Strengths and Stresses of Omaha Indian Families Living on the Reservation

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STRENGTHS AND STRESSES OF OMAHA INDIAN FAMILIES LIVING ON THE RESERVATION

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ABSTRACT—We studied current strengths and contemporary stresses of Omaha Indian families living on the reservation in northeast Nebraska. Interviews with 60 tribal members revealed that major family and tribal strengths included: extended family support, spiritual values and religious practices, community generosity and support, Omaha culture and traditions, and a determination of many tribal members to recognize and overcome their problems. Respondents also identified major stresses that included: alcohol use, family breakdown, tribal leadership, unemployment and their children’s education. Social Interaction Theory suggests that the identification of stresses should be more common than the identification of strengths by an oppressed minority. Our findings are consistent with this expectation. Respondents had much more to say about problems than about strengths. In addition, we found that Omaha strengths, such as community group orientation, may inadvertently make solving some problems more difficult. While the study has limits, it is the first to initiate an evaluation of the Omaha’s perception of their situation and well-being.

Introduction

Of all the racial-ethnic groups living in midwestern America, Native American families may have the greatest physical, economic, and social needs (Carson et al. 1990; Snipp 1989; Stauss 1988; Yates 1987). Indian
families often confront chronic problems with alcoholism, unemployment, poverty, child abuse and neglect, school dropout, and non-marital births (May 1987; Sandefur and Sakamoto 1988; US House of Representatives 1986). For example, 67% of Omaha Indian children under five years of age live in poverty compared to 53% of African American children, 34% of Hispanic children, 24% of Asian American children, and 14% of Euro-American children (Omaha World-Herald 1993). Some tribal leaders estimate that unemployment, alcoholism, or diabetes affect half of all tribal members (Hallowell 1991; Olson 1988). Many Omaha children are subject to physical abuse or neglect (Zendajas Tribal Judge 1994).

These problems are not unique to Indian families. Many American families experience unemployment, alcoholism, divorce, and teen pregnancy (Fine 1992). The challenges faced by families on reservations, however, may be more chronic and multigenerational due to their unique social organization, physical isolation, and the lack of cultural integration into mainstream American society (Murray and Ponzetti 1991; Stauss 1988). Native Americans are our least visible minority. The population is small (less than 2 million), and it is concentrated in remote rural areas or represented anonymously in urban centers (Yellowbird and Snipp 1998).

Native American tribes, moreover, are not uniform in either the challenges they face or the responses they exhibit to personal, family, or community crises. Tribes are diverse in language, customs, family structure, economy, and political philosophy (Olson and Wilson 1984). In addition, individual Indian families are often unique in how they confront adversity and overcome difficult life circumstances (McCubbin and Patterson 1986; Olson et al. 1983).

Our purpose in this project was to gain insight into current conditions of Omaha families living on the reservation in the 1990s. Our focus was to identity both their most common stresses and their characteristic family and community strengths (Hoffman 1981; John 1988; Light and Martin 1986). This was a preliminary investigation using qualitative methods. We wanted to identify categories of stresses and strengths that might be useful in building theory, rather than to test a theory or generalize the findings to the entire Omaha Tribe or to other tribes.

**Theoretical Perspective**

Symbolic Interaction Theory was used to conceptualize this study (Burr et al. 1979). One assumption of this theory is that individuals and
small groups are influenced by the larger cultural and societal forces. The theory predicts that an individual’s or a group’s sense of identity and self-worth are developed through social interaction. Thus, identify and self-worth reflect positive or negative feedback from the social milieu (Cooley 1964). If the people with power and influence or the social institutions in the dominant society judge the person (or group) in a favorable light, then the person will tend to internalize that positive feedback (LaRossa and Reitzes 1993). Thus, individuals or groups are influenced by the attitudes that others hold toward them (Rosenberg 1979). However, a person’s or a group’s sense of identity and feelings of self-worth are not completely determined by society’s judgement. The person’s own reflections, attitudes, and values interact reciprocally with the evaluations of the larger society to produce an ever-developing sense of identify and self-worth (Winton 1995).

In the case of American Indians, their identity and feelings of self-worth are intimately connected to oppressive actions and attitudes of the Euro-American culture (Kawamoto and Cheshire 1997). The invasion and dominance by Euro-Americans was destructive to Indian cultures because the US government pursued a dual mission of annihilation and/or assimilation. Religious, social and economic values were forced upon the tribes in an attempt to destroy, convert, or stop them from practicing their own traditions (Kawamoto and Cheshire 1997). The White culture found little beauty and value in Native American societies, thus there was constant pressure on Indians to adopt the White man’s ways of thinking, feeling, and acting. The theory suggests that this negative and unfavorable feedback would undermine the Indians’ sense of identity and self-worth. Thus White society adopted a problem-focused “definition of the situation.” This means that “the way in which people define a situation will affect the actions that they take in relation to that situation” (Winton 1995). In other words, if the majority society believes that their negative assessment of the Indians is accurate, then they will act towards them in adverse ways and seek little opportunity for further interactions that might disprove their initial judgement.

Social roles are a second important aspect of Symbolic Interaction Theory that has relevance for understanding the plight of Native Americans (Stryker 1972, 1980). Roles are society’s behavioral expectations for individuals in specific social positions. A social position could be that of a mother or father, a teacher or minister, a politician or military officer. With the forced relocations of Indian tribes that restricted their activities and made them dependent upon government welfare, important family and
social roles were lost (Yellowbird and Snipp 1998). For example, the role of the Indian father as protector, warrior, hunter, and teacher was diminished. Thus, many men could not fulfill traditional roles, and this undermined their perceived importance to the clan and tribe (John 1988).

Symbolic Interaction Theory can be used to examine and understand the stresses on, and strengths of, the Omaha people. With little assimilation into the dominant White culture and continued negative feedback (or blatant racism) from White society, we expected the Omaha themselves would emphasize the stresses, and perhaps minimize their strengths. Based on Symbolic Interaction Theory, we hypothesized that the Omaha would internalize society’s adverse evaluations, and that they would see themselves as having more problems than strengths.

The Omaha Community

By the mid-1600s, the Omahas had migrated from the Mississippi River Valley and settled along the eastern side of the Missouri River. By the early 1700s, most had resettled in northeastern Nebraska. In 1775, the Omaha built their Ton won Tonga or “Big Village,” and they were led by their famous chief, Black Bird. By the mid 1800s in response to attacks by other tribes and to pressure from White settlers, trappers and the US government, the Omahas finally relinquished all of their lands in Iowa, Missouri, and Nebraska, except for a small reservation in northeast Nebraska in Thurston County, 125 km (75 miles) north of Omaha, Nebraska.

Tribal lands currently encompass about 514 km$^2$ (185 square miles) of wooded valleys and rolling hills. The tribal enrollment is about 6,000, and about 2,500 live on the reservation. The tribe’s major businesses include a farm, a dairy, and a gambling casino. Major buildings include schools, a cultural center, tribal office buildings, social service agencies, health center and nursing home, an Indian Community College, and a government-operated hospital that serves both the Omaha and Winnebago Tribes of northeast Nebraska.

Methods

We used a qualitative approach and the assumptions and strategies common to qualitative researchers (see Babbie 1986; Denzin and Lincoln 1994; Glasser and Strauss 1967; Gilgun, Daly, and Handel 1992; Rosenblatt and Fischer 1993). For example, our project was conducted in the
participant's natural setting, on the reservation in their homes or in places of work. And, we used an inductive approach to data collection, where categories of meaning were derived from the data rather than imposed upon the data from prior assumptions or theory.

**Entry into the Field**

The first author, a professor, and the second author, an Omaha Tribal member and social worker, collaborated. She was to allow greater access to the community. Having a member of the Omaha Tribe present during the interviews helped participants to be more relaxed and expressive. The second author also asked questions of participants that would elicit information and insights that the first author would not have considered, and she was informative about interaction styles (particular speech or nonverbal behavior) to help minimize inappropriate or offensive behaviors. In addition, the second author provided valuable feedback and challenged opinionated attitudes. This interaction was both enlightening and appreciated.

Next, we applied for project approval from both the Omaha Tribal Council and the University of Nebraska's Human Subject Review Board. Our project was approved by the University (IRB #129-92), and written permission was obtained from Omaha Tribal Chairman Dr. Rudi Mitchell.

**Interviews**

Once a week, over a period of six months, we traveled to the Omaha Reservation to conduct our interviews. Our approach was to do an exploratory, descriptive study, using standardized, but flexible, interviews. The interviews lasted between 60-90 minutes, and they were tape-recorded.

Each interview contained three essential questions. First, what are the major challenges and problems faced by Omaha families living on the reservation? Second, what are the strengths of Omaha families, and what are the positive things about living in a Native American community? And, third, in general, do you think Omaha families on the reservation are getting better and growing stronger, or do you think they are growing weaker? These questions were restated or reworded depending upon the age, education, and English language proficiency of each participant. Various additional probing questions were used to elicit more extended replies. Examples of such question are: “Would you tell me more about that?” or “Can you give me an example?” or “Would you explain that to me?” Initially, we
asked the essential questions in a personal context, by asking a participant about the strengths and challenges in his/her own family. However, most participants were not comfortable talking to us about personal issues, so this line of questioning was stopped. The questions then were restarted in a general context.

**Participants**

We specifically sampled community leaders and tribal families representing different age groups. The participants consisted of tribal leaders, school officials, social service personnel, mental health counselors, and members of the general tribal population. A special effort was made to target key informants, including the tribal chairman and several council members, the police chief, the tribal judge, the school superintendent, and the high school principal, the school board president, the tribal historian, and the spiritual leaders of the Native American and Christian churches serving the Omaha Tribe. The final sample was composed of 60 adults. The youngest participant was 19 and the oldest was 96. Thirty of the participants were male, and 30 were female. The average age was 43.5 years, with 8 to 12 people in each of six age categories: over 60, in the 60s, 50s, 40s, 30s, and 20s.

**Data Analysis**

We used both content analysis and the constant comparative method of qualitative analysis to evaluate the data (Glasser and Strauss 1967; Wolf-Smith and LaRossa 1992). The process involved several steps. We first listened to the interview tapes twice prior to initial coding, and then abbreviated the transcripts to include only statements relevant to the questions. On the third time through the interviews tapes, we developed initial categories and coded the respondent’s comments. Next, we reduced the number of categories to eight by combining those with similar content. The final categories for “challenges” were: alcohol abuse, family breakdown, tribal leadership, unemployment, education, gambling, role models, and racism (Table 1). An “other” category contained less frequent concerns, such as diabetes or loss of Omaha identity. The “strength” categories were: family support, spiritual values, community generosity and support, Omaha culture and traditions, ability to recognize and respond to problems, and return of educated members to the reservation (Table 2). The “other” category
TABLE 1
DESCRIPTION OF THE FINAL CHALLENGE (STRESS) CATEGORIES IN THE STUDY

1. Alcohol Use a statement about alcohol abuse, including excessive drinking, boozing, or getting drunk
2. Family Breakdown a statement that the family unit is failing, in trouble or in turmoil; or that families are not working, or troubled families, or marital conflicts, parent-child problems, or people cohabiting; also out-of-wedlock births
3. Tribal Leadership a criticism of the Tribal chair or council members; the leaders showing favoritism to friends or relatives, or being poor examples
4. Employment a statement about lack of jobs, poor wages, tribal ventures not working, or having to travel too far to work
5. Education a statement that was critical of schools, or school administrators, also lack of teachers, poor physical facilities, or parents not involved in child’s school work
6. Gambling a mention of betting, gambling, or playing games of chance, also includes bingo and horse racing
7. Role Models a statement about any tribal member being a poor role model, or not setting a proper example
8. Racism a statement about discrimination, prejudice, or being treated unfairly because of race
9. Other a statement about diabetes: poor health care; youth drugs or truancy or not having something to do (does not include parent-child problems); loss of Omaha identity or culture; uncoordinated services; and, dependence on government welfare

included less frequent concerns, such as wisdom of elders, Indian values, and a rural lifestyle.

The rules of coding included the following. First, we coded only one instance of a category regardless of the number of times it was mentioned by an informant. For example, if the person talked about alcohol, then commented on gambling, then talked about Fetal Alcohol Syndrome; only one instance of the category “Alcohol” was coded. Second, in a response that contained several categories, one instance of each category was coded. For example, if the person said, “Alcohol, gambling and no jobs are all concerns on the reservation,” our coding would include one instance of each category.
TABLE 2

DESCRIPTION OF THE FINAL STRENGTH CATEGORIES
IN THIS STUDY

1. *Family Support*  
a statement about family members helping each other,  
giving aid to kin, or family members being there in  
crises

2. *Spiritual Values*  
a statement about the benefits of religion or church, or  
Indian spiritual values, or using the sweat lodge or  
shaman

3. *Community Support*  
a statement about community members aiding or helping  
each other, community activities that bring people  
together, local human services helping tribal members

4. *Omaha Culture and Traditions*  
a statement about such things as Omaha language, tribal  
ceremonies, pow-wows, and clan identification

5. *Recognize and Address Problems*  
a statement about being aware of tribal problems and  
making an effort to change, or a desire to change for the  
better; people making individual efforts to reform and  
improve their lives

6. *Members Returning to the Reservation*  
a statement about talented or educated Omahas returning  
to live or work on the reservation

7. *Others*  
a statement about wisdom of elders; general concern  
for children; benefits of a rural lifestyle; or, no federal  
taxes to pay

of “Alcohol,” “Gambling,” and “Employment.” Third, we coded the dominant theme in a response when the response also tangentially related to other categories. For example, if the respondent’s statement was, “Alcohol creates lots of problems for us. It screws up families. And because of fetal alcohol effects, children do poorly in school,” we coded this response as one occurrence of an “Alcohol” problem. It was not be counted as an instance of “Family Breakdown” or as an instance of an “Educational” concern.

Using the final eight categories, the two coders re-analyzed all of the abbreviated transcripts and quantified the responses. Inter-rater reliability, calculated as the number of “agrees” minus the number of “disagrees” divided by the number of agrees, ranged from 50% - 100% (Tables 3, 4).
Omaha Indian Families on the Reservation

### TABLE 3

**CATEGORIES REPRESENTING PERCEIVED STRENGTHS OF THE OMAHA**

<table>
<thead>
<tr>
<th>Strengths</th>
<th>% Respondents</th>
<th>Reliability*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family Support</td>
<td>22</td>
<td>84</td>
</tr>
<tr>
<td>2. Spiritual Values &amp; Religious Practices</td>
<td>15</td>
<td>50</td>
</tr>
<tr>
<td>3. Community Support and Generosity</td>
<td>12</td>
<td>100</td>
</tr>
<tr>
<td>4. Omaha Culture &amp; Traditions</td>
<td>10</td>
<td>82</td>
</tr>
<tr>
<td>5. Ability to Recognize and Address Problems</td>
<td>5</td>
<td>50</td>
</tr>
<tr>
<td>6. Educated Members returning to the Reservation</td>
<td>5</td>
<td>100</td>
</tr>
<tr>
<td>7. Other**</td>
<td>3-5</td>
<td>66</td>
</tr>
</tbody>
</table>

* Inter-rater reliability

** wisdom of elders, Indian values, concern for children, rural lifestyle

### TABLE 4

**CATEGORIES REPRESENTING PERCEIVED CHALLENGES FOR THE OMAHA**

<table>
<thead>
<tr>
<th>Challenges</th>
<th>% Respondents</th>
<th>Reliability*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Alcohol Use</td>
<td>58</td>
<td>97</td>
</tr>
<tr>
<td>2. Family Breakdown</td>
<td>35</td>
<td>90</td>
</tr>
<tr>
<td>3. Tribal Leadership</td>
<td>27</td>
<td>93</td>
</tr>
<tr>
<td>4. Unemployment</td>
<td>23</td>
<td>93</td>
</tr>
<tr>
<td>5. Education</td>
<td>22</td>
<td>92</td>
</tr>
<tr>
<td>6. Gambling</td>
<td>15</td>
<td>89</td>
</tr>
<tr>
<td>7. Role Models</td>
<td>8</td>
<td>50</td>
</tr>
<tr>
<td>8. Racism &amp; Prejudice</td>
<td>8</td>
<td>80</td>
</tr>
<tr>
<td>9. Other**</td>
<td>2-5</td>
<td>96</td>
</tr>
</tbody>
</table>

* Inter-rater reliability

** diabetes, violence, poor health care, too few youth activities, teen pregnancy, loss of Omaha identity (language etc.)
Some disagreements were resolved by reviewing the definition of the category and discussing statements in dispute. Other disagreements were not resolved. We could not resolve our interpretive differences for three categories, i.e., the categories of role models, spiritual practices, and recognize problems. These categories had inter-rater reliabilities of 50%. However, we did not consider a low reliability on only 3 of 16 categories to be problematic in this initial investigation.

We considered doing separate analyses by gender and by community groups, such comparing the responses of leaders to others. There were no significant gender or age differences in responses. Also, if we had done this, the frequency of responses in each category would be too low to make meaningful conclusions. Consequently, we present the data for the entire sample (N=60 individuals).

Results

Strengths

Family Support. The most often identified strength was family support, and it was reported by 22% of the sample (Table 3). Respondents stated that Omaha family networks are more open than traditional two or three generation Euro-American families. The extended family of the Omaha Indians usually includes several families along both the vertical and horizontal lines, thus assuming a village-type arrangement (O’Shea and Ludwickson 1992). Those respondents who reported this strength said that extended family members often shared resources, such as money, food, and clothing. They also provided services, such as child care or transportation for shopping or medical care. One Omaha said, “We never desert one another. The grandparents take in and care for a grandchild, and an adult child will take in a grandparent.”

Others suggested that another benefit of extended family support is that children are cared for by many relatives in addition to their parents. Grandparents are especially helpful in caring for children whose parents can not or will not. Respondents reported that parents and relatives often engage in social activities with children, such as hand games, dances, feasts, and powwows. Respondents in this survey maintained that children are valued in the Omaha culture, and that the youth are given love and support by many tribal members.
Spiritual Values and Practices. Respondents (15%) said that both Native American and Christian religious beliefs lend strength and inspiration to the Omaha people (Table 3). They said that courage and optimism are often obtained from Native American spiritual practices, such as the sweat lodge or sun dance. These activities and Indian spiritual values were perceived as helping the Omahas to persevere in the face of adversity.

Community Support and Generosity. Materialism (wealth, power, possessions) was not a dominant theme in our respondents’ perspectives on Omaha life. Those who noted this strength (12%) suggested sharing and unselfish giving were typical (Table 3). They claimed that this behavior was often seen in times of crises, such as unemployment or death of a family member. In addition, our respondents said that the Omaha often relate to people outside the immediate family in supportive and caring ways. As one person commented, “There is an appreciation for what we have, no matter how little.”

Tribal Culture and Traditions. About 10% of our respondents thought that there had been a revival of interest in Omaha culture, traditions and language during the last decade. These respondents suggested that cultural beliefs, practices and rituals provided identity, unity, and purpose for many tribal members (Table 3). A few Omaha believed that tribal ceremonies offered a sense of belonging, pride, and appreciation for Omaha Indian heritage.

Several respondents expressed hope that the cultural revitalization would continue. Some worried about the loss of the Omaha language. Others wanted to see the clan system rekindled, “We need a revival of the clans, with updated functions and contemporary responsibilities to serve the needs of the tribe.” Another said, “The clan helps me know who I am and allows me to express my Indian identity.”

Two Omahas took a practical approach. One said, “We should combine the best of both worlds. Get a White man’s formal education and an Indian social and spiritual education.” Another said, “We need a blending of the White and Indian worlds. Kids need to learn the working values of the White man and the spiritual values of the Tribe.”

Ability to Recognize and Address Problems. Several of our Omaha respondents (15%) declared that they cannot entirely blame poor conditions on government policies or on a long history of racism (Table 3). They said they
realized that the plight of their people is not entirely due to external forces. They suggested that the Omaha people must also look inward to help answer to their problems, since certain stresses are brought on by their own behaviors. Thus, they suggested that the Omahas must shoulder some responsibility for their failures. One man said, “The future is largely in our own hands. What we do within the boundaries of our own reservation will determine our future. We can destroy ourselves or save ourselves.”

**Stresses**

*Alcoholism.* Fifty-eight percent of the participants identified alcoholism as the most problematic family stressor (Table 4). Alcohol use was considered a widely modeled means of coping with depression, anxiety, hostility, and feelings of powerlessness. Three effects of alcohol abuse were identified. One was the personal physical and psychological injury to the individual. The second was the effect upon unborn children due to Fetal Alcohol Syndrome. And, the third was the spill-over effect that the alcoholic has on the functioning of the family.

Many of those interviewed thought alcohol abuse contributed to other tribal problems, including unemployment, family violence, neglect of children, children’s school problems, adult diabetes, suicide, and crime. For example, one woman replied, “Alcohol is the curse of our reservation.” Another man said, “Because of FAS [Fetal Alcohol Syndrome] or poor diets and lack of supervision at home, they [the children] enter school behind and never catch up.” Another stated, “It’s very cruel to bring a child into this very competitive world and have that kid be mentally disabled [because of FAS].”

*Family Breakdown.* This category included a variety of family-related problems that were identified by our sample of tribal members. Thirty-five percent of the respondents brought up this issue (Table 4). Many participants said that divorce, father absence, and births to unmarried couples were all signs of family disorganization. One commented: “We need a definite commitment of a man to one woman.” Several said that there was a lack of parenting in many families. One woman replied, “Parents are not parenting, and their children [when they become parents] don’t know how to be parents.” Another said, “There is lack of supervision of children at home.” And a third person responded, “The parents aren’t home.” Some respondents thought stresses were interconnected. For example, one woman observed
that alcohol use leads to poor parenting, and without parent supervision the children are less likely to succeed in school.

**Tribal Leadership.** Third on the list of stressors was concern about tribal leadership. The leadership is composed of a Tribal Chair and several council members. Many respondents (27%) stated that the tribal government was, at times, a stumbling block to community progress (Table 4). Some respondents commented that some council members were considered poor role models because of their excessive use of alcohol. One respondent said, “Council chairs are no longer a sacred position of honor and respect. Now it’s political: What can I do for myself or my friends.” Complaints of nepotism, giving favor or advantages to one’s relatives and friends, were made by several respondents. One person said, “Council members hire their friends or family members and overlook a more qualified person who is out of favor with the council.”

Respondents were also concerned with the apparent lack of unity among the council members. The perception was that the leaders often worked in opposition to each other, and that they pursued their own agendas and goals. One woman said that “Council members were not willing to work for the welfare of all.” Another commented, “We need a Council who is more worried about the people than themselves.” A third person remarked, “What one Council starts, the next Council stops. Politics get in the way of progress.”

Note that the criticisms of tribal leadership represented the opinions of only 27% of the sample. No attempt was made by authors to investigate or substantiate these claims, as this procedure is beyond the scope of this paper.

**Unemployment.** Twenty-three percent of the respondents considered unemployment to be a problem facing the tribe (Table 4). There are some jobs on or near the reservation. Most of these jobs are in Indian health service or mental health agencies or at the casino. Except for the directors of tribal programs, these jobs do not pay well. However, the new gambling casino does employ over 200 Omahas, and jobs are usually available for those who want to work there. Respondents said that other tribal enterprises have been difficult to start and maintain.

Twelve percent of those surveyed told us that in addition to lack of employment, job retention was another work-related problem. They remarked that when a tribal member finds a job, he or she may not keep the job
because of a lack of “survival skills” suited to the White man’s work environment. These survival skills included habits like being punctual and working regular hours. Some may fail to show up for work because of alcohol use or family problems. Respondents said that some tribal members lacked the competitive drive and ambition that the dominant White culture deemed necessary for success. Some businesses, like the Omaha Casino, have developed retention programs to help their workers stay employed.

Five percent of those interviewed stated that unemployment and alcoholism created a vicious cycle. Unemployment created depression and loss of self-respect which often led to drinking to “ease the pain of living.” Excessive drinking, in turn, interfered with one’s ability to work and hold a job. If job loss occurred, then the cycle began again.

Another debilitating cycle identified by two respondents was the interaction between racism and unemployment. One stated that racism and unemployment “Gets you depressed, and then you drink.” They explained that “if you are drunk and depressed you can’t do a good job at work.”

**Schools and Child Education.** The educational system concerned 22% of the respondents (Table 4). They said that their public schools were poorly financed and that many of the physical facilities were in disrepair. High teacher turnover was reported to be a common occurrence. One person reported, “They [the teachers] leave because of frustration in trying to educate children who don’t appear to want to be educated.” In addition to teacher attrition, some said that there were too few Indian teachers in the schools on the reservation. Three respondents suggested that Indian teachers would be more effective than White teachers in reaching Indian children and that Indian teachers also served as positive role models for the children.

The respondents also explained that each year many children started school with mental and emotional difficulties related to family disruption, parental abuse or neglect, and fetal alcohol-related problems. In regard to Fetal Alcohol Syndrome, one tribal member said, “We are handicapping our future, beginning right in the womb.” Another asserted, “We are committing genocide. In two or three generations we may not have anyone fit to govern the tribe.” A third man said, “We are literally killing ourselves—we will have a whole generation of dysfunctional children.”

A few respondents suggested that Omaha children often lack proper sleep and nourishment. They said that children often stayed up late without adult supervision and that sometimes they were not fed a balanced diet. Lack of sleep and poor nutrition may contribute to lack of attention in the classroom and a disinterest in school. Others suggested that parental involvement
in school was minimal. A few respondents stated that some parents showed little interest in parent-teacher meetings, helping children with homework, or monitoring school attendance.

Another impediment to their children’s educational attainment raised by some respondents was that Indian children often do not receive the rewards for their educational efforts. One respondent said that most Whites believe that “with a good education, you will get a good job.” But Indians do not believe they will reap the same rewards, claimed several Omaha. They argued that Indians often have not been given a chance at employment because of racial discrimination. One Omaha commented “Why should the kids worry about school? What will it get them?”

**Gambling.** One in six respondents (15%) was concerned about gambling (Table 4). These respondents suggested that too many parents spent time and money at bingo or at gambling halls in South Dakota or Iowa. One woman said, “Too many parents leave their kids at night, take their pay check down to the bingo hall and blow it all.” Another replied, “Parents ignore [their children] to go gambling.” An elderly Omaha woman said, “Gambling is taking money from those who cannot afford it. People are flocking to the gambling halls, not to have fun, but to get money to survive.” Another person noted, “Indian gaming would be okay if it took money from the White man, but it also affects Indians without much money.”

However, some respondents expressed a positive side to gambling. The casino and bingo halls provide jobs and much needed revenue for Omaha community projects.

**Other Concerns.** Other stressors were mentioned by 2-5% of this group of Omaha (Table 4). Those concerns included: diabetes, youth problems, loss of Indian identity (i.e., loss of Omaha language and customs), and inadequate health care.

Diabetes creates serious difficulties for many Omaha families. About 5% of the US population is diabetic, whereas 35% of Omaha adults have been diagnosed with adult-onset (Type II) diabetes. The Director of the Omaha and Winnebago Diabetes Program estimated that another 15% of the Omaha tribe are diabetic but undiagnosed. If so, then half of the Omaha adults suffer from diabetes! The major medical complications for this disease are kidney failure, stroke and heart disease, blindness and poor circulation that can lead to amputation of toes or feet. The Director also explained that the poor diets of many Omaha, as well as abuse of alcohol, exacerbates the problems of diabetics.
A few of the Omaha told us that some of the youth grow up without a firm identification with either their own Indian heritage or the culture of the outside White society. They are confused about what to believe and how to direct their lives. One respondent said, “The youth don’t have a clear path to follow.” Another said, “Sex, booze, and drugs take over their interests.” One tribal member said, “The young people aren’t getting married. They are getting into casual relationships that spawn children with no intention of family commitment.” Another person observed, “There is nothing for the kids to do but drink and gamble.” One respondent said, “Kids needs a structured home where they learn responsibility.”

Many grandparents apparently take on the responsibilities of caring for children. They offer a caring and nurturing environment, but they may also lack the energy and skills to provide a structured and disciplined environment.

The Omaha youth may also lack wholesome activities to occupy their time and keep them busy. As one Omaha man said, “There are no regular, organized activities for the youth.” Some churches and a few social agencies offer after school and weekend programs for youth, but the tribe lacks an organized, ongoing youth activity program for both the summer and winter months. Lack of money, not lack of will, is likely the problem. As one Omaha stated, “We need more recreation for the youth, at night and in the summer, like sports or dances. We should use tribal money to do this.” One man recapitulated the plight of some Omaha children when he said, “There is nothing to do, and no one to care.”

**Discussion**

**Limitations**

The results of this study are tentative and exploratory. This was an initial assessment of Omaha attitudes using a nonrandom sample (Dilworth-Anderson and McAdoo 1988). The sample may also be limited in a second way. We may have talked to those most friendly with the second author’s tribal clan or political views. In addition, the first author was non-Indian. Though empathetic with the plight of Native Americans, he had little personal knowledge of or experience with the Omaha people, and he may be subtly subject to the same “problem-focused view” of American Indians characteristic of the dominant culture, making stresses more noticeable than strengths. However, we made a special effort to ask repeatedly about the
strengths of Omaha families. But respondents, possibly taking the positives for granted, talked a length and more candidly about the problems and challenges they faced than about the strengths they shared. In a typical 50 minute interview, respondents would talk for 30-45 minutes on stresses versus 5-20 minutes on strengths. All respondents commented on stresses, but not all mentioned personal, family, or tribal strengths.

An additional constraint is that this study represents only a snapshot in time, a limited look at the Omaha in the mid 1990s. Tribal leadership changed soon after the completion of this study. Also, many Omaha do not live permanently on the reservation, and these members were not interviewed. Thus, the results cannot be generalized to represent the entire Omaha tribe or any other Indian tribe. However, generalization was not the purpose of this type of study.

In spite of the limitations, this is the first study to examine the perspectives of Omaha families on their own well-being. As with most qualitative studies, the results are only plausible theoretical concepts for further study; the data do not prove the existence of the concepts (Babbie 1998). We view this study as a beginning look at the possible strengths and stresses of Omaha families living on the reservation that may be useful to the Omaha or to other social scientists interested in working with the Omaha Tribe.

Initial Conclusions

As we applied Symbolic Interaction Theory to interpret the data, we noted that the stresses identified by this sample of Omaha Indians were related to issues of identity and self-worth. With the loss of many personal and clan roles, and with the long-standing oppression and racism of the dominant society, it was not surprising that the Omaha respondents emphasized challenges. This sample was not optimistic that tribal level problems could be quickly and easily solved. As one Omaha said, “I am really worried about the future. It is like paddling a canoe upstream using your hands, with a hole in the boat.” However, when respondents talked about the welfare and well-being of their own families, they were more optimistic. In their own lives and families, many believed that things would improve and that there was hope for the future.

Based on theory, we proposed that it would be more difficult for tribal members to recognize and identify strengths, and other positive personal and tribal characteristics, than to identify stresses. As we interpret our data, this is what we found. Strengths were mentioned less often than stresses. It
was difficult for many respondents to identify and discuss the positives things in their families and community when faced with so many challenges. This reaction—seeing the negative and overlooking the positive—is not unique to the Omaha and probably exists in all oppressed groups (DeGenova 1997; Mindel, Habenstein, and Wright 1998).

When we analyzed the strength categories identified by this sample of Omaha, we concluded that there was an attitude of caring and support in the Omaha community. Assistance is given directly within families, and aid is also received from other tribal members. Omaha spiritual values and Omaha traditions provided some measure of unity and oneness to tribal members. There was a feeling among some of the Omaha they could overcome the most pressing problems and make a better future for the tribe.

When we analyzed the stresses, we identified four main issues that could be addressed by the Omaha and those working with them. First, Omaha families face multiple problems that are inter-related. For example, one Omaha recognized the relationship among stresses by explaining that racism and unemployment can lead to low self-worth, and low self-worth can lead to drinking, and drinking can contribute to breakup of the family. Another example of the inter-relatedness of stresses was how alcohol abuse and unemployment can create a vicious cycle; unemployment can increase alcohol use, and alcohol-related problems can adversely affect job performance. Family structure, i.e., the stability of the marriage and the parent-child bond, and the quality of family functioning can then be adversely affected by both parental alcohol use and unemployment. Thus, for help to be productive, the helper must assist the individual to cope with challenges on several fronts. There must be a coordination of services and programs so the person, or family, can receive treatment for multiple inter-related problems at once.

Second, some of the stresses appeared to have an inter-generational nature. Children learn from parents healthy or unhealthy ways to cope (Burr, Day, and Bahr 1993). A family history of alcohol use or domestic violence may be passed down from grandparent to parent to grandchild (Burr et al. 1993). Breaking the inter-generational transmission of unhealthy thinking or acting is difficult. It requires multiple strategies to break the cycle and help family members become transitional characters (Broderick 1993; McGoldrick and Gerson 1985). A transitional character is one who does not transmit an unhealthy way of thinking or acting to his or her posterity. The transitional character changes his or her self-image from that of a victim (of unhealthy emotional conditioning) to that of a healer (Bergin and Garfield 1994).
Third, the main stresses appeared to be widespread in the community. Many of one’s family, clan, or neighbors were perceived to be experiencing similar difficulties. Thus, any educational or therapeutic interventions should involve a family system of at least three generations: grandparents, parents, and children. Some educational programs could also be conducted on a community-wide basis to involve more extended family networks.

Fourth, some of the perceived Omaha strengths actually may make it more difficult to deal with some of the stresses. Alcohol abuse provides an example of this dilemma. The group orientation of tribal members and the importance of inclusion and acceptance by others—both strengths—may make it harder for an individual to quit drinking. Hallowell (1991: 33), an American Indian therapist, illustrated this paradox:

Should individuals decide to abstain from drinking, they are likely to be challenged by their peers to prove their friendship, kinship or Indianness by drinking with them. Failure to do so is often equated with, “Thinking that you are better than them.” If a person continues to refuse to drink he or she will likely be shunned by peers. Fearing this loss and the impelling need to be a part of the tribal group, many let the fear of rejection overcome their desire to abstain.

Close family support and extended family ties—both strengths—may provide another example. Due to the immediate, intimate and frequent association with kin, may increase the chance a young person will be exposed to and copy or model dysfunctional behavior of other family members. An individual is more likely to abuse alcohol if that behavior is modeled by those who love and care for that person (McGoldrick, Gerson and Shellenberger 1999; Rice 1999).

Looking Ahead

Despite the problems confronting the Omaha Tribe, the respondents were guardedly optimistic about the future, more so for themselves individually than for the tribe as a whole. At this time, strengths were recognized, but they seemed be overshadowed by the stresses. This negative orientation, however, does not have to continue for the Omahas or for those who work for the Omaha. A strength-based approach can be taken when working with any group (McAdoo 1993; Walsh 1998). With this approach, you begin with the group’s strengths instead of its problems. You identify
positive aspects of the group or what is working well. The emphasis initially, is on building from the individual and community strengths. The good things that are going on are identified and then efforts are made to improve them further (Olson and Defrain 2000). As the strengths grow, then attention is directed secondarily to problems. In this way, the problems are seen in the light of the strengths; therefore, a more balance approach is taken to the working with the group (Carson et al. 1990; Vega 1995).

What are the directions for further research? When studying a minority group like the Omaha, we recommend a “collaborative” approach. When collaboration is used, the researchers consult with the group to determine what their needs are and what they want investigated (Bogdan and Bilken 1992). Informant needs and concerns should guide the research, as well as the researcher’s interests and questions. In this way the group will gain some tangible benefit from the project rather than being used merely as research subjects. For example, instead of the researcher studying an Indian tribe to build or refine a theory of poverty, the tribal need of “how do we help our families out of poverty,” should guide the investigation. The Omaha are in the best position to know what needs to be studied and what constitutes valid ways to collect the relevant data. While outside researchers can be of assistance, providing resources education and training in research methods, we believe that the Omaha priorities should set the research agenda.

In conclusion, consider the observation of one Omaha man. He told us his son often asked him four questions: “Dad, are you going to work?”; “Dad, is it time for me to go to school?”; “Dad, let’s go for a walk or ride horses”; and “Dad, are you going to [Native American] church?” The child’s queries portray some of the strengths (e.g., family unity and Indian spirituality) and stresses (unemployment, schools) facing the Omaha people. These strengths and stresses are not unique to the Omaha. These same issues confront other minority groups and many Euro-American families (Taylor 1998). But, because of the history of Native Americans and the unique experience of living on reservations, we believe that more time, more money, and more effort should be expended to build upon their strengths and to seek solutions to the problems.

References


Omaha Indian Families on the Reservation


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