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Assisting American Indian Veterans of Iraq and Afghanistan Cope with Posttraumatic Stress Disorder

Lessons from Vietnam Veterans and the Writings of Jim Northrup

LAWRENCE W. GROSS

America . . . are you ready for the veterans to come home from this war?
(January 2005)

As a survivor of the malady called Post Traumatic Stress Disorder, maybe I can help someone who is coming back? (February 2005)

Jim Northrup, Fond du Lac Follies newspaper column

Our country is at war in Iraq and Afghanistan, and, as has been the case throughout the history of the United States, American Indians have answered the call and are serving bravely in our armed forces. As in years past, we also have a cadre of American Indian veterans returning from the battlefield, scarred and wounded in body, heart, and mind. Of course, scientists and social scientists will be investigating ways they can assist these heroic men and women. Scholars in American Indian studies who work in the humanities should no less consider how they can apply their research and analytical skills to the same task. This paper, then, is a call for scholars to engage in a sustained, interdisciplinary conversation about practical suggestions for relieving the suffering of our American Indian warriors.

I would like to begin the discussion by examining the record of American Indian veterans who served in Vietnam. At this point, American Indian Vietnam veterans have enough history with healing to help point out, practically speaking, what has helped them recover and what mistakes should be avoided. I will start with a brief word on the methodology informing this piece and then examine the record dealing with American Indian Vietnam veterans, starting with some basic epidemio-

logical data and barriers to treatment that they have suffered. From there the discussion will turn to the various ways American Indian communities have assisted their veterans. First, cultural forms such as ceremonies and powwows will be discussed. Next, the methods being developed by psychologists who are working in a culturally sensitive manner to treat American Indian veterans will be presented. Finally, in order to cover the humanities aspect of this issue, I will turn to the writings of Jim Northrup, an Anishinaabe Indian veteran who has written extensively and honestly about his own struggles dealing with his personal legacy of the Vietnam War. In effect I will be covering the cultural, psychological, and literary components of the experiences of American Indian Vietnam veterans.

This paper is an exercise in what has been termed the “applied humanities.” This approach, while containing elements of activist scholarship in seeking to promote a certain social agenda, goes one step further by seriously considering ways in which research done from the point of view of the humanities can be applied to the lives of real people. Since we have applied sciences and even applied social sciences, the same can hold true for the humanities as well. In this regard, I am encouraged by the work of the Center for Applied Humanities at the University of Southern Florida, which has produced a number of books addressing critical issues facing society at large. The best example of this type of work can be found in its volume of collected essays *Youth Suicide Prevention: Lessons from Literature*, most especially the chapters that discuss how literature and poetry can be applied in the clinical setting to assist in counseling suicidal individuals.¹ As a more general comment, Lagretta Lenker writes in the introduction:

We do agree that the humanities, in this case literature, are not the special province of a privileged class of scholars. Literature must be brought out of the ivory tower so that all professionals and individuals have access to the wisdom and understanding that it affords. Interdisciplinary applications . . . provide one approach to opening up literature to all of its potential possibilities.²

So, informed by the spirit of the applied humanities and the wisdom of American Indian cultures, at various points in this paper I will develop specific suggestions that can be used to assist the new corps of veterans, both Indian and non-Indian, returning from the ravages of war.

Little epidemiological data exists about American Indian Vietnam Veterans. In fact, the precise number of American Indians who served in Vietnam cannot even be calculated. As Tom Holm reports, during the Vietnam conflict, the armed services did not have a category for American Indians in classifying soldiers by race. So, American Indians were placed under every other category: white, black, Hispanic, Mongoloid, and other.³ Using tribal enrollment and other records, however, the number of American Indian Vietnam veterans has been estimated at forty-two thousand.⁴

The earliest data available on American Indian Vietnam veterans was gathered by a working group in the Veterans Administration. Holm was primarily responsible for disseminating this information, which he has published in a number of venues.⁵ His paper, "The National Survey of Indian Vietnam Veterans" provides the most thorough presentation of the results of the group's work.⁶ It should be noted that this survey was "demographic in nature and not inferential," thus comprising "more a survey of convenience than random sampling."⁷ Since this was the first effort to gather any data on American Indian Vietnam veterans, however, it serves as a landmark investigation. Without going into detail, for the purposes of this paper we want to note the large number of Indians who were exposed to combat. A full 42 percent of the respondents saw heavy fighting, while another approximately 32 percent saw medium combat. Being exposed to so much fighting, 31 percent reported being wounded.⁸ As will be explained later, one of the best predictors of the development of posttraumatic stress disorder (PTSD) is exposure to combat. While the survey could not establish a valid diagnosis for PTSD, some figures did emerge regarding symptomatology. For example, more than 81 percent experienced problems with alcohol, and 80 percent had problems with depression. Other problems included sleep intrusion, flashbacks, and feelings of anger or rage.⁹ Of special note, though, is the help tribal ceremonies and healing practices afforded these veterans in overcoming some of their challenges. Of the number who believed they had resolved their problems, anywhere between 65 percent and 85 percent stated that they had attended ceremonies, depending on the respective problem. The only exception to this was problems with alcohol, with only 41 percent finding relief in conjunction with attending ceremonies.¹⁰ Still, given the overall level of help afforded by ceremonies, this is perhaps why 64 percent of the respondents believed that "tribal ceremonies can aid the healing process."¹¹

The first rigorous investigation of American Indian Vietnam veterans was conducted by the National Center for American Indian and Alaska Native Mental Health Research located at the University of Colorado at Denver Health Sciences Center, which is under the direction of Spero Manson.¹² The study was a result of the congressionally mandated American Indian Vietnam Veterans Project (AIVVP). In an earlier congressionally mandated investigation, the National Vietnam Veterans Readjustment Study (NVVRS), no data was collected on Native Hawaiian, Asian American, or American Indian veterans. The AIVVP was to provide information about American Indian Vietnam veterans, following the procedures of the NVVRS. While adjustments had to be made to account for the cultural differences and sensitivities particular to American Indian communities, the investigation provided the first data that could be used to provide comparative analysis of American Indian Vietnam veterans with other groups. The study focused on two tribal groups, one in the Southwest and the other in the northern Plains, which remained unnamed for reasons of confidentiality. The results indicate that American Indian Vietnam veterans suffer from posttraumatic stress disorder at a higher rate than any other group, with lifetime PTSD diagnosis levels at 45 percent for the Southwest tribe and 57 percent for the northern Plains group. Lifetime African-American rates were at 43 percent, Hispanic at 39 percent, and white at 24 percent. However, when exposure to combat stress was accounted for, the difference in rates disappeared. In other words, race was not a factor in the development of PTSD. As previously noted by Holm, a large number of American Indians saw combat in Vietnam. They paid the price with higher rates of PTSD. Beyond these two studies, little else can be said about the epidemiology of American Indian Vietnam veterans. So, our picture is somewhat limited and obviously much work remains to be done in this area.

In the wider picture, Walker and others have examined the rates of substance abuse by American Indian veterans as a whole.¹³ They found that in 1991 American Indians discharged from Veterans Affairs hospitals had a 46.3 percent rate of substance abuse compared to 23.4 percent for all veterans. Ninety-seven percent of American Indian veterans' substance abuse problems were with alcohol. Interestingly enough, American Indian veterans had lower rates for other substance abuse problems and lower rates of other psychiatric disorders. Exact rates for American Indian Vietnam veterans cannot be determined from the results of this study, however.

American Indian veterans also suffer barriers to treatment. In this regard, no study has ever been done on barriers to treatment for American Indian Vietnam veterans, and again, the best that can be done is discuss this issue in relation to the larger population of American Indian veterans in general. Joseph Westermeyer and others conducted a three-phase investigation into barriers to service for American Indian and Hispanic veterans. They found the greatest barriers in order of importance related to the VA system, the veterans themselves, VA staff, and veteran's families and communities.¹⁴ This group also reported on results that focused on Upper Midwest American Indian veterans. The findings were similar to those in the study just mentioned. The top five barriers as seen by the veterans were:

1. The VA system being difficult to use
2. The VA system having no outreach to American Indian veterans
3. American Indian veterans lacking resources to access the VA
4. American Indian veterans distrusting the VA system
5. The VA system not being in American Indian communities¹⁵

However, it should be noted that American Indian veterans do have access to resources other than biomedical services. Diana Gurley and others examined the data from the American Indian Vietnam Veterans Project and found that while the Southwest group had barriers to access partly because the VA centers were relatively far from the reservation, the use of traditional healers helped fill the gap.¹⁶ So, while barriers to service exist, American Indian veterans have other resources upon which to draw for help.

This is the picture drawn by various epidemiological and other investigations. Of course, we want to note that these types of investigations have their limitations, as is customarily discussed in the literature. For example, the American Indian Vietnam Veterans Project examined only two groups of American Indians. Similar limitations affect the other findings. Still, the indications are that American Indian Vietnam veterans suffer from posttraumatic stress disorders at comparatively high rates, most likely because of their greater exposure to combat. They also suffer from barriers to service but are not without other resources.

Two of the most important sources of assistance available to American Indian Vietnam veterans have been tribal ceremonies and rituals. Given the important role they have played in helping veterans, they deserve

closer examination. As will be seen, three subjects inform most of this literature: ceremonies in general, the sweat lodge, and powwows. Additionally, another theme, though not discussed in specific detail, is the importance of family and community to the recovery process.

Families and communities form the foundation of American Indian ceremonies. One of the first observations that should be noted is the manner in which military training at the time of the Vietnam War sought to sever the ties of soldiers to their families and communities. As reported by Tom Holm, this separation was particularly difficult for Indians because of “the traditional warrior’s relationship with the community.”¹⁷ This policy was one of the things that no doubt contributed to the stress experienced by Indians in the military. For example, Alfred Dean and Nan Lin reported many years ago on the stress-buffering role of social-support systems.¹⁸ Indeed, Holm has reported in a number of publications the importance of the social absorption of stress by families, especially through the ceremonial process.¹⁹ Steven Silver and John Wilson have also concluded that a key element in the healing of American Indian veterans from war-induced trauma was the involvement of the individual’s social-support system.²⁰ One aspect of community support is the framework it provides for people to experience grief in order to empower themselves.²¹ This helps account for why Robin LaDue, Josephine Marcelley, and Deb Van Brunt stress methods for positive coping for veterans that include medicine people, herbs, rituals, ceremonies, community events, and powwows.²² In another context, LaDue emphasizes the role traditional healers can play in helping veterans deal with posttraumatic stress disorder.²³ All in all, though, the literature as a whole continually returns to the role of families and communities.

An overarching theme in the literature concerns the more general role of ceremonies in helping veterans. Holm reported that 43 percent of American Indian veterans participated in ceremonies either for sending warriors off to do battle or for reintegrating them into society upon their return.²⁴ Ceremonies, it seems, helped some veterans heal their psychological wounds. In fact, some veterans report that going through ceremonies upon their return literally saved their lives.²⁵ Silver and Wilson argue that rituals reduce the power of trauma by deconditioning the intense emotions associated with combat and by reintegrating warriors back into society. The ceremonies provide a new “mythos,” or outlook on life, that awakens a sense of purpose and lessens the emotional impact

of combat stress.²⁶ The key, they believe, is the holistic nature of rituals, creating a “sense of unified connectedness in time, space, and group identity,” thus placing the individual once again in harmony with “all relations on earth and above.”²⁷

Silver and Wilson argue from the point of view of the field of psychology. However, there is another way to understand the power of ceremonies to heal, and that is from the viewpoint of the cultures themselves. Looking at ceremonies from American Indian perspectives, Holm explains why rituals have the power to heal veterans. For example, going through ceremonies helped the veterans establish a rapprochement with tribal elders, which, in turn, established the commitment the veterans had to their respective cultures.²⁸ For some Native cultures, going through rituals was a way for veterans to purge the taint of war and so make possible their reintegration into society.²⁹ Participating in rituals was also a way for communities to honor veterans for their service, thus helping to give meaning and purpose to their sacrifices.³⁰ One of the more intriguing aspects of looking at healing from within American Indian cultures has to do with a process called “age acceleration.” Witnessing the death of people of a similar age forces soldiers to focus on their own mortality while still young. This, in effect, accelerates the maturation process. As a Winnebago elder remarked, “We honor our veterans for their bravery and because by seeing death on the battlefield they truly know the greatness of life.”³¹

Having gone through combat, the veterans were granted status in the community, received prestige for their wartime service, and were recognized as mature men.³² In effect, the ceremonies transformed the trauma suffered by these veterans and gave them meaning. No matter what type of horrors they may have experienced on the battlefield and how meaningless the sacrifices seemed to be at the time, the ceremonies enabled the veterans to reformulate their memories from being a source of anguish to being a wellspring of pride. Giving meaning to their time in the military helped them smooth the rough edges of their trauma, which in turn allowed them to better reintegrate into society. Thus, as Holm reported, many veterans saw their military service as a source of pride.³³

One of the rituals conducted to help heal Vietnam veterans is the sweat lodge ceremony, the use of which in this regard has primarily been investigated by John Wilson and Steven Silver.³⁴ Chapter 3 of Wilson’s book *Trauma, Transformation, and Healing: An Integrative Approach to*

Theory, Research, and Post-Traumatic Therapy provides a good overall view of the sweat lodge ceremony.³⁵

Wilson argues that the sweat lodge ceremony creates a positive change in the mental state of the individual, leading to a form of natural, organismically based healing.³⁶ Three dimensions of the ceremony account for this. These dimensions include cultural practices, psychological processes, and psychobiological effects. The sweat lodge, like many American Indian ceremonies for warriors, builds up inner strength, reaffirms identity, and creates connections to a meaningful community.³⁷ In addition to these three aspects, the sweat lodge has its own dynamic with certain specific purposes. While establishing individual and cultural continuity, the sweat lodge also transforms the warrior's identity and promotes self-disclosure while bonded to others.³⁸ The sweat lodge refigures the identity of the warrior by taking the attributes necessary for war—persistence, perseverance, patience, stamina, and aggression—and creating new “modalities” suitable for coping.³⁹ That is, the characteristics necessary for survival on the battlefield are redirected toward creating a positive contribution to society. The sweat lodge ceremony is constructed to recognize war deeds but then forgive them and reassure the individual, and so empower war veterans to use their experience to promote the common good.⁴⁰

The sweat lodge resembles the dynamics of group therapy in that there are group and individual parts. There are group songs, but time is also allotted for individuals to express themselves. Often this takes the form of disclosure, but it can include expressions of faith and concern for others.⁴¹ Silver and Wilson come to the same conclusion, arguing that during the ritual there is a release of emotions and acceptance of others. This leads to a “sense of release, rebirth, and a personal renewal of spirit.”⁴² So, embedded within the cultural practices of the sweat lodge are activities and customs that allow for the dynamics of group and individual therapy to occur.⁴³

The psychobiological aspects of the ritual only add to its power. Wilson devotes a considerable portion of his study to this attribute of the sweat lodge, explaining the connection between rituals and altered states of consciousness, and he includes an analysis of nine factors commonly associated with altered states of consciousness in relation to reported experiences with the sweat lodge.⁴⁴ The net effect is that the sweat lodge ceremony can result in neurophysiological changes in the brain, bringing about

a positive mood state; a greater sense of emotional stability and expressiveness, low levels of anger, anxiety, fear, and depression; and an increased sense of well-being that is experienced as being calm and relaxed, and having a greatly enhanced sense of ego vitality. More important, the traumatized individual is able at this point to begin new forms of integration of previously traumatic affect and imagery.⁴⁵

The sweat lodge ceremony thus has a holistic effect when it comes to treating posttraumatic stress, addressing the wounds of body, mind, and heart. The neurological changes help create a positive effect on the workings of the body. The psychological dimensions assist in lessening the trauma. Finally, and just as importantly, the ritual touches the heart as well. Maintaining and strengthening human connections can go a long way toward easing an individual's burdens. The sweat lodge ceremony does so by reestablishing the connection of the veteran with other members of the community and with the culture as a whole. The sweat lodge ritual makes it possible to transform the warriors and return them to society as vital, functioning contributors to the overall good of the community.

Powwows specifically honoring Vietnam veterans are another important source of healing. The scholarly literature indicates the first such powwow was held in Anadarko, Oklahoma, on February 22, 1981.⁴⁶ The powwow was organized by Sammy Tonekei White with help from Ernest Topai, Virgil Swift, and Melvin Kerchee Jr.⁴⁷ The powwow continued to develop, and in September 1983, the Vietnam Era Veterans Inter-Tribal Association held its second national powwow at the same location.⁴⁸ In both cases, gourd dancing derived from the Kiowa tradition served as the principal dance form. The dancers carried rattles in the shape of gourds, facing the center of the dance grounds. Surrounding them were family and supporters. In 1981 and 1983, the dancers were joined by veterans from other conflicts.⁴⁹ In addition to the gourd dances, specials and give-aways were also conducted to honor particular individuals.⁵⁰

These powwows were of benefit to the veterans in a number of ways. Silver presents four aspects of the powwows that helped heal posttraumatic stress:

1. The powwow created a "powerful sense of community identity"
2. The community was able to demonstrate that it valued the combat experiences of the veterans

3. The community expressing its appreciation for the veterans' combat experience encouraged the veterans to bring those experiences to the surface (some said the honorary powwows were the first place they had related their war stories)
4. Many veterans also saw a lessening of "sanctuary trauma," stating they had "finally been brought back home during these ceremonies"⁵¹ ("Sanctuary trauma" is the term used by Silver to name the trauma experienced by veterans upon returning home, such as being spit on.⁵² Rather than serving as a sanctuary, home and homecoming instead developed into another source of trauma; thus the term "sanctuary trauma.")

Silver and Wilson in their discussion of the powwows conducted by the Vietnam Era Veterans Inter-Tribal Association focus more on the involvement of families and communities in the events:

1. it affirms the recognition of the warrior in his new role in the tribe;
2. it provides group support for the surfacing and integrating of traumatic experiences;
3. it underlines the bond existing between the community and those who might be warriors in the future by demonstrating the nature of the support that would be available to them if called into military duty.⁵³

As can be seen, two of the three functions listed here pertain to the future of the community. Thus, part of the emphasis is reintegrating veterans back into the community by recognizing their new role in the tribe.

Also, in referring to future warriors, the authors acknowledge the role children played in the powwows. Young boys customarily danced with the veterans in the inner circle during the gourd dances.⁵⁴ At the time of these powwows in the early 1980s, it was only young boys who danced in the inner circle with the veterans. It would be interesting to know if, with the increasing number of women in the military over the years, young girls now also participate in dancing in the inner circle with the men. In any event, this is a phenomenon that deserves further investigation. The question of whether participating in such rituals as children helped reduce the posttraumatic stress of veterans of the Iraq and Afghan conflicts also needs further inquiry. If this is the case, it could serve as an important component for possible preventive actions for communities

such as American Indian tribes who have a tradition of participating in military service to our country.

Holm presents his own take on the value of powwows honoring veterans.⁵⁵ While he shares similar views with Silver and Wilson in regard to the importance of reaffirming the identity of the community and reasserting the value of the veterans to the tribe, he adds two additional observations. First, he acknowledges the role the powwows play in fulfilling tribal obligations to the Creator. Further, he stresses the importance of the powwows in cultural continuity. So, as with the sweat lodge, Holm is concerned with analyzing these powwows from a point of view that originates from within the cultures. Religious obligations are important to people, and participating in that sacred duty, while being emotionally satisfying in a spiritual sense, can also help ease the trauma induced by combat stress. Further, the powwows help meet the obligation many American Indians feel toward preserving and protecting their cultures. This can be understood as an obligation to future generations. So, in both cases, healing is brought about by placing the actions of the powwows in broader contexts, to the universe and the Creator on the one hand and future generations on the other. Surely understanding the sacrifices of veterans and the honors bestowed upon them based on these broader contexts helps the veterans move beyond their own suffering, enables them to see the bigger picture, and, in so doing, assists in alleviating their pain. Like the question of the relationship between participating in rituals as children and susceptibility to posttraumatic stress disorder, the connection between placing one's trauma in a wider perspective and healing that trauma deserves further investigation.

So, the scholarly literature points to a number of ways American Indian Vietnam-era veterans were able to deal with posttraumatic stress disorder to one degree or another. The importance of family and community formed the core of the processes at work. Ceremonies and rituals constituted an important component of the community's interaction with the veterans in this regard. While every tribe has its own traditions, two of the more important rituals related to healing combat stress are the sweat lodge and honorary powwows. An examination of the psychological literature extends the understanding of the importance of the sweat lodge and introduces other methods by which culturally sensitive mental health providers are helping American Indian Vietnam veterans.

John Wilson, Alice Walker, and Bruce Webster have taken the positive

aspects of the sweat lodge ceremony and integrated them into a larger treatment program they developed to help American Indian veterans.⁵⁶ The three relate their experiences with a program conducted over the course of one week on the Olympic peninsula in Washington state. The week included eight rituals:

1. Homecoming welcome and warrior feast
2. Ceremonial fire
3. Release and transformation
4. Sweat lodge
5. Salmon feast of thanksgiving
6. Mail call
7. "Unfinished business"
8. Graduation⁵⁷

The discussion includes details of each of these rituals and goes on to explain the methods and procedures of the treatment program. There is also a lengthy presentation of the evaluation results. The final conclusion is worth noting.

It is clear that the intensive treatment program produced significant reductions in post-traumatic symptoms, which remained at a lowered level from the baseline measures. The data indicate that the men felt less depressed, angry, alienated, anxious, and prone to somatize. The global level of severity of their symptoms was also significantly reduced. But, . . . intimacy conflict remained problematic, as did avoidance tendencies in terms of dealing with war trauma.⁵⁸

Several caveats are in order here. First, Wilson, Walker, and Webster hypothesize that having the treatment program be conducted in a natural environment is important in order to remove the stigma of the clinical setting. Further, the program may not be suitable for every veteran, and careful selection of patients is of critical concern.⁵⁹ Finally, and perhaps most importantly, they wrote that

we do not recommend that anyone attempt to replicate our experience or adapt Native American rituals without the utmost care, respect, knowledge, consultation, and approval of experienced medicine persons. It is also imperative to respect the fact that these rituals are

*embedded in the culture and cannot be extricated for reasons of expediency or personal gain.*⁶⁰

Still, even with these warnings, it is evident that it is possible to combine American Indian approaches to healing with certain psychological methods, and the authors conclude more work should be done in this area.⁶¹

The American Lake Veterans Administration Medical Center in Tacoma, Washington, developed a posttraumatic stress disorder treatment program starting in 1985, as reported by Raymond Scurfield.⁶² Normally, the program has a cohort of ten to twelve veterans go through a twelve-week program. At any one time, two cohorts, with start times staggered six weeks apart, receive treatment. The younger cohort becomes the senior cohort for the next incoming group.⁶³ While all veterans are eligible for treatment, about 95 percent of the patients are Vietnam-era veterans.⁶⁴ In March 1989 the program began a process to develop a treatment regimen for a group consisting solely of American Indian veterans. It was felt that American Indian veterans might feel less culturally isolated and experience more peer support and validation by using this approach. Additionally, the staff would be required to become more culturally sensitive.⁶⁵ Through a series of meetings with appropriate interested parties, several factors that needed to be implemented to make the program successful were determined. Specifically, the staff had to have culturally specific training before the start of the program; American Indian rituals and ceremonies had to be accessible, either on site or off; and an American Indian spiritual advisor needed to be included as part of the program.⁶⁶

Of interest is the use of rituals and ceremonies. The sweat lodge was “the single, most effective and frequently utilized traditional support activity for approximately six of the group members.”⁶⁷ The sweat lodge was used “to ‘finish up’ following important war-trauma focus group session work, to set painful memories free and to further resolve war-focus and other group issues. The sweat lodge was also utilized on two occasions by three veterans in the group as a preparatory means *before* discussing war-trauma in group sessions.”⁶⁸ The other important traditional support was powwows, attendance at which were considered religious holidays to free up as much off-station pass time as necessary for group members to attend.⁶⁹

Although the initial cohort had problems, such as the extent to which traditional support measures should be included in the program and challenges with counter-transference and overextended staff members, the results were generally positive, and it was decided a second cohort should be formed of 50 percent American Indian and 50 percent non-Indian veterans. Lessons learned from the initial groups were instituted, such as deferring American Indian support measures to after regular treatment hours. Without going into the specifics, it is worth noting that the non-Indian portion of the group generally appreciated the traditional support measures, and they both utilized the sweat lodge and attended powwows. Toward the end of the presentation Scurfield includes a discussion of the reaction of the non-Indians to the traditional American Indian support measures, including this heartfelt regret: "The bittersweet aspect was the recognition by non-native veterans (to include the author) that we never have had or would have this depth of mutual affinity with, let alone such support and recognition from, the communities in which we had been raised."⁷⁰ Nothing more needs to be added to demonstrate the tremendous impact American Indian rituals and ceremonies can have in conjunction with standard psychological treatment for our warriors, both Indian and non-Indian alike.

Although I will not discuss their work here, the efforts by the American Indian and Alaska Native Programs at the University of Colorado at Denver Health Sciences Center to set up telepsychiatry clinics in reservation communities to treat mainly American Indian Vietnam veterans suffering from posttraumatic stress disorder should be mentioned.⁷¹ A case study that came out of the clinic, along with two other reports, are among the few case studies we have for American Indian Vietnam veterans as well.⁷²

The cultural and psychological literature covered above points to the importance of families and communities, rituals and ceremonies to the recovery process for American Indian Vietnam veterans. The importance of the sweat lodge and honorary powwows were of particular importance. Turning to literary works dealing with American Indians and Vietnam can help us broaden our picture, however. Most especially, an examination of Jim Northrup's writing will highlight another approach to recovery, the use of storytelling. Also, Northrup makes clear the potential shortcomings of the use of powwows honoring veterans.

A number of literary works have been produced about the experi-

ences of American Indian Vietnam veterans, both fiction and nonfiction. Separating the two out, works of fiction that contain some material on Vietnam include two works by Louise Erdrich, *Love Medicine* and *The Bingo Palace*.⁷³ Other works of fiction include *A Yellow Raft in Blue Water* by Michael Dorris, *Red Earth: A Vietnam Warrior's Journey* by Philip Red Eagle, *The Powwow Highway* by David Seals, and *Almanac of the Dead* by Leslie Marmon Silko.⁷⁴ Recently, Mark St. Pierre published a fictionalized account of the real life stories of two soldiers from South Dakota, one Lakota and the other white, in his book *Of Uncommon Birth: Dakota Sons in Vietnam*.⁷⁵ On a different note, Michael Dorris's fictional short story in *Working Men*, titled "Earnest Money," concerns a Vietnam-era draft dodger.⁷⁶ Nonfiction writing that has material on American Indians and Vietnam includes three autobiographical works, *A Hundred Miles of Bad Road: An Armored Cavalryman in Vietnam, 1967–68* by Dwight Birdwell and Keith Nolan, *Son of Two Bloods* by Vincent Mendoza, and *Year in Nam: A Native American Soldier's Story* by Leroy TeCube.⁷⁷ Two works by Woody Kipp concern his time in Vietnam and subsequent life as an activist, "The Eagles I Fed Who Do Not Love Me" and *Viet Cong at Wounded Knee: The Trail of a Blackfeet Activist*.⁷⁸

Finally, of course, is the writer who will be explored in more detail, Jim Northrup, who has two works that include observations about Vietnam and life as an American Indian veteran. *Walking the Rez Road* is a work of fiction about life on the Fond du Lac reservation.⁷⁹ Northrup also wrote a memoir titled *The Rez Road Follies: Canoes, Casinos, Computers, and Birch Bark Baskets*.⁸⁰ It should be noted that some of these books, such as Erdrich's *Love Medicine*, are not principally centered around the theme of the Vietnam conflict. The same is true for Northrup's two works, involving as they do broader exposés of life on a modern Anishinaabe reservation.

Literary criticism about works dealing with American Indian Vietnam veterans is, unfortunately, somewhat sparse. Heike Raphael-Hernandez has discussed some of the creative literature written by American Indian authors about Vietnam.⁸¹ Recently, Scott Andrews has analyzed Red Eagle's book, examining the connection between race and feminine power.⁸² A few articles have appeared on Northrup's work as well.⁸³ I have recently written about the healing power of humor in Northrup's writing.⁸⁴ All of the articles on Northrup include a discussion of his experiences as a Vietnam veteran. However, to my knowledge, little if any other

work has been done to explicate the Vietnam conflict in the writings that I've mentioned. As part of the conversation on helping American Indian veterans of the Iraq and Afghan wars, it would be good for scholars to take up the challenge of publishing more on the existing literature about American Indians and Vietnam. This, of course, does not even include consideration of literary works that deal with previous conflicts, such as World War II and Korea. I would like to amend this shortcoming by continuing my own examination of the works of Jim Northrup.

Jim Northrup currently lives on the Fond du Lac reservation in northern Minnesota. He is particularly noted for two items related to his writing: his 1993 work of fiction, *Walking the Rez Road*, and his monthly newspaper column, "Fond du Lac Follies."⁸⁵ His 1997 book, *The Rez Road Follies: Canoes, Casinos, Computers, and Birch Bark Baskets*, is his memoir. While he freely and frankly deals with many of the hardships of modern Indian life, he also covers those aspects that make life fun and interesting for Indians. Of critical importance is his writing about Vietnam and his status as a veteran suffering from posttraumatic stress disorder. I am especially interested in two facets of Northrup's experiences in the aftermath of his time in Vietnam—storytelling and powwows.

The healing power of storytelling in regard to recovering from posttraumatic stress disorder can be understood in relation to the larger storytelling tradition of the Anishinaabe. As such, I would like to examine the manner in which Northrup nests his stories about Vietnam within his overall approach to storytelling. As will be seen, his approach reflects the healing and liberating power of trickster discourse as discussed by Gerald Vizenor, which can be further developed by an understanding of what I have called elsewhere the comic vision of the Anishinaabe.⁸⁶

Both *Walking the Rez Road* and *The Rez Road Follies* speak to the importance of storytelling in the recovery process from posttraumatic stress disorder. *Walking the Rez Road* is a work of fiction consisting of a collection of poems and short stories loosely centered around the character of Luke Warmwater, a Vietnam veteran living on the Fond du Lac reservation. The book opens with a series of stories and poems dealing with Vietnam. Of particular interest is the final story in this sequence. It brings this section of the book to a conclusion by showing how an Indian veteran can come home. Interestingly enough, the story does not deal with Luke Warmwater but with his cousin, Lug, yet another Vietnam veteran. One of the most gripping aspects of this story is the manner in

which it puts in stark relief one of the principal challenges for Indians and other soldiers of color in Vietnam. Northrup sets up the situation in a gentle, humorous way that is easy to overlook. Lug is at a powwow, “content to be with his people again,” since he felt disconnected from things that made people happy since the war.⁸⁷ He is enjoying the sights and sounds of the scene, especially the people.

Sitting in a red-and-white-striped powwow chair was an old lady who looked like his grandma. She wore heavy brown stockings held up with a big round knot at the knees. She chewed Copenhagen and spit the juice in a coffee can just like his gram. Of course, Lug’s grandma had been dead for ten years, but it was still a good feeling to see someone who looked like her.⁸⁸

Lug meets his sister Judy, and they arrange to meet at her house later, after she promises to make him some cornbread. After reminiscing about their childhood, Judy reveals why she wanted to see her brother. She is hoping he will go see a spiritual man. Lug wants help too and agrees to visit him. They then begin to discuss his experiences in Vietnam, and Judy gently coaxes stories out of him. He talks about killing an enemy soldier.

I fired again as I moved closer. Through a little opening in the brush I could see what looked like a pile of rags, bloody rags. I fired another round into his head. We used to do that all the time—one in the head to make sure. The 7.62 bullet knocked his hat off. When the hat came off hair came spilling out. It was a woman . . .

. . . Her hair looked like grandma’s hair used to look. Remember her black, shiny hair? This woman had hair like that. I knew killing people was wrong somehow but this made it worse when it turned out to be a woman.⁸⁹

The juxtaposition of the image of the old lady who looked like his grandmother and the dead woman whose hair looked like his grandmother’s reveals why the war was particularly hard for Indians and other soldiers of color. They had to kill people who looked like them and their most beloved family members. They may have called them gooks along with the other soldiers, but for Indians there was no escaping the reality that the enemy looked like them. It should be noted the Vietnamese also seemed to have consciously used that similarity in a strategy directed

toward dark-skinned soldiers, pointing at their own skin and saying to the soldiers, “Same, same,” probably in an effort to demoralize the troops.⁹⁰ American Indian soldiers could not help but be reminded that at one point in this nation’s history, they were the gooks. And, if they did not realize it for themselves, the Vietnamese made sure they did.

This identification with the enemy took another form that made life in Vietnam even more dangerous for American Indians. As reported in two case studies, American Indians were sometimes confused with the enemy. One American Indian nurse was “locked out of a compound because she was mistaken for a Vietnamese person.”⁹¹ In another incident an American Indian encountered “several near brushes with death when he was mistaken for the enemy by his fellow infantry men.”⁹² American Indians being mistaken for the enemy has been a little-discussed aspect of their experience in Vietnam and deserves further investigation.

In any event, the process of telling his story helps Lug reconnect with his sister and, by extension, his people. He eventually goes into therapy for posttraumatic stress disorder at a veterans hospital. There, telling his story to other veterans and listening to their stories helps Lug in his recovery.

This interest in storytelling and the way it functions in Anishinaabe life permeates the whole of *Walking the Rez Road* and speaks quite directly to issues of healing and recovery. For example, “The Odyssey” tells the story of three Fond du Lac Indians going to St. Cloud, Minnesota, in a broken-down van to pick up furniture.⁹³ On the way down though, they fill up the back of the van with stories so that “by the time they got to St. Cloud, the back of the truck was full of them and their embellished outcomes.”⁹⁴ This practice in storytelling came in handy during a period of time Luke spent in treatment for alcohol dependence in the story, “The Jail Trail.”⁹⁵ Luke goes to jail for charges related to drinking but rather than spending time there—after conferring with his jailhouse lawyers, “the other prisoners”—he decides to put himself through treatment for chemical substance abuse. The treatment Luke received deserves extended presentation:

Treatment. Generally what it consisted of was sitting around and talking about memorable drunks. During these soul-searching, guilt-producing sessions, if one could work up a good cry the story was accepted as a true revelation. Whimpering along was not enough, it had to be wailing, gnashing of teeth, heaving sobs . . .

Since he had quit crying for good in the fourth grade, Luke was at a slight disadvantage. He couldn't get extra points or credibility for tears. He did have some good drunk stories though.

Since he was a storyteller, he was ahead of the others in the "group grope" sessions. His stories were memorable and repeated throughout the facility. So much for confidentiality; you can't hold a good story down, he thought.

Anything that was said or unsaid, done or undone, was a symptom of the problem that brought a person to the facility, Luke quickly learned. He thought if the only tool you have is a hammer, everything begins to look like a nail. That was the feeling of the place.

Guts. The whole place seemed to operate on guts. If you were not spilling your guts on the floor, you were not trying hard enough. He wondered if the people working there ever got tired of wading through human guts.⁹⁶

What we see operating here is what has been termed "trickster discourse," which we shall turn to shortly. It also raises self-evident questions about motivations for treatment and the application of treatment programs. Be that as it may, this interest in storytelling in relation to recovery figures into Northrup's memoir, *The Rez Road Follies*, as well.

Northrup spent a number of years traveling "to escape the stink of war" before returning to Fond du Lac in the late 1970s.⁹⁷ He moved into a tepee in a remote part of the reservation, there telling stories with his family and friends, "all kinds of stories. Hunting, fishing, fighting stories. We'd listen to old stories of the Anishinaabeg [plural of Anishinaabe]. We were inventing new stories to tell around the fire at the tipi."⁹⁸ Storytelling eventually led to his career as a writer. It was only after he found enough peace of mind that he was able to start dealing with and, in some ways, enjoying his status as a veteran, most commonly by traveling to events associated with honoring survivors of the Vietnam conflict.

The first of these events, and the one that got him interested in veterans' "doings," was a Welcome Home parade for Vietnam veterans held in Chicago in the mid-1980s.⁹⁹ The first powwow he discusses, though, involved a trip to Montana for the Ninth Annual Vietnam Era Veterans Inter-Tribal Association powwow, about which Northrup comments, "The name of the group was almost as long as the war."¹⁰⁰ This is the same group that originally started these types of powwows in Oklahoma in the early 1980s.

Just as important is the role of storytelling among veterans, and Northrup provides several examples of this, especially in relation to powwows. One such incident involved traveling to Grand Portage in the far northeastern tip of Minnesota to visit with a group of Latvian veterans of the Soviet incursion into Afghanistan. Northrup taught them the “minefield dance.” “I put a finger in each ear, closed my eyes, and patted the ground in front of me with my left foot. When they were walking to their van to leave, two of them stopped and did a real good Latvian version of the minefield dance.”¹⁰¹ As another example, in August 1995, Northrup attended a reunion of his old military unit, India Company, Third Battalion, Ninth Marines, Third Marine Division.¹⁰² Their last evening together they had a banquet at which they told and retold war stories. “We knew we were helping each other heal from the Vietnam War.”¹⁰³ Finally, the “Fond du Lac Reservation honored their Vietnam vets in 1996 by holding a powwow.”¹⁰⁴ “The Vietnam veterans talked among themselves and told war stories. The powwow grounds were littered with imaginary grenade pins and empty C-ration cans when the vets were done telling stories.”¹⁰⁵

More could be said about storytelling in the works of Northrup. However, these should suffice to illustrate the important role of storytelling in the culture. What are we to make of this tradition in relation to healing? Gerald Vizenor provides a start in his writing on trickster discourse. One place Vizenor’s ideas on the trickster appeared is in a collection of essays on postmodernism and American Indian literature, although he has presented them elsewhere.¹⁰⁶ Three basic points form the crux of Vizenor’s argument:

1. The social sciences cannot capture the essence of the trickster.
2. Relying on language games and comic narrative, the trickster is a healer and liberator of tribal cultures.
3. Postmodern thinking on dialogic discourse comes closest to capturing the essence of trickster stories.

For our purposes here, we will concentrate on the latter two facets of the article.

Vizenor opens his essay by lauding the trickster: “The tribal trickster is a liberator and healer in a narrative, a comic sign, communal signification and a discourse with imagination.”¹⁰⁷ This is a theme Vizenor returns to again and again throughout the whole of the piece, and, for

the sake of brevity, need not be repeated here.¹⁰⁸ For all the attention paid to the importance of the trickster as liberator and healer, however, Vizenor gives precious little evidence or examples of the trickster operating in this mode.

Vizenor's argument concerning postmodern thinking need not be belabored here, either. For example, Vizenor follows the lead of Bakhtin in celebrating the dialogic process, adding that, "The interlocutors in the trickster narratives are the author, narrator, characters and audience."¹⁰⁹ This emphasis on the dialogic process is at the heart of Vizenor's thinking, pointing to his understanding of the way trickster discourse works in tribal societies. In short, trickster discourse functions as a cultural whole, meaning that the whole of the culture is involved in the process. Without appreciating that wholeness, it is impossible to understand the trickster. By the same token, the dialogic process explains, to some degree, how Vizenor can see the trickster as a liberator and healer. Engaging in language games, as trickster discourse does, the "tribal trickster is atavistic, a revenant holotrope in new and recurrent narratives."¹¹⁰ The trickster does not die; he comes back to life again in new guises, new narratives. As such, the trickster can face the onslaught of the European invasion, and rather than "vanish," as seems to have been the hope of earlier Euroamericans, the trickster mutates into something even greater. Maintaining the role of culture hero in new stories and new roles, the trickster liberates the Anishinaabe from the oppression of colonialism and opens healing vistas of the imagination.

But, as previously stated, Vizenor provides precious little evidence of how trickster discourse can aid in recovery. I have tried to fill in that gap by considering the comic vision of the Anishinaabe.¹¹¹ Again, without going into the details, the comic vision comes out of the work of John Morreall in his book *Comedy, Tragedy, and Religion*.¹¹² Working with the tropes of Greek theater, Morreall argues that some religions are more tragic in nature and some more comic. He describes the comic vision as follows:

In the comic view, we live in groups. Much of our activity is for its own sake, and much of that is not serious. We play as well as work. And even when we are trying to accomplish something, taking risks can bring delight, whether or not we meet our goal. The adventure is rewarding in itself. When we are striving for a goal, too, we should not be emotionally engaged by every negative event, for emotions

often make us less able to cope with problems. Besides, it feels better to laugh than to cry.¹¹³

Of particular interest are the twenty features he delineates for the comic vision as derived from cognitive and social psychology.¹¹⁴ The features of the comic vision derived from cognitive psychology include:

1. Complex conceptual schemes
2. A high tolerance for disorder
3. Seeking out of the unfamiliar
4. A high tolerance for ambiguity
5. Divergent thinking [i.e., developing more than one solution to a problem]
6. Critical thinking
7. Emotional disengagement from problems
8. Willingness to change one's mind
9. Pragmatism
10. A second chance
11. An embracing of physical existence
12. Nonseriousness

The features of the comic vision derived from social psychology include:

13. Antiheroism
14. Pacifism
15. Forgiveness
16. Equality
17. More sexual equality
18. Questioning of authority and tradition
19. Situation ethics rather than rules
20. Social integration

These traits provide an almost exact description of Anishinaabe culture and religion. For our purposes here, we want to consider how these features may relate to mental health and healing from posttraumatic stress disorder. First and foremost, we want to recognize that the comic vision gives the Anishinaabe, and members of other American Indian nations, a sense of humor and the ability to laugh at oneself. This trait is important as it relates to the two features of the comic vision that most obviously pertain to mental health: giving oneself a second chance and forgiveness. Indeed, among the sacred stories of the Anishinaabe, when-

ever the cultural hero, Wenabozho, did something foolish, he would say to himself, there is another mistake my aunts and uncles can make. Human beings are Wenabozho's aunts and uncles. It is exactly this attitude of allowing oneself a second chance, to pick oneself up and get on with one's life, that can, and I believe does, help promote mental health among American Indians. The anomalies in the psychological literature suggest this might be the case.

The National Center for American Indian and Alaska Native Mental Health Research at the University of Colorado at Denver did a major empirical study of the mental health of American Indian communities in the Southwest and the northern Plains. In one report, they found the prevalence of major depressive episodes among American Indians to be substantially lower than that of the general population.¹¹⁵ They conclude there is a need for closer examination of the diagnostic instruments to better capture the cultural differences related to depression. A number of studies have found that American Indians seek treatment at higher rates than other groups as well. For example, in a different report based on the same study just discussed, not only was it reported that American Indians suffer from depression less than the general population but also that they were more likely to seek help.¹¹⁶ Yet a third report generated from this study found that while depression and/or anxiety was correlated with substance abuse, many of the individuals with lifetime alcohol problems or posttraumatic stress disorder did not meet the criteria for twelve-month diagnoses. Further, the majority of the participants with lifetime disorders had sought help.¹¹⁷

Other studies focusing on American Indian veterans continue the trend seen above. In two related studies, Walker and others found that while American Indian veterans discharged from Veterans Affairs hospitals were more likely to have alcohol problems, rates for other substance-abuse problems and psychiatric disorders were lower as compared to the general population of discharged veterans.¹¹⁸ When discharge records for the 1993 fiscal year were examined, a similar pattern emerged, with American Indian veterans having higher rates of alcohol problems but lower rates for other substance-abuse problems and psychiatric disorders compared to other substance-dependent veterans.¹¹⁹ In a study of homeless veterans, Wesley Kaspro and Robert Rosenheck found that homeless American Indian veterans had more problems with alcohol but

fewer problems with other substance-abuse conditions and lower rates of psychiatric hospitalization for other disorders compared to homeless white veterans.¹²⁰ Finally, in a study of women veterans, Robin Ross and others found American Indian women veterans were significantly more likely to receive treatment for alcohol problems than white or African American women veterans.¹²¹

These anomalies are generally explained in terms of problems with either diagnostic instruments or bias on the part of caregivers. Thus, lower rates of depression and other psychiatric disorders are attributed to problems with using diagnostic instruments in a cross-cultural setting. Higher rates of help-seeking for alcohol problems are generally hypothesized to result from caregivers having stereotypes about American Indians being alcohol dependent, and so it is thought that caregivers have a higher tendency to steer American Indians toward treatment for alcohol abuse as compared to other groups.

These conjectures are fine as they go and are certainly well intended and carefully considered. However, I would like to suggest another alternative. It could be that the attitudes and approaches to life and life problems based on the comic vision as discussed may result in American Indians having better overall mental health once problems with trauma are accounted for. Additionally, the attitudes of forgiveness and giving oneself a second chance may inspire American Indians to seek treatment for problems. Since the features of the comic vision are drawn from cognitive and social psychology, it may be possible to research the strengths of these features and how they relate to healing and recovery for American Indians, including Vietnam veterans. As a starting point, it would be interesting to see to what degree different cultural groups maintain the attitudes of the comic vision and its corollary, the tragic vision.¹²² I would hypothesize American Indian Vietnam veterans with higher agreement levels with the features of the comic vision would be more likely to seek and successfully complete treatment compared to those individuals with lower agreement levels. Also, it could be helpful to examine American Indian Vietnam veterans who did not develop posttraumatic stress disorder to see to what degree the attitudes engendered by the comic vision, if any, helped them avoid falling victim to the disorder. If this would be the case, the results might contribute to the literature on positive psychology and point to the ways the comic vision as expressed through storytelling can help prevent posttraumatic stress

disorder from developing in the first place, which certainly would be a boon for American Indian veterans of Iraq and Afghanistan.

Additionally, while the healing power of storytelling obviously has a long history in psychological treatment programs, the mechanisms by which storytelling could provide effective treatments in a multicultural treatment ecology have not been examined to any great degree in the psychological literature beyond vague references to the manner in which storytelling conveys traditional values.¹²³ One exception to this is the work of Theresa O'Neil, who examined the uses of storytelling in a northern Plains community in a ceremonial setting as compared to outside the ceremonial context to uncover the healing process that occurs in the former and not the latter.¹²⁴ As another suggestion for further research, then, it might be worthwhile to encourage patients to explore the storytelling tradition within an individual patient's own culture to uncover stories that encourage forgiveness, laughing at oneself and one's own shortcomings, and giving oneself a second chance. Further, patients could be encouraged to collect stories from trusted family members and friends that address psychological problems those individuals had and how they managed to secure recovery. This would be a bit different from group therapy sessions where patients are still trying to find their way to recovery. Instead, this approach relies on providing models of recovery.

A third aspect of Northrup's writing involves the role of family in the social absorption of trauma in relation to storytelling. In *Walking the Rez Road*, it was evident that Lug Warmwater had a difficult time starting down the path of healing until he told part of his story to his sister, Judy. Engaging in storytelling sessions with his family in a tepee in a remote part of the reservation was one of the things that helped Northrup as well. It seems, then, that families are a resource that can be tapped for helping returning veterans. Certain questions need to be raised, though. Is it possible to arrange structured storytelling sessions for veterans with family members in a safe and comfortable environment? What is a safe environment? Should the storytelling take place in the homes of individuals, or should they be conducted in a clinical setting? Should trained psychological counselors be present? How much time should elapse before veterans are encouraged to relate their experiences in this manner? What help should be available for family members who absorb the trauma? These are all very delicate questions, and it would seem prudent to proceed with caution in regard to this matter. However, some action

along these lines is imperative. Robin and others reported that in one southwestern American Indian community, the most predictive factors for lifetime posttraumatic stress disorder for men was exposure to combat and having experienced more than ten traumatic events. For women, the most predictive factor of lifetime posttraumatic stress disorder was physical assault.¹²⁵ Although further investigation is necessary, it appears likely that families, and women in particular, are already absorbing the combat stress of veterans. It seems to this author it would be better to have families absorb the trauma of the veterans in the form of storytelling rather than absorbing it in the form of their fists.

In any event, storytelling, especially as it is related to the comic vision commonly found in American Indian cultures, carries the potential to open healing vistas of the imagination in a very real and practical sense, and the suggestions given above are intended only to provide a starting point for further dialogue on the topic.

Bringing this section of the discussion to a close, I would like to say a few words about powwows honoring veterans as well. In his newspaper column, Northrup regularly reports on his involvement with veterans events. He discussed going to Washington DC for Veterans Day in December of 1990, 2000, and 2004.¹²⁶ He has also traveled around the country to attend events honoring Vietnam veterans, from the Lac Courte Oreilles reservation in Wisconsin to Albany, New York, to Phoenix, Arizona.¹²⁷ Of interest, though, are his annual reports on the powwow honoring Vietnam veterans held on his own Fond du Lac reservation. There seems to be some confusion on when the first of these powwows was held though. *The Rez Road Follies* indicates it was in 1996, whereas his August 2002 newspaper column states that was the ninth annual powwow, meaning the first would have occurred in 1993.¹²⁸ Be that as it may, while most years he enjoyed the experience, his comments on the powwow held in 2005 deserve special attention.

The veterans pow wow was so-so, seemed smaller this year. It was hot. My son Matthew carried my eagle staff. I carried the Fond du Lac flag. When they first began this pow wow 12 years ago only Fonjalackers [Fond du Lac residents] could have booths there. Then they opened it up to any Indian. Now it is open to anyone who can pay the vender fee. I saw three booths of Chimmoks [white people] peddling plastic shit. One item was a recycled wine bottle with Christmas lights inside, another had those seen everywhere yellow

ribbon magnets, a ribbon magnet that says my son plays soccer, just junk stuff, plastic shit. As gete-Anishinaabe ogichida [Anishinaabe veteran or warrior] I felt offended. What the hell does that have to do with the main purpose of the gathering? I thought we should rename it. Call it the 13th Annual Fond du Lac Veterans Pow Wow and Flea Market.¹²⁹

Northrup's writing presents a rather clear picture of what works and what does not when it comes to dealing with posttraumatic stress disorder for combat veterans. His comments above speak especially to problems that can arise in conducting powwows intended to honor veterans. The concern is not with vendors per se but what they are selling. Put in broader terms, the issue of overcommercialization of events intended to honor veterans needs to be raised. Northrup's commentary very strongly indicates that organizers of veterans powwows are going to have to give very careful consideration to the atmosphere they are creating at the powwow grounds. There is enough commercial activity in society at large. It seems obvious the spirit of commerce can overwhelm and destroy the spirit of healing. Since there has not been anything written in the scholarly literature since the mid-1990s on veterans powwows, now would be a good time for researchers to revisit the topic and see what changes have occurred in the intervening years, especially since, as Northrup's column indicates, these powwows can have their downside too.

There is a definite upside to veteran's powwows though. The scholarly literature discussed in the first part of this paper and the works of Jim Northrup both strongly indicate the power veterans powwows have to help veterans cope with posttraumatic stress disorder. The scholarly literature focuses on the importance of community and other issues. Surfacing—telling stories—also received attention, though that aspect of veterans powwows was never fully developed. The writings of Northrup indicate that for him one of the most important parts of veterans powwows is telling war stories with other veterans. This immediately suggests one way veterans of the Iraq and Afghan campaigns can be helped upon their return. It probably is not necessary for these veterans to be prematurely forced into telling their stories when they are not ready. In fact, it might do more harm than good. This raises a host of questions researchers in all fields should be paying heed to in the future: How long does it take for veterans to feel comfortable telling their stories? Is it harmful for veterans to tell their stories too soon after returning home? As a course

of action, it might be suggested that Vietnam veterans can take the lead on this topic. At future veterans powwows, Vietnam veterans can invite these new veterans into their storytelling sessions. At first, it probably will be enough just to have the young veterans sit with their elders and listen to the stories, learn how to tell theirs, and discover that survival in the post-combat world is possible, that survival is not only up to them, but they have people they can turn to for help.

Moving beyond American Indian cultures, it would be good to consider ways in which American Indian practices could be applied outside those traditions. In his article "Lessons from Child of Water," Silver discusses briefly the mythology of the Apache involving the hero, Child of Water, who, along with his brother, Killer of Monsters, slays Giant and so brings peace and order to the world.¹³⁰ In concluding his paper, he makes the following remarks:

As we look to the future it is clear that our society, our country, indeed, the whole human race, is going to be receiving blows of a nature we can only guess at. One thing of which we may be certain is that the hammer of change is going to continue to strike. It seems to this author that if we are to survive, we must learn how to absorb this change and deal with its psychological stress.

We have among us over 300 examples of peoples who already have gained the most important lesson Child of Water could teach—how to survive chaos. They have survived a lot since Child of Water and his brother went to face Giant. Having learned the lesson well, perhaps it is time for the rest of us to learn it.¹³¹

Silver notes that there is much resistance on the part of non-Indian professionals to learn from Native healing practices.¹³² The perception, as Silver relates it, is that Native cultures are seen as being "primitive."¹³³ The attitude seems to be that American Indian cultures are nothing, and so nothing can come from them. Yet, as Silver states, "If we can remain aware of our tendency to close our ears to the words of Native American healers, there is much we might learn from them."¹³⁴ Wilson, Silver, Scurlfield, and the National Center for American Indian and Alaska Native Mental Health Research have all explored this topic from the point of view of mental health professionals, yet to my knowledge, no work has been done to examine how lessons drawn from American Indian experiences can be applied in mainstream society beyond the realm of psychological treatment, particularly in regard to religion.

Silver observes that an important component of the healing practices of American Indians is the use of religion.¹³⁵ This raises questions about the role of religious institutions in assisting combat veterans. As far as I can determine, religious institutions in this country outside of American Indian societies do not have any rituals or any other mechanisms for sending young people to war, reintegrating them back into society, honoring their contributions to our freedom, or making use of their experiences, all of which can be found in American Indian cultures. This is a shortcoming for which non-Indian religious institutions can be faulted but, in fact, should not be. Instead, a better approach would be for American Indians to take the lead on this subject. Of course, we want to recognize that it is not only American Indian soldiers who are making sacrifices for our country and suffering from the stress of combat. It would be well for American Indians to work with various non-Indian religious groups to develop rituals and other practices appropriate to the non-Indian traditions to help non-Indian veterans recover from post-traumatic stress disorder and to honor them for their service. Perhaps as a simple starting point, leaders from non-Indian religious groups could be invited to observe events intended to help American Indian veterans, such as the powwows and sweats. I view working with non-Indian religious groups in this regard as one of the most important tasks facing Native peoples.

The attitude that American Indian cultures are nothing and so nothing can come from them is, unfortunately, still prevalent in our society today. In order to overcome this attitude, it would be good for Native people to make clear to non-Indians the truly sophisticated nature of American Indian cultures and how much they still have to offer to the world. Starting with helping veterans would be particularly beneficial.

The task is before us and the time is now. Jim Northrup notes that more than sixty thousand Vietnam veterans committed suicide after returning from the war, more than died in the war itself.¹³⁶ We do not want to be hearing similar statistics years from now in relation to the veterans of Iraq and Afghanistan. We have the experience of Vietnam before us and the lessons of American Indian Vietnam veterans. Now is the time to listen to them and play our part as scholars to continue the process of healing to make sure America is ready for the veterans to come home from this war.

NOTES

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This paper is dedicated to the memory of my uncle, Leo Vernon Beaulieu, who was born September 2, 1944, and killed in Quang Tin province, Vietnam, on May 16, 1966. For his service, he was posthumously presented the Navy Cross and Purple Heart as per the following citation:

For extraordinary heroism as a machine gunner serving with Company E, Second Battalion, Fifth Marines, First Marine Division (Reinforced), in action near Chu Lai, Republic of Vietnam, on 16 May 1966. Private Beaulieu's squad was engaged in search and destroy operations against Communist insurgent forces when it was ambushed by a Viet Cong force of sixty men. Heavy machine gun and automatic rifle fire from three sides pinned down the squad in an area offering little or no protection. Private Beaulieu was hit in the first volley of fire and knocked away from his machine gun. Although critically wounded in the chest, he crawled back to his gun and put it into action, delivering heavy, accurate fire on the enemy. He refused to take advantage of the limited cover available in order to bring punishing fire on the ambushing force, and as a result he was hit a second time as the machine gun malfunctioned. Still disregarding his own personal safety, he worked desperately to clear the weapon, and while doing so he received a third wound, which was fatal. Through his extraordinary initiative and inspiring valor in the face of almost certain death, he kept the enemy at a distance until reinforcements arrived, and enabled most of the members of his squad to be rescued. Private Beaulieu's calm and courageous actions under hostile fire upheld the highest traditions of the United State Marine Corps and the United States Naval Service. He gallantly gave his life in the cause of freedom.

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2. Deats and Lenker, *Youth Suicide Prevention*, 11.

3. Tom Holm, *Strong Hearts, Wounded Souls: Native American Veterans of the Vietnam War* (Austin: University of Texas Press, 1996), 122.

4. Holm, *Strong Hearts, Wounded Souls*, 122.

5. Tom Holm, "Indian Veterans of the Vietnam War: Restoring Harmony through Tribal Ceremony," *Four Winds* 3, no. 10 (1982): 34–37; "Intergenerational Rapprochement among American Indians: A Study of Thirty-Five Veterans of the Vietnam War," *Journal of Political and Military Sociology* 12, no. 1 (1984): 161–70; "The National Survey of Vietnam Era American Indian Veterans: A Preliminary Reconnaissance," *Wicazo Sa Review* 1, no. 1 (1985): 36–37; "Culture, Ceremonialism, and Stress: American Indian Veterans and the Vietnam War," *Armed Forces and Society* 12, no. 2 (1986): 237–51; "American Indian Veterans and the Vietnam War," in *The Vietnam Reader*, ed. Walter Capps, 191–204 (New York: Routledge, 1991); "The National Survey of Indian Vietnam Veterans," *American Indian and Alaska Native Mental Health Research* 6, no. 1 (1994): 18–28; "Strong Hearts, Wounded Souls: An Excerpt," *Wicazo Sa Review* 11, no. 1 (1995): 1–15; *Strong Hearts, Wounded Souls*.

6. Holm, "National Survey of Indian Vietnam Veterans."

7. Holm, "National Survey of Indian Vietnam Veterans," 18.

8. Holm, "National Survey of Indian Vietnam Veterans," 25–26.

9. Holm, "National Survey of Indian Vietnam Veterans," 22.

10. Holm, "National Survey of Indian Vietnam Veterans," 22.

11. Holm, "National Survey of Indian Vietnam Veterans," 25.

12. Janette Beals et al., "The Prevalence of Posttraumatic Stress Disorder among American Indian Vietnam Veterans: Disparities and Contexts," *Journal of Traumatic Stress* 15, no. 2 (April 2002): 89–97.

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