clients. The researchers' sample of 50 Native American experts noted the importance of spiritual assessment in positive clinical outcomes with Native clients. While seeking to honor clients' spirituality, it also is important for counselors to understand the limits and boundaries of their expertise and make referrals when necessary to avoid religious cultural appropriation (Brunk & Young, 2009). For example, rather than a non-Native counselor attempting to conduct a sweat lodge ceremony, he or she can refer the Native client to a Native healer to facilitate the experience.

Additionally, our participants identified maintaining their Native language as an important strength of their culture. Many participants reflected upon their sense of responsibility for preserving their Native language and teaching it to the next generation. Culturally competent

counselors should possess knowledge related to historical attempts to eradicate Native Americans, including the imposition of the English language. For example, Native children were often forced to speak English at boarding schools due to the belief that "the use of English and the elimination of Native languages was the key to assimilation and civilization" (Trafzer, Keller, & Sisquoc, 2006, p. 12).

Our participants also provided important information about their views of mental health services and their preferred methods of care. Awareness of these perspectives can help clinicians understand the frame of reference of their Native clients. For example, we discovered that not all Native Americans feel that counseling is the best way to address mental health concerns. There are substantial fears related to current counseling services (e.g., lack of confidentiality, counseling ineffectiveness, shame and stigma), and some participants preferred community support as a way to help with psychological or substance use concerns, which are similar findings to those of Walls et al. (2006). Therefore, effective mental health care may entail operating within the structure and practices of Native communities, rather than attempting to replace them. Indeed, in their recommendations for improving behavioral health services for Native youth, Goodkind et al. (2010) suggested the development of a way to reimburse traditional healers and alternative licensing options for Native service providers.

If Native clients do present for formal counseling, it is imperative that non-Native counselors are educated about Native culture and history, including topics such as colonization, the Pueblo Revolt of 1680, treaties between Native nations and the United States, the Trail of Tears, the Long Walk, Native American boarding schools, Indian relocation programs, and the Dakota Access Pipeline, to name a few. In addition, counselors should be well informed of Native practices and cultural norms and work to align their clinical approach with Native values.

Furthermore, although several multicultural textbooks emphasized advocacy related to Native clients (Garrett et al., 2018; Thomason, 2014), our clients presented a unique perspective. The American Counseling Association endorsed advocacy competencies to guide counselors' advocacy initiatives both with and on behalf of their clients (Toporek, Lewis, & Crethar, 2009). The participants in our study strongly preferred collaborative advocacy efforts and did not desire non-Natives to act independently on their behalf. Instead, our participants wanted the opportunity to advocate for themselves. Thus, non-Natives may best serve this population by consulting with members of local Native communities to inquire as to how they might best advocate, as well as giving Native individuals a platform from which their voices might be heard.

Finally, although several multicultural counseling textbooks describe insufficient educational attainment and low retention rates among Native students (Garrett et al., 2018; Portman, 2013; Sue & Sue, 2016), our data appear to present a different perspective. The category insufficient quality of education emerged as a variant theme in the Area of Need domain. Moreover, some participants identified the pursuit of education as the primary motivation for leaving the reservation; however, this also was a variant theme. It is unclear, therefore, the extent to which the participants in our study deemed educational attainment a significant issue. When asked about barriers to education, the only typical category that emerged was financial barriers. Along with a focus on educational attainment, contemporary multicultural counseling textbooks also included topics that did not emerge as categories in our data analysis, such as blood quantum for

Native identification, casinos and gaming, Native-themed mascots, the value of noninterference, the importance of nonverbal communication, and differences in time orientation among Natives (Garrett et al., 2018; Portman, 2013; Sue & Sue, 2016; Thomason, 2014). With limited time to cultivate Native cultural competence among counselors, it is important for educators to regularly evaluate which topics to prioritize in multicultural textbooks and course curriculum.

Limitations

Although this study can help inform counselor training to increase Native American cultural competence, it must be considered in light of several limitations. The research team was comprised of three non-Native researchers, and results may have differed if a Native American researcher were a member of the team. Additionally, our study was limited by the choice to elicit participants (via snowball and purposive sampling) from one geographic location in the United States, and participants included members from only seven tribes. Therefore, the findings of our study do not represent all Native American communities across the United States. Future researchers are encouraged to conduct similar qualitative inquires among members of northern and eastern tribes, as well as indigenous people groups in Alaska. Additionally, although all but one participant in our sample lived on a reservation for some duration of time, the variability of time spent on the reservation should be considered. Future researchers may choose to conduct qualitative investigations with Native participants who are homogeneous in their experience of living on or off a reservation. Finally, to compensate participants for their time during the interview, we provided each individual with $50, which may have influenced participants' willingness to participate.

Conclusion

Counselors must receive accurate, relevant information about diverse cultural groups to provide culturally competent services. It is important, therefore, to regularly assess the content presented in multicultural counseling courses by comparing it with perspectives from members of various cultural groups. Our CQR investigation with 14 Native American participants provided a rich description of cultural elements deemed important to participants and aspects that they wanted counselors to know. Counselors can expand their Native cultural competence by examining and implementing these findings.

References

Brave Heart, M. Y. H. (2004). The historical trauma response among Natives and its relationship to substance abuse: A Lakota illustration. In E. Nebelkopf & M. Phillips (Eds.), *Healing and mental health for Native Americans: Speaking in red* (pp. 7– 18). Lanham, MD: Altamira Press.

Brunk, C. G., & Young, J. O. (2009). The skin off our backs: Appropriation of religion. In J. O. Young & C. G. Brunk (Eds.), *The ethics of cultural appropriation* (pp. 93– 114). Chichester, England: Wiley.

Bureau of Indian Affairs. (n.d.). Mission statement. Retrieved from https://www.bia.gov/bia

Constantine, M. G. (2001). Multicultural training, theoretical orientation, empathy, and multicultural case conceptualization ability in counselors. *Journal of Mental Health Counseling*, **23**, 357– 373.

Dunbar-Ortiz, R., & Gilio-Whitaker, D. (2016). *"All the real Indians died off": And 20 other myths about Native Americans*. Boston, MA: Beacon Press.

Garrett, M. T., Garrett, J. T., Portman, T. A. A., Grayshield, L., Rivera, E. T., Williams, C., & Parrish. (2018). Counseling individuals and families of Native American descent. In D. G. Hays & B. T. Erford (Eds.), *Developing multicultural counseling competence: A systems approach* (3rd ed., pp. 394– 430). New York, NY: Pearson.

Goodkind, J. R., Ross-Toledo, K., John, S., Hall, J. L., Ross, L., Freeland, L., … Lee, C. (2010). Promoting healing and restoring trust: Policy recommendations for improving behavioral health care for American Indian/Alaska Native adolescents. *American Journal of Community Psychology*, **46**, 386– 394. doi:10.1007/s10464-010-9347-7.

Herman-Stahl, M., & Chong, J. (2002). Substance abuse prevalence and treatment utilization among American Indians residing on-reservation. *American Indian and Alaska Native Mental Health Research*, **10**, 1– 23.

C. E. Hill (Ed.). (2012). *Consensual qualitative research: A practical resource for investigating social science phenomena*. Washington, DC: American Psychological Association.

Hill, C. E., Knox, S., Thompson, B. J., Williams, E. N., Hess, S. A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology*, **52**, 196– 205. doi:10/1037/0022-0167.52.2.196

Hill, C. E., Thompson, B. J., & Williams, E. N. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist*, **25**, 517– 572. doi:10.1177/0011000097254001

Hodge, D. R., & Limb, G. E. (2010). Conducting spiritual assessments with Native Americans: Enhancing cultural competency in social work practice courses. *Journal of Social Work Education*, **46**, 265– 284. doi:10.5175/JSWE.2010.200800084

Humes, K. R., Jones, N. A., & Ramirez, R. R. (2011). Overview of race and Hispanic origin: 2010 (Report No. C2010BR-02). Retrieved from U.S. Census Bureau website: https://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf

Indian Health Service. (2014). Trends in Indian Health: 2014 edition. Retrieved from https://www.ihs.gov/sites/dps/themes/responsive2017/display_objects/documents/Trends2014Book508.pdf

Krogstad, J. M. (2014, June). One-in-four Native Americans and Alaska Natives are living in poverty. Fact Tank. Retrieved from http://www.pewresearch.org/fact-tank/2014/06/13/1-in-4-native-americans-and-alaska-natives-are-living-in-poverty/

Morse, J. M. (2015). Critical analysis of strategies for determining rigor in qualitative inquiry. *Qualitative Health Research*, **25**, 1212– 1222. doi:10.1177/1049732315588501

National Congress of American Indians. (n.d.). Tribal nations & the United States: An introduction. Retrieved from http://www.ncai.org/about-tribes

Park-Lee, E., Lipari, R. N., Bose, J., Hughes, A., Greenway, K., Glasheen, C., … Cajka, J. (2018). Substance use and mental health issues among U.S.-born American Indians or Alaska Natives residing on and off tribal lands. Retrieved from Substance Abuse and Mental Health Services Administration website: https://www.samhsa.gov/data/report/substance-use-and-mental-health-issues-among-us-born-american-indians-or-alaska-natives

Portman, T. A. A. (2013). The spectrum of counseling American Indians. In C. C. Lee (Ed.), *Multicultural issues in counseling: New approaches to diversity* (4th ed., pp. 23– 35). Alexandria, VA: American Counseling Association.

Rybak, C. J., Eastin, C. L., & Robbins, I. (2004). Native American healing practices and counseling. *The Journal of Humanistic Counseling, Education and Development*, **43**, 25– 33. doi:10.1002/j.2164-490X.2004.tb00039.x

Sarche, M., & Spicer, P. (2008). Poverty and health disparities for American Indian and Alaska Native children: Current knowledge and future prospects. *Annals of the New York Academy of Sciences*, **1136**, 126– 136. doi:10.1196/annals.1425.017

Steinfeldt, J. A., & Steinfeldt, M. C. (2012). Multicultural training intervention to address American Indian stereotypes. *Counselor Education and Supervision*, **51**, 17– 32. doi:10.1002/j.1556-6978.2012.00002.x

Substance Abuse and Mental Health Services Administration. (2014). *National Mental Health Services Survey (N-MHSS): 2010 data on mental health treatment facilities* (HHS Publication No. 14-4837). Rockville, MD: Author.

Sue, D. W., & Sue, D. (2016). *Counseling the culturally diverse: Theory and practice* (7th ed.). Hoboken, NJ: Wiley.

Thomason, T. L. (2014). Counseling Native Americans and social justice. In M. J. Ratts & P. B. Pedersen (Eds.), *Counseling for multiculturalism and social justice: Integration, theory, and application* (4th ed., pp. 157– 177). Alexandria, VA: American Counseling Association.

Toporek, R. L., Lewis, J. A., & Crethar, H. C. (2009). Promoting systemic change through the ACA Advocacy Competencies. *Journal of Counseling & Development*, **87**, 260– 268. doi:10.1002/j.1556-6678.2009.tb00105.x

C. E. Trafzer, J. A. Keller, & L. Sisquoc (Eds.). (2006). *Boarding school blues: Revising American Indian educational experiences*. Lincoln: University of Nebraska Press.

Trimble, J. E., (2010). The virtues of cultural resonance, competence, and relational collaboration with Native American Indian communities: A synthesis of the counseling and psychotherapy literature. *The Counseling Psychologist*, **38**, 243– 256. doi:10.1177/0011000009344348

Turner, S. L., & Pope, M. (2009). North America's Native peoples: A social justice and trauma counseling approach. *Journal of Multicultural Counseling and Development*, **37**, 194– 205.

Walls, M. L., Johnson, K. D., Whitbeck, L. B., & Hoyt, D. R. (2006). Mental health and substance abuse services preferences among American Indian people of the northern Midwest. *Community Mental Health Journal*, **42**, 521– 535.

Williams, E. N., & Morrow, S. L. (2009). Achieving trustworthiness in qualitative research: A pan-paradigmatic perspective. *Psychotherapy Research*, **19**, 576– 582. doi:10.1080/10503300802702113