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Urban Indian Perspectives of Traditional Indian Medicine

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URBAN INDIAN PERSPECTIVES OF TRADITIONAL INDIAN MEDICINE

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Abstract

American Indians (AI) represent 2% of the United States population with over 560 federally

recognized tribes. In comparison to mainstream society AI show disparate rates for a number of

health conditions. While some AI use traditional forms of medicine and healing practices that

encompass mind-body-spirit approaches, studies conducted on the topic of Traditional Indian

Medicine (TIM) among American Indians are sparse. Considering the fact that two thirds of the

entire AI population currently lives in urban areas, it is timely to learn more about how TIM is

seen by American Indians, which is the purpose of this study. An Ethnographic Futures

Research (EFR) study was conducted with five AI participants of the urban community in King

County, Washington. Data was collected via focus group discussion involving future and

present oriented times which were categorized into themes and member checked with

participants. Findings were arranged in a physical-emotional-social-spiritual framework to

include themes regarding perspectives about TIM, broad guiding principles, and steps. The

range of perspectives in this study support previous investigations involving tribally diverse

people. That participant views about TIM encompassed a multitude of facets beyond health care

issues was a surprise and may allude to a relational worldview. The relational aspects that exist

within many indigenous worldviews are highlighted by the importance of treating each other and

the earth well is a factor in the sustenance of traditional and indigenous knowledge. The

electronic version of this Dissertation is at OhioLink ETD Center, www.ohiolink.edu/etd

Table of Contents

List of Figures

Chapter I: Introduction

The old adage that *only the strongest survive* brings new meaning to health conditions among marginalized people, especially in current times when there are claims that "disparities in health status parallel disparities in wealth and power" (Jones, 2006, p. 2131). The status of *being healthy* elicits meaning that is based on worldview, experience, and knowledge of whomever has the privilege of defining it. In a public health review covering several centuries, Jones (2006) states that

> American Indians continue to experience some of the worst health conditions in the
> United States…disparities have existed not for 50 years but for 500 years. From the
> earliest years of colonization, American Indians have suffered more severely whether the
> prevailing diseases were smallpox, tuberculosis, alcoholism, or other chronic afflictions
> of modern society. (p. 2122)

American Indians represent approximately 2% of the population within the United States, yet a review of their overall health status in comparison to mainstream society indicates disparate rates for numerous chronic diseases among American Indians, in particular cardiovascular disease, diabetes, and alcoholism. Increasing awareness of these disparities has since spurred alerts from the public health sector that interventions are vital. The fact that these illnesses were less prevalent prior to the 20th century and then rapidly worsened among the population (Dillinger, Jett, Macri, & Grivetti, 1999) offers great potential for comparing the pre- and post-environments in which the trend emerged to gather data about the specific causes that may have contributed to it.

Given these tragic realities, it is urgent to look deeper at potential solutions to the range of health disparities among AI/AN people. Among the many ways to begin to address such an important matter, one particularly effective strategy involves revisiting how traditional health has contributed to maintaining the desired levels of health among this group of people and how a

greater emphasis on traditional healing might be applied in contemporary society. While the amount of research regarding Traditional Indian Medicine (TIM) is still relatively small in comparison to Western medicine, there is a sense of urgency to continue on an indigenous knowledge path as urban American Indian communities stand their ground to address health disparities. Before mainstream Westernized healthcare systems became institutionalized in this country, AI/AN relied upon traditional health systems that incorporated mind-body-spirit healing methods for their health and survival. The fact that Traditional Indian Medicine (TIM) is practiced and used by AI/AN people across the United States in and of itself offers evidence that these traditions continue to be of value. On all accounts, it is thus critical to explore the direction that TIM is taking, especially among urban Indians who usually have unique perspectives about its role in addressing their health issues.

In Indian Country, health status and ways of achieving healthcare are concepts that do not stand alone. There is an understanding that there are many strands working together in the intricate web of life that bring balance to all areas. This investigation begins with a discussion of three components that lay a contextual foundation for addressing the provision of Traditional Indian Medicine services among the urban Indian community. The first component speaks to urban Indian health status from colonization to the present. The second area considers research conducted in Indian Country on the topic of Traditional Indian Medicine that is based upon indigenous worldviews and the role of leadership. The third component is the methodology for this study, Ethnographic Futures Research, which offers the most potential for a study that explores perspective of indigenous forms of healthcare, i.e., Traditional Indian Medicine, among the members of an indigenous community, in a manner that allows for indigenous research worldviews.

Conducting Indigenous Research in a Good Way

Generally speaking, in qualitative research, a category that includes Ethnographic Futures Research, researchers are transparent about their positionality as insiders or outsiders. One may wonder why it is so important to address potentially controversial issues of Indian membership, identity, and insider or outsider postures when conducting research about Traditional Indian Medicine services among Indian communities. As an indigenous person, I am aware that it is critical to heed the work of indigenous scholars who have conducted research in Indian Country to better understand the nuances that may emerge. For example, in a study by Struthers, Lauderdale, Nichols, Tom-Orme, and Strickland (2005), five American Indian researchers were interviewed about conducting research projects in Indian Country. The results indicated that researchers learn about targeted communities as a beginning point. The study states that "To learn more about native customs and practices, researchers need to make extra efforts to learn about the people they plan to study before beginning the formal research study" (Struthers et al., 2005, p. 200). This would include learning about terminology and how people wish to be identified and/or identify themselves. Because identity, along with holding a position as an insider or outsider is closely related to trust, it is essential that the researcher be aware of the community as a whole and its subgroups. Throughout this discussion there are various terms used to describe the original inhabitants of this country, to include, American Indian, American Indian and Alaska Native, Native, Native American, urban Indian, tribal and indigenous people. While each term may carry its own historical, social and political meaning, it is noted that each of these terms are used interchangeably by cited authors, to include myself.

Given the devastating social, political, and cultural experiences that AI/AN people withstood over time beginning with the invasion of Europeans to the systematic destruction of

entire tribal communities, it is understandable that American Indians must assume a protective stance toward their traditional knowledge, wisdom, and practices as these elements fundamentally define who they are as human beings. The profound sense of distrust carried through generations among indigenous people is ample cause for skepticism about the intentions of outsiders whether it involves conducting research or integrating TIM services within Westernized healthcare delivery systems. For example, Ranford and Warry (2006) discuss community members' perspectives on research conducted in indigenous communities, stating,

> Several interviewees indicated that community members are overexposed to research, researchers and research results. They have, in effect, almost become not only distrustful of the research but desensitized to research messages…[and] indicated that there is no desire on the part of communities to communicate or engage in relationships with researchers due to past research practices and transgressions. (p. 9)

Even as a member of the community where this study will be conducted, it would be presumptuous to forego an explanation about myself as a researcher. Elders and all others involved would be interested in learning about who I am and where I come from.

Who I Am and Where I Come From

As an American Indian entering into mainstream research I feel that it is important to explain who I am and where I come from out of respect toward those within the field of inquiry and in following suit with indigenous cultural protocol. As a member of the Confederation of Colville Tribes and having attended a number of gatherings of all types from various tribes over time, I have witnessed introductions that range from simply stating one's name and tribe to more elaborate forms of introduction that include name, tribal history, family history, family lineage from as far back as anyone can remember, philosophical view, and life purpose (which may or may not have anything to do with employment) like family activities, forms of entertainment, favorite jokes, and stories about relatives and relatives of relatives, or really most anything that is

of interest in that very moment of time. In essence when we say *that's the Indian way,* this is one example of what we mean. In our most familiar settings we are open to speaking and listening freely, thus sharing our human experience with one another.

My experience is that sharing about oneself is not innate; it is a behavior that has to be groomed under the right circumstances in which trust is present. In this country, history has resulted in a lack of trust among American Indian people in general toward mainstream institutions and initiatives like the dismantling of tribal communities and families through federal boarding schools and state-run adoption and foster care programs. Being a recipient of the latter, initially my decision to serve our people stemmed from being drawn to other American Indians with whom I share a cultural identity. Living back home on my reservation for several years as a young adult I would always hear elders talk about being traditional Indians, emphasizing the point that we needed to keep our traditions by following them on a daily basis. This meant maintaining our cultural practices such as dance, song, and ceremonies, living spiritual and healthy lives free of alcohol and drugs, and following specific values like respecting elders, being truthful and moral, showing generosity, and being humble.

I entered the study of leadership and change for two primary reasons: The first reason is to better understand the complexities of leadership and how American Indians are working for the betterment of our people from formal or informal positions of grassroots movements, the nonprofit sector, or tribal governments. I could only imagine what our historical leaders were like from the stories and messages offered by our elders, and muse about what they envisioned for their people in the future. Are we, their descendants, carrying on in a way that they envisioned? What cultural practices are being maintained? Are we spiritual? Are we healthy? Are we following the values that they walked and talked? Do we operate from a respectful place

toward all that is around us? Are we truthful, generous, and humble?   Which of their

worldviews or principles are being lived among leadership in present times? The second reason

is to be better equipped in offering much-needed support for leaders who are faced with an

insurmountable number of initiatives in Indian Country that address the health status issues of

our people.

Before further discussion of this study, I will offer my perspective regarding the

development of my worldview and its impact on leadership. Earlier I mentioned my tribal

affiliation; specifically my mother was a member of the Si-na-aich-kis-tu or Lakes band and my

father was a member of the Snpo-i-il or Sanpoil band. When I was young we just called

ourselves Colville when asked since it was not until I was a teenager that I learned about the

different bands of our confederation of tribes. This occurred when my older siblings recounted a

story about the time that my tribe's enrollment office notified my father via letter that his blood

quantum would be changed from 4/4 to 15/16. Apparently, he then stormed into our tribal

council office and demanded that he was a full blood and that that had not changed in his 50

some years. His blood quantum remained as is with no changes. I recall that when our family

talked about this everyone laughed and saw it as a time when our father set our council members

straight. It was not until much later that I began to understand where he might have been coming

from as an American Indian man. Born in the late 1920s, he had lived through a multitude of

change that took place on our reservation over his lifetime, to include the Ceremony of Tears

(Tate, 2005) and governmental efforts for the termination of our tribe (Trahant, 2010). The

generational losses of his ancestors, including a distinct way of life along with land, further

compounded his sacrifice as a Korean War veteran and grief from an eventual blindness,

chemical dependency, and broken family, which only fueled the threat of losing his status as an

American Indian.   As a child and young adult I recall feeling pride in knowing that I am American Indian, even though it was pointed out over and over again by non-Indians that we were "dirty," "alcoholics," or some other derogatory reference. Moving to the city as a young adult certainly did not insulate me from hearing comments about our people. I will never forget the time at a corner grocery store when an Asian teller asked my husband and I "what are you?" and when he heard our reply that we are American Indian he said "you're not drunks on the street." Given that this did happen in Seattle and there are AI homeless people suffering from all stages of addictions, it was nonetheless sad to hear a stranger from outside of our community make a reference about us like that.   At the time, both my husband and I were working to treat and prevent substance abuse among our urban Indian community.

I initially chose to work in the social and health professions for several reasons. The most prominent of them is rooted in a desire to help those who need it the most, among whom are fellow American Indians.   Throughout my career I have dedicated my professional efforts to the social and healthcare needs of the American Indian community. For the last 25 years I have worked in urban areas of western Washington State at an urban-based community health clinic, at a national Indian nonprofit organization, and at a tribal health clinic in various positions including youth and adult counselor, program coordinator, project director, and manager. The longer I worked among our people, the more I became aware of existing health disparity rates involving chemical addictions and substance abuse, mental health issues, domestic violence, juvenile justice, chronic illnesses, and associated fatalities. Seeing the dire picture of health among our people across the nation and in my own community drove me to begin wondering about how to translate that awareness into ways that might further assist our people. This previous work experience was a big factor in my eventual decision to enter the organizational

leadership and change path since it would lead to a deeper understanding of how to address issues at the local level, while gaining new knowledge that would be useful perhaps at a broader level.

After I had moved to the city I became aware that knowledge of my tribal history was very limited and that opportunities were missed when it came to learning about our people. While back home I worked as a switchboard operator for our tribal administration program and at the time was very happy to see tribal members and officials come and go each day. I was especially impressed by our female tribal council members. They always took a minute to smile and say hello on the way to their offices. I was equally impressed with one of my aunties who at the time also worked there as the janitor and would perform her job every day with a smile. What I missed was asking them and others about their views regarding our tribe, our history, our traditional ways, our families, or our plant knowledge. I was not aware while living back home that our first female council member, Christine Quintasket aka Mourning Dove and a Lakes band member, was elected in 1935 (Miller, 1990). Another important fact about my family is that my mother's sister was a peaceful activist in her own right. The Arrow Lakes people lived in Washington State and northward beyond the Canadian border and my auntie Eva Orr held strong ties with families of both countries. As an elder, she was vocal about how burial remains of ancestors on Canadian lands were to be cared for in the repatriation process (Pryce, 1999). There are many others from my tribe, both in historical and present times, which I have learned about and will continue to learn from whether it is from writings or in oral teachings. As I continue to learn more about my tribe, my own thoughts, ideas, beliefs, and outlook will result in a deeper understanding of who I am and where I come from. I will understand that my love for the water and yearning for knowledge about native plants is part of my makeup. Additionally, while

managing to gain information over time from members of my tribe, living in the city presents itself with more opportunities to hear the perspectives of those from other tribes. To hear the variations of stories, ceremonies, traditions, beliefs, and worldviews of other nations is a gift in itself.

Worldview is a word that easily slides into conversations. The way one sees the world and frames ideas, thoughts, beliefs, and experiences that determine ways of being is intriguing. When I first learned about indigenous and Western worldviews I had to stop and ponder about where I fit in the scheme of things. Automatically deciding that my American Indian roots meant that I am host to an indigenous worldview is too simplistic. While it may be convenient to convince myself that because I was treated differently while growing up largely because of my physical appearance or mannerisms, which by the way still happens today, this view is at best a bit presumptuous. Asserting that I have an indigenous worldview based upon my ethnicity would be equivalent to bragging that I am a traditional Indian just because I may speak the language, am a full blood, or dance at pow wows, which I've heard as well. While each of those given or acquired traits have value, they do not fully attest to who I am and where I come from in a way that is most meaningful, that is the extent that my life is lived in a good way. Indigenous worldview, much like cultural competence is a concept that helps to delineate a configuration of attitudes, value systems, beliefs, and behaviors, none of which are definitive. In reference to my worldview I am prepared to describe it as an evolving interpretation of how the world operates, which is based upon life experiences and my understanding of what makes our collective approach unique. As a member of the urban Indian community, my worldview is based upon what I understand from experiencing the ways of my tribe, in addition to the ways of the many

others in the city who are from other tribes, and perhaps even the ways of non-Indians. Actually the more ways that make up my worldview, the more unique it becomes.

Leadership in Indian Country is another important area to explore. As a tribal member I only need to peruse our tribal newspaper to get a glimpse of how our leadership is fairing, opinion-wise anyway. Of course, at this point I am an outsider among our reservation community in several ways, one being that I have not lived there for over two decades, thus am not in a position to provide an accurate account of leadership approaches or effectiveness. In the urban area where I live, our American Indian leadership has its own complexities; because AI people come from numerous tribes, there is a wide range of families and individuals who are new to the area or have lived in the city for generations, there are several AI organizations that have their distinct subcultures, and there is a constantly growing population of AI people. One report states, "Today, nearly seven out of ten American Indians and Alaska Natives live in or near cities…. They now constitute roughly 67 percent of the nation's 4.1 million self-identified American Indians and Alaska Natives" (Urban Indian Health Commission, 2007, p. 5). Even as a member of our urban Indian community, it would take more time than what can be afforded in this document to provide an accurate picture of our leadership approaches as well as other intricacies. This is an important point because while I am a member of the urban Indian community and am an insider in the broader sense, I am also an outsider among various subgroups within our community, which may be due to my place of employment, my socioeconomic status, my educational level, my role as a parent, my gender, my residence, my tribal affiliation, my spiritual and religious preferences, my political views, my worldview, or a host of other factors. The reality of being both an outsider and an insider poses challenges in regards to implementing an inquiry process through an ethnographic lens since I am sure to be

making meaning from my own biases (both enabling and disabling) whether acting as an observer, listener, or recorder.

Currently, I work as the traditional health liaison at an urban Indian community healthcare organization. My job is to ensure that Traditional Indian Medicine service needs are met for patients and the community. Generally, my understanding about the term Traditional Indian Medicine is that it includes the many forms and methods of healing beliefs, rituals, practices, and ceremonies that have been passed down from one generation to the next among AI people. Traditional Indian Medicine is based upon indigenous worldviews and, in this discussion, is differentiated from western medicines' European worldview. While AI communities and even individual AI people from across the country have their unique forms and methods of TIM that is based upon singular or multiple groupings of ancient tribal knowledge, a universal feature that connects them together is the foundational integration of the mind-body-spirit framework. The ancient tribal knowledge or traditional knowledge is knowledge that is tribal specific and includes both reasons and beliefs that explain our creation and purpose as living beings in this world and beyond. Even as I work in the urban Indian community, it is my understanding that wherever AI people happen to live, TIM, traditional knowledge and indigenous worldviews exist. For that reason I continue to be interested in what is happening back home with respect to TIM and the social and health conditions of fellow tribal members and among Indian Country as a whole. By getting a glimpse of the conditions in other communities that I traveled to while conducting training or consultations over the years, it appears as though there are commonalities among different tribal and urban communities regarding health disparities, employment rates, or educational gaps which fuel my interest in learning about the role that leadership has in addressing such disparities.

While there is not one reason for our collective state of health, education, and welfare, I have surmised that in many ways we have been and still are adjusting to living in a bi-cultural and now multi-cultural world. A quick perusal of tribal history since the arrival of the first Europeans shows that American Indians underwent drastic changes in a way of life along with striking accounts of worldview collisions. It may be the case that every indigenous group across the country shares stories about the devastating and rapid changes that occurred across this land due to differing worldviews. As pointed out by Gill (2002),

> From the initial stages of contact, whether in the Southwest or the Northeast, the sociopolitical as well as the religious values of what has come to be called the "dominant culture" have been those of conquest, exploitation, and domination. Through warfare and disease the white man's worldview has been forced upon that of the indigenous peoples of this continent. The processes of relocation and containment on reservations, together with religious "conversions," have nearly brought an end to both the world and the worldviews of Native Americans. (p. 23)

As indigenous people, acknowledging past atrocities and studying their effects on our collective health status today may help us to better understand our current social and health situation, especially if we come to new realizations that connect us with where we are today and then determine where to direct our energy in the name of progress. To explore aspects from our indigenous *world and worldviews* seems to be an essential pathway for expanding our knowledge base regarding our health status since it elicits a process of defining who we are and where we come from and by nature opens the door to all perspectives. I have mentioned worldviews, traditions, and leadership because they each have something to do with the health status of our people. In my community service, Traditional Indian Medicine, it is apparent that these three overlapping areas are continually evolving according to people, place, and time.

The urban Indian community is very mobile and some people may return to their home reservations often throughout the year, or not at all for various reasons including being born in

the city. The term "urban Indian" carries a unique meaning too. I recall when I moved to the city it took several years to identify as an "urban Indian." For some reason it was important for me to hold onto the image of being connected to my reservation, perhaps because it gave me a sense of belonging to our tribal people and the places that I cherished from earlier times. I recall being called an "urb" in a teasing way by some friends who were visiting from their rez and realized that yes, that's what I am now. To understand just what an identity label means for all of us who live in the urban community is far beyond the scope of this paper. In terms of identity it is helpful to consider that every person will have a unique way of describing tribal rootedness. Devon Abbott Mihesuah (2003) discussed Cross' four "Indian Life Stages" (p. 86) in the context of the oppressed in which people go through phases to get back to being (in this case) American Indian. Understandably there are many factors that promote or infringe on a healthy identity formation or simply having a sense of pride as a human being. For example, having traditional knowledge or being fluent in the language might promote a strong identity, whereas not having those qualities may limit a strong identity. Of importance for this discussion is to be aware about the diversity within the AI community and to be considerate of how people identify themselves. This understanding will most definitely make this inquiry process a rich one. Learning more about where we are in terms of person, place, time, and identity certainly aligns with my work to better meet the needs of the urban Indian community by focusing on community perspectives of TIM. After reviewing how research has been done among AI communities, it became even more apparent to me that the depth of information and the manner of inquiring to collect information would be important factors in this type of project for producing the most meaningful and useful data.

Scholars who have conducted ethnographic research in Indian Country have chosen Ethnographic Futures Research as a form of inquiry because it is participatory and action based (Hunter, Logan, Goulet, & Barton, 2006); leads to a deeper understanding through the use of practical strategies (Calabrese, 2008, Carrese & Rhodes, 2000); provides a context for quantitative findings (Jervis & AI-SUPERPFP Team, 2009); and provides a context for insider and outsider perspectives and experiences to unfold (Jolles, 2003). While the aforementioned rationales make sense, the latter one indicates a relational dynamic between strangers. Considering that some American Indians may be apprehensive of research whether conducted by insiders or outsiders of their communities, indigenous people are now making their conditions known in advance of participating in studies (Smith, 1999). For example, research procedures that allow for participant approval of what is being expressed by them may ensure ownership and result in identifying community-based needs, a follow-up step that is essential for change to occur. I would hope that in the future witnesses would report that new knowledge generated by this project was meaningful within the community that I serve.

Urban Indian Health Disparities

Indian Country includes all AI/AN people living in cities, frontier or rural areas, apart from their reservations, and extending across the United States. This discussion intends to address health issues among American Indian/Alaska Native people in urban areas, who like their relatives back home on reservations across the country, suffer excessive disparities when it comes to health conditions. In comparison to the general population, urban American Indians and Alaska Natives show death rates for infant mortality, accidents, diabetes, chronic liver disease and cirrhosis, and alcohol-related deaths respectively at 33, 38, 54, 126, and 178 % higher than the national average (Urban Indian Health Commission, 2007). In this report the

commission also states

> some studies indicate that up to 30 percent of all American Indian and Alaska Native adults suffer from depression, and there is strong reason to believe the proportion is even greater among those living in cities. Cardiovascular disease (CVD) was virtually unheard of among American Indians and Alaska Natives as recently as 40 years ago. Now it is their leading cause of death. (p. 5)

The federal program concerned with American Indians and Alaska Natives health at the national level, Indian Health Services (2011), shows death rate disparities in comparison to other Americans with "tuberculosis (500% higher), alcoholism (514% higher), diabetes (177% higher), unintentional injuries (140% higher), homicide (92% higher) and suicide (82% higher)" (http://www.ihs.gov/PublicAffairs/IHSBrochure/Disparities.asp).

Today, generations after they have been relocated to the city, urban Indians have since faced challenges that continue to impede their health status. Consider:

> Most urban participants had relocated as small children from their reservation to the city. Older urban participants spoke of feelings of isolation and disrespect once they moved to the city, of difficulties living among non-Indian people because of mutual lack of understanding, and of not understanding how to function in the urban environment, including accessing health care. Many urban participants' parents chose not to access Western health care: "We never went to the doctor when I was a kid." Others would wait until they had enough money to be able to travel to their home reservations to have traditional healing. Participants also spoke of not having the opportunity to learn traditional healing ways living in the urban areas. (Dodgson & Struthers, 2005, p. 342)

Urban Indians access allopathic medicine in today's modern healthcare settings and may request TIM services if they are made available as a specialty service that is integrated into the healthcare model. In Indian Country, the integration of TIM services into Western-based social and healthcare systems is important among indigenous people since these models best match a traditional framework that is based upon a mind-body-spirit context (D. Hodge, Limb, & Cross, 2009). While Traditional Indian Medicine may be integrated sporadically across healthcare settings in Indian Country, like many forms of complementary and alternative medicine, there is

still a long way to go before it is accepted and readily utilized on as broad of a scale as allopathic medicine where treatments are readily covered by health insurance plans.

Despite these obstacles, American Indians have taken measures to ensure that indigenous worldviews are restored in developing strategies that address health issues among their communities. "An Indigenous model must reflect indigenous reality. It must integrate the past, the present, and the people's vision for the future. It must acknowledge resources and challenges and allow communities to build a commitment to identifying and resolving health concerns and issues" (Chino & DeBruyn, 2006, p. 12). Indigenous researchers are finding ways to integrate indigenous knowledge into their craft. As they investigate phenomena within Indian Country they realize that it is a huge responsibility and that it is imperative to carry out modes of inquiry that are based upon solid platforms that authenticate their indigenous worldview. For example, among the many views in Indian Country is the belief that everything is interrelated, a universal concept that may also carry unique meaning among individual communities, which is reason enough to stop and ponder its implications with community members to get more of an understanding of how they define their experience while beginning interactions that promote mutual respect. To seek indigenous knowledge and understanding that is based upon the indigenous worldviews of community members is the premise for investigating urban Indian perspectives on Traditional Indian Medicine while acknowledging processes for community building that reflect identified values of leadership models.

Definitions of Traditional Indian Medicine

Traditional Indian Medicine is defined in numerous ways. Based upon spirituality,

Indigenous traditional healing is also known as Native American medicine, traditional healing, indigenous medicine, Indian medicine, traditional interpretation, and spiritual interpretation. It is an ancient, intact, complex holistic healthcare system practiced by

indigenous people worldwide that is profound and more deeply rooted and complex than is commonly understood. (Struthers, Eschiti, & Patchell, 2004, p. 142)

Struthers et al. (2004) also point out that while TIM is used across Indian Country in many ways and alongside Western medicine, as a research topic it is sparse in comparison to Western medicine. There are many reasons that contribute to the lack of information from which to draw regarding TIM. Of mention are the forms of communication used among AI people, the uneven representation of the few tribal communities who have been studied to date, or the transfer of beliefs from tribal reservations to urban communities. One study found that

> Healing traditions in tribal nations have been conveyed to future generations in oral teachings rather than the written word. Therefore, there are few historical writings on the topic of Native American healing practices…In a protective stance as well as to retain spiritual meaning, it is purported by some Indian natives that the most sacred of rituals and healing practices have not been revealed to the white man. Therefore one should not expect to find the complete realm of the healing practices in either verbal, written, or pictorial histories. (Schwing, 2008, p. 73)

A literature review conducted by Johnston (2002) on Native American traditional and alternative medicine found that "The literature is very uneven: there is extensive work on a couple of societies and a dearth of data on most. Some native societies are completely unrepresented in the literature" (p. 208). Findings from another study conducted with a Canadian urban Indian group found "the continued utilization of traditional medicine represents transference of traditional medical beliefs, especially the beliefs concerning the efficacy of Indian medicine, to the urban context" (Waldram, 1990, p. 26). Each of these studies brings up certain nuances regarding the study of TIM that demonstrate the fluidity of this topic among indigenous communities.

Indigenous Research About Indian Leadership and Traditional Indian Medicine

The practices within Traditional Indian Medicine (TIM) have been maintained among tribal homelands, both on reservations and urban settings across the country. While American Indians and Alaska Natives in the United States have overcome attacks from outside forces, notably from mainstream government initiatives that threatened the continuance of TIM practices through the banning of traditional ceremonies in the mid 1800s, it is unheard of that they have had to fight for their right to practice their traditional ceremonies among their own tribal communities, as in the case of a First Nations Cree community, Ouje-Bougoumou, whose tribal leadership recently banned sweats (Peritz, 2011; Taliman, 2011). The fact that sweats were outlawed, a decision based on religious rationales, by that First Nations government is shocking and demonstrates the complexities involved when forms of Traditional Indian Medicine are practiced among indigenous communities. As an outsider of that community I can only speculate that such an anomaly is an example of what Taiaiake Alfred (1999) alludes to in his discussion of indigenous tribal leaders who have moved from traditionalist to colonialist frameworks that result in oppression of their own people.

Examples of these types of prohibitions from within American Indian communities make me wonder what lies ahead in the future regarding the practice of TIM in my own urban-based community, especially when there are complex issues to consider, such as the question of how to bring tribally diverse perspectives from within the community to consensus or how to get buy-in from decision makers who are operating from opposing worldviews to fund TIM services.

Purpose of the Study

Generally, those who have reviewed studies conducted on Traditional Indian Medicine agree that more information is needed (Johnston, 2002). Given that there are a limited number of

studies conducted among urban Indians in which over 50% of the AI/AN now reside, it is shown that they use alternative healers and traditional health practices alongside Western physicians (Buchwald, Beals, & Manson, 2000; Hunter et al., 2006; Marbella, Harris, Diehr, Ignace, & Ignace, 1998). While studies have focused largely on what health professionals or educators need to know about AI/AN use of TIM alongside Western medicine (Carrese & Rhodes, 2000; Garwick & Auger, 2000; Mehl-Madrona, 2009; Shelley et al., 2009; Struthers, 2000; Venner, Feldstein, & Tafoya, 2007; Zubek, 1994), they exclude an essential group of decision makers whose direct contact with those receiving TIM services is minimal, like organizational leaders and all levels of management. Another gap is in understanding how TIM functions at a broader level within the community. For example, does more or less interagency collaboration need to occur? What do cultural competency assessments among those serving this group reveal that may be helpful in ensuring that adequate TIM service delivery occurs? Do TIM services need to be situated more or less prominently in healthcare settings? These types of questions regarding the direction of TIM among urban AI/AN may provide answers for those who are seeking ways to inform their leadership collectively.

The purpose of this study is to gain understanding about the direction that Traditional Indian Medicine as a form of care among urban Indians is heading. My research will address the possible scenarios regarding the use of Traditional Indian Medicine in an urban community. I will explore the manner in which traditional healing methods are practiced among the urban community including youth, elders, and professionals who serve urban Indians. Concrete recommendations made by this community will be developed into a living document that addresses healthcare leadership regarding the integration of Traditional Indian Medicine services with the intention of meeting the culturally diverse needs of the urban Indian community. For

the purposes of this study, urban Indian is defined as anyone who identifies as American Indian, Alaska Native, Native Hawaiian, or First Nations and lives off reservation either in or adjacent to a city in King County, Washington.

Epistemological Approach for a TIM Inquiry

I am interested in studying urban Indian perspectives of Traditional Indian Medicine using Indigenous Research Paradigms. I will use a qualitative methodology, specifically ethnography. I like to imagine that the process of research requires continuous movement of making meaning that is multidirectional wherein ideas, thoughts, and the lens from which they are based intertwine to produce substantial information and knowledge. All the while I will be internally guided by a set of criteria that are noted by researchers of qualitative studies. In *Collecting and Interpreting Qualitative Materials* (2008), edited by Denzin and Lincoln, Richardson and Adams St. Pierre list the following four criteria for the evaluation of critical analytical practices during this process: substantive contribution, aesthetic merit, reflexivity, and impact (p. 480). These criteria serve as a form of self-monitoring and evaluation as the inquiry process unfolds.

The other epistemological approach that will guide this inquiry is the Indigenous Research Paradigm based on indigenous ways of knowing and knowledge. Smith (1999) states that

> Indigenous methodologies tend to approach cultural protocols, values and behaviours as an integral part of methodology. They are 'factors' to be built in to research explicitly, to be thought about reflexively, to be declared openly as part of the research design, to be discussed as part of the final results of a study and to be disseminated back to the people in a culturally appropriate way and in a language that can be understood. (p. 15)

In *Research is Ceremony* (2008), Wilson includes a set of principles expressed by Judy Atkinson that guide indigenous research that begins with approval of the community and expands on to

consideration of community diversity and individual uniqueness, relating to an understanding of reciprocity and responsibility, ensuring that participants feel safe about sharing and that their confidentiality is upheld, being non-obtrusive when observing, deep listening, acting with nonjudgmental consideration, producing a purposeful action plan, acting responsibly to what is seen, said, and heard, being aware of the mind and heart connection, tuning into relation of self to others, and acknowledging researcher as a subjective self (p. 59).

Among indigenous communities who open up their homes and hearts to researchers with an understanding and expectation that their communities will somehow benefit, Atkinson's principles are meant to engage participants in a mutually respectful manner that, in addition to producing meaningful knowledge, recognizes the importance of considering who they are and where they come from. Thus "By incorporating these principles and functions into the research, the researcher honours the worldviews of indigenous peoples and does so with ethical responsibility and sensitivity" (Wilson, 2008, p. 59). The challenge of this research project is to create work in a manner that does justice to the people. The people giving their voices, the people who have put forth their collective indigenous knowledge in formulating these approaches, and the people who it is hoped will benefit from this effort.

Keeping in mind that the components of an Indigenous Research Paradigm are ontology, epistemology, axiology, and methodology, Wilson (2008) elaborates on the importance of relationships on multiple levels (environment/land, cosmos, ideas, and accountability), which on the surface shows that research is an inter-relational process and follows a universal teaching that everything is connected. The "Logistics Model for Conducting Research among Urban Indians on the topic of Traditional Indian Medicine" provided below is the visual path that depicts the relational quality for this study.

Logistics Model for Conducting Research Among Urban Indians on the Topic of Traditional Indian Medicine

This image stands for a constantly moving circle, which overlays the four areas of Ethnographic Futures Research. Ethno represents the group of people, urban Indians, who are the voices of this investigation. Graphic represents the images of the emerging Visions that will be articulated through oral and written methods. Futures represent a period of time for planning ahead in regard to Traditional Indian Medicine care. Research represents the process of investigating the community in a way that mirrors Indigenous Research Paradigms. This model is based upon an indigenous worldview that espouses an interdependent relationship between each of its components and is designed in a way to represent the indigenous worldview with the potential to elicit meaningful information and new knowledge for members of the urban Indian community, whether they receive services or work within integrated healthcare systems where TIM services are provided or among neighboring organizations that wish to collaborate so that this type of service will be an accessible option for AI/AN people who request it.
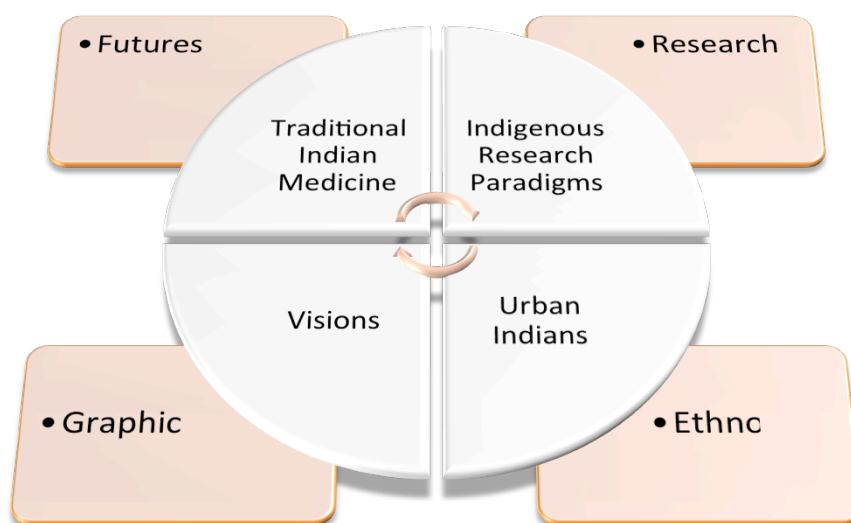
Figure 1.1. Logistics model for conducting research among urban Indians on the topic of Traditional Indian Medicine.

The subsequent chapters will expand upon existing perspectives and knowledge of indigenous and non-indigenous teachers from all walks of life and the above model may serve as a reference point for embarking on this particular study about Traditional Indian Medicine. The literature review will highlight the three chosen areas of indigenous leadership, research, and Traditional Indian Medicine. When standing alone each of these areas showcases strong merit upon review of their contributions to progress in the management of Indian affairs. The task of reviewing each of these three aspects solely and in reference to each other reaffirms that an ever evolving continuation of indigenous knowledge and worldviews not only exists, but that it remains to be the underlying force that ensures new initiatives will be meaningful for the people. The methodological discussion will consider the manner in which research in Indian Country has undergone phases of change since the 1770s and earlier when interpretations of indigenous people and their way of life by outsiders was questionable, or generally only researchers benefited from their investigations. The current shift toward participatory research wherein

indigenous people have taken measures to not only decide who may be allowed to study their communities, but perhaps more importantly, how research is conducted so that it follows community-driven expectations, is a worthy accomplishment. This discussion will also refer to an ethnographic futures research pilot study that I conducted in preparation for this study of Traditional Indian Medicine within an urban Indian community.

Chapter II: Literature Review

It is timely to offer examples about the meaning of the American Indian view that everything is connected, especially since we are in the Indigenist Research Phase (Wilson, 2008, p. 51) wherein the areas of discussion put forth here essentially represent our collective understanding of who we are and where we come from. Among like-minded circles it is easy to place contexts within mind-body-spirit platforms because many of us seem to share a universal understanding that this is the way the world operates. Literally speaking, the quality of life among humans is diminished in the absence of even one of these forms (the mind, body, or spirit). I surmise that this holistic worldview that has been maintained across Indian Country historically and into the present day will be what carries us into the future as well. It is my experience that more often than not whenever there are issues being addressed among tribal members, no matter what the topic is or how many people are involved or their tribal affiliations or whether they live in urban or reservation communities or have varying levels of education and incomes, inevitably, at some point the heart of the discussion becomes a focal point. The heart of our people centers upon the spirit and spirituality. "American Indian leadership brings a spiritual foundation, which respects and benefits all life and ensures the continuity of future generations" (Bordas, 2007, p. 17). American Indians may be discussing issues of the day such as education, health, politics, culture, history, religion, technology, business, or governance from a multitude of disciplines and sectors and still come to a consensus that acknowledges our collective human understanding that our very state of being and potential relies upon the strength of our mind, body, and *spirit*. For this discussion it is a worthy exercise to examine some of the ways that indigenous knowledge, indigenous leadership, and Traditional Indian Medicine are

defined by our sense of spirit. From a wide angle we may see just how spirit and spirituality

have emerged in discussions and definitions of indigenous knowledge, indigenous leadership,

and Traditional Indian Medicine from among various communities in Indian Country.

Indigenous knowledge could have been wiped out when First Nations and American

Indian people became colonized several hundred years ago, but it was not. The underpinning of

indigenous knowledge, spirituality, is what not only kept us intact, but what our future depends

on. Alfred (2005) professes that

> the objectives of human life are defined in the commitment to seek to understand basic
> spiritual teachings and to shape one's life to embody the values that emerge from
> respecting those fundamental principles…we each face a challenge in seeking ways to
> merge our new voices with the ancient teachings. (p. 236)

It is an accomplishment that indigenous scholars and researchers were able to merge their

original teachings and worldviews into research and education among Western academic

settings, especially since American Indian science and Western science are very different from

one another. Through indigenous intelligentsia (Alfred, 1999) the transmission of traditional

knowledge brings justice to our people by more accurately representing our experience as

indigenous people. Contemporary indigenous scholars, researchers, and leaders have held to

their ancient teachings, a fact that it is seen in work that has created space for indigenous

knowledge to be taken seriously as a distinct worldview. While lists of AI leaders may be given

from any point in reference to historic and heroic scholars or educational leaders, Vine Deloria,

Jr., is the first to enter my mind when asked who has delivered the most thought-provoking cases

when it comes to promoting and valuing indigenous worldviews. Whether he discussed the land

(Deloria, 1999), religion (Deloria, 1994), history (Deloria, 1997), education (Deloria & Wildcat,

2001), or medicine people (Deloria, 2006) to name a few of his works, Vine Deloria, Jr,. was

most skillful at describing the essence of an AI philosophy that upholds the significance of

spiritual meanings and its presence relative to the tribal experience. Indeed, when worldview lies upon a spiritual connection and understanding with the world, the very heart of being, it is impossible to exclude it from any thought or action. "Native science reflects the unfolding story of a creative universe in which human beings are active and creative participants… It reflects the sensual capacities of humans. It is tied to spirit, and is both ecological and integrative" (Cajete, 2000, p. 14).

Indigenous research and ways of knowing offer a very different approach than Westernized studies which at one time were primarily conducted by outside scientists who did not necessarily see the value of supernatural forms and stopped investigating when spirits were mentioned.

> You know, students from the university are always coming out here to ask questions about how we used plants. They want to know where they grow, how to pick them and how they were prepared. They believe everything we tell them and write it down as scientific facts, but when we say the most important part they smile and turn away. The real truth is that plants have a spirit too. In our religion everything has a spirit. Even the rocks have a spirit. (Modesto & Mount, 1980, p. 30)

Research carried out in the indigenous way is a striking example of bringing forth new knowledge for the people and by the people. While there may be acceptance of indigenous researchers who conduct studies in Indian Country, it does not automatically infer that their efforts have always been or are always for the people. It does however seem plausible that relating with a worldview that is similar to those who are being asked to share their experiences and perspectives may be given extra consideration. Also, when indigenous researchers use their indigenous knowledge to design their research methodology and methods, by its very nature it does seem likely that interactions and outcomes may be more engaging if not deemed as a more meaningful experience.

One of the traditional ways of dialogue is the talking circle that is being included in research projects across Indian County (S. Becker, Affonso, & Blue Horse Beard, 2006; F. Hodge, Pasqua, Marquez, & Geishirt-Cantrell, 2002; Kenny, 2006; & Struthers, Hodge, Geishirt-Cantrell, & De Cora, 2003) and creates space for a time-honored tradition, storytelling. The talking circle is a spiritual experience as it calls upon an understanding and acceptance of the mind-body-spirit connection from which truthful dialogue comes from the heart. The use of talking circles, a form of Traditional Indian Medicine, demonstrates the importance of ancient practices among our communities. The talking circle is one way that spirit and spirituality are acknowledged and practiced. It is one example of recognizing the extent to which the concept of mind, body, and spirit is imprinted in our worldview. This imprint is deeply rooted in our very existence and so whatever we do, it will surface.

Collectively, indigenous scholars, researchers and leaders have been carefully ensuring that our identity and worldviews are included in vital ways among our communities and in mainstream society. As the topic of health status among urban American Indians is under exploration, healthcare leaders have intentionally implemented policy that allows the provision of indigenous TIM services as a healthcare option among Indian Health Services (Trujillo, 1994). As we approach two decades since the IHS-TIM policy took effect, we may pause to consider the important role that indigenous knowledge and beliefs have taken in the design of relevant health interventions among tribal and urban-based communities. American Indian communities are relying upon their indigenous worldviews, which are value laden as they address health issues from a research lens. The National Congress of American Indians (NCAI) Policy Research Center and Montana State University Center for Native Health Partnerships

(2012) showcased innovative projects in Indian Country that demonstrate the following core

values for conducting research in tribal communities:

> indigenous knowledge is valid and valued; culture is always a part of research and thus research cannot be culturally neutral; responsible stewardship includes the task of learning how to interpret and understand data and research; tribes must exercise sovereignty when conducting and managing data; and research must benefit Native people. (http://cnhp.montana.edu/NCAI-WalkSoftly.pdf)

These values, and others as uniquely defined among each American Indian community,

will be apparent throughout this discussion, whether it is about TIM healthcare delivery, research

initiatives, or leadership. That a holistic factor is embedded within the indigenous worldview

further supports the above stated core value about the prevalence of cultural makeup. As

indigenous people live, their culture is something that cannot be separated from any part of them

or their actions. Of course there are complexities between and among specific communities in

Indian Country that make us characteristically distinct from each other. From a post-colonial

psychological perspective we acknowledge that while tribes and American Indian communities

share a collective historical story that situates our universal identity, we also understand that each

tribe and urban Indian community will hold its own characteristic views and beliefs that make it

culturally distinct. "Native American culture is not a single entity. There is a tremendous

amount of variation linguistically, culturally, and religiously among Native American nations in

the United States" (Duran & Duran, 1995, p. 104). This holistic view of connectivity and

interrelatedness emerges from many contexts, thus for this discussion when teasing apart

components of indigenous models including TIM, research, and leadership, there is a strong

presence of interconnectivity within our core values that encompasses person, place, and time.

Noted indigenous scholar, Vine Deloria, Jr. (1994), succinctly explains about a belief in

connectivity with the world around us with

> At the bottom of everything, I believed then and continue to believe, is a religious view of the world that seeks to locate our species with the fabric of life that constitutes the natural world, the land and all its various forms of life…At the deepest philosophical level our universe must have as a structure a set of relationships in which all entities participate. (p. 1)

When we examine how indigenous people carry out TIM work, research, or leadership strategies, it is not a far stretch to imagine that it is done in a way that mirrors inter-relationships. Consider that TIM or research may also substitute for the word "leadership" in "The road to leadership is paved with land, ancestors, Elders, and story…They are embodied concepts unique to Native Leadership" (Kenny, 2012, p. 4).

The revitalization of our indigenous knowledge, indigenous leadership, and Traditional Indian Medicine within our respective communities (both urban and reservation based) and its application for addressing present-day issues affecting our people, including health disparities, will make all the difference for our longevity and quality of life. I believe this because it ties us to who we are and where we come from, that place where we can only describe our experience in relationship to all that is around us. Our ancestors knew that our natural process of inquiry emerges from the mind, body, and spirit. We are living what we know.

Indigenous Leadership Models That Describe the Influence of Indigenous Worldviews in the Development of These Models

Indigenous researchers cover a span of disciplines from Australia, Canada, New Zealand, and the United States. They have broken ground in order for traditional indigenous knowledge to be incorporated into approaches designed to gather more meaningful and useful information from among indigenous communities. While there is no doubt that intentions underlying research studies for any given community should strive toward beneficial impact as an ethical duty in the scientific realm, it goes beyond saying that indigenous people may also have culturally defined expectations and standards when it comes to ensuring that the welfare of their

communities is fully considered. Hints concerning these expectations may be found by identifying universally shared values among indigenous people, such as doing what is good for the whole rather than individual interests, or honing in on the mind-body-spirit connection for health maintenance, or living according to principles of respect, generosity, humility, and kindness, to name a few. Because conducting research in indigenous communities inevitably involves the constantly shifting and ever-present bodies of local leadership, it is necessary to have some understanding of the various forms of leadership in Indian Country as well as an idea of how leadership is viewed from an indigenous lens. An overview of American Indian leadership models is provided to not only see how it is being discussed in research, but perhaps more importantly to see how indigenous worldviews shape the art of inquiry and ultimately decision-making processes.

Finding examples of American Indian leadership models produces little in comparison to what is found among more general searches on the topic of leadership. The American Indian Policy Center (T. Becker, 2002) points out that while historic accounts of traditional leadership are available, they are mainly from non-indigenous worldviews whereby "ethnographers retro-fitted traditional Indian leadership practices into European-American conceptual frameworks." As pointed out by Julien, Wright, and Zinni (2010), "While much has been written about leadership, very little research has examined North American Aboriginal leadership" (p. 114). Today, conceptualizing what leadership means from an indigenous lens is a rigorous task if we are to take into consideration the ways of our ancestors, a process that entails interpreting their historic words and actions in a contemporary context.

Values prove to be a concept that is of great interest among indigenous scholars and researchers perhaps because of its prominence as a driving force in all aspects of life. Inquiries

that address the presence and practice of American Indian values, whether focused on tribal

governments (Mankiller & Wallis, 1993; Riley, 2007), healthcare professions (Bryant, 1996,

1998; Nichols, 2004a), educational institutions (Ambler, 1992; Dana-Sacco, 2010), or the actions

of historical leaders (Debo, 1976; Moulton, 2005; & Over, 1950; Tayler, 1965) are a focal point

for discussion about how our indigenous entities are influenced by indigenous worldviews.

The indigenous models of leadership mentioned in this study emphasize how indigenous

worldviews have influenced their development. I will highlight an article by Warner and Grint

(2006) titled "American Indian Ways of Leading and Knowing" and another by Julien et al.

(2010) titled "Stories for the Circle: Leadership Lessons Learned from Aboriginal Leaders."

While these models are only two out of perhaps many possible examples, the works of others

who have written on the topic of American Indian leadership are mentioned as a means to

demonstrate like-minded universal themes that represent a collective of foundational indigenous

concepts.

It is necessary to point out that as indigenous people discuss leadership on the basis of

insiders and outsiders, i.e., indigenous and non-indigenous perspectives, any either-or

conclusions made about beliefs or worldviews will not hold water if there is a claim that one

group holds anything over another because human beings are interesting creatures and are

subject to crossover when it comes to delineating variables. Ethnicity or cultural and traditional

make-up alone do not automatically allow for accurate predictions. Just as there are examples of

American Indian leaders who operate from non-Native values systems, there are opposite

examples as well. Another factor involves linguistics and how meanings are subject to which

language they are being translated from. In fact, Warner and Grint (2006) state that

> Traditional leadership models, a more radical native scholar might argue, can only
> be viewed with a cultural lens that is, perhaps, not available to us in the present,

or is available but only by virtue of being translated into English, thereby losing some of the cultural context needed to fully understand the concept. In effect, is it ever possible to understand the other without being the other? Perhaps not, but we can at least make some inroads into this problem by understanding how others perceive their own approaches to leadership and, by comprehending the differences, we can begin to assess the extent to which leadership is culturally constructed. (p. 231)

The Tahdooahnippah/Warner Model (Warner & Grint, 2006) includes four descriptions of leaders: the social scientist; the author; the elder; and the role model. Keeping in mind that the authors of this model view the strongest determinant of leadership to be the ability to persuade others to do things that they would not have done otherwise, the corresponding leadership variables are observation, narration, tradition, and experience. Visually and conceptually this model takes on the shape of the Medicine Wheel with a circle divided into the four cardinal directions that encompass the four types of leaders. Their description of leaders also parallels a teaching of the Medicine Wheel in regard to human development, i.e., infancy, youth, adulthood, and elderhood, wherein all phases are valued and have a purpose.

An example of the elder and role model aspects is supported in the work of Lopez (2008), who interviewed renowned leader Oren Lyons of the Onondaga Nation on the topic of past and current leaders of the United States. According to Lyons, among his people "Leadership was never meant to take care of anybody. Leadership was meant to guide people; they take care of themselves" (p. 11), which demonstrates on one level the importance of the leader as role model who is emulated by others in the community. Indeed even the description of Lyons in this interview seems to match his words in that

> he doesn't actively seek forums from which to speak. If someone asks him, however….He chooses his words carefully….When he converses about serious issues, no insistent ego comes to the fore, no desire to be seen as an important or wise person. His voice is but one in a long series, as he sees it, and the wisdom belongs not to him but to the tradition for which he speaks. His approach to problems is unusual in modern social commentary because his observations are not compelled by any overriding sense of the

importance of the human present. In place of a philosophy of progress, he emphasizes fidelity to a set of spiritual and natural laws that have guided successful human social organization throughout history. (p. 4)

While seeking advice from elders is a common value in many tribal communities, tapping into this human capital resource is much more than "low hanging fruit" for it extends beyond accessibility into productivity.

In Julien et al.'s (2010) "Stories for the Circle" piece, distinctive similarities and differences are made between the Aboriginal approach to leadership and non-Aboriginal leadership that include conception of a leader, centrality of spirituality, communication through stories and symbols, long-term view, the circle, holistic perspective, gender roles, and challenges associated with leadership. In regard to the issue of conception of a leader, Washington (2004) discusses a governance process model for the Sliammon people that brings forward traditional leadership knowledge of the past to modern settings. In this process, families are represented by spokespersons who serve in advisory capacities. Besides the notion that leaders operate for the good of the whole community rather than from an individualistic basis, they are selected for their demonstrated leadership practices and vast knowledge. Traditionally,

> Within each high-status household was a "headman" who was influential among his family and with residents of less successful households who looked to him for guidance and support… .Headmen were those who were looked upon for leadership, role modeling, and know-how. He had to be knowledgeable about a wide variety of things to ensure the survival of his people. (Washington, 2004, p. 592)

Regardless of leadership make up, the notion that leaders must be equipped to ensure the survival of the people seems to fit with today's times as both appointed and chosen heads have their plates full with persisting health, education, and welfare concerns. Among the concerns are those mentioned in the U.S. Department of Health and Human Services that report comparisons between white adults with American Indian/Alaska Native adults: AI's are 2.3 times as likely to

be diagnosed with diabetes, 1.2 times as likely to have heart disease, 1.6 times as likely to be

obese, 1.3 times as likely to have high blood pressure, and 60% more likely to have a stroke

(http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=52).

Upon examination of both studies one may notice the similarities that immediately stand

out as markers of the influence of the Native/Aboriginal worldview. To begin, in reference to

traditional forms of leadership, both models include features described by the American Indian

Policy (1997) , including: significance of spirituality among leaders; demonstration of

generosity, kindness and honoring of all living things; cultivation of future generations; leaders

as humble servants who did not seek leadership positions, rather they emerged as leaders; leaders

being selected out of the needs of the community which changed accordingly; leaders leading by

example rather than from an authoritative or command stance; leaders taking time to make

decisions; leaders basing decisions on a consensual basis; and addressing conflicts via restitution

and restoration of relations. With respect to the foregoing points it appears justifiable to point out

that there have always been blueprints for creating models of indigenous leadership within the

wider realm of indigenous knowledge, which yet remains waiting to be fully utilized.

As pointed out by both Julien et al. (2010) and Warner and Grint (2006), while American

Indian ways of leadership as they pertain to organizational development and management is a

relatively new area of study, recognition of indigenous worldviews seems to be emerging among

various mainstream circles, such as in environmental issues. It appears that this movement

among American Indian leadership to rely on old knowledge and understanding to solve present-

day challenges is helpful. Verbos, Gladstone, and Kennedy (2011) state that

> To honor our elders, their wisdom, and resilience, we present Native American values as
> a different perspective to generate a virtuous, inclusive circle within management
> education. This circle may increase cultural intelligence, benefit an underrepresented
> minority group, fulfill commitments to diversity, and contribute to wisdom in

management education. Respect for these values in management thought may lead to better decisions. (p. 21)

Both groups of authors for these studies are quick to point out that the American Indian worldview and American Indian people's respective views toward specific contexts such as leadership are not necessarily better than the other forms, however, the similarities and differences between each worldview are complex and warrant strong consideration. Additionally, there will not be one form that fits everything since even among tribal communities mixtures of worldviews exist. Thus, even while it is intriguing to review the scholarly discourse on and conceptualizations of the indigenous worldviews presented above, every person will have her or his own take on how worldviews are defined. As I see it, indigenous worldviews contain an all-encompassing piece of traditional knowledge and wisdom that is ultimately carried out in practice. Indigenous knowledge then is the way we perceive the forces that construct our existence, which moderate how we function as human beings. This would include our creation stories and our philosophy about how we obtain and carry out our individual and collective purpose. Our traditional knowledge is information that is passed down generation after generation and includes our history, stories, findings, inventions, and languages. Our traditional wisdom is the compilation of our worldview and traditional knowledge and is based upon lived experience; thus our wisdom keepers are those who have not only acquired a wealth of knowledge and experience, they are also those who are emulated and their teachings are carried on because their actions mirror what is to be sustained in all areas of life (Squetimkin-Anquoe, 2012). For this discussion, the broader meanings of indigenous and American Indian worldviews are used interchangeably as they are terms used to describe the original inhabitants of the land, and while North America includes many indigenous subgroups, what is being referred to here is limited geographically to the United States and Canada.

It is timely to explore the practical application of indigenous-led entities within Indian Country to see if or how they match up with indigenous worldviews because it is a process that may take leadership a step further on the path of practicing and purposely being influenced by indigenous knowledge in a manner that would ultimately work for the benefit of many communities. To ask "To what extents do our American Indian organizations who espouse American Indian values-based systems genuinely operate in such a manner?" will produce varying responses. Cohen (2001) states

> My ancestors knew all along about regeneration, systems theory, sustainability, dissipative structures, and well beyond. These terms were expressed metaphorically through story and life….Indigenous and Western academics and theorists follow similar paths in their searches for knowledge: both examine, analyze, synthesize, and interpret ideas and work from within a cultural context. Taylor, Kazepides, Smith, Kenny and others are doing this. (p. 147)

On the other hand Alfred (1999) asserts that many of our entities remain in the co-optation phase that is a rampant result of colonialism and suggests that American Indian leaders are being driven by greed. Jervis and AI-SUPERPFP Team (2009) state that "Corruption was so much a part of the tribal government's ethos, some participants suggested, that council members who were sincerely motivated to help people were apt to be driven out of office by their colleagues" (p. 17). Making sense of how leaders in Indian Country are leading in relation to an American Indian values system is no small task as seen from the varying statements from those who are considered to be well informed on the issue. Even asking such a question is likely to produce mixed answers since indigenous values take on specific meanings for each community, i.e., both collectively and individually, so that what may be considered as indigenous values for one individual or community may be very different from other individuals and communities.

To elaborate about the complexity of indigenous worldviews and how entire communities

are influenced by their respective positions stemming from traditional knowledge and wisdom,

the before mentioned community who banned a traditional indigenous activity is one example.

While it is shocking to see a magazine headline of *This Week from Indian Country Today* that

reads "A Christian Cree community tore down a sweat lodge and banned traditional Cree

practices, and there might not be anything anyone can do about it" (Taliman, 2011), it once again

is a reminder that every tribal community, and even sole organizations and entities, will have

their own unique worldviews influencing them. As pointed out by Peritz (2011) "The conflict

underscores the complicated legacy of the Christian church among Canadian aboriginals, from

residential schools to the missionaries who tried to suppress traditional ceremonies associated

with shamanism."   In this particular instance older and younger generations hold different views

about the meaning of a long-held traditional practice**.** For members of the older generation who

have experienced the effects of boarding schools the sweat is viewed as witchcraft, for the

younger generation the sweat is tied to indigenous identity through spirituality (Peritz, 2011).

It is exciting to imagine that indigenous scholars and researchers are promoting

indigenous knowledge-based practices and models of leadership across disciplines. It seems that

leaders of American Indian-based organizations and tribes could benefit from those who have

gained knowledge relevant to indigenous people**.** This is of particular importance if practices and

models demonstrate how communities dialogue about tough issues, i.e., decision making when

health disparities and health services are involved**.** The shape of dialogue may take many forms.

American Indians have tribal specific forms of decision-making processes and traditional

methods are being utilized to address present issues that prove useful for local community

leaders as well. Christakis and Harris (2003) state that "The challenge is to design a new model

of interaction, based on empowering current and emerging Indigenous leaders to be positive and

proactive change agents within a cultural context" (p. 251). Increased understanding about the nuances of indigenous dialogue may be reflected upon within these discussions as a way to further identify our traditional values in this day and age before a mainstream audience, such as "to illustrate how American Indian stories facilitate an inductive and reflective pedagogical approach to teaching and learning" (Verbos et al., 2011, p. 53). It only seems advantageous for indigenous leaders to become re-sensitized to time-honored forms of dialogue as well. It is understood that there remains more than enough work to do in our own backyards in regard to how our governments and organizations are guided and how they are guiding. Indeed the call by Alfred (1999) is beckoning as he states "The time has come to recognize our mutual dependency; to realize that indigenous and non-indigenous communities are permanent features of our political and social landscape; to embrace the notion of respectful cooperation on equal terms; and to apply the peace-making principles on which were based both the many great pre-contact North American confederacies and the later alliances that allowed European societies to establish themselves and flourish on this continent" (p. 53). It can only be speculated that when American Indian entities and leadership operate from what might be termed as traditional indigenous value systems such as this then our communities would be at higher levels of collective functioning.

Traditional Indian Medicine Research

It is said that prior to the European presence on Turtle Island, the body of land that includes the United States and Canada, the original inhabitants were extremely healthy people, for indeed, they subsisted off of the vast resources of the land and sea, and had the wherewithal to survive upon their whole food and health systems. Currently, American Indians and Alaska Natives (AI/AN) in the United States live under very different conditions from their ancestors of long ago and have been showing, for some time, the most dire health status statistics ever.

Health officials and leaders from across Indian Country have been tracking this phenomenon

concerning a people for whom once physical conditions such as cardiovascular disease and

diabetes were unheard of (Urban Indian Health Commission, 2007).

While there may be multiple reasons that attribute to the dwindling health of AI/AN in

general, among them is the interruption of traditional forms of healing and medicine that were

practiced among American Indians and First Nations people (Dapice, 2006). The forms of

healing and medicine practiced by the original peoples of the United States and Canada that were

carefully passed from one generation to the next are widely known as Traditional Indian

Medicine (TIM). Once the sole source of healthcare among the AI/AN population, Traditional

Indian Medicine, has been replaced with mainstream Western medicine. In the early 1970s,

Indian Health Services (IHS), the federal entity responsible under the U.S. Department of Health

and Human Services branch to provide healthcare services to AI/AN, reported that

> The volume of outpatient visits to IHS facilities… is greater now than ever before. This is not necessarily because of a higher incidence of illness, but rather because of more general acceptance of Western medical practices together with a highly successful training program for Indians to service in both professional and nonprofessional positions throughout the Indian Health Service. (Crockett, 1971, p. 400)

United States history shows that

> In the early contact period, TIM was openly practiced by Indians and was their sole source of health care. In 1887, the U.S. Congress passed the Dawes' Act, making it illegal for Indians to practice TIM. TIM was covertly practiced by Indian people from 1887 until 1978, when the Indian Religious Freedom Act made it legal for Indians to use TIM. (Hollow, 1999, p. 31)

Consider that:

> The loss of indigenous knowledge and medicine in aboriginal cultures has been described by many leaders and elders as the root of many contemporary health and well-being issues, faced by Aboriginal Peoples. For example, elders describe that we did not experience health issues such as post partum depression, indicating that there were medicines to help renew and heal a woman after giving birth, and to bring her "spirits back

up"... however, it is believed that because we may have lost this
knowledge of medicine and do not use traditional birthing medicines,
many of our women experience post partum depression, mental health
concerns, and subsequent alcohol and drug abuse. (Skye, 2010, p. 32)

Eventually, IHS formalized the integration of TIM into its programs by recognizing

the value of traditional beliefs, ceremonies, and practices in the healing of body, mind,
and spirit. The IHS encourages a climate of respect and acceptance in which traditional
beliefs are honored as a healing and harmonizing forces within individual lives, a vital
support of purposeful living, and an integral component of the healing process. It is the
policy of the IHS to facilitate access to traditional medicine practices, thereby protecting
the right of AI and AN people to their village's traditional culture. (Trujillo, 1994)

The World Health Organization defines traditional medicine as "the sum total of

knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to

different cultures, whether explicable or not, used in the maintenance of health as well as in the

prevention, diagnosis, improvement of treatment of physical and mental illness" (www.who.org).

The World Health Organization (2000) developed General Guidelines for Methodologies on

Research and Evaluation of Traditional Medicine based on a mandate "to promote the proper use

and development of traditional medicine" (p. 2). Generally, the American Indian philosophy of

health, which encompasses an interface between the mind, body, and spirit, is reflected by WHO

in that "Traditional procedure-based therapies are therapies that use various techniques, primarily

without the use of medication, to provide healthcare…e.g., acupuncture… spiritual and mind-

body therapies" (p. 9). While herbal medicines are the focus of these guidelines regarding the

maintenance of health, over time other forms of Traditional Indian Medicine such as specific

healing practices among American Indians have gained attention in the field of research and

evaluation.

American Indians have defined TIM as well. Kimbrough and Drick (1991) state that, "In

the broadest sense, American Indians define Traditional Indian Medicine (TIM) as spirituality.

TIM facilitates the expanding spiritual awareness in one's life" (p. 15). First Nations groups (OAHAI, 1999; National Aboriginal Health Organization 2005; National Aboriginal Health Organization, 2008) have also defined TIM in regard to cultural protocols, program models, and policies. The foundation of Traditional Indian Medicine is the mind-body-spirit connection (Locust, 1988) that upholds an inherent belief that prevents separating these three entities as if they functioned individually in the human experience. This premise alone makes TIM quite interesting to study from multiple perspectives, beginning with the AI/AN worldviews of health (Deloria, 2006; Locust, 1988; Morgan, 2000), TIM practitioners (Brach & Fraserirector, 2000; Gooding, 1992; Huttlinger & Tanner, 1994; Jilek, 1978); or specific components of TIM, i.e., spirituality (Labun & Emblen, 2007; Mehl-Madrona, 2009), religion (Kurath, 1954), or ceremonies (Wagemakers Schiff & Moore, 2006). Others have asked about its integration into Western medical programs (Freeman, Morgan, & Farquhar, 2001; Morgan, 2000; Shelley, 2006; Zubek, 1994), mental health (King, 1999; McCabe, 2008), and substance abuse and trauma (Morgan & Freeman, 2009). Studies have focused on TIM in the healthcare settings, e.g., how it may address cultural competence issues among mainstream and non-American Indian/Alaska Natives (Maar & Shawande, 2010), or specifically targeted AI/AN healthcare settings that staff AI/AN (Bozof, 1972; Randall & Muneta, 2000; Walker et al., 2010). Within the nursing field TIM has been studied theoretically (Sanchez, Plawecki, & Plawecki, 1996; Upvall, 1997; Wing & Thompson, 1995; Wing, 1998), and more recently TIM practices have been applied in research methods (S. Becker et al., 2006) as a way to engage AI/AN in participatory studies.

In reviewing how TIM has been researched in Indian Country, there are important considerations to point out that may add to its context. First, to conduct research in Indian Country is a major feat given the historical events that have occurred between AI/AN and

Europeans resulting in distrust and poor intergovernmental relations, a dynamic that is compounded by a mixture of views among AI/AN as to the appropriateness and/or inappropriateness of not only dissecting that which is generally considered to be sacred, but the concern that discussing such knowledge in the public forum may further invite serious misrepresentations of indigenous knowledge, information, and practices (Aldred, 2000; Bowekaty, 2002; Welch, 2002). Another matter is how TIM is viewed by AI/AN and mainstream society members of the medical field. Interestingly, TIM is categorized as a form of Complementary and Alternative Medicine (CAM), specifically as an ethnomedicine (Kaptchuk & Eisenberg, 2001) in Western medical models. Studies among American Indians (Johnston, 2002; Struthers et al., 2004) indicate that they use TIM as their first choice before undergoing the alternative, i.e., Western medical care, which may show the stark differences in worldviews. Cross-cultural distinctions about the perceptions and attitudes toward Western medicine and TIM among non-Indians and Indians (Broome & Broome, 2007; Zubek, 1994) have been discussed in a manner that helps to sift through their underpinnings.

The unlikelihood that Indian Country inhabitants would ever be exempt from the purview of the research microscope may be a driving force among American Indians who advocate that it is important to know not only how research has been or is being conducted in Indian Country, but by whom. Reports conducted by *outsider*s or by those who are not part of the group being studied may be seen as yet another example of Natives being subjected to others' interpretations that demonstrate striking examples of value-laden observations regarding the practice of AI healing methods. For instance, Hershman, a London doctor, wrote "many of the Indian therapies appear so bizarre that it is difficult to believe that they were effective; for example, the use of tobacco smoke blown into aching ears, and the application of capsicum juice to sore eyes" (1985,

p. 433). The insider versus outsider issue is raised as an important aspect of positionality in the

field that has further compelled indigenous researchers to present their own views about how

best to approach AI/AN communities (Davis & Reid, 1999; Manson, Garroutte, Turner Goings,

& Henderson, 2004; Smylie, Kaplan-Myrth, McShane, Metis Nation of Ontario–Ottawa Council,

Pikwakanagan First Nation & Tungasuvvingat Inuit Family Resource Centre, 2009).

How Traditional Indian Medicine Has Been Researched Among Indigenous Communities by Indigenous Researchers

With time, change is running its course in terms of the way that research is conducted in

Indian Country, an area that spans across the United States and Canada. Since outsiders (of

tribes and First Nations) from assorted disciplines first began investigating the original

inhabitants of the United States and Canada and their forms of Traditional Indian Medicine

(TIM) from a Western-based lens, the degree of subjective interpretation has been a source of

discussion (Cajete, 2000; Deloria, 1994). A new chapter is emerging in this arena as more and

more indigenous scholars and researchers are articulating the TIM experience and knowledge

from the indigenous worldview. As knowledge from indigenous studies concerning TIM

expands, it is inevitable that one eye must remain on Western-based epistemology as well.

Unless there is a major paradigm shift in the United States at least, health care systems will

function from within their Western-based origins for the most part. Evidence of this

circumstance is shown in how Traditional Indian Medicine is categorized in Western medicine as

a form of ethno medicine (Kaptchuk & Eisenberg, 2001, p. 200) within the confines of

complementary and alternative medicine (CAM), even though AI people may view Western

medicine as a form of complementary or alternative medicine.

According to Johnston (2002), early studies about Traditional Indian Medicine among

American Indians were conducted from multiple perspectives, i.e., "social scientists, physicians

and other biomedical practitioners, Native Americans, and gurus of New Age consciousness,

among others" (p. 196). Thus the researchers represented various disciplines and may or may

not have been Native American. It is interesting that Johnston directly references the ethnicity of

Native American researchers here, which she likely included because, as discussed above, the

worldview of persons can be a significant factor in the way that events are discussed. Consider

Crockett's (1971) statement that

> Some Iroquoians still believe that disease is caused by spirits, which are driven out by
> medicine men wearing grotesque masks, dancing, singing, and shaking rattles around the
> patient and sprinkling him with water or ashes. The mask confers supernatural powers on
> the wearer, since a spirit speaks through it. If the wearer does not actually become the
> spirit, he is at least possessed by it. However, such practices are the exception rather than
> the rule. (p. 402)

While it is plausible to suppose that Iroquoians of today may actually see their traditional

practices as the rule, Crockett's description above is worth mentioning since it demonstrates how

outsiders, or those who are not part of the group being studied, arrive at conclusions through

their non-indigenous lens. Wilson (2008) addresses how indigenous people have been

researched over time and it is worthwhile to note that Crockett's work was done during the

> Early Aboriginal Research Phase (1970-1990): During the 1970s and well on into the
> 1990s, Aboriginal people continued to *be* researched. In its aim, construction and
> implementation, research of this phase inevitably continued to view, interpret and
> represent Aboriginal lands and Aboriginal people, their worldviews, their cultures, their
> experiences and their knowledges through western eyes and ears (Martin, 2003) using a
> colonial worldview as the dominant and sole research discourse (Coomer, 1984). (p. 50)

Now, into the current millennium, the "Indigenous Research Phase" (Wilson, 2008,

p. 51) marks the time whereby research conducted in indigenous communities is led and voiced

by indigenous scholars and researchers. This includes the topic of Traditional Indian Medicine.

Johnston (2002) provides an overview of the evolution of TIM inquiry from its anthropological

roots that began in the United States, evolving from a century ago to the present. She states

In general, the literature may be characterized as focusing on understanding how native practices have persisted and change; how they are being used, for example, in framing cultural identity; and how they interact with other systems, especially biomedicine and faith healing. (p. 201).

Initial inquiries about TIM were made by non-Native observers (Crockett, 1971; Kurath, 1954) who described stories, song, dance, religion, ritual, and ceremony of tribal groups. Eventually, social scientists entered the dialogue with a multitude of inquiries about Native American approaches to healing as a means to gain understanding about culturally meaningful ways to intervene in alarming social and health disparities such as alcoholism and chemical addictions, psychological and mental health issues, the cycles of suicide and violence, or other health issues as reported by the *Indian Health Services 2006 National Summary* where rates of Fetal Alcohol Syndrome, domestic violence, obesity, and cardiovascular disease are alarming among AI/AN (http://www.ihs.gov/PlanningEvaluation/documents/2006NationalSummaryPublic.pdf).

Currently, American Indians/Alaska Natives and First Nations scholars and researchers conduct investigations about time-honored knowledge and practices of holistic health, healing, and medicines. For example, studies conducted at Indian Health Services facilities have found that: the "the prevalence of use, reasons for use, characteristics of those who use native healers, cost of care, and whether native healer care conflicts with care provided by conventional physicians" (Kim & Kwok, 1998, p. 2245); or that "the use of traditional methods of healing is still very important to the American Indian community…over half reported that they wanted to see a traditional healer over the past year" (King, 1999, p. 8); or while "most patients report seeing a healer for spiritual reasons…There is a continuum of spiritual and physical needs of a patient, and healers and physicians working together could effectively cover that continuum" (Marbella et al., 1998, p. 185).

While there may be many definitions of Traditional Indian Medicine (TIM), for some it is

equated with spirituality (Kimbrough & Drick, 1991) whereas others such as Johnston (2002) make a distinction between traditional and alternative medicine with the former used "to refer to the indigenous healing beliefs and practices of a particular Native American society in contradistinction to the biomedical or 'Western' medical system" (p. 197).

Native perspectives about the practice of TIM are coming from all directions in North America. For example, Morgan (2000) provides an overview of a TIM model that is utilized in south-central Alaska known as the *Circle of Healing*. In an article with his colleagues Morgan notes, "Traditional healing is defined as the culturally established medical treatment utilized by Alaska Native peoples and often delivered by their traditional healers" (Freeman et al., 2001, p. 6). Examples of such practices by First Nations groups are included in the Draft Guidelines for Traditional Healing Programs (Joint Management Committee for Aboriginal Healing and Wellness Strategy, 2002) and reports about the design of TIM programs (Native Women's Association of Canada, 2007; National Aboriginal Health Organization, 2005, 2007, 2008; OAHAI, 1999). Berger (1999) refers to a hypothetical "National Council of Indian Elders" and asks how they might approach discussion of a social issue, stating that

> Of course, there would be a great deal of diversity among both the individual elders and their tribes. They would also have a great deal in common, however, with virtually everyone expressing the importance of the four directions, emphasizing their connection with nature and the land, and interpreting disease as a result of life out of balance. (pp. 14-15)

Besides gaining knowledge about the value of TIM within the medical world, there are other matters that relate to the integration of TIM and Western medicine, for example, the issue of how Western-trained physicians and their patients communicate about TIM practices. In a study by Shelley et al. (2009) patients report that their Western-trained doctors do not ask them about TIM, which is of concern for a couple of reasons. A most obvious concern is that by not

knowing about all types of medicines that a patient is using, to include over-the-counter medicines or other medicines prescribed by TIM practitioners, his or her chance of undergoing physical complications caused by adverse interactions may be increased. Another concern is that any perceivable cause for communication barriers to result between a patient and her or his health professional, i.e., based on differing worldviews, may hamper the progress of integrated forms of medicine. While recommendations for further study on TIM might appear to be a simplified gesture, indigenous practitioners, researchers, and scholars will perform a great service as more knowledge is gained. All sides need to be heard, both indigenous and non-indigenous, since ultimately patients will benefit. In addition to perspectives from Native patients about their care in Western medical settings (Shelley, 2006), physicians have stated their views toward the use of traditional medicine (Zubek, 1994), which add to discussions of integrated care.

Those from other disciplines have joined the dialogue that addresses TIM from various tribal perspectives (Jilek, 1978; Limb & Hodge, 2007; Mehl-Madrona, 2009). Healthcare professionals promote the continuation of traditional practices (Borins, 1995; Lowry, 1993), as do American Indian physicians (Gilmore, 1990) and First Nations physician Dr. Marylyn Cook (Kent, 1999, p. 1312), and healthcare representatives like Margaret Lavalee (Stewart, 1992). Healthcare professionals have also targeted their colleagues who are unfamiliar with TIM and how it differs from the Western medical model (Bray-Morris, 2002; Broome & Broome, 2007) or how non-American Indian healthcare workers might integrate TIM values into practice (Struthers, 2000).

Other professionals have addressed cross-cultural issues for non-American Indians who are treating American Indian patients (Carrese & Rhodes, 2000; Hollow, 1999; Labun &

Emblen, 2007; Plawecki, Sanchez, & Plawecki, 1994; Randall & Muneta, 2000; Sanchez et al., 1996) so that they might gain familiarity of indigenous worldviews. Some have explored the integration of TIM and Western treatment models (Gurley et al., 2001; Huttlinger & Tanner, 1994; Mehl-Madrona, n.d.; Mohatt, 1998; Morgan & Freeman, 2009; Shelley, 2006). What is most relevant for this review are those works that address American Indian perspectives on health, healthcare, and TIM practices (Bozof, 1972; Buchwald et al., 2000; Dapice, 2006; Lowe, 2002; Struthers & Eschiti, 2004) as it applies within current systems of care.

Indigenous lead research has taken the study of TIM to another level as knowledge is gained from doing research in a way that is acceptable to indigenous people, from the integration and utilization of TIM in healthcare settings that promote the value of specific interventions to the multicultural implications of deepening not only understanding, but appreciation of TIM with respect to its use among non-indigenous people. Over three decades ago Mail (1978) pointed out that "there is a renewed interest in the value and worth of traditional practices as well, and Indian students in the health professions are seeking to combine the best of both traditions to provide even better health services to Indian people in the years ahead" (p. 48). As with the onset of meaningful knowledge generated from indigenous scholars and researchers mentioned above who have contributed to the study of Traditional Indian Medicine in contemporary times, those who are practicing the two forms of medicine discussed here deserve mention as well since approaches to care are just as important in the indigenous worldview as diagnosis and treatment prescriptions. Fonseca and Clark (2010) point out that

> Missy Begay has already learned that treating Navajo patients can require more time. The two-minute introduction to patient visits she was taught at UNM can stretch into 10 minutes as she is asked about her parents, her grandparents, her traditional clans, and hears in return stories about people who might know her. Only then do some patients become comfortable enough with her to discuss their medical issues. (http://msnbc.msn.com/cleanprint/CleanPrintPro9xy.aspx?127178)

Conceivably, as the sphere of knowledge and understanding expands among Traditional Indian Medicine and Western medicine healers and those who bring about the integration of TIM into Westernized healthcare, these systems will truly be complementary.

Mentioned previously, as a subject matter TIM has a rather short history in comparison to studies about Western medicine. Traditional Indian Medicine is a very broad topic that has far-reaching parameters, indeed evolving from around the world where it is practiced as a way to attend to healthcare needs. While TIM is utilized and practiced by American Indians, Alaska Natives, and First Nations of the United States and Canada and East Indians of India, this discussion is concerned only with the first group. Another definitive topic boundary involves plant medicine whereby harvesting, foraging, preparation, preservation, and sustainability methods fall within the TIM realm, such deep discussions about environmental and biological sciences lie well beyond the scope of this paper. Of interest, however, regarding plant medicine and knowledge is the connection with the mind-body-spirit worldview.

It is interesting to see where TIM studies have been conducted, by whom, and with whom. Geographically, TIM studies have included tribes from across all regions of the United States, i.e., Southwest, Northern Plains, Great Lakes, Pacific Northwest, and Canada, which stem from multiple disciplines. Keeping in mind that while this discussion does not reflect all possible TIM studies to date, a review of fifty TIM studies produced only three studies that involved children or adolescents, thus the majority of these studies were conducted with adults. Many TIM studies have been conducted with participants from many tribes as opposed to sets of people from only one tribe, and some studies include both American Indian and non-American Indian participants. Subtopics under the TIM umbrella include: Western and indigenous healthcare; rehabilitation counselors and healing practices; self-healing; healthcare decision

making; traditionality and cancer screening practices; cultural differences in medical practice; traditionalism, disease risk, and protective factors; healing experience; tobacco and smoking cessation; religiosity and spiritual engagement; AI culture; talking circles and breast health education; diabetes; spiritual assessment; Peyote Way and culture care theory; disillusionment, faith, and cultural traumatization; healing, sickness, health, and faith; stories and leaders; Dine wellness philosophy; alcohol and traditional Indians; Medicine Wheel and diabetes education; CAM therapy; health as balance; spiritual life maps and assessments; traditional healing; healers; traditional views and cross-cultural mental health training; survivors and indigenous/aboriginal healers; Western and First Nations treatment methods; practitioners' voices; healing traditions; healing practices; traditional storytelling; traditional medicine and CAM; traditional knowledge and plants; sacred tobacco; Cree women healers; traditional women healers; Anishinabe healer; Talking Circles and diabetes; Medicine Wheel and healing process; ceremonial and non-ceremonial tobacco use; traditional healing and asthma; cross-cultural treatment; CAM and diabetes; sweat lodge ceremony and well-being; health and healing approaches; health, unhealthiness, and persistent mental illness; and traditional American Indian healing. While it may appear that some of the subtopics are listed multiple times, this is done purposely in order to reveal the specificity of investigative angles that exist within TIM studies.

Traditional Indian Medicine is a vast area of study that has been investigated in a variety of ways, in unique settings, and is making cross-cutting contributions that have the potential to address health disparities faced by American Indian, Alaska Native, and First Nations people. Additionally, the practical application of TIM and what it brings to the field of indigenous research from across the United States and Canada is astounding. I will now move on to

summarize research methods, implications for the field of TIM, and indigenous research, and describe my proposed work on the topic of Traditional Indian Medicine.

A variety of methods, i.e., quantitative, qualitative, and mixed methods, are used among AI/AN/First Nation people to conduct research. Meaningful research using any method requires careful consideration of how participants are approached, recruited, and selected in addition to the use of reliable instruments and measures.

While there are multiple views about conducting research in Indian Country and especially a hesitancy among Indian people regarding the study of TIM (Struthers et al., 2005), imagining the beneficial impact that new knowledge may generate in addressing major health disparities, i.e., diabetes, cancer, substance abuse, mental health, etc., among American Indian people via the integration of traditional and Western medical systems is exciting. TIM studies are a rather new topic in the scientific world (Johnston, 2002; Kahn-John, 2010; Schwing, 2008). Furthermore, while studies occur in settings across the country, only a few of them are conducted in urban Indian communities even though it is documented that this group is or would use TIM services. I recall an instance in my own community when a researcher asked to study participants at a sweat and this request was declined by our traditional practitioner because it was determined as an inappropriate fit for what is considered to be a sacred event. Portman and Garrett (2006) state that "Researchers may gain more insight into traditional healing practices by exploring the physical, psychological, and psychosocial well-being of American Indian people participating in a ceremony instead of attempting to examine the actual ceremonies in which their clients participate" (p. 467). I would agree with this statement as it seems less intrusive to learn what people gain from their experiences rather than learning about actual ceremonies, especially when outsiders are involved.

Discussions about researcher positions as outsiders or insiders stem around worldview and perhaps the sense of belonging to if not their respective tribal communities, then to AI communities in general. Indigenous researchers have been instrumental in how research is conducted in Indian Country and want to avoid past incidents where tribal communities have been opened up for examination never to hear of the results. Beyond the ethics involved in research, the indigenous worldview results in conducting investigative approaches in an entirely new way. Indigenous researchers are incorporating aspects of TIM such as storytelling and talking circles into their methodologies which, besides being a major accomplishment in the name of cultural competency and ownership of information, holds potential in knowledge development involving indigenous worldviews and perhaps more importantly is a promising practice for meeting participants where they are. The use of TIM practices in research methods could and should only be led by insiders. Otherwise communities will be subjected to another round of exploitation with new age likeness.

Finally, implications for this study center on respectful ways of engaging the community in a manner that perhaps further guarantees that new information is meaningful and beneficial to those involved. Incorporating traditional indigenous practices into research designs is an effort to engage people on their own plane and provides a familiar space for community members, or the real experts, about how to best address health disparities among their own communities. As seen with transcultural nursing studies (Strickland Squeoch, & Chrisman, 1999; Struthers & Eschiti, 2004) that focus on cancer, the stories of cancer survivors appear to benefit the participants first through the process of telling their story, and second through the process of contributing their knowledge for the good of current and future cancer prevention and intervention efforts designed for Native people. Ethnography in essence is explicating time told

stories of people and in this way sits on the periphery of traditional storytelling. Ethnographic

futures research, the method that elicits thoughts and ideas from a point of reference in future

time, allows the creation of scenarios via a real-time visionary process.

Chapter III: Methodology

Summary of the Implementation of Process Models Among Indigenous Communities

Research conducted in Indian Country is alive and well. It is worthy to note that as studies are now being conducted in indigenous communities by or with consultation of indigenous people, there is also developing work centered on what indigenous research is and how it connects to indigenous knowledge by notable scholars (Kenny, 2004; Struthers et al., 2005; S. Walker, Eketone, & Gibbs, 2006). Keeping in mind that indigenous knowledge and ways of knowing reflect the very core of a worldview shared among many American Indian scholars and researchers that is based upon traditional values, it is not a big leap to suggest that *how* knowledge is gathered in these communities is as important as any findings. This study discusses the implementation of process models among indigenous communities. Specifically, the work of Kenny (2006) and Struthers (2000), authors who based their inquiries on ethnographic and phenomenological methodologies, respectively. As mentioned above, indigenous worldviews are individually unique since they are based upon tribally specific knowledge, wisdom, values, practices, and beliefs that have been exercised over generations, so for the purpose of this discussion this concept refers to a universal view that encompasses the interconnection of all life via the mind, body, and spirit.

Before moving into a discussion of process models in indigenous communities, it is first important to refer to the process of qualitative research as outlined by Denzin and Lincoln (2008), who name the following five phases of the research process: the researcher as a multicultural subject; theoretical paradigms and perspectives; research strategies; methods of collection and analysis; and the art, principles, and politics of interpretation and evaluation. While it would be fascinating to go into detail to analyze each phase in relation to investigations

conducted in Indian Country, that exercise would require much more than what can be provided within the parameters of this study. To suffice, two studies conducted by American Indian scholars and researchers will be discussed in order to illustrate the incorporation of universal tribal beliefs into the processes of conducting research.

The first study for this discussion is authored by Kenny (2006) and titled "When the Women Heal: Aboriginal women speak about policies to improve the quality of life," which tells the story of research that she and her three colleagues conducted "with 140 Aboriginal women in eight sites across Canada" (p. 552), who "chose to tell stories that answered the questions in indirect ways" (p. 553). Kenny describes the process from interviewing participants to analyzing data wherein

> all transcripts were sent to all participants for member checking, a technique to guarantee the accuracy of the transcripts. Transcripts were revised. Drafts of research reports were distributed to community liaisons who had served as bridges between their communities and the researchers. Liaisons distributed the draft reports to all participants, soliciting feedback. Reports were revised and redistributed to the liaisons for distribution and double-checking. Copies of the final reports were distributed to all participants and community liaisons. (p. 553)

One aspect of this study that I find to be particularly significant, besides the full involvement of everyone at every step, is the fact that advice was sought from elders and advisors in a manner in which "the participants in our study were not 'subjects.' They were friends" (Kenny, 2006, p. 555). Finally, while policy recommendations were developed so that Aboriginal women "become engaged in the policy making process" (p. 556), Kenny asserts that "policies that reflect Aboriginal values, [is] perhaps the most important element in the conduct of Aboriginal researchers in our communities" (p. 559). One recommendation of the aforementioned Canadian study was to "design and implement policy that makes rights portable for Aboriginal peoples" (Kenny, 2006, p. 556). In the United States, where tribal governments

hold sovereign status, AI might then more easily access preventative medical and dental services, thus where they live would not be a barrier to receiving highly needed care.

Struthers' (2000) study, titled "The Lived Experience of Ojibwa and Cree Women Healers," involves "a total of four aboriginal women…one from the United States and three Canadians" (p. 264) as interviewees who spoke about their experience of being a healer. In this study, "the researcher collected the data during one or two free-flowing open-ended interviews, lasting from ½ hour to 3 hours, which were tape-recorded" (p. 265). Following data analysis that elicited themes, "research participants were contacted to clarify the meanings of significant statements and thematic descriptions…The essential themes were rewritten and reorganized, while integrating and synthesizing the lived experience of Ojibwa and Cree women healers. The final product was distributed to the Ojibwa and Cree women healers for critique and validation. Insights from the critiques were integrated into a final account of the essence of Ojibwa and Cree women healers" (p. 266). Struthers concludes that the seven themes from this study are applicable to all nurses in the practice of holistic healthcare.

Native researchers have implemented traditional indigenous forms of dialogue such as the Talking Circle into their methodology (Haozous, Eschiti, Lauderdale, Hill, & Amos, 2010; Strickland et al., 1999; Struthers et al., 2003) and storytelling (Poff, 2006; Schanche-Hodge et al., 2002; Struthers & Littlejohn, 1999), which are ways of creating space and place for open dialogue. Both Kenny (2006) and Struthers (2000) describe the stories that resulted from open-ended conversations with their participants.

Stories, as a form of dialogue, entail listening. Christakis (2004) defines dialogue as "the capacity of human beings to create meaning, wisdom, and action through communicative interaction" (p. 479). In Kenny's (2006) study, hearing the voices of indigenous women is of

utmost concern, a part of the process that is supported by Hunter et al. (2006), who characterize listening in their ethnographic study among urban-based First Nations people regarding their perceptions of healing traditions. Data collection methods for the Hunter et al. (2006) study included in-depth interviews "that were conducted with respect for quiet listening" (p.15), participant observation, and selected encounters. Emerging themes were reported upon agreement by participants, a feature considered to be crucial in ethnographic studies that offer "a more culturally suitable, acceptable, and productive…method of studying and learning about a group of people in their own environment that includes participation by the researcher" (p. 14).

Both Kenny (2006) and Struthers (2000) addressed community ownership in their studies through multiple document revisions until participants were satisfied. While this method may be naturally ingrained into their methodologies of choice, the importance of this checking and re-checking process cannot go unnoticed as it also hinges upon the matter of respect. This concept is substantiated by Vedan (2002) who states that "Respectful community based research gives the community voice in every step of the way, i.e., in deciding what aspects of their community and its functioning do they wish to look at. Simply put, it gives them a voice in what is of importance in their eyes" (p. 81). This point is reaffirmed by Cohen (2001) who states that "a traditional process to address and resolve issues of serious concern to the community…is not based on conflict or debate" (p. 143). Both of these perspectives confirm the importance of the community voice which comes from persons of all generations, and honors diversity from within as an effective way to bring about understanding for decision making with the intention of collectively benefiting present and future generations.

Mentioned previously is the issue of trust when working among Indigenous communities, which is especially important when it involves the transfer of indigenous knowledge. In Indian

Country there is an understanding and perhaps an expectation that human being relationship

factors will exist, e.g., relating to one another as friends as was done in Kenny's study. This

belief that we are all related is supported by Harris and Wasilewski (2004a) in that

> Finding patterns of effective interaction where we can discover, share and coordinate our mutual value is, thus, our primary task. Relationships, responsibilities, reciprocity and redistribution form dynamic spirals out of which responsibility, reciprocity and redistribution are manifestations of caring relationships. The hoop of each community begins to spin as it incorporates the energy emerging from new relationships. (p. 496)

Another human factor in conducting research among indigenous communities attends to

preparation in terms of creating an engaging atmosphere for discussion. In the Struthers et al.

(2005b) study interviews were held "in a variety of natural settings" (p. 265), including the

outdoors. Harris and Wasilewski (2004b) describe how participatory discussions are designed

from attending to the way the room is set up, to "ceremonies that help group bonding, and create

a feeling of spiritual connectedness to other group members, to the issues that are to be discussed

and in the final collective vision that is reached" (p. 512), as well as relaxation exercises, time for

posturing, and song and dance. Indigenous people have been making decisions that impact their

communities for a long time whether it is from the seats of tribal government or as informal

movers and shakers at the grassroots level. When imagining possible decision-making scenarios

it seems that the approach described by Harris and Wasilewski (2004b) wherein the community

prepares to enter dialogue in a respectful and participatory manner is a constructive model.

Essentially, full-blown collisions between worldviews over long-held traditional practices may

be alleviated when issues can be resolved in traditionally respectful ways.

These few comments about the implementation of process models in indigenous

communities are offered only as snapshots of an expansive configuration of processes that

deserve much more detailed examination. In review of the previous articles mentioned here the

image that comes to mind is the circle, a simple symbol that has layers upon layers of meaning among indigenous people, to include equality and unity of our human experience.

When discussing traditional indigenous knowledge, the inquiry process is not taken lightly in Indian Country because the act of questioning among some tribal perspectives is the same as looking someone directly in the eye, an act that elders have cautioned against since that is the entrance to the soul of another. The manner of questioning is perhaps a more important consideration. Our four-legged relatives teach us this. Consider:

> Coyote also shows us that the questions we choose to ask are more important than any truths we might hope to discover in asking such questions, since how we act impacts the way the world is, the way in which a question will get answered. The way in which we ask questions (the way in which we act toward our relations) guides us, then, to the right answers, rather than the other way around wherein what is true directs the method of questioning and the question itself (i.e., we can ask any question we desire and in any way we desire, and the answer will remain the same)…Part of what underlies this…is the idea that how we act is not merely a result of causal interactions with the world. How we act is not merely a response to stimuli. The world is not empty and meaningless, bearing only truth and cold facts. We participate in the meaning-making of the world. There is no world, no truth, without meaning and value, and meaning and value arise in the intersection between us and all that is around us. How we behave, then, in a certain sense shapes meaning, gives shape to the world. In this way, what we do, how we act, is as important as any truth and any fact. (Yazzie Burkhart, 2004, p. 16)

First, when questioning Indian culture and how all of its elements have existed and evolved in a particular context, namely, how things become as they are, there is quite a lot to dwell upon, such as who is making decisions and knowledge systems upon which those decisions are based. In Indian Country decision-making processes and leadership hold many complexities, especially as long-held teachings from generations ago are considered alongside contemporary concerns. Additionally, when working in any Indian community, creating ways to address or improve conditions is everyone's business to the degree that essentially all voices are to be considered. One researcher points out that the way that research is being conducted is

shifting to a tendency to conduct research "with" communities rather than "on" them. Getty

(2010) states that

> Research designed so that the researcher works to hear the voices of marginalized people
> and to critically examine their discourse continues to leave the interpretation of the data
> in the hands of the researcher and contributes to the body of knowledge "on" these
> populations. It does not hear or take into account Aboriginals' interpretation of the data
> in the same way that participatory action research does, where some members of the
> marginalized group are members of the research team. (p. 8)

Fortunately, the participatory concept is being actualized among communities in research

projects conducted across Indian Country. Writings such as Cargo et al. (2008) address levels of

involvement and sense of ownership among indigenous communities being studied and make the

distinction between participatory research and community-driven research in that the latter

> projects are controlled or directed by indigenous peoples and do not necessarily rely on
> shared decision-making processes. Understanding who influences decision making and
> how much may provide academic researchers with insight on how to form equitable
> partnerships with indigenous communities where community is defined by indigenous
> people coming together around a shared interest and often within a bound geographical
> area. (p. 905)

> While deeper discussions about discourses of participation levels are best left for

methodologists, it is useful to point out the worthiness of what community members add to

research processes. While there are many aspects that could be mentioned here in reference to

indigenous research approaches and community participation, one that stands out is what has

been termed by Smith (1999) as "representing" wherein the community simply represents itself.

She states that

> representation of indigenous peoples by indigenous people is about countering the
> dominant society's image of indigenous peoples, their lifestyles and belief systems. It is
> also about proposing solutions to the real-life dilemmas that indigenous communities
> confront and trying to capture the complexities of being indigenous. (p. 151)

Essentially, the community itself knows what's in its best interest and brings this knowledge to

the table.

Effective Research Methods in Indigenous Communities

There are many questions to ask when conducting research among the indigenous population: Which research methods are used in American Indian, Alaska Native, and indigenous populations? Which are effective? Why are they appropriate for that context?

While there is a broad range of research methods used among indigenous communities living on tribal land at reservations, both rural and urban areas, much of it consists of qualitative studies that employ ethnography as a foundation. Most typically, data collection methods are based on interviews (structured and unstructured, individual and group) and case studies. Along with ethnography, phenomenology and grounded theory studies are also prevalent. Quantitative methods are usually used in medical studies or studies about socio-economic conditions. Socio-economic questions are studied from an arm's length using census data.

Trends in the research indicate that successful, effective research in American Indian communities is moving toward developing community buy-in, at a minimum, and at a maximum American Indian researchers building the research with their communities for their communities. Several research traditions are growing from within the indigenous community where they are developed and practiced by indigenous researchers. For instance, there is a whole body of work by Smith (1999) on decolonizing research. Within this work, the author gives direction about decolonizing methodologies, about how to think outside the framework that has been created and embedded by the dominant culture. Another method that is even more specifically targeted to one tribe is the Kuapapa Maori method. This method calls for Maori researchers to complete research with their community for the benefit of their community (S. Walker et al., 2006).

The literature reveals some factors that hinder successful research in indigenous communities, which goes hand-in-hand with recommendations for what successful research

looks like in indigenous communities. The following examples attempt to summarize best practices for completing research in indigenous communities with the understanding that these considerations are only a minute piece of what seems to be rapidly emerging today.

First, and perhaps most damaging, is the, "community mistrust because of former scientific exploitation" (Walters & Simoni, 2009). In every indigenous community, there are recent stories about researchers coming in and publishing books without ever checking back with the community to ensure that their portrayal of information collected is accurate. In other communities, this distrust may include fear, especially where the community members were used as subjects for medical experiments without their knowledge or consent. In order to address this barrier to research in these communities, it is recommended that researchers take several steps to be accountable to the community. In a critique of Smith's (1999) concept of indigenous methodologies, one scholar (Innes, 2004) discusses research methods from an American Indian Studies (AIS) lens and makes a case that indigenous methods that include being accountable to underserved participants, i.e., indigenous groups, have been occurring yet have not necessarily been named as such. The following paragraph by Innes (2004) refers to a study done within the Canadian prison system involving indigenous participants and the manner in which it was conducted:

> An important component of AIS methodologies is for the researcher to clearly articulate how he/she will be responsible or accountable to both the research group and the Native community in general. There are a number of ways that Waldram ensured his accountability to the Elders and Aboriginal inmates. First, he carried out a "member check" with all transcripts. That is, participants were sent transcripts and given complete authority to change, delete, and add as they saw fit. Second, Elders were sent manuscripts of the book for suggestions or criticism. Third, portions of his research funds went toward purchasing books for one of the prisons' libraries. Fourth, he contacted Aboriginal community members who were knowledgeable about prisons and/or Aboriginal spirituality for input on the manuscript. Finally, proceeds from the book went to the Native Brotherhood's social activities, such as round dances or potlucks. (p. 136)

This example of accountability demonstrates a manner of working with several groups to ensure that a holistic, collective perspective of the Native community is achieved that include those who are being researched and those impacted and who are knowledgeable about the community and its culture. Finally, Innes' study accomplished what is perhaps the most important outcome in that it made sure that concrete benefits from the research are shared with the community.

Second, there is extensive support for culturally competent research in indigenous communities. From the deepest roots, the framework that holds today's research is the place to begin culturally competent research since research is powerful and can support change. This sentiment is clearly articulated in the following passage from the Declaration of Barbados for the Liberation of the Indians (as cited in Wright, 1988):

> The new anthropology called for a radical change in its relationship to Native peoples: In this context, we see anthropology as providing colonized peoples with the data and interpretations both about themselves and their colonizers useful for their own fight for freedom, and re-defining the distorted image of Indian communities current in the national society, thereby unmasking its colonial nature with its underlying ideology. (p. 374)

Research, at its roots, is not unbiased; it is shaped by the culture and worldview of both the researcher and the institutions that have developed the ways we do research. In thinking of a Western framework, we can see how science and therefore a value toward objectivity and a belief in individualism have shaped research up to this point. Culturally competent research in an indigenous community must be developed to understand a collective perspective and a closely connected and complex network of interdependence rather than "objective" results gathered at a distance. Research in indigenous contexts require a willingness to look at the ideals that frame the proposed research, a willingness to collaborate with community on the research (Christopher,

2005), acknowledgment of indigenous knowledge (Caldwell et al., 2005), and an understanding of community as well as the deep protocols of respect and behavior that are required to move within the non-homogeneous indigenous communities. In *Decolonizing Methodologies*, Smith (1999) provides a host of examples of projects that demonstrate how indigenous communities and indigenous-driven research is being conducted. Among these are examples that speak to claiming histories, offering testimony, storytelling, and celebrating survival, to name a few.

This trend of combining Western and indigenous research processes in research may also be seen in research conducted with Aboriginal women (Kenny, 2006) as well as another study by the same scholar who integrates Native values of storytelling and family through the life stories of three family members that span across three generations (Kenny, 2004). Additionally, there are also examples of Western research tools used within a new framework, a framework that is bounded by the values of the Native community. This might also be named as using indigenous values in contemporary research methods. An example of this idea is explained by Harris and Wasilewski (2004b) who developed a dialogue process at the global level which is known as the Indigenous Leaders Interactive System (ILIS™). They state that:

> ILIS™ enables contemporary Indigenous groups to engage in systems thinking. ILIS™ recaptures traditional values of Indigenous people, for instance, sharing and respecting diverse perspectives in order to come to consensual decisions, the power of collective wisdom, and honoring each person's right to be heard. ILIS™ has helped bring Indigenous ancestral knowledge, in terms of system thinking, back into our current consciousness. ILIS™ incorporates ancient tribal wisdom into our everyday, modern life. (p. 507)

Traditional indigenous processes are incorporated as a part of research today as well; for instance, a healing circle or learning circle (Chouinard & Cousins, 2007; Wilson, 2008). This tool is often used to surface stories or issues in a traditional manner and it was used at an international indigenous conference on the environment (Harris & Wasilewski, 2004b). A circle

structure was used with elders who moderated the conversation from the middle of the room. One hundred and fifty people were present and all felt as though their issues were heard over a three-day conference. The group shared their stories and a group of indigenous lawyers, writers, researchers, leaders, and translators synthesized the stories into a document, which was then edited by the group. These two examples illustrate ways in which Western and indigenous research processes may complement one another.

In summary, when completing research in indigenous communities, it is important to be accountable to the community, give back to the community, to structure research so that it is relevant and effective in a collective, complex, and interdependent context with a framework that is transparent, to move within and engage the community respectfully in the research process and, finally, to be aware of the new possibilities of combining Western and indigenous tools and methods to develop a research process that acknowledges the validity of well-developed research methods while honoring the traditional values of the indigenous context.

As shown from the situations and descriptions provided below, there is no doubt that conducting research in Indian Country is a challenge because of contesting views about what is permissible to research and how it is done. One such incident occurred at a tribal meeting where contention was expressed about video recording traditional medicine practices. Dana-Sacco (2010) recounts "I sat in the tribal council meeting taking notes of the proceedings and was struck by the awkwardness of my position. I was recording tribal information in the form of written notes about what was being said while recording, disclosure, and intellectual property were at issue" (pp. 73-74). In another community, Doyle (2001) explains noninvasive data-gathering processes for a study on opinion research among the Lakota's and states "We used no tests or questionnaires, because these would have been alien to our population. We took no notes

and made no tape recordings during our conversations, because these would have been distracting, threatening, perhaps even insulting" (p. 514).

Whether indigenous research is conducted in urban or tribal settings, getting in the door and acquiring community buy-in is the first step. Accessing approval and support comes from formal, and perhaps more importantly, informal leaders, including youth and elders, whose voices are important. Decisions about how research is conducted must consider all voices of leadership and multiple generations of indigenous knowledge from a worldview that guides to deeper understanding.

Features of Ethnographic Futures Research

As a means for understanding unknown peoples spanning the globe, ethnography has been the chosen methodology among social scientists such as Roger Sanjek, Jean E. Jackson, Rachel I. Fretz, and notable anthropologist Margaret Mead. In a review of the past twenty years of ethnography, Van Maanen (2006) states "the audience still looks to ethnography for a close study of culture as lived by a particular people, in particular places, doing particular things at particular times" (p. 17). In an account of the various forms of ethnography that have emerged over decades, Savage points out a common thread among ethnographers is "that findings are presented in a way that conveys a sense of 'being there,' or indicates the nature of the relationship/s between the researcher and the researched, and how this may affect the research process and findings" (p. 385). Perhaps more meaningful to some groups who may participate in research on behalf of their communities is the relative connection between what is learned and by who. Savage (2006) points out that "Significantly, in a post-colonial age, ethnographers have become more aware of their ambiguous political and ethical position, and of the need to give more attention to the relationship between knowledge, society and power" (p. 386).

Viewing the world from a future time is by no means a new concept whether speaking in reference to mankind in general or to one of its intelligible subgroups, e.g., social scientists. Determining whether going through a visioning process to obtain information from a foreign entity as merely opportunistic or obliging is not within the scope of this discussion, however, it does make for good argument about why this approach might be more amenable by groups who are vigilant about what is done among their communities, how it is done, and by whom. Among the distinct qualities that researchers attribute to futures studies, Bell (2002) states that this holistic approach is dedicated with "helping to create the good society that invites direct participation in designing social systems for the future (p. 246)." The impression that perspectives taken from a future stance have a part in shaping life domains for entire communities makes this an attractive methodology, especially among those that believe it is necessary to make decisions that impact the well-being of future generations.

Ethnographic Futures Research (EFR), founded by Robert B. Textor, is the integration of ethnography and futures studies as a means to enter into dialogue with subcultural groups through a futuristic lens, thereby processing tangible outcomes that would ultimately benefit the group. Textor (1995) describes how this integration occurred:

> In 1976-77, I devoted my sabbatical leave to studying the futures literature, with the express purpose of devising some practical means by which anthropologists could contribute whatever wisdom they might possess to the development of the futures field. This wisdom might consist of a general theoretical perspective on how sociocultural systems change. Or, it might consist of expertise on a specific culture, on the not unreasonable assumption that each culture has special and enduring aspects that require deep understanding if one is to attempt to visualize alter Native futures for it—or to help members of that culture to do so for themselves. The result was ethnographic futures research (EFR). (p. 462)

Over a quarter of a century has passed since EFR originated from its anthropological roots and indeed its futures oriented method of inquiry is quite appealing today. An outcome of

EFR presents conditions as perceived from a specific group of people positioned from a futures-oriented window of time. Indeed, as researchers have taken it upon themselves to be seriously concerned with entering unknown communities as outsiders, it is reassuring to know that over time their practices have evolved to consider what information and processes might benefit those who contribute to such studies. The link between anthropology and futures studies is intriguing, especially if imagining how its features are relevant among specific groups, e.g., those who practice and/or believe in visioning processes that are inherent to American Indian worldviews. Even though research methodologies and their respective methods are designed without any intention of reaching specific groups per se, it is an unusual coincidence that the terminology and application of EFR via visioning processes may have unique meaning among certain groups. It is timely to investigate the original inhabitants of America who collectively present with a striking parallel their own take on visioning used over time through stories, prophecies, and beliefs that are tied to the future as well.

    I was drawn toward learning more about Ethnographic Futures Research (EFR) upon review of methodologies to be considered for use among my American Indian community because of three components: it is participatory, it is futuristic, and it is action based (Inayatullah, 1998; Mitchell, 2002; Textor, 2005). Studies conducted by indigenous researchers speak volumes about ways of conducting investigations within Indian Country that best match American Indians' collective worldview while adhering to an expected outcome that is highly preferred by this group, namely, to produce meaningful information that may be of use within its community (Bonvillain, 2009; Bussey, 2009; Doyle, 2001; Sillitoe & Marzano, 2008; Unger, Soto, & Thomas, 2008). Brown and Strega (2005) tap into the oratory nature of Native people by saying

Storytelling traditionally was, and still is, a teaching tool. As such, the stories that are told in research too will be teaching tools. Sharing stories validates the various experiences of the storytellers, but also has the ability to give others with similar stories the strength, encouragement, and support they need to tell their stories. (p. 252)

In a report on Aboriginal policy research, Kenny (2004) points out the ethical issue of ownership of stories by stating that "The shift in the cultural discourse, particularly when it comes to ethics, guarantees that stories belong to the people who tell them…The very idea that stories can be bought is antithetical to Aboriginal worldview and values" (p. 36). Wilson (2008) points out the importance of relationships: "As all knowledge is cultural and based in a relational context, we therefore need a methodology and axiology that is accountable to the relationships that we form in our search for enlightenment" (p. 95). Duran and Duran (1995) point out the importance of using the participant observer technique of ethnography among American Indian communities in stating that "Ethnographic methods involve a nonobtrusive process whereby the researcher actually becomes part of the community as opposed to obtrusive methods where the researcher is outside of the community" (p. 192). Harris and Wasilewski (2004a) discuss the core values of relationship, responsibility, reciprocity, and redistribution that reflect the worldview of indigenous people and serve as the foundation of forms of dialogue and participatory decision-making practices.

The merging of ethnography and futures research, EFR, makes it distinctively participatory, futuristic, and action based (Inayatullah, 1998; Mitchell, 2002, Textor, 2005). A research project that applies the EFR design is using an ethnographic inquiry process "by looking at how people really do things and experience their world" (Bentz & Shapiro, 1998, p. 118). The features of EFR as described by its founder Robert T. Textor (personal communication, July 31, 2009) include: an interview format in common with ethnography; scenarios of the phenomena that reveal optimistic, pessimistic, and most probable prospects; time periods situated in past,

present, and future; and inquiry that strives for clarity, comprehensiveness, contextualization, and coherence. The main reason behind selecting EFR as the research methodology for this study is its very nature of engaging others in their capacity to develop thoughts and ideas into meaningful plans based upon future visions. While other qualitative methodologies may be used to gain similar outcomes, the expectation that their ideas will be prepared in a way that transfers them into forward action adds to its feasibility for addressing the research question.

Methods for Data Collection and Analysis

Duran and Duran (1995) point out the importance of using the participant observer technique of ethnography among American Indian communities in stating that "Ethnographic methods involve a nonobtrusive process whereby the researcher actually becomes part of the community as opposed to obtrusive methods where the researcher is outside of the community" (p. 192). Methods for data collection entail audio-taped interviews and written notes of interviews and participant input of draft summaries of findings. Data analysis consisted of sorting data into categories, grouping categories into themes, summarizing each theme, and member checking for accuracy until there is agreement that presented findings reflect participant views. In addition to interviews, techniques for this project include purposive sampling and keeping an audit trail of decision making made by the researcher from start to conclusion.

Ethical Issues Involved in an EFR Study

Two scholars, Bentz and Shapiro (1998), describe the ethical duty of the mindful inquirer which includes paying attention on various levels to the care and benefit of conducting research. They argue that considering

> Mindfulness requires care for the lifeworld in which the inquiry occurs. It questions the manner in which the inquirer enters the lifeworlds involved in the inquiry, taking care that they are left in a better state than they were before, and certainly not in a worse state.

> The mindful researcher will look at the possible effects of the inquiry not only on the lifeworld but also on persons in the lifeworld, on the self of the researcher, on the lifeworld of the researcher, and on potential future lifeworlds. (p. 55)

The founder of EFR asserts that participants have reported a meaningful experience of the EFR form of inquiry and that they have generated useful information which is ready to use in ways that they believe will best benefit their communities (Textor, 2009). An essential feature of EFR is its level of transparency in that participants are in charge of how their input is put to paper as the finished piece of the findings are complete when they have added their final comments. With confidence it may be supposed that given the premise within an Indigenous Research Paradigm that community participation and approval regarding how their stories (input) are presented and the extent that ethical matters were adhered to is the real test of check and balance. An anticipated outcome of this study is to transfer ideas into action that result in producing tangible directives for leaders in our community to integrate TIM knowledge and practices into healthcare systems.

The nature of EFR places researchers and participants in direct contact with each other for either individual interviews or focus groups. Possible risks for conducting this type of research are that participants may experience uncomfortable feelings or thoughts during interviews, or that participants are worried that any information gathered will be disclosed publicly, or that their identities may not be protected. Conducting research requires that every measure will be taken to protect participants at each phase of the study, i.e., consenting to participate, verbalizing in data collection and analysis activities, providing input on draft reports of findings, ensuring that participants rights and welfare will be protected, and taking care that participants understand and are informed about their rights and how to voice their concerns should they feel the need to. In preparation for this EFR investigation, I conducted an EFR Pilot

Study with two participants within my community and used the EFR Pilot Study Consent

Statement (Appendix B) and EFR Pilot Study Interview Questions (Appendix C) as a guide for

the interview discussions.

In preparation for the EFR Pilot Study with the two participants mentioned above, I

obtained EFR Pilot Study Training (Appendix A) from the founder who walked me through the

features of this methodology. During this training I was able to receive coaching about

transgressing between future-oriented and present time frames by referring to the suggested

grammar for an EFR interview (Appendix E). There are three time frames that are determined

by the interviewee at the onset of the interview which include: "Back Then" as the present time

but is referred to in the past tense; "Now Today" is in the future time but is referred to in present

tense; and "In the [New] Future" is in a future tense and future time. In addition, the manner of

interviewing about best and worst case scenarios using a scale from 1-100 with 1 representing

dystopia or impossibly pessimistic scenarios to 100 representing utopian or impossibly optimistic

scenarios was practiced with a visual that is explained to the interviewee (Appendix D). Also,

during the discussion, interviewees may refer to the domain matrix (Appendix F) throughout the

interview which encompasses a wide range of areas from which to draw their thoughts and ideas.

Completing an EFR Pilot Study is a useful activity for the preparation and planning of

this proposed EFR investigation in a number of ways that are outlined in the form of lessons

learned. For one, it wasn't until I conducted the interviews myself that I fully appreciated the

careful preparation that my teacher took to explain each of the EFR concepts along with the

coaching exercises at each stage of the interview. Each of the three scenarios discussed helped

me to keep focused on what was being emphasized during the interviews and to stay on track in

the midst of an almighty companion, time.

A second lesson involved the self-inquiries that I arrived at about the interview process which included the following questions: how much do I guide the interview given the overall task of learning about Native leadership among the community and covering the domains as identified by the interviewee, i.e., education, housing, economy, social and health, etc., in the 90-minute time period; how detailed should the discussion be so that I am fully understanding the meaning of what is being said by the interviewee, or is it more important that I not preoccupy myself with that and address it later during the review and editing phase of the document; during discussion of the probability scenario there were instances when the dialogue turned back to optimistic and pessimistic points so I wondered if that was a usual part of the process and whether or not I should try to get back on track with what's probable or if that would be making too much of a judgment as interviewer. Furthermore, it seems as though the revision and editing phase may be considered as an extension of the interview since their thoughts may be revised to add what the interviewee may have wanted to express during the interview or even what the interviewee may view at the present (later) time. Given this, I wondered how extensive the revision and editing phase will be. These questions center on the art of extracting a story, in essence a visionary story, and ensuring that it is accurately described in a collective manner that is acceptable to the storyteller(s). I've come to believe that taking a reflective stance on the process of engaging interviewees in storytelling is more challenging than it initially sounds in the world of research. As an interviewer the words of Margaret Kovach (2009), who discusses the importance of maintaining participant voice and representation, are brought to light by having participants recheck how their expressed words are written so that the meaning is accurate. It now seems clearer that when measures are taken to produce a document that is meaningful to the community, its chance of being a useful tool will be stronger.

In hindsight, completing an EFR pilot study in my community helped me to realize the amount of trust that is bestowed upon researchers. While I have had professional conversations with the two colleagues prior to the pilot study, the boundary that we crossed together of recording their words and putting them to paper could only take place from a point of shared mutual consideration and respect. The sense of trust that I experienced as we discussed our community's past, present, and future outlook illuminated the amount of responsibility that is inherent in the inquiry process. It seems that having a sense of responsibility between the interviewer and the interviewee is a relational matter; one that also honors indigenous values in addition to making good on according accountability among the community.

By design, an outcome of an EFR project elicits a collective story from interviewees. A story that forms a visual conception about lived experiences in reference to a phenomenon, which in this case addressed social structures. In EFR discussions, individual thoughts and ideas may range from very narrow to very broad levels which span across vast areas when several domains are considered. Such domains may include demographics, technology, energy, economy, environment/sustainability, society/values, political support, or even other areas which the interviewee may draw upon during the discussion. One way of seeing this ever changing lens is to imagine seeing the world close up like the mouse, or from a far away view like the eagle. When the founder of EFR states that one's imagination is stretched in this type of discussion, this is shown in more ways than one. Besides moving between time frames, interviewees' minds are pushed to relate what is most probable and most likely to occur, all the while moving in and between a mouse or eagle view. While the interviewees are going through this mental exercise, the interviewer is as well. The most exciting piece of this project is in transpiring ways of knowing into knowledge for the benefit of others.

Overview of the EFR Method

The originator of EFR describes several points to plant at the back of one's mind before implementing this method, including: tempocentrism; projection; forecast; scenario; and four concepts to master during interviews, i.e., clarity, comprehensiveness, contextualization, and coherence (Textor, 1995). Tempocentrism is a phenomenon that occurs when one lacks consideration for the context in life about the future, e.g., manmade pollution, which can be offset when skillfully anticipating alterNative futures. Projections are the building blocks of scenarios as expressed by what the interviewee believes or perceives to be possible and probable in the future. Forecasts are a form of a projection that is considered to be the most probable or plausible instead of alterNative. As might be imagined with the above concepts, there is much to consider when entering into a futuristic discussion, thus for preparation with probing in a non-directive, non-biased manner it is important to ask questions when unclear about what the interviewee says (clarity); get the interviewee to expand on thoughts that are too narrow or provide more detail on thoughts that are too broad to get a well-rounded picture (comprehensiveness); ask questions to gain a sociocultural context that includes processes of described changes (contextualization); and gain the interviewee's reasoning for causes of change (coherence). With this in mind, the interviewer is better prepared to learn about the future from the interviewees' stories.

Scenarios are holistic stories, the compilation of projections or forecasts that provide great detail about the sociocultural impact of the future via an optimistic, pessimistic, and most probable lens. The first two scenarios (best and worst case) are described in the context of a future date, e.g., ten years from now, which is set at the beginning of the interview. The last scenario, the most probable, is described in the context of real time. It is important to distinguish

between the first two scenarios which are value laden, and the third and most probable scenario, which removes any value and elicits the likeliest circumstances.

After the three scenarios are discussed, the interviewee may be queried about his/her perspective of any steps, guiding principles, and/or words of wisdom that might be taken by anyone or any group involved from within or outside of the community in order to achieve the most probable scenario. Individual interview data is combined and summarized before participants provide their revisions. Once the participants agree that the summary reflects their collective perspective, the document is complete and may further serve as a useful tool for community development, e.g., community-wide strategic planning.

Hines (2003) discusses ten questions for an organizational futurists to ask, among them is positioning as an inside(r)-outside(r). Although it is important for any researcher to consider his/her positionality when investigating communities, for those instances where trust of people and/or the process is at stake, as is the case within AI communities, EFR is a good fit because of its transparent nature, which is necessary for developing ownership of information. As a participatory process designed for 10-30 participants, one of EFR's strengths is its flexibility as an individual or group endeavor because either way meaningful knowledge may be gained as seen from Textor's (1995) study with one Thai individual and another study with several individuals in a tribal community (R. B. Textor, personal communication, July 31, 2009). An underlying feature of EFR may be that it is an optimal choice among people who may view the world bleakly in the midst of being surrounded by social and health disparities. Entering into a space that turns attention toward a common, shared vision, and thereby produces crucial steps to be taken by particular leadership, which is not only a means toward taking responsibility of the next seven generations, it is also a way of instilling ownership and control of their own future.

To probe about futuristic scenarios in a clear, comprehensive, contextualized, and coherent manner while maintaining an abstract open-ended format is expected in an EFR dialogue. To maintain fidelity in an EFR project means that newly formed documents must meet the satisfaction of the interviewee(s). Textor (1995) describes his work with one interviewee taking "over a period of six weeks. After each meeting I drafted protocols of his scenarios. He then edited each draft. This led to further interviews and redrafts, until he was finally satisfied with the results" (p. 467). While following this process seems a bit daunting, it is in sync with an indigenous worldview of ensuring that the community voice is heard, that the community has ownership, and that their knowledge may ultimately lead to real quality of life changes on a broader scale.

Criteria for Selecting Participants

As mentioned above, techniques for this ethnographic study include purposive sampling. Participants of this investigation were recruited via the snowball effect wherein the researcher would contact individuals from the greater Seattle/King County area of Washington State and those individuals also provided the names of other possible persons whom they knew. In essence the researcher is selecting persons for the study who fit the criteria and may also be assisted from colleagues who are recruiting others that they know based upon their understanding of the criteria. Additionally, individuals who are contacted by the researcher or colleagues may also be asked for the names of others who they know that may fit the criteria. Participant criteria were: female and male age 18 and older, self-identified as AI/AN, Native Hawaiian, or First Nations, resides off of a reservation in King County in a city or town, and self-expression of general familiarity with the urban Indian community. The focus of this study is on those persons living in urban area,s which means that those living on reservations, and for the most part among rural

areas, are excluded. The strengths of including only urban based participants may be that they are the most appropriate informants in regard to historical and generational challenges faced by urban dwellers, or accessing services at urban-based community healthcare settings, or in representing the diversity of the vast array of multi-ethnicities that exist. A limitations of including only urban-based participants is that they may be unfamiliar with Traditional Indian Medicine.

Study Procedures

As mentioned previously, Ethnographic Futures Research is an integrated method of ethnography and futures research designed to elicit interviewee perspectives about issues and conditions pertaining to a selected topic with the expectation that ideas and thoughts will benefit a specific community via the recounting of these conditions from designated future- and present-oriented time frames. The following procedures were conducted for this study, which occurred among the urban Indian community of King County, Washington.

The participants attended a 90-minute focus group and were asked about the broader Native American community, specifically providing their assessment of past, present, and future conditions that may have an impact upon the social structure and relational issues as community members. The focus group took place in the greater Seattle area at a public facility that is easily accessible. To begin, a receptive tone was set when interviewees arrived, they were then welcomed and thanked for their time in advance of the interview, and introductions were made. Before beginning the discussion, the interviewer provided written handouts for the interviewees to review that included a description of the purpose of the study and participant consent forms. The purpose of this project is to conduct an EFR study that produces relevant information about the perspectives of Traditional Indian Medicine among urban Indian people.

Each participant was provided a consent form (Appendix H) to review and sign and would have the option to withdraw at any time during the interview discussion if they so chose. The consent forms explain that all records, notes, and recordings of the project would be seen and accessible by the investigator. The draft and final reports were available to all participants for review. Electronic files were maintained on a password protected program. Digital recordings and files were locked up throughout the study. All data was stored in a locked cabinet indefinitely and may be used for future scholarly presentations and publications. Upon receipt of the interviewees signed participant consent forms, the interviewer answered any questions about the study and the consent forms until all questions or comments were addressed.

Next, the parameters of the interview discussion were explained by the interviewer. General logistics were discussed to include refreshments, breaks, building facilities, and tape recording. This was followed with study logistics, including: length of the interview, which was no longer than 2 hours; process of post-interviewee feedback in the form of an interview report within a window of 30 days; and explanation of terminology, time frames, scenarios, and their visual aids. The interviewer responded to any and all questions that the interviewee(s) may have before beginning the interview.

The investigator asked open-ended questions to the interviewees who addressed her/his attitudes and perspectives toward her/his socio-cultural system. The interviewer followed a pre-made set of guided open-ended questions (Appendix I) on the topic of Traditional Indian Medicine in the urban Indian community for the interview. During the discussion, the investigator recorded the interview discussion via written and audio mediums. The interviewer asked the interviewees to describe their communities via three scenarios that include the best

case, worst case, and most probable case whereby the first two scenarios are described from a future date, e.g., ten years from now. The last scenario, the most probable, is in real time.

After the three scenarios are discussed, the interviewee may be asked about any steps, guiding principles, and/or words of wisdom that might be taken by anyone or any group involved in or outside of the community to achieve the most probable scenario.

At the end of the discussion, the investigator asked the participants if there are any questions about the dialogue process and/or project. The participants have ongoing access to the investigator in the event that there would be questions after the actual discussion regarding the project. Data collected from the interview was combined and summarized by the interviewer. A draft summary was provided to each participant for her/his review and clarification. A revised draft summary was provided to participants for a second review, revision, and clarification. When interviewees agreed that the summary represents their collective perspective, a final summary was be sent to them.

To ensure that all measures are taken for the protection of participants of studies conducted in all communities, benefits and risks needed to be considered. A possible benefit for the participant is in knowing that the study provides an opportunity for them to contribute to the development of new understanding of the role of Traditional Indian Medicine and its presence in the healthcare of urban Indians. There are no monetary benefits; however, participants would have the satisfaction of knowing that while they have contributed to an increased understanding on this topic that may benefit the organizational and community leadership knowledge base, they may benefit personally and professionally from gaining new knowledge as well.

Possible risks would be to experience uncomfortable feelings or thoughts during the interview, yet these are considered minimal since the interview questions are designed to elicit

responses that are discussed in daily activities. Participants had the option to withdraw from the discussion at any time. A concern among participants may be that information gathered is disclosed publicly and may result in an undesirable social or psychological impact on the individual, however, every measure would be taken to ensure that confidentiality is maintained (via confidentiality by participants, confidential handling of information, review of the draft report by participants, and security of data). All data would be stored in a locked cabinet indefinitely and may be used for future scholarly presentations and publications.

The participants are persons of color, specifically those self-identified as being a member of an American Indian tribe, and from a cultural stance there are no power differentials since the investigator is a peer who fits the selection criteria of the study. In my estimation, the benefits of this study outweighed the risks among participants because participation is believed to be of minimal risk. Every measure was taken to protect participants and confidentiality at each phase of the study (interview discussion, information analysis, and draft report review). There are no consequences to the participants if they should choose not to participate in the focus group discussion and draft report review process. Participants would have the benefit of knowing that their perspectives will contribute to overall community development goals. It is possible that participants would benefit from the opportunity to express their perspectives and with the understanding that the product would benefit the broader community involved. The rights and welfare of participants would be protected in that participants, as an existing group, would have all agreed to participate in a project that will serve the community as a whole.

The anticipated completion of an EFR study moves me to contemplate the words of Dana-Sacco (2010) who said:

> I ask myself and other Indigenous researchers how we can judiciously apply
> ourselves to contribute to the community. They have put a lot of faith in us after

all. How can we best reflect the truth, serve as responsible custodians of
information, and not be satisfied with discourse that fails to engage praxis? We
need to do work that matters to the daily struggles in the community. Because we
have privileged entry into intimate collective spaces, we are charged with the
responsibility of safeguarding those confidences even as we dare to reveal the
most difficult struggles we engage. Collectively, we can construct a research
ethic that strengthens our communities through healing and the praxis of self-
determination. (p. 78)

My intent for conducting this study is to bring forward the voice of the urban Indian community

whose perspectives are unique, especially because their views represent American Indian visions

for a healthier future that are based on their own understandings of indigenous knowledge,

tradition, and medicine.

Procedures

An Ethnographic Futures Research focus group took place in Seattle, Washington, that

included five participants. The procedures for recruiting participants for this EFR study are

described below in addition to how the group discussion was facilitated. The findings are

presented in a way that describes how I formulated a Final EFR Focus Group Discussion

Summary with participant input.

American Indian community members were recruited by via telephone or email for this

study. Selective sampling was used in the recruitment of study participants through the snowball

method wherein I contacted eight individuals and asked them if they would be interested in

participating in a 90-minute focus group discussion on the topic of urban Indian perspectives of

Traditional Indian Medicine, or if they knew of persons in the community who may be

interested. Six of the persons I communicated with agreed to participate in the study. One

person did not respond to my inquiry, and one person declined due to having a schedule conflict.

I also contacted a colleague about recruiting other participants and that person had asked two

other community members who expressed interest to contact me, however, I never heard from

them. Of the six persons who agreed to participate in the study, two of them each had asked one to two others who may be interested and three persons communicated that they were unable to participate due to the short notice and schedule conflicts. Of the six individuals who agreed to participate, five attended the focus group and one called to cancel on the day before the focus group took place. Prior to the focus group, there were varying levels of familiarity between four of the five persons and myself, which stemmed from our presence in the community. For example,one person knew who I was, however, I was unfamiliar with that individual.

The five individuals who agreed to participate in a focus group met the criteria as being female or male, age 18 and older, self-identifying as AI/AN, Native Hawaiian, or First Nations, residing off of a reservation in a city or town of King County, Washington, and self-expression of general familiarity with the urban Indian community. The participants attended a 90-minute focus group and were asked about the broader Native American community, specifically about providing their assessment of past, present, and future conditions that may have an impact upon the social structure and relational issues as community members in regards to Traditional Indian Medicine. The focus group occurred in the greater Seattle area at a public facility that was easily accessible.

The focus group discussion took place on a Saturday and began at mid-morning and ended at the early afternoon. Upon arrival to the meeting place, a public environmental learning facility of the Seattle Parks and Recreation, participants were greeted by me. The room was set up with a seating area with chairs around tables so that everyone had a view of each other. There was a beverage and snack table prepared with coffee, sage mint tea, orange juice, yogurt, fresh fruit, breakfast bars, and trail mix. Participants got themselves settled into their seats, they made their own name tags to place on the table if they chose, and were given the Informed Consent

Statement, Participant Form, Desirability Scale, A Suggested Grammar for an EFR Interview

form, and a Domain Matrix. At a nearby table, two assistants sat, one with a laptop to take notes

and one to operate the audio recorders.

The participants included two males and three females; the participants age range was

twenty one to sixty four years, the number of years that participants resided in the urban area

range from under two years to fifty eight years, the tribal affiliations of the participants include

Anishinabe, Apache, Cherokee, Eastern Band Cherokee, Haida, Southern Cheyenne, Yakama,

and Yaqui. Some individuals listed more than one tribal affiliation for themselves. All five of

the participants indicated that they use Traditional Indian Medicine. The following are the forms

of Traditional Indian Medicine that participants indicated that they have used in the past twelve

months: Kituwah – Tsalagi; plant medicines—teas and tinctures, poultices, ceremony—Washat,

Sundance, Smokehouse, whole and natural foods; cedar, sage, tobacco, sweet grass, wild roses;

and asema (tobacco), nettle, sweet grass, sage, sassafras, sumac, cedar, basswood.

To prepare for the discussion I referred to the Interview Questions form for this study and

began with the first two steps by setting the tone for the discussion by thanking the participants

for attending and going over each of the handouts used. Introductions were made by each person

and that included the assistants. I then explained that this discussion about their perspectives of

Traditional Indian Medicine will be conducted by using concepts of Ethnographic Futures

Research which include using past, present, and future time frames, and optimistic, pessimistic,

and most probable scenarios. I explained that after talking about the scenarios, I will ask them

for guiding principles and steps which could be taken about this topic and what was discussed. I

then explained that from this discussion a draft summary will be compiled by me and that I

would send it to everyone if they wish for their comment and review. Their input will be used to

revise the draft summary and produce a final summary of the discussion which I will send them

if they wish. I asked the participants if they had any questions about this study, the purpose or

the summary and they stated that they did not. I went over the Informed Consent Statement

which included anonymity and confidentiality and then asked the participants if they had any

questions and they indicated that they did not. Since there were no questions at that point I

proceeded to ask the participants to look at the Desirability Scale handout. I explained that there

are one to one hundred possible *scenarios* and that the *dystopian* end of the scale represents

undesirable scenarios and that the *utopian* end represents *desirable* scenarios. I explained that

for this discussion the scenarios we are interested in are the *pessimistic* and *optimistic* scenarios

which are respectively shown as the fifteenth and as the eighty fifth possible scenarios. I pointed

out that we are not interested in the impossibly pessimistic or impossibly optimistic scenarios

because the probability of them happening is impossible. I explained that they will decide what

is considered to be pessimistic and optimistic scenarios. I asked the participants if they had any

questions.   Since there we no questions as that point I proceed by asking them to look at the A

Suggested Grammar for an EFR Interview form and explained three points of time wherein we

will be talking from a future point in time, thus *now today* is ten years ahead of us, or 2023.

Also, the time *back then* indicates what's happened before today and ten years ago. Finally, the

time *in the new future* indicates twenty years ahead of us or 2033. I asked the participants if they

had any questions about the time frames and they indicated that they did not.   I explained the

Domain Matrix which includes areas that they may find helpful to refer to at any point of the

discussion if they choose.

To begin the focus group I referred to step three of the Interview Questions form which

places participants at a future time and the discussion is about their views of an optimistic

scenario. To continue to the next part of the focus group I referred to step four of the Interview Questions form which places participants at a future time and the discussion is about their views of a pessimistic scenario. Moving onto the next part of the focus group I referred to step five of the Interview Questions form which places participants at the current time and the discussion is about their views of a most probable scenario. To enter the final portion of the focus group discussion I referred to step six of the Interview Questions form which asks participants about major steps that may be taken and the guiding principles in regard to what they would like to see the community do. After it was clear to the participants that the focus group discussion has ended, I once again explained the next steps that were described at the beginning about the process of writing a draft and final summary. I asked if everyone would like to receive the draft summary and everyone indicated affirmatively to this. I told them that when I finished making the revisions which they would send to me that a final summary would be sent back to them. I thanked the participants for their time and presented them with a small gift, a card with twenty dollars, and lavender and sage.

A week after the focus group was conducted, a Draft EFR Focus Group Summary in pdf format was sent to each participant via email along with an explanation of what was considered by me while writing the summary, as well as directions about providing their input back to me about the material presented. Within six days, four participants provided their input to me via email about the draft summary. Three of the four participants indicated in their email correspondence that they did not have any revisions. One of the participants did not have any revisions except a spelling correction for the summary; however that individual added a thought that was not mentioned during the focus group discussion and which was included in the final summary.

Chapter IV: Results of the Study

The urban Indian people of a particular community have spoken about their particular perspectives of Traditional Indian Medicine and its many facets. As mentioned previously, the EFR focus group responses includes specified time frames for four discussions that reveal the optimistic, pessimistic, and most probable scenarios and were presented based on broad guiding principles from which to operate from along with any steps that may be taken at the community level. The findings are provided below for each of these four areas, which have also been categorized according to theme.

While each of the identified themes will be discussed in the next chapter, a worthy exercise among mindful inquirers involves practicing an element of containment in the development of our interpretations such that "our openness to what is human requires us to be attuned to the languages and symbolisms in which human existence and human meaning express themselves and speak to us" (Bentz & Shapiro, 1998, p. 166). The findings represent the lived experience of five unique and tribally diverse persons who are presenting expressions that are based upon their own forms of symbolism. As mentioned in the methods section, while participants were focused upon the general topic, Traditional Indian Medicine, they were provided with EFR tools that were designed to assist in their transitions between scenarios, past, present, and future time frames, and major life domains. A collective story has emerged from their views about TIM as a stand alone or in reference to life domains to include demographics, technology, energy, economy, environment/sustainability, society/values, and/or political support.

Findings

The EFR focus group on urban Indian perspectives of Traditional Indian Medicine produced 26 pages of written transcription from the audio recordings and there was deliberate intention that the raw data for each portion of the discussion be used only for its respective portion of the draft and final summary. Thus there were four main areas, the optimistic scenario, the pessimistic scenario, the most probable scenario, and the guiding principles and next steps portion. In reviewing the raw data from an ethnographic lens, after transcribing the recordings I read the raw data several times. The first read involved the entire document with an intention to just sit with what was said. The second read was to examine how the discussion occurred in terms of adhering to the EFR format overall. I felt as if it were a responsibility as the facilitator to look at how concepts were explained. Equally important was how the discussion was facilitated. Was it open ended enough? Were probing questions asked seeking clarity, comprehensiveness, context, coherence, and comparability? Was I conscientious of the time and pace of the discussion so that each area was covered and yet participants did not feel too rushed and that they were able to say what they needed to say? The third read was to look at the meaning of what was said by participants. The fourth read was to identify main phrases and points for each sentence, to highlight them, and to group them into themes. At this point after organizing the themes together I began to write the draft summary for each of the four sections.

Final EFR Focus Group Summary

Optimistic scenario. The first scenario is the optimistic scenario where pretty much everything that could go well in regard to Traditional Indian Medicine care within the community has gone well. A discussion took place from a time in the future, the year 2023 to be

exact, which is ten years ahead of the current real time. The following highlights of this discussion are provided as a collective voice representing tribally diverse perspectives that emerged from five urban Indian community members.

The discussion lasted for a little over two hours. There were six areas in the optimistic scenario which are categorized as follows:

- Traditional Indian Medicine includes perspectives of ceremonies, religion, practices, and medicines;

- Communication among American Indian people and the manner that they interact with each other as individuals, families, community members and among the broader non-American Indian communities is important;

- Time is a factor that determines what is important or valued;

- Technology has a role in life, work, education, and cultural preservation;

- Community is important, especially in the sense that it is a way that American Indian people belong and identify with and from, as they address their collective interests and efforts; and

- Traditional Cultural Knowledge is the American Indian or indigenous knowledge that has been passed down the generations, maintained, preserved and sustained.

Traditional Indian Medicine includes perspectives of ceremonies, religion, practices, and medicines. The presence of Traditional Indian Medicine is viewed in several ways, to include a revival or resurgence of ceremonies and spirituality and the use of plant life. The benefits to being in a state of harmony may be observed with the increasingly good health of elders and leadership which leads to living in a ceremonial manner and ultimately has a settling effect upon the spirit of the people. One participant said,

I would say that my uh people are using all the ceremony's, I'm Anishinabe and Onondaga. We would have gardens in areas where our medicines would grow the community. We have our elder's health and wellness so there is a lot of ceremonies and leadership. The clan systems are being revived in its entirety and for people and those that don't have their clans or know where they have been or are lost or misplaced… So there are spiritual practices… at that time, so there is a revival of ceremonies. So there are a lot of ceremonies, a lot of leadership, a lot happening. Yea.

Another participant stated

I think there has been a real connection between prayer, spirituality and individuals. You know, today in this day of technology and how fast the world is growing in this population. I see that people are taking the time to talk to each other one on one and honor people as spirits that walk the same earth. Their thoughts and spirituality are in sync and with that said there is balance and harmony that settles people's spirits and a lot of forgiveness that has occurred.

One person had this to say, "Indian traditional medicine is really in a state of harmony."

Another aspect of Traditional Indian Medicine involves what American Indian people have been consuming in their diets forever, which has an impact on their health. American Indian people from various regions have been in tune with their natural environment and have unique beliefs regarding food as medicine whether it comes from the sea or land. One person stated, "That is one thing that is going on…good diet."

Another stated,

I think that in 2013 one of the Haida customs which is viewed as medicine is food that was eaten. The Haida in southeast Alaska, the salmon and the halibut, crab, and the fish eggs are seen as medicine and my grandfather who lived to be 100 years old ate fish three times a day. He would wake up and eat salmon at 7 in the morning all the way till he went to the next life. He would eat salmon for lunch. He would eat salmon for dinner. And some people, I guess the new generation, some people that might not understand why he would eat so much fish, learned that that type of healthy diet did contribute to longevity. Unfarmed fish that's very organic and halibut, and foods from nature are the right way…. Whether that's deer in the Cascade Mountains or Yakama and locations in the Puget Sound, and the salmon berries and all the other traditional foods that historically for thousands of years Native Americans have in their DNA and their diets…. Everybody has their own sense of what their traditional food is in their region, of what is healthy and what they eat.

It was voiced that the integration of Traditional Indian Medicine alongside Western medicine is occurring, and that those who work or provide Western medical care are involved in its integration as well. One person said,

> I think for me seeing an integration…of traditional with Western medicine, that's not going to go away but it is useful. I see an improvement in the integration of those involved only in Western medicine. People are picking and choosing what's important, and what is acceptable medicine and what is not.

The actual practice of Traditional Indian Medicine, whether it involves using medicinal plants or following religious and spiritual ways, among American Indians is determined individually and within the family. The way that TIM is practiced or accessed also depends on individual factors, for example those who are far away or have little connection to their tribe may learn traditional knowledge and practices from the local tribes or community. Those who are connected to their tribe and or tribal TIM practices may practice them wherever they happen to be, thus physical distance may not necessarily keep them from practicing the TIM ways of their tribe. A participant stated "In my home we practice our religion. We still use sage or other medicine."

Another person said,

> What comes to my mind first is through our ceremony…. So I think that around ceremony we had medicine people that shared that with us and every year we learned more and more and more. So over time we all got pretty smart about TIM and not just around plants but I think with all prayer and ceremony too, tobacco, and sage.

The matter of practicing spiritual sovereignty was stated by another participant in this way:

> I think that when we talk about traditional medicine there's an important distinction there about what is meant to be shared and what is meant to be preserved. This is to make sure that it isn't used in a bad way. I think when it comes to access there is a noticeable need identified in the community to have access and practice their own spiritual sovereignty and ways without having to go somewhere else. And that's kind of what I'm hitting on. Here I can still be

> Anishinabe and there's no separation. And so I think that there are ways to do that but it's very personal and sensitive to do that.

A thought about American Indian people in the urban area is that when considering their tribal diversity they are not all that different, and this includes those that have never been to their own reservation. A participant said, "We're not all that different. There's so many tribes in the urban population, that many of us have never seen our home reservation."

Communication among American Indian people and the manner that they interact with each other as individuals, families, community members, and among the broader non-American Indian communities is important. The topic of communication came up in several ways to include how people communicate, the reasons for communicating, and the impact of communicating among AI people as a whole. The way that people communicate had changed over time due to the use of technology in that they became impersonal and had difficulty conversing person to person.

> What I've known…it was a very impersonal day and age. From what I've seen when people approach each other you know emailing, text messaging, social media, to the point where your common neighbor, or someone in the grocery store, or someone standing in the same line with you at Starbucks, ah it's very odd for them to strike a conversation or even communicate face to face, it's been put on the back burner to a point.

People have been able to communicate as human beings and in a way that honors each other.

> I think that people have gone back to the old way of Indian traditional medicine, of you know taking the time to acknowledge someone's presence and spirit that walk the same earth as each other. You know and taking the time to acknowledge their soul and give them that time whether its five minutes or five hours.

The way that people communicate is a form of healing too. In essence, words are powerful because they elicit emotion. When people replace anger with forgiveness they are healing, just as it is when time is taken to talk with each other. In each case, care is shown to fellow human beings. A participant said

> I know that in the world I've seen a lot of people hold onto anger and won't let that go. People are forgiving their past, their families, their friends, whatever it might be…. People's feelings can evoke healing and then taking time to speak with someone and show them that you care and emulate an optimistic side can contribute to the healing process.

Time is a factor that determines what is important or valued. Time and pace of life is viewed as a constant factor for the past, the present, and among all people of all generations living in both the urban and rural areas. Actually taking the time to sit down with someone is viewed as the old-fashioned way as stated below by a participant "That's one thing they do down at Arizona where my mother's from and Haida where my father's from. It's a very slow pace…, it's very rural and the type of old fashion communication." There is a difference between how time is viewed on and off reservations and between rural areas and cities.

> I've noticed professionally and even personally that people were very brisk, they are very short winded, a lot of conversations on a whim, a lot of them were in jest and a lot of them were just not very sincere. Now that … that impersonal pace has slowed down to the point where in Apache ways and Haida ways from Alaska, people would take the time to sit down with you and just talk to you literally all day if that's what it has to be or all night as well.

On a broader level there are protocols around people talking and visiting with each other which are seen at events like the Canoe Journey. A participant pointed out "It's not that everybody has jumped into the canoes, but all the protocols around people talking and visiting with each other."

Technology has a role in life, work, education, and cultural preservation. Another topic of mention involves the presence of technology, for example social media, filming, and information technologies (IT). Some useful ways to maintain traditional and cultural knowledge involve filming stories, religious activities, and elders' teachings. An important outcome besides learning and passing on tribal and cultural knowledge is that American Indian identity is strengthened. The benefits of using technologies is in having the versatility to use it anywhere, and understanding that it is a tool rather than a vice for people to be defined by.

One person offered this,

> I remember… the tribe was taking on social media workshops and we would take time to sit down with the elders and talk about everything and they would share their knowledge, the tradition, the culture. Today…it's still going on. And even from back then you know that tradition of keeping our heritage, our beliefs keep it strong. I've seen in our community today how much technology is moving forward and how much we are utilizing it to bring up the word of who we as Native Americans or as Yakama, which I am, along with Nez Perce. We are letting people know who you are.

As stated above the utilization and role of technology in the community is a moving force for maintaining an American Indian identity. Tribes may or may not use video recordings to preserve American Indian culture by telling their stories, teachings, songs, and culture. With or without the use of technology, people are stronger for passing their culture on to others.

A person said,

> I found that also in the same way that my tribe would still not use technology and I see that that is a good way also to preserve teachings and our culture, not through technology but through people. Through people we still remain strong. And even before…we were not recording our long houses, not recording our Washat songs, or anything of the sort. It shows how strong we are as a community without technology; at the same time we use technology to tell our stories.

The use of information technologies improves communication, one person stated,

> With the help of IT we're able to have better communication lines. We're able to communicate better and it is difficult once we've lost connection and our infrastructure starts to crumble…. It gets difficult to access, to get back to my tribe, to access in mind body and spirit, and traditional people.

Other benefits regarding the use of IT is how easy it is to use anywhere, including at home. One person said,

> Thanks to some technology we are now able to do this in our homes and not feel like we're obligated to go somewhere because it's our way of life and we have the right to do it in our home.

One thought regarding the use of technology involves how it is used advantageously as a

tool, which speaks to an ability to adapt to change by taking what we have to work with. One

person said,

> And I think we found that balance, we've always been living cultures and
> involved in change at times that we kind of figured out how to do that. Take the
> best from technology, the good things of the modern world and really using them
> as tools instead of letting them define us like mainstream society does, of learning
> how to use the tools to make us stronger.

Community is important, especially in the sense that it is a way that American Indian

people belong and identify with and from, as they address their collective interests and efforts.

Another area mentioned involves what is occurring among American Indian communities in

terms of the formation of collective forces that impact relations among themselves, as well as

among a broader level or among non-American Indians. In addition to regaining long held tribal

social and cultural systems such as clans, there are movements that have a taken a life of its own

which American Indians have rallied around. In addition to a cultural revival, there are two

movements that both involve a connection with the planet, namely the land and water. The

annual Canoe Journey brings people and tribes together from regions including the Pacific

Northwest and beyond. On this water journey, people strengthen their ties to each other as well

as their ties to Mother Earth. One participant added,

> And I think that that has been very instrumental…. We began to see it grow and
> spread in different areas like the plateau or like California and their canoe projects
> have kind of used that as a platform to bring back a lot of the traditional ways.

The second movement, an international and national interest group known as Idle No

More, brings people together with a common cause of taking an active role in how Mother Earth

is cared for. It is stated that when people come together for cultural activities or for a cause it

benefits entire communities and its leadership by keeping their ways and memories intact.

I think that 2013 was a time of big cultural change with the Idle No More movement. It became another very big strong social movement that mainstream society thought would be a big splash, but for indigenous people that wasn't what happened. It really was another way that people brought back, people being and finding their strength and indigenous people really remembering traditional ways.

Regarding the Idle No More movement, one person stated

I think it was started in Canada by some political movement concerned about the government and putting into policy about things that have happened all along and is about how natives weren't consulted about how the land was being used, and mostly the extraction of fossil fuels, and people just said no more. It's kind of a wake-up call. I think the people feel it's a critical time right now and that if we continue to go down the fossil path it wouldn't be good for Mother Earth, the planet and all of us.

Traditional Cultural Knowledge is the American Indian or indigenous knowledge that has been passed down the generations, maintained, preserved and sustained. The American Indian community has within it those who help others learn about American Indian culture and traditions. In one instance a non-American Indian woman was taken in by tribal elders who taught her about Traditional Indian Medicines and then she passed that knowledge onto others. This is an example of how knowledge is passed on and who passes it on which is essential, especially among those who may not have ties with their own tribe.

We had a medicine person that's always present at the ceremony and she actually is Jewish, but she from the time as a young person was chosen by the people who passed their knowledge to her. So she taught all of us about plants and where to go. Around ceremony time we would go on plant walks and she would teach us about all the plants and what they were used for. And then she, we would make tinctures and we would use up those medicines. And so we knew that that was a good example I think of the balance between the old knowledge that she brought into the present. She really liked strong teas, but because of our busy lives and stuff we always stored plants because we couldn't always grow plants in the best way.

There are so many tribes in the urban population which means that there are many different ways of learning, teaching, and sharing traditional and cultural knowledge. It does happen that not everyone knows how or who to access for traditional knowledge and practices.

It is possible that people may come into contact with groups within communities of which they may become a part of. One such case was stated by a person in this way. "Well I just want to add on that that if I wasn't a part of that ceremony community I would not have access. I wouldn't know for myself where to go for TIM if I wasn't a part of that community."

The American Indian belief that food is medicine mentioned earlier speaks to the importance of taking care of natural resources and being able to access traditional foods as well. One person stated, "And also we have been trying to restore our lands and our way of life, our beliefs, our cultural beliefs and have the right to preserve our sacred animals that we eat and partake of."

Accessing traditional foods entails building relationships with tribes who have knowledge and access to them, as well as non-American Indians who have made a living by commercializing wild foods. To take care of natural wildlife resources, including sea foods that are affected by commercialization, entails working with those who have different worldviews or interests regarding the preservation of this food source, which in this case involves non-American Indian commercial fishers. Strides have been made between American Indians and non-American Indians to reach common ground. One person stated,

> ten years ago, that the eating of traditional foods, whether it be salmon, halibut,
> deer, game, rabbit was very lacking where people would improve their diets and
> what they're putting in their bodies. And then with that said they worked hands
> on with commercial fisherman to combat the over hunting and the over fishing of
> the salmon and deer. In Alaska my tribe had an extreme issue of non-Native
> Americans over fishing the bay, the legumes, and literally taking salmon by the
> thousands and selling them worldwide, and the Haida people don't do that. And I
> believe that… the Haida and other tribes that fish, the northwest tribes were able
> to work with commercial fishermen that see the fish as an industry, basically see
> the fish as money, they were able to see some common ground so that that
> contradiction ceased. And that salmon has been restored back to life, back to
> being in harmony with nature and being in harmony with their bodies so whatever
> worked in that sense can restore your body.

In other instances people learn from their families and the knowledge is passed on with their

siblings. "My family, we still practice our traditions and my siblings and I still pass it on."

There are considerations made by those who are deciding what traditional knowledge is

to be passed on versus what is to be kept within the tribe. These decisions are based upon

historical factors tied to a time when ceremonies went underground. Another consideration is

about the intent of others who are given traditional knowledge information. Finally, it is

believed that practicing traditional ways and using knowledge is a very personal matter. One

person said,

> In our communities on the East Coast we were invaded a couple hundred years
> earlier so a lot of our knowledge had to be kind of underground. But fortunately
> some people have maintained that, have been able to maintain our food and our
> families. And I think that there's a lot of hesitation in our Anishinabe community
> because it's very secret knowledge and it continues to be. So I think for our
> people, the Haudenosaunee and Anishinabe places there's knowledge that can be
> shared with, I don't want to say with members only but, with those who will use it
> appropriately. I think that when we talk about traditional medicine there's an
> important distinction there about what is meant to be shared and what is meant to
> be preserved. This is to make sure that it isn't used in a bad way.... In some
> societies it's very insular and it needs to be that way because there are people who
> don't understand the medicine and that creates all kinds of havoc. I think that it's
> very important for those of the urban community to come back, but there's a
> process for that. It's important to realize that and to work on that.

The using, holding, and transference of traditional knowledge is in itself an ever moving force as

it involves peoples realities which is shown by what they choose to become involved in to

express their beliefs, while keeping in mind the understanding about how everything is inter-

connected and a shared responsibility. One participant stated

> We reached this critical place where we made a shift and people realized that
> there's other ways…and I think that indigenous traditional knowledge is a path
> because people realized through Idle No More that it's not just about listening to
> indigenous people or leadership but, as Native people we realize that it's about all
> of us. We're all interconnected; we're all in this together.

Lastly, it was mentioned that research is a way to share and be informed about traditional knowledge. "And we also do research that helps to be more aware of what we can do to make this be a part of our traditions but also to share as well."

Pessimistic scenario. The second scenario is the pessimistic scenario where pretty much everything that could go badly in regards to Traditional Indian Medicine care within the community has gone badly. As with the previous scenario, the time is in the future, the year 2023 to be exact, or ten years ahead of the current real time. The following highlights of the discussion are provided from the collective voice of five tribally diverse urban Indian community members.

There are four areas that reflect the pessimistic scenario which are categorized as follows:

- Human behaviors and attitudes toward the environment have deeply impacted Mother Earth, and the quality of the air, water, and plant and animal life have worsened;

- Communication among American Indian people is subdued to interacting in an impersonal manner with each other as individuals, families, and communities;

- Social and health issues are hurting the spirit of American Indian people; and

- Original knowledge of American Indians is being lost and forgotten.

Human behaviors and attitudes toward the environment have deeply impacted Mother Earth, and the quality of the air, water, and plant and animal life have worsened. Human behaviors and attitudes toward the environment have deeply impacted Mother Earth, the air, water, and plant and animal life. The large scale extraction of fossil fuels is at the expense of natural resources that include plant and animal life. Because the natural world is tied to American Indian tradition and culture, the effects of damage to total environments is not the only change for the worse. With land loss there is cultural loss. One person said,

> Big corporations got their way, the pipelines went in. There's pollution all over. The animals are really sick, birds. There's fracking, a lot of fracking is the common practice which is destroying the plants and animals. We've lost a lot of elders, the knowledge. There's no integration of that knowledge passing on. We continue to get more cancer, diabetes. We lost a lot of our elders and knowledge. I can't talk even talk right now.

As people struggle with a mindset that their demise is self-inflicted from the way that they treated the planet, they accept the premise that losing their knowledge is deserved. Not only is the world out of balance, it is a dark place.

> The earth reflects our behaviors and… now if we continue down the dark path, people will be with the impression that nature is against us because the earth is so out of balance that there are storms and mass killings from the natural disasters. The way the media will portray it will be like nature is against us and, that it's violent and dark and knowledge will be gone from our memories because it will be the normal way to treat us. It would be emphasized that we wouldn't treat the earth well, so the earth wouldn't treat us well.

Another participant commented, "We lost the coast lines. We've lost the polar bears. The northern peoples had to move inland and we lost our culture."

Communication among American Indian people is subdued to interacting in an impersonal manner with each other as individuals, families, and communities. Another aspect of a pessimistic world involves communication among American Indian people and the impersonal manner that they interact with each other as individuals, families, and communities. One participant said,

> People just don't know how to interact with each other. They just don't know how to converse with each other. They don't know how to read each other's emotions. They're basically cold to each other, even Native Americans to Native Americans, Native Americans to non-Native Americans, tribes to tribes, even to the point of families to families. We're just very cold to each other so that any warmth has dissipated.

This is also a time when mistrust of the government is sensed by the people. And not only do people feel as if they're constantly being watched and are subject to be questioned or detained about their actions, but that adverse social and health conditions is an intentional act by the government to separate people. One person stated,

There's a lot of mistrust because the government is very involved in our lives and we are watched and could be detained. And…everything you do can be questioned, whether it's your behavior. There is a lot of abuse, mental abuse, psychological abuse, and physical abuse because that's the way the government is in physically separating Indians.

Social and health issues are hurting the spirit of American Indian people. There are a number of social and health issues that are hurting the spirit of American Indian people to include addictions, legalization of drugs, mental illness, and the effects of money, violence, and war.

Everything did go downhill. I would say severe raging alcoholism has plagued urban Indian communities and reservation communities. And the legalization of drugs in many ways, shapes, and forms has chemically reengineered people's thoughts have really taken over to the point where absolute depression has literally collapsing families, clans, tribes. And money, casinos, and everything is in a tornado of just confusion.

Of utmost concern is that the spirit of the people and the strongest of leadership are in a position of losing hope, as stated by one person,

At that point I would say that even strong people, strong leaders are starting to, their spirits are just waning. The fact that, you know, the strongest leaders are trying to carry 500 people. Even with a super human person at that point, sooner or later fatigue is going to set in to the point where people's spirits are literally going to perish at that point. Their spirit is very plagued.

In addition to the United States being viewed as a violent society from having ended a 20-year war in the Middle East, other forms of violence involving murders, politics, drugs, trafficking, and prostitution in Indian communities is at an all-time high and have led to an even greater sense that people are losing hope. One person said,

With all that one would think that the United States was a violent society…coming off of you know, 20 years of war in the Middle East. I would say that and along with alcoholism and severe drug addiction reengineering people's thoughts that also the violence in society, especially in Indian communities, is at an all-time high to the point where people are just, just losing hope.

And another person said, "This state of being is a very heartfelt issue and people may need to go back to taking the extra time with each other again."

Original knowledge of American Indians is being lost and forgotten. It was mentioned that the original knowledge of American Indians is being lost and forgotten. While it can be speculated about what this means for the people, there are views about how this happened. For example, people neglected to live by their ways, forgot, or what they did remember were replaced with a monetary mentality that left them spiritually sick. When the knowledge is lost, it is gone forever. As stated by one participant

> We are all very wealthy in a sense, culturally, spiritually, welfare, everything, healthcare. We just started boosting up our pride, everybody. We just forgot about our elders. We forgot what was special. We slowly remembered our ways and because of that money was starting to really take over and from then on we became sick, spiritually became sick. And from there everything just went downhill. People forgot who they were. People forgot where they came from. They didn't care about their religion. They didn't care about what science can do. They just thought about what they can make money off of just by proving something. And so there was lots of killing, lots of murders, wars, politics. And then of course drugs, trafficking, and prostitution just started flooding in. And from the point thereon, what do we got? Nowhere to go because everything has been forgotten. Nothing is left. Like this pen right here, once you leave it you can't get it back. It's like as if someone put it in the garbage you can't get it back now. It's lost. And so that's what really knocked me off my board. I'm bald you know, I want my hair back. Aaaaay.

The manner in which people regard traditional knowledge are put in terms of what's good and bad in the world based upon what is taught and spoken about in prophesies and stories. A promising outlook is that when the bad is happening during those times when it is prophesized that good will happen, then it is seen as a step toward the good time. A person said,

> I think of it in terms of a story. A story among the Haudenosaunee and Onondaga. It's about the battle of two twins who were born to Sky Woman. One twin is the good light and the other twin is the darkness of life. And there are these battles and sometimes one seems to get on the other. I believe in the prophesies and so it will get better, but it will take time. It's really hard for me to imagine it going that way. All of our prophesies show that this period is going to be a really good time, so it's kind of hard to see the pessimistic angle but for the sake of going along with it I would say that it would be another, it would be a building block to the next time period. I just can't picture what it is but it will be an accomplishment.

The idea that people are human and along with being human they are susceptible to making mistakes was mentioned too. In a world where good and bad exist, being unable to decipher between them creates imbalance and collapse.

> I noticed that before we always knew what was good and bad. It was always constant grief; we were always constantly getting at each other. But then, once we reached our high point where everything was balanced we no longer saw the bad side to it. We no longer saw the bad. We always saw the good from now on. From that point on we, when the bad happened I guess that's when things started to get so easy to loosen, you know you're unscrewing something and it becomes so hard to make it a firm foundation eventually. But eventually when you start unscrewing it, you know things become a little unsteady. Eventually, like you're balancing three knives on a cup. You have a firm foundation, but when you start moving the knives out of the way it will turn and tilt a little bit to the point where it all just falls.

Most probable scenario. The third scenario is the most probable scenario and the time reference is today, everything is occurring in real time. The discussion is about what is most likely to be happening right now in regard to the conditions of Traditional Indian Medicine care in this community. The following highlights of the discussion are provided as a collective voice that emerged from the same group of tribally diverse urban Indian community members mentioned above.

There are two areas that reflect the most probable scenario which are categorized as follows:

- Traditional Indian Medicines is being integrated into Western medicine, TIM is practiced among urban- and reservation-based American Indians; and there is respect for traditional knowledge; and

- Leadership among American Indian people is occurring as seen by cultural and social justice movements at all levels and which have emerged from grassroots beginnings.

Traditional Indian Medicines is being integrated into Western medicine, TIM is practiced among urban- and reservation-based American Indians; and there is respect for traditional knowledge. There is evidence that the integration of Traditional Indian Medicines into Western medicine is happening in stories of healing chronic illnesses and conditions such as cancer and diabetes. While the time is coming for the full integration of TIM and Western medicine, there needs to be consideration and respect toward TIM by Western practitioners, especially as more people turn to traditional medicine for care. As one individual said,

> Well I don't know about anybody else but I've been healed by traditional medicine and I've heard healing stories that are happening for our Indian people for cancers and reversing diabetes. There's a lot of respect from those in Western medicine and there's a little bit of push back. I don't even know if it should be called a push back, but there's a dive bomb with Western medicine and the time is coming where we can integrate these things…. But I think that the respect for knowledge is balanced and being taken with respect and care in our community. There are forms of traditional medicine and they've heard stories of that healing. There are some that thought that that would never happen, but it is happening where more of our people are turning to traditional medicine and their ways. So that's really encouraging.

There are different issues among American Indian people in regard to their practice of Traditional Indian Medicine. For some, there is balanced leadership, access, and awareness. Others ask how do they implement it, what is the protocol to ask about it, or should it be asked about, or who should be asked, or how does someone get her or himself back and pass that on in her or his family. Those who live in the urban area ask how they deter from experiencing voids and being succumbed by them, and how they and their family learn about traditional medicine from their elder. It was stated that,

> I see balance, balanced leadership, access, awareness and how we get that. How do we implement it? Even knowing the protocol, access, so like should I ask this and who to ask. Um how do I get my, how do I get me back? And to pass that on in my family. And how to avoid those voids from being placed there. How do I learn traditional medicine from my elder… together with my family? There is no

comparison between TIM and Western medicine with time and the need to slow down.

Another view about TIM involves traditional knowledge and the degree that it is known and practiced among American Indian people. For example, it was mentioned that on the reservation the majority of people are not practicing, or are not interested in their tribal religion, or other religions either. In this case, people are making efforts to keep traditional knowledge and practices alive. A participant said,

> We are struggling with what people know. In Yakama we have about four thousand tribal members and only a few participate with the Washat religion, and the majority don't practice and have no interest. It's like it… just trying to find our place and find focus to try to raise awareness among the people.

Another area mentioned is that a difference exists in the practice of Traditional Indian Medicines among urban- and reservation-based American Indians and generationally. A comparison was made between the older and younger generations pointing out that the older generations literally were engaged in physical battle in order to ensure that they kept their tribal status and citizen rights. It is observed that today's younger generation has it easy in comparison to what their parents went through, both in battle and politically, to protect their nations and rights. Today people are trying to heal from the effects of war while keeping those rights. As stated by one person,

> Well, compared to how it was years ago for parents like my dad's age, it was always a constant battle to exist and fight for the rights of US citizens. You know to fight for our treaties it was a constant fight physically, politically, environmentally. But today it's laid back; we kids have it easy now because we are living amongst everybody. For generations we've had to fight. And we're finally moving towards the process of trying to heal from that and trying to retain the rights we already have.

Another difference in regard to Traditional Indian Medicine involves traditional and cultural knowledge within and between the urban areas and reservations. While American

Indian people experience hardships both in urban and reservation settings, for instance, in public

school systems, there are good qualities of living both on and off reservations. The city has more

opportunities for people to choose from and reservations offer more knowledge about the culture

to learn from.   The best of both worlds are gained from and shared so that each community

benefits. One person said,

> Well I know that there are still basic things today, you know public school issues
> and educational life issues that still face us even today. Back then it was all hard
> core in reservation and urban life. When it comes to reservation and urban life I
> think there is always a big difference, and I prefer living the urban life because
> there's all these opportunities here. On the reservation there are limitations, but
> by living on the reservation, there I know about my traditions and culture. But
> after a while, after knowing as much and with everything I know or should know,
> I am bringing that to the urban life. And then basically crossing the two worlds
> and I bring what I have from my world to this world, and bring what I have
> learned from this world back to the other. I bring the best part of that world to
> this world and vice versa.

Leadership among American Indian people, which emerged from grassroots beginnings,

is occurring as seen by cultural and social justice movements at all levels.   One aspect

mentioned for the most probable scenario involves issues of leadership among American Indian

people from the various grassroots movements in the city as well as on their own reservations.

Of concern is how unfairness is dealt with, especially among those who may not understand it.

While individuals may not see themselves as leaders, they do want to participate in these

movements nonetheless. It was stated in this way

> [she] mentioned Idle No More and that is happening right now in Seattle…so there is a
> force that is shifting the balance. For elderly people this is a time where leadership is
> very unclear because tolerant people don't understand that this is a time where leadership
> can be very unfair. Tolerant people are creating a movement that speaks to our passion.
> I think positive steps are working to correct some of that imbalance. But there's a lot of
> indifference, a lot of reservations choose to do their own thing and that is with their food
> or ceremonies. And that is too bad. And that can actually hurt us in the long run. I think
> right now for me personally it's all about getting a lot stronger. I don't consider myself a
> leader at all but I definitely don't want to not participate. So I'm here to do what I can
> and join in.

Guiding principles. The next part of the discussion concerns the guiding principles to operate from which will get us to where we want to be. The principles are any broad values that we as American Indians use in regard to Traditional Indian Medicine care in this community. The following highlights reveal the collective voices of five tribally diverse urban Indian community members.

The guiding principles that were discussed are categorized as follows:

- American Indian people share a responsibility to take care of Mother Earth; and

- Advocating and using visual arts is a way to portray American Indian people, to leave a strong legacy, and to teach others about our knowledge.

American Indian people share a responsibility to take care of Mother Earth. Adhering to a guiding principle to take care of Mother Earth is one way to ensure that the most probable scenario takes its course. Protection of the planet will help to keep the world in balance. Having a healthy environment ensures that the American Indian approach involving natural resources, such as food, air, water, and land, are kept safe and clean so that their use to produce healthy plant and animal life (to include human beings) is in sync. There is an educational aspect for ensuring that the resources are cared for and that those within the urban area are able to create their own spaces and ways of doing this because Mother Earth is so highly valued. One way this was stated is

> One difference that I see in the Native community and the non-Native community
> is in the Native community we're always taught that with rights there is always
> responsibility. There's that balance there so we always have a sense of
> responsibility, to take care of the earth and give back. And that is not taught in
> the mainstream. And so I always feel that society should have that balance.

Another view reflects the value for exploring questions that will benefit the planet and humans, as asked this way,

Finding a way to really work with the land and the water in the urban setting, I think it's kind of our main issue today. How to contribute to who we are… and how to take care of this land? It's so beautiful and so precious. How do we do that now? I think we need to figure out how to do that. Look at what we have right now that's available. What we have access to. How do we come together to create our own place?

Advocating and using visual arts is a way to portray American Indian people, to leave a strong legacy, and to teach others about our knowledge. Another principle that was mentioned involves advocating and using the visual arts as a way to portray American Indian people, to leave a strong legacy, and to teach others about our knowledge. Visual arts portraying American Indians across the country have an impact on the identity of American Indians because they are a reflection of who they are. American Indian artists carry an important role in representing the people among their tribes, clans, and communities, in essence carrying on their legacy. Because art is such an inherent part of American Indian life, American Indian artists continue to advocate for its use as an effective medium. Someone said,

> What I see as an artist in my line of work as a visual artist, artists that I work with in Indian Country throughout the United States, that there's a lot of richness in the arts to preserve Native American and mainstream society and in Indian Country and Native American painters that hold a certain significance to their tribe as far as far as their stature in portraying their artwork, portraying their clan, portraying their family, portraying who they are is a reflection and that really shines out. Whether they're having an art show or whether they're just doing it for their own family, to paint a mural in their community center, or paint on teepees, or paint on canoes, or totem pole carvers. Here in the Northwest that preserves a visual legacy. I think that's a great thing, a legacy. I'd like to see more of us do it. That's why I am a big advocate of the arts. The arts have always been a very intricate part of Native American communities.

Likewise, the presence of social media and filmmaking is noticeable and fits within the principle of using visual art forms. American Indian youth may be taught through film via storytelling which passes on important knowledge and again is a way to impact identity. As one participant commented,

I have noticed how much social media is here. I'm a filmmaker myself so in my films I express everything that I know to be sound, truthfully in one sense it's liking knowing basics and visually showing to teach the youth. I believe film is a way to use to our advantage. We can utilize it as artists for our expression. Through art, storytelling is a form of knowledge and passing it down in film and art does impact our identity.

Steps for our community. The last part of the discussion includes the steps that we would like to see the community take in regard to Traditional Indian Medicine care or anything discussed. The suggested steps include:

- To take care of Mother Earth, develop an environmental history by identifying the conditions that lead to today;

- Find ways of working together as American Indian people, both urban and reservation based;

- Take the time to pursue what you love, hope, and dream in life; and

- Find those with intact traditional knowledge, the traditional American Indian leadership, to respect and learn from.

To take care of Mother Earth, develop an environmental history by identifying the conditions that lead to today. A step that the community would like to see is the development of an environmental history by identifying the conditions about exactly how the natural resources became so polluted. In addition to understanding what happened in the local waters, it would be beneficial to know about all waters. To complete a task like this would require dedicated talent and interest, thus recruiting such a person is advised.

I think identifying conditions, start to see what the extreme is and start to think about how the origins of that. Like with the Puget Sound, how did it become so dirty, how did it get there, as well as in Washington or any of the waters. Find the main source or the history and how that water became dirty and what developed. Recruit somebody with the talent to do that or somebody that is interested or whatever. You know everybody has a talent and something that they're interested in bringing to it.

Find ways of working together as American Indian people, both urban and reservation based. Another step that the community would like to see is that American Indian people, both urban and reservation based, work together. It was expressed that communities need to face the truth together when health risks of everyone are involved, for example with entire polluted environments. People will be better off by working on these issues while treating each other with understanding and respect.

> Forming a team of people working together is a problem, but for some reason all communities can have people working together. I think the time for us to avoid the truth is over. We don't have a choice. Everyone has a voice. It can happen together.

In terms of all American Indians, it was mentioned that there needs to be concerted efforts to work together. It was stated in this way

> I think the name urban Indian implies a variety of tribes being grouped and the separate and divide perspective has changed, has passed. There are some of us that have never stepped foot on our homeland, but we all live and need to work together. Urban and reservation need to be able to move to some kind of integration and understanding, and respect for all.

Take the time to pursue what you love, hope, and dream in life. One step that the community would like to see is that individuals take the time to fulfill their passion by pursuing what they love, hope, and dream in life. It is believed that it is better for people to live the life that they want for themselves, rather than to fit in by doing what they think that others want for them. When it comes to time and traditional healing or medicine, people of all tribes would do well to take the necessary time to do those things that bring them closer to Mother Earth, for example with canoe journeying. Not only do these activities help them individually as they strengthen a relationship with nature, they are also spending time amongst each other as they sit and talk, in essence relating with one another. One person stated,

I would say taking the time and giving people the time and giving yourself the time and individuals to really pursue what you love and your hope and dream in life. I notice that some more caring toward others in the day and age. I've noticed a lot of people don't take the time to sit down and chat with people; people are constantly looking at their watch. Their minds in another place, and then with that said not taking the time to really pursue their passion and their love, whatever that is. I believe that when someone is really not pursuing their love in life, whether that's their dream, that's a need in the community. I believe that there is a contradiction going on there as far as finding peace on this earth. That someone constantly feels the need to conform or be shaped to what the society is, you know gearing the public for whether it's their job, their money, their house, or where they should live. And I've seen a lot of people that aren't true to themselves as far as their love and passion and it just creates tension where people become more short-winded with their time. I think people really need to take time to sit down and talk more about healing or traditional medicine, or going out to the Salish sea, spending six months out on the water, or pulling, be it Yakama, or Warm Springs, Nez Perce. I think that just taking that time, I think that there'd be more harmony in this day and age.

Find those with intact traditional knowledge, the traditional American Indian leadership, to respect and learn from. While these steps are in no particular order, the last one mentioned by the community addresses the way that traditional knowledge and leadership will be held onto. The suggestion is to find those with intact TIM knowledge, the traditionalists who live in harmony with Mother Earth. Those who are within this group represent another form of leadership, essentially they have grown up with an understanding that everything and everyone is to be cared for, and they share what they know in ways that will help others. In order for people to live and work with this type of leadership, egos will need to be put aside and respect will need to be given that honors a sacred time and spiritual connection. A person said,

Finding where our pockets of intact knowledge are. I was reading this piece in a woman's leadership book…. It talked about taking the time and that people in the community who are leaders but not in the way we think of them in mainstream society, but people who kind of grew up in the way and the way that they look at things. Being in harmony with Mother Earth, that they look at how it would impact the land, the children, and people. So like finding traditional ways of living and connecting with them. Because I know that sharing is created when people come into the world this way. Especially for urbans who have lost the connection, you know their ways. I think that the time is right for us to put our

egos aside and respect traditions that people need to hold on to. You know that's the reason that they probably are intact because they did do that. It's very sacred. It's a sacred time. It's a sacred spiritual connection that some people have been able to maintain with traditionalists.

According the founder of EFR, the late Dr. Robert B. Textor, a most important feature of the EFR study has to do with the outcome or that the community has benefited from both a participant level and on a larger level, which is the larger community. It is essential to make sure that the final discussion summary is written in a way that reflects what participants intended to say and in a way that reflects the meaning of what they intended to say. When they review the draft discussion summary and provide feedback for a final version, it shows that a step was taken to ensure an accurate picture of their words. Finally, they are encouraged to share the final discussion summary in whatever ways that they see fit.

As a member of the community, I enjoy aspects of being both an insider and an outsider in regard to this study. As an insider I self identify with the criteria that I used to recruit participants, meaning that I am a member of the Colville Confederated Tribes or am an American Indian, I am over 18, I currently live off of a reservation and in a city of King County, Washington, and have general familiarity with the urban Indian community. As an outsider I may belong to a different family and social group than the participants, may have individually unique social, health, political, or social justice interests and views, may have a different employment status, may be within a lower or higher economic status, may have more or less education, and may have different views about tribal cultures and traditions, to name a few. It is worthwhile to reiterate my positionality because on one level it is important to be able to hear and understand what the community has said and meant, and on another level the totality of where I am coming from cannot be ignored as I discuss my perspective about what emerged from my very own community.

In terms of research that is conducted by and among indigenous people, scholars purport that the very essence of how they as human beings, relate, analyze, interpret, and discuss what their communities have said, in this case my community's own visions about Traditional Indian Medicine, does not exclude their own beliefs, attitudes, or perspectives, which may be known as tribally, culturally, or traditionally based. It is from this premise that I move on to an intriguing discussion about my perspective of what my community voiced about Traditional Indian Medicine.

Chapter V: Interpretation of the Findings

Time will reveal the number of references made by the very wise people who at any point in life comment on just how interconnected everything around us is. For American Indian people, this understanding might as well be written in stone for it has been pronounced by us from both past and present times. A piece of this understanding may be compared to observing a ripple effect that happens when a pebble is cast upon the surface of a quiet pond wherein a set of concentric rings are visible for a length of time that is proportionate to the size and the force of the pebble. Observing this phenomenon has its limitations because it is one dimensional, meaning that if I am looking at the ripple from land, I will only see it across the water from one angle. Even as a two legged with a limited view I am aware that there are other views. I won't see it from all of the other possible angles, like the winged ones who are looking down or the swimmers who are looking up. The circle reminds me of that reality. It also reminds me that I do not have to see it from every other angle to have an understanding about it, that my understanding is based upon my own experiences. It also reminds me that all of the other angles protrude from some place, something or someone who represent their own rightful understanding. An understanding of the power of a circle that comes from a time past still carries weight today on many levels. Black Elk (Niehardt, 1961) said,

> You have noticed that everything an Indian does is in a circle, and that is because the Power of the World always works in circles, and everything tries to be round. In the old days when we were a strong and happy people, all our power came to use from the sacred hoop of the nation, and so long as the hoop was unbroken, the people flourished. The flowering tree was the living center of the hoop, and the circle of the four quarters nourished it. The east gave peace and light, the south gave warmth, the west gave rain, and the north with its cold and mighty wind gave strength and endurance. This knowledge came to us from the outer world with our religion. Everything the Power of the World does is done in a circle. (p. 194)

For this discussion, and throughout the duration of this study, the words of Black Elk hold meaning about who we, American Indians, are and where we come from. The teaching about the circle, the hoop, the four directions, the people, and the center of life all forming the Power of the World speaks to this interconnectivity. While Black Elk spoke from a Plains Nation perspective, as a person of a Plateau Nation this message is the same as one brought forward by a historical leader of our tribe. Mourning Dove (Miller, 1990) said, "everything on the earth has a purpose, every disease an herb to cure it, and every person a mission. This is the Indian theory of existence" (p. 69). As found, there are people today who are expressing their versions of this understanding and they too are from various nations across the country. Our collective perspectives are not coincidental. It is our way.

This study sought urban Indian perspectives of Traditional Indian Medicine and in doing so an overarching theme emerged from the collective vision of community members who once again support this understanding that everything is interconnected. Before proceeding with my interpretation of each of the subthemes, principles, and steps that were identified in the findings of this study, I will describe the theoretical foundation that explains the perspective that I have chosen.

The question "how did you come up with that?" has to be asked in any research inquiry. Since this is an EFR study, a compilation of ethnography and futures research, elements of each paradigm are put to practice from an indigenous worldview. This study engaged a group of community members in an open-ended discussion as a means to get their perspectives on a specific topic. While questions were intended to elicit processes that people experience in everyday life and in a way that specified their meaning, they were framed to "get at how members see and experience events, at what they view as important and significant, at how they

describe, classify, analyze, and evaluate their own and others' situations and activities" (Emerson, Fretz, & Shaw, 1995, p. 146). The process of describing lived experience while simultaneously visioning from a future anticipated time adds an important element because it stretches beyond what is known to the unknown. When indigenous perspectives are reported in a way that keeps to the meaning of what was expressed it is truly indigenous knowledge. When this knowledge is handled in a manner that benefits the community from which the knowledge came, then "research is ceremony." I heard back from those who participated in this project that the summary that evolved from our discussion matches what they meant. Furthermore, the final TIM discussion summary is not solely mine; it becomes a community record that may be used from the perspective that it is seen as relevant by the individuals who voiced their perspectives or others who may find it useful.

The setting where we had our discussion seems to be important. We met at a park setting in a residential area of West Seattle where trees and foliage surround grassy areas and paths intersect hidden spots and birds are chirping here and there. On other days that I have been to this place there were a lot of visitors strolling around and youngsters chasing about. On that day our group was the only one around. It seemed as though serenity blanketed our senses as if to spiritually center the busyness of city life. This sense of serenity was important for discussing matters of the heart concerning our people. Parts of the discussion, specifically during the pessimistic scenario, were difficult as one participant stated, "I can't even talk right now." The use of humor in Indian Country surfaces in the hardest discussions. In this case participants expressed humor before moving from the pessimistic discussion to the most probable discussion. After envisioning all of the spiritual sickness among our people from their losses and suffering due to greed, violence, addictions, and other sorrows, a young man grinned and said, "I'm bald

you know, I want my hair back. Aaaaay." This was followed by laughter from everyone and then we proceeded.

Before discussing the emerging themes for urban Indian perspectives of TIM of the urban Indian group in the Seattle community, it is worthwhile to disclose that the focus group discussion in practice took a direction that was very different than what I had anticipated. From a practitioner's lens, TIM care may come in the form of self-care, it may also be a type of care that I receive from other TIM practitioners from the local area, back home, or other tribal communities. As a TIM liaison in a clinical setting, my place of reference about TIM care begins from what occurs within an urban community health clinic. Thus my expectation about how community members would discuss TIM care were that it would cover what community members have to say about TIM services at the clinic, what types of TIM services are needed that are not currently provided at the clinic, and recommendations about furthering the integration of TIM services in the clinical setting. This bias may have stemmed from my own context, that of my job, in addition to prior studies that discuss TIM and healthcare (Garwick & Auger, 2000; Huttlinger & Tanner, 1994; Kahn-John, 2010; Maar & Shawande, 2010), cultural competency (Braswell & Wong, 1994; Carrese & Rhodes, 2000; Zubek, 1994), and mental health (Limb & Hodge, 2007; Mehl-Madrona, 2009; Mohatt, 1998).

In this study, however, it became clear that the group touched on how they related to TIM from a bigger picture, which included other settings such as community gatherings, community relations, social justice movements, artistic expressions, and the protection and preservation of traditional knowledge, to name a few. The perspectives in this discussion show a much more expansive view of TIM that has the potential to serve as a meaningful place of reference for future discussions. It is worthy to contemplate about the wide range of views which emerged

within this study, both of which belong to the group of participants as well as my own. While a common practice for learning and passing on traditional knowledge among American Indians is through storytelling wherein teachings are offered from what has been learned by observation from our co-habitants, it may also be applied in this discussion. For example, by examining the mouse and eagle it is seen that the mouse is very close to the ground and sees the world from a very different angle than the eagle that flies high above and sees things from a much broader landscape. My own view and bias mentioned above is similar to the mouse which may be limited to TIM in a healthcare setting. The participants of this study may have been collectively visioning from an eagle's view, especially if they considered the visual handout shown in the domain matrix that includes the role of technology, economy, environment or any of the other domains in relation to Traditional Indian Medicine. In any case, the various views represent an inter-related stance and are in accordance to indigenous ways of knowing. Even as specific themes project multiple views they are naturally prone to be enmeshed among each other, much like the strands in the web of life.

The emerging themes for urban Indian perspectives of TIM (figure 5.1) are shown for each of the scenarios (optimistic, pessimistic, and most probable). In addition the principles are stated that might be considered to serve as guidance for the implementation of broad steps that the community might embark on to achieve the most probable scenario. Each theme, principle, and step is relative to what has been studied about this topic, which happens to be immersed within an indigenous worldview. While themes have emerged in specific scenarios, as mentioned previously they are in no specific order. For this discussion the themes will be grouped together without concentrating on scenarios or time frames. That is, time wise there is not a concern about whether or not themes emerged from backcasting, the present, or forecasting

since time frames were used to stretch the imagination for discussion purposes only. That some

themes were identified in one or more scenarios, or time frames, is not an issue, which is a view

that is supported when referring to an indigenous and relational worldview of examining life

experiences.

> The relational worldview, sometimes called the cyclical worldview, finds its roots in tribal cultures. It is intuitive, non-time oriented and fluid. The balance and harmony in relationships between multiple variables, including spiritual forces, make up the core of the thought system. Every event is understood in relation to all other events regardless of time, space, or physical existence. (Cross, http://www.ccitoolsforfeds.org/doc/Relational_Worldview_1.pdf)

What is of interest is this notion that everything is interconnected. From here on the

above-mentioned themes for each of the scenarios, guiding principles, and steps that have

emerged from urban Indian perspectives of TIM are placed within a circular image that shows

the interconnection between the physical, emotional, social, and spiritual areas of life.

Physical

Time is a factor that determines what is important or valued. The concept of time and

how it is viewed among American Indians is not a new topic. In the context of the TIM studies

that I have reviewed, time has been mentioned in relation to patient care as a cultural

consideration for healthcare providers, like the example of Missy Begay mentioned previously.

Furthermore, the value of time in general in the context of healthcare settings is documented in

studies such as that of Garwick and Auger (2000), who acknowledge that,

> The importance of time with healthcare providers surfaced…. Participants appreciated providers who took time to listen to their needs and offered appropriate resources. Families' request for non-rushed time with providers needs to be considered as an indicator of quality care in this population by administration. (p. 186)

Interestingly, participants' references to time were often accompanied by concerns about

how time is spent in relation to communication. While distinctions were made about how time is

spent among those who live in the urban area and those who live back home or on the reservation where "old fashioned communication" occurs, the underlying point is that making concerted efforts to spend quality time with relatives and friends improves relationships and shows care for them. This fact is highly relevant to this study in the sense that time is the vessel that helps to improve communication, and improving relationships with others is a finding of this study.

Technology has a role in life, work, education, and cultural preservation. The use of technology in Indian Country has prompted many discussions over time. I remember a time when taking photos at powwows or other gatherings in eastern Washington was unheard of and if it was done it was seen as an infraction to the spoken rules of the community. Over time the use of technology has changed among AI people who have had to decide just what is the lesser of two evils when it comes to writing, video, or audio recording indigenous practices or knowledge. The main question about whether or not to use various forms of technologies is does it result in more harm than good to a people who have mastered oral teaching methods. Entering into a debate about the use of technologies is well beyond this discussion for there will most likely be both those for and against it (and everyone in between). In terms of conducting research or TIM practice and indigenous knowledge, some important points from this study are that as AI people we are strong with or without technology, that it does not define us as a people, and that it serves to preserve our AI identity. Daniel Wildcat (2009) says that

> it is a mistake to think that technology is the enemy. Modern technologies are merely instruments whose value has been mismeasured. We now face the challenge of identifying technologies that have value beyond the exploitative narrow economic measures of profit. By looking at the convergences now emerging between Western science and technology and indigenous lifeway knowledges and practices, we can develop a richer and ultimately more realistic measure for the value of technology. (p. 128)

The conversation about technology and its role in Indian Country for this TIM study was unexpected. Other than seeing the dilemma researcher Dana-Sacco (2010) faced when using technology to document tribally specific traditional knowledge, I had not come across any other examples where the topic of technology came up in TIM studies. Because the use of technology is becoming so prominent in our daily lives, even among our youngest children, we have all had to adjust accordingly, even in certain traditional realms.

Earth, and the quality of the air, water, and plant and animal life have worsened. The environmental crisis has been on the radar of AI environmentalists for some time. During the late 1990s it was reported that there were over 200 environmental indigenous groups in the United States and that "a unity as indigenous peoples has emerged in the protection of their nations and ways of life. For this population, reservations provide the primary location for confronting environmental degradation" (Clark, 2002, p. 412). That AI people have been concerned about the health of land and water of Mother Earth as well as the atmosphere that surrounds us seems to be more than enough testimony that a unique relationship exists. The physical damage alone is alarming. A most profound realization in this study is that along with the loss of natural resources and life (animals, human beings, plants, sea life) is indigenous knowledge and our culture. A study conducted among the Southern Paiutes (Stoffle, Halmo, & Evans, 1999) describes this connection between indigenous people, their culture, and identity:

> every time groups of Indian people travel to harvest seasonal plants, they affirm their bonds as kinfolk through social interaction and cooperation…. Each time a family or large group eats a meal containing native plants, or travels to an Indian fair or powwow in which native plants are used to build traditional structures, they reaffirm their common identity. Whenever stories that include information about plants are told by elders to younger people, some aspect of traditional plant knowledge is transmitted…when an individual passes away, the surviving mourners who gather together for the funeral ceremony reaffirm their social, cultural, ethnic, and religious ties to one another. Burning of ceremonial cedar and sage, and other uses of plants in that ceremony are important components of traditional practice. (p. 426)

The strong cultural meaning behind the loss of land among AI people is relative to understanding the importance of food and plant knowledge and the connections between stories and beliefs about animals, gathering places, and sacred sites. In Indian Country, historical losses of land, religion, and spiritual practices resulted in a cultural trauma that is healed by reconnecting with traditional culture (Jervis & AI-SUPERPFP Team, 2009). Upcoming in this discussion will be the understanding that in addition to plant life, the animals, sea life, and all life, including Mother Earth, are all strongly entrenched in AI cultural and identity make-up.

To take care of Mother Earth, we must develop an environmental history by identifying the conditions that lead to today. Taking corrective action that addresses the harmful damage imposed upon the natural environment is in line with an indigenous worldview of having respect for the land. In the greater Seattle area, the descendants of Duwamish Chief Si'ahl have had to watch the Lower Duwamish Waterway deteriorate only to gain national recognition as a Superfund Site (*Seattle Times* http://seattletimes.com/pacificnw/2004/1003/cover.html). Currently, there is an environmental coalition that holds public hearings to garner support for filling in the gaps of the Environmental Protection Agency Plan for cleanup, which incidentally "is not expected to protect the health of fishermen and tribal members, and won't meet Washington state's health plan" (*Seattle Times* http://blogs.seattletimes.com/northwestvoices/2013/03/18/cleaning-up-the-lower-duwamish-waterway/). Of concern is that the key stakeholders, fishermen and tribes, are being marginalized so it is with foresight that members of this community project include all people working together. Overall, this theme enters the realm of activism and social justice, which is yet another unexpected area that emerged in the TIM discussion. The shared responsibility factor of environmental concerns becomes broader in the context of general decision-making processes

and attempts to understand diverse worldviews. It is therefore important to assess how AI leadership can help with identifying the middle ground between industrial polluters and land lovers. Current research provides examples of this, such as in the work of Davis and Reid (1999), which discusses opportunities for community participation in the healthcare field, and in the work of Chino and DeBruyn (2006), who tout collaborative and partnership efforts.

Emotional

Human behaviors and attitudes toward the environment have deeply impacted Mother Earth. While the reciprocal relationship between human beings and the environment is not a new concept or belief among AI people who have lived in this country longer than other humans it is another surprising subtopic under the premise of a TIM discussion. The pollution we see today across the United States was driven by exploitation of indigenous people and the land with a man-conquers-nature mentality. So, yes, on that level human behaviors and attitudes toward the environment have put us in a position to rethink our collective approach. The AI perspective was not one of man versus nature; it is rather one that views humans as a part of ecosystems. Traditional Ecological Knowledge (TEK) has been ignored or romanticized by Western scientists, yet now they are seeing the value of AI intellectual knowledge and practices of natural resource management, protection, preservation, and sustainability (Pierotti & Wildcat, 2000). While TIM studies generally address attitudes and belief systems in relation to the earth and all of creation (Kahn-John, 2010; Stoffle et al., 1999; Struthers et al., 2003), there has not been a TIM-related discussion about how we as AI people might also be acting in threatening ways against the planet. It will be something when collective human behaviors and attitudes are of one body, mind, and spirit to heal this place that we cohabitate.

Social and health issues are hurting the spirit of American Indian people. The state of American Indian health shows high rates of social, economic, and health disparities among urban Indian communities (Urban Indian Health Commission, 2007). The findings reveal an emphasis on addictions that have "chemically reengineered people's thoughts" along with depression, casino gambling, and violence, all of which are taking a toll on the spirit of AI people, especially traditional healers who oftentimes are the ones that communities rely on for their care. The fact that worsening conditions of AI communities lead to lost hope among the strongest people is serious since these are the community members who have the traditional knowledge that needs to be passed down to subsequent generations. Passing down traditional knowledge involves a continual questioning of what is traditional. Is it anything that an elder says as his or her reality? Is it both the old stories and the new stories? Is it based on the teachings of those who everyone agrees with? The example of the dismantling of the sweat lodge mentioned above is a living example of changing views about what is traditional. Some scholars have discussed the possibility of employing "traditionality" tools, which have yet to be utilized (Canales, Rakowski, & Howard, 2007). A study by Coe et al. (2004) assessed an aspect of traditionalism as life spent off reservations, a perspective that relates to this study in the sense that there are increasingly fewer people living on reservations practicing American Indian religions and traditions. Another study looked at the traditional behaviors and practices of AI people and identified certain discontinuities, such as those who observe tradition yet also consume alcohol (Wing & Thompson, 1995). Such variations will always occur, yet regardless it is always important to hear from our most esteemed elders about how to translate the knowledge they have in order to lead a good life in a manner that helps us all. For example, there are wellness movements happening in Indian Country that are built upon foundations of traditional knowledge and

worldviews, thus in order to continue healing we have to support those who can pass on vital

knowledge that considers the AI experience.

> The elders helped us to know what we didn't know. They told us about all the reasons
> that our communities went out of harmony. They included historical trauma, the boarding
> schools, intergenerational trauma, internalized oppression, and more. Now we are left
> with a layer of anger, a layer of guilt, a layer of shame, and a layer of fear at our roots.
> But we also know that the way to heal this is with the four gifts of the Hoop: Healing,
> Hope, Unity, and Forgiveness. We heal the anger, guilt, shame, and fear with our
> traditions, culture, and spirituality. (Coyhis & Simonelli, 2008, p. 1944)

The fact that our community members are astute at identifying the ills within our community is

important because denial about our poor circumstances also implies that we are not prepared to

deal with the source of these disadvantages.

Take the time to pursue what you love, hope, and dream in life. To pursue what you

love, hope, and dream seems to be the very essence of a visioning process. There are several

ways of doing this and it does imply taking the time with others or the natural world as a means

to improve quality of life. From a community level, as stated by a participant of this study,

"when someone is really not pursuing their love of life, whether that's their dream, that's a need

in the community." From an individual level, it implies that what is most important is getting

back to basics, how simple. For AI people in the Pacific Northwest, getting back to the old ways

may include canoe journeying. Gone (2007) describes the words of an elder who suggests

returning to the old ways with

> And then, after we looked around and realized that… we left something behind…, we
> started going back to the mountaintops to fast. We started going to the sweat lodges to
> pray and to sweat. We started going to the elders to learn… Regain… what we were
> missing. (p. 294)

Of all of the themes this proved to be the most enlightening. While wellness models like the one

mentioned earlier focus on healing, they have not necessarily incorporated concepts that directly

connect self-actualization to the benefits of the community.

Social

Communication among American Indian people and the manner that they interact with each other as individuals, families, community members, and among the broader non-American Indian communities is important. The idea that interpersonal communication has changed with the technological advances making it "odd for them to strike a conversation or even communicate face to face" is one issue. In spite of that, it is also seen that people are taking time to spend with others and are forgiving of one another. AI cultural competency research often demonstrates the very values of cooperation and respect that support this concept (Verbos et al., 2011). Additionally, the idea of walking in harmony (Struthers et al., 2003) may be applied to this theme because it connotes the understanding that being in harmony as an individual means getting along with others. While disagreements are a part of human and animal nature, at some point it is most beneficial to get along. It does seem that the way that people interact with each other will impact social and health outcomes. One approach to addressing the manner that people interact at the community level walks community members through a training known as Gathering of Native Americans (GONA). The GONA model uses four concepts for capacity building, they are: creating a sense of belonging through open communication; building a sense of mastery through developing interpersonal and practical skills; recognizing interdependence with all surroundings; and instilling generosity in the act of giving and receiving (Chino & DeBruyn, 2006). Each of these four steps is based on an indigenous worldview and when followed may benefit not only individuals, but also entire communities.

Communication among American Indian people is subdued to interacting in an impersonal manner with each other as individuals, families, and communities. While the statement about not trusting the government or feeling as though people are constantly being

watched is not surprising, it is daunting. Historically, AI people have been exposed to the whims of Uncle Sam when it came to making choices about land ownership, residence, religion, education, health, welfare, language, and even research. The historical note that "Early federal healthcare for Native Americans was provided by physicians employed by the U.S. War Department" (Johnston, 2002, p. 199) smacks of just where the government was coming from in their dealings with AI people. Clinical psychologists state that the effects of European conquest are seen even today with "We argue that subsequent generations of American Indians suffer from a response we entitle historical unresolved grief" (Yellow Horse Brave Heart & DeBruyn, 1998, p. 68). That AI people would treat one another poorly is in alignment with the work around internalized oppression and how the oppressed become the oppressors (Duran & Duran, 1995). The positive twist to this phenomenon is the idea that going back to the old ways or taking time by bringing AI culture and traditions into practice is the way to address this.

Being a community member is important, especially among American Indian people in urban areas because it instills a sense of belonging and identity with and among others as they address their collective interests and efforts. Of mention in this part of the discussion was that people became involved in community activities that were "platforms to bring back a lot of the traditional ways." People coming together for social justice movements that advocate for the rights of Mother Earth is for the benefit of all, as is carrying on the ancient knowledge of seaway navigation where feasting, storytelling, and giveaways occur until all tribes have been represented. Gail Cheney (2012) says that there are ways that our communities can work together for the benefit of everyone "people had shared their stories, and everyone had listened and heard... similar struggles, concerns, and vision for the future…community is determined by what we contribute for the betterment of the whole, not what each individual receives" (p. 157).

Leadership among American Indian people is occurring as seen by cultural and social justice movements at all levels and emerging from grassroots beginnings. American Indian people are experienced at standing up for what they believe in, even when faced with insurmountable odds against the powers that be (Deloria, 1999). Gaining inner strength by advocating for a true belief, such as that the environment cannot be harmed, models leading a purposeful life. Participating in social justice movements is leadership, even among those who do not necessarily bring attention to themselves as THE leader, which incidentally adheres to an American Indian view of leadership. In regard to leadership "American Indian traditions… tend to be more related to the requirements of the community, to be much more dispersed throughout that community, and to be rooted in situations rather than individuals" (Warner & Grint, 2006, p. 227). Nichols (2004b) notes that "Quiet leaders 'lead by example,' 'work in the background,' and 'know when to be silent.' These kinds of leaders were also 'humble and walked in humility"…'visionary', and spiritual" (p. 181). There are many values and principles such as humility, community mindedness, and other characteristics described in Indian Country leadership models that our leaders might profess to be operating from. As Alfred (1999) points out, the primary issue is that there are obvious cases demonstrating that the manner in which our leaders are behaving directly clashes with what we would like to see happening. The challenge then is to find ways of lifting up those who are operating from a quiet place.

American Indian people share a responsibility to take care of Mother Earth. The understanding that people uphold their shared responsibility for the environment and experiential knowledge of the sacred emerges from a worldview that sees just how everything is connected. Rosalie Little Thunder (Mankiller, 2004) said,

> So much has happened to contribute to my learning… This knowledge is there for all of
> us if we are receptive to becoming connected to and responsible for the sacred beings that

are all around us. I believe sacrifice, humility, and suffering provides access to this relatedness. Our people use to live on the edge of survival, always in extreme hardship. As a walking culture, they were so close to everything in the natural world. They knew all of their relatives in the natural worked intimately and depended on the spirits of the ancestors to survive. (p. 74)

This sense of shared responsibility for the earth is also seen in how we share our worldview in other settings. For example, much discussion has occurred in the academic setting about how to conduct research in Indian Country in more culturally relevant ways (Davis & Reid, 1999; Harala, Smith, Hassel, & Gailfus, 2005; Poff, 2006; Strickland et al., 1999). This concept of sharing traditional knowledge has been done in the nursing field (Struthers & Littlejohn, 1999) and even among those who first set foot on this land who learned about AI healing traditions (Portman & Garrett, 2006). Even though sharing information has in some ways been to our detriment as one participant stated creating "havoc" because it can be misused such as when new agers insult AI people by imitating their ceremonies (Yellow Horse Brave Heart & DeBruyn, 1998) or when people profit or exploit traditional knowledge for their own interests (DeGeer, 2002), the value still remains. We are a giving people.

It is important that we find ways of working together as American Indian people, both urban and reservation based. While this is a suggested step for advancing as a community, it is interesting to see it surface in this TIM discussion. There is a sense of urgency in being able to address issues collectively since there are real threats in doing nothing about the environment, health disparities, cultural and traditional knowledge, or a myriad of other issues. "We don't have a choice. Everyone has a voice." Understanding and respect are called in community-driven efforts and models do exist and are ready for use. What better way of working together than if such an effort is led by elders? That was the case for a grassroots language revitalization project among two First Nations communities at Canada which used the 4 R's of respect,

relevance, responsibility, and reciprocity (Gardner, 2012). In addition to having respect for all voices that abide to a shared responsibility, it is relevant to take action that attends to our collective mind, body and spirit. Of course, in keeping with the protocol of reciprocating exchanges it further serves to strengthen relational ties. As with concerted efforts in any venture it may be worthwhile to find what keeps us from working together. Such a quest may be explored both among our urban community as well as among our relations who live back home on our reservations. Similar to the cultural platforms and movements mentioned earlier from which our causes are based, it would seem that we could adhere to the 4 R's which has proven effective at the transnational level.

Spiritual

Traditional Indian Medicine includes perspectives of ceremonies, religion, practices, and medicines. Along with the diversity among tribes come multitudes of ways that it is defined and understood. What constitutes TIM for an individual, a tribe, a clan or community or how it is practiced in relation to health is based upon many factors. For some it entails plant knowledge, "We would have gardens in areas where our medicines would grow"; others may see it as how people treat each other, "a connection between prayer, spirituality, and individuals… people are taking the time to talk with each other"; others see it as being in a state of balance, "a state of harmony"; still others speak about it as their diet, "medicine is food that is eaten"; and others view it as the integration of traditional and Western medicine, "seeing an integration…of traditional with Western medicine." The finding that there are so many perspectives of TIM is seen from other urban Indian communities as well. Forums were conducted with urban AI/AN in Los Angeles County on the topic of traditional health and four paired clusters emerged as follows: Traditions and Spiritual; Community and Discovery; Working Together and

Communicate; and Implementation and Healing Trauma (Dickerson, Johnson, Castro, Naswood, & Leon, 2012). Traditional Indian Medicine is viewed as having many forms among urban Indians as pointed out by a participant of this study who sees that people are "picking and choosing what's important, and what is acceptable medicine, and what is not." Johnston (2002) noted that each tribe has its own TIM practices, thus by extension the same concept should hold true for each urban Indian community. If in the future we take the time to examine the many ways that TIM is described and defined across the entirety of Indian Country, then perhaps we can identify a universal definition.

Traditional Cultural Knowledge is the American Indian or indigenous knowledge that has been passed down the generations, maintained, preserved and sustained. Everyone has their unique understanding about TIM, how to access it, how to learn about it, how it is used in their lives. There are many ways to learn about TIM, and traditional knowledge can come from AI and non-American Indians who have received knowledge from tribal elders because they are "chosen by the people" and through family whereby "my siblings and I still pass it on." A story was told in this discussion about how plant knowledge was learned and passed on. Learning about plant knowledge opened the door to learning about ceremonies and being part of a community. Ceremony adds to the knowledge of traditional foods, which include salmon and knowing about the nutritional, cultural, and spiritual importance of them inclines people to preserve what is there, "the Northwest tribes were able to work with commercial fishermen…. And that salmon has been restored back to life." Traditional knowledge is to be handled with care as "there are people who don't understand the medicine and that creates all kinds of havoc." Yes, there are incidents that attest to this premise whether it involves Traditional Ecological Knowledge and intellectual property rights (Brush, 1993), or ceremonial practices involving

"experts who specialize in Indian rituals… and charging money for aboriginal spiritual practices" (Pryce, 1999, p. 132). The idea that "traditional indigenous knowledge is a path" is evident in the research world, which was viewed as being "a part of our traditions but also to share as well." Research in Indian Country is becoming more relevant to the worldview of AI people and communities who participate in studies that incorporate TIM methods (S. Becker et al., 2006; Haozous et al., 2010; Strickland et al., 1999; Struthers et al., 2003). The emphasis on worldview in the research field is bringing balance to the world, especially among American Indian people who were taught indigenous science, which often varies significantly from Western Science. Even so, as anomalies between the scientific worldviews are pointed out by Smith (1999), she notes that even as indigenous knowledge is gaining prominence, "imperialism still exists" (p. 100). While this may be true, it is promising to hear from participants of this study that as AI people are used to facing adversity, many of their ways are still intact and that there is hope.

Original knowledge of American Indians is being lost and forgotten. A wise statement was made by a young participant who says, "We slowly remembered our ways and because money was starting to really take over and from then on we became sick, spiritually became sick…. People forgot who they were. People forgot where they came from." This goes along with cross-cultural work that distinguish what is valued from AI worldviews that are opposite from Western worldviews. One difference that comes up involves money and material possessions (Alfred, 1999; Verbos et al., 2011). The saying that there is good and bad in the world in the prophesies reminds us that we must maintain balance. Feeling a loss of cultural and traditional knowledge takes its toll on the human spirit. Those experiencing ancestral grief have said "we blame ourselves for our loss of tradition" (Yellow Horse Brave Heart & DeBruyn, 1998, p. 72). Being resourceful people, urban AI individuals find elders and those who help

them. Gone (2007) quotes the words of an elder which in itself is a prophesy with "Well, I would recommend researching your traditional elders, you know…no matter where you're from [in Indian Country]. Certainly there must be some traditional elders there that carry these sacred teachings on" (p. 296). As was mentioned "we're all in this together." In the Seattle community, there are and we do.

Traditional Indian Medicine is being integrated into Western medicine, TIM is practiced among urban- and reservation-based American Indians; and there is respect for traditional knowledge. Part of integrating TIM into Western medicine involves the way that patients are cared for, "There is no comparison between TIM and Western medicine with time and the need to slow down." If this understanding is transferred to a healthcare setting, spending time with patients may go farther than we think. The first AI woman surgeon attests to an unhurried approach with patients at an IHS hospital from her and her AI colleagues observations:

> Sometimes when we saw a brash young Anglo doctor whip through an exam gazing inappropriately, hurrying, talking loudly, cutting off the patient when they ventured to ask a question, and moving their hands over their bodies in a methodical, impersonal, irreverent fashion, we exchanged glances…. That was not the way to treat a Navajo person, not if you wanted the patient to respond positively, not if you wanted them to get well. (Alvord & Van Pelt, 1999, p. 66)

Another part of integrating TIM into Western medicine involves respect for TIM knowledge and practices, "respect for knowledge is balanced and being taken…. There are some that thought that that would never happen, but it is happening where more of our people are turning to traditional medicine and their ways." Of interest in relation to the use of TIM are demographic variables; for example, one study found that those with an education level above high school were more likely to identify themselves as having aboriginal beliefs (Jervis & The AI-SUPERPFP Team, 2009) and those with higher educational attainment are more likely to us CAM (Villa-Caballero et al., 2010). While these findings are not generalizable to this study or

any other community for that matter, it is worth noting that the first study involved two tribal

reservation communities and the latter study involved six cities across the United States. Future

researchers might therefore want to consider what is contributing to a shift in worldview about

the use of TIM and the implications of such a change.

Advocating and using visual arts is a way to portray American Indian people, to leave a

strong legacy, and to teach others about our knowledge. This is a most unforseen guiding

principle for a TIM discussion. While I did come across the use of "art as holistic nursing" in

other TIM studies referred to in this study (Struthers, 2000, p. 261), the potential for the use of

art in healing is exciting. The fact that art entered into a visionary discussion in which the

imagination is expressed in all possible forms attests to its significance among AI people. Kenny

and Fraser (2012) supports this statement in a discussion about the Haida people in saying that

> Artists as dreamers, are often pushed to the edge of societies. This is not the case in
> Haida society… Haida place artists in the centre of society. Artists are considered
> esteemed creators in the preservation and revitalization of culture. Their dreams are
> essential guides to the way society should function. And, certainly, the arts, along with
> the Haida language, have played a critical role in the revitalization of Haida culture.
> (p. 86)

The visual forms that are used to teach others about our traditional knowledge reflect other

factors related to acceptable knowledge transference. The use of technology enters the

discussion here because there are so many channels for communicating today. Today's global

society offers endless opportunities to not only set the record straight about our history, but also

to let the world know who we are today.

It is important that we identify those with intact traditional knowledge, the traditional

American Indian leadership, to respect and learn from. In studying our most revered leaders it is

easy to see that they are operating from principles and values that are aligned with the AI

worldview (Julien et al., 2010; Kenny & Fraser, 2012; Warner & Grint, 2006). As mentioned

earlier in the Warner and Grint (2006) model, there are four styles of leaders. In this study, each of these styles incorporates observation, narration, experience, and tradition in different orders. The participants in this study reflect these qualities as well. The social scientist participant of this study who uses observation as the first lens said, "We're not all that different. There's so many tribes in the urban population, that many of us have never seen our home reservation." The author participant of this study who uses narration as the first lens said "we also do research that helps to be more aware of what we can do to make this be a part of our traditions but also to share as well." The elder participant of this study who uses tradition as the first lens said "there is a noticeable need identified in the community to have access and practice their own spiritual sovereignty and ways without having to go somewhere else." The role model participant of this study who uses experience as the first lens said, "I bring what I have from my world to this world, and bring what I have learned from this world back to the other." A participant of this study mentioned that in order to do this, egos need to be put aside. This ego-free mentality mentioned by a participant in this study is in agreement with how American Indian people functioned as a people. Consider that "Among aboriginal Plateau dwellers, identity in the sense of the isolated ego did not exist. Instead, the people derived identities from the complex network of relationships that characterized the social structure" (Miller Van Blerkom, 1995, p. 19). Although the persons in this study may not view themselves as leaders as one person stated, simply participating in the study constitutes leadership.

Upon review of the above themes from the focus group, it is interesting to also look at what emerged from the two participants of the pilot study who did individual interviews. Dr. Textor and other qualitative researchers have pointed out anecdotally that each research method's dynamics has its own advantages. Individual interviews provide opportunity for more

detail, while group discussions provide opportunity for more ideas to pop up as participants brainstorm among one another. Although comparisons between the two projects, for example, between this study and the pilot study, are sure to result in an apples-and-oranges effect due to topic or the number of participants or effects of group dynamic, the similarities between the themes are intriguing. The EFR pilot study focused on social structures in the urban Indian community, from which themes emerged such as organizational leadership, level of community engagement, and sense of belonging. The pilot study findings included views such as the fact that a sense of belonging and pride is important and if people do not have a place to go to then their sense of belonging is hampered; everyone has their own identity; leaders will likely work together, which will serve as an example to the broader non-American Indian community; and children who are grounded in their family, community, and culture will succeed. In terms of the pilot study, it was envisioned that the American Indian community will become politically active; maintain a sense of ownership; promote its history; and gain readiness for technology. Some of the pilot study's guiding principles are: creating a sense of belonging; developing community involvement; working together in partnership; and maintaining cultural identity. Despite the differences in method, ultimately the perspectives of both studies among community members intersected.

The interconnecting webs within this study are voiced as: taking a conscientious stance in the way that we treat each other and our natural surroundings and resources that make up Mother Earth; acknowledging those important pieces that tie our communities together which include our ability to adapt and make the best of what we have; and, sustaining our inherent desire to maintain and transfer our traditional knowledge and practices. Each of these interconnecting aspects is thought of in a way that will be for the benefit of all. While any next steps that the

community may embark upon are broad based, they serve as a starting point for future open

discussions and, more importantly, an acknowledgement that the community will ultimately
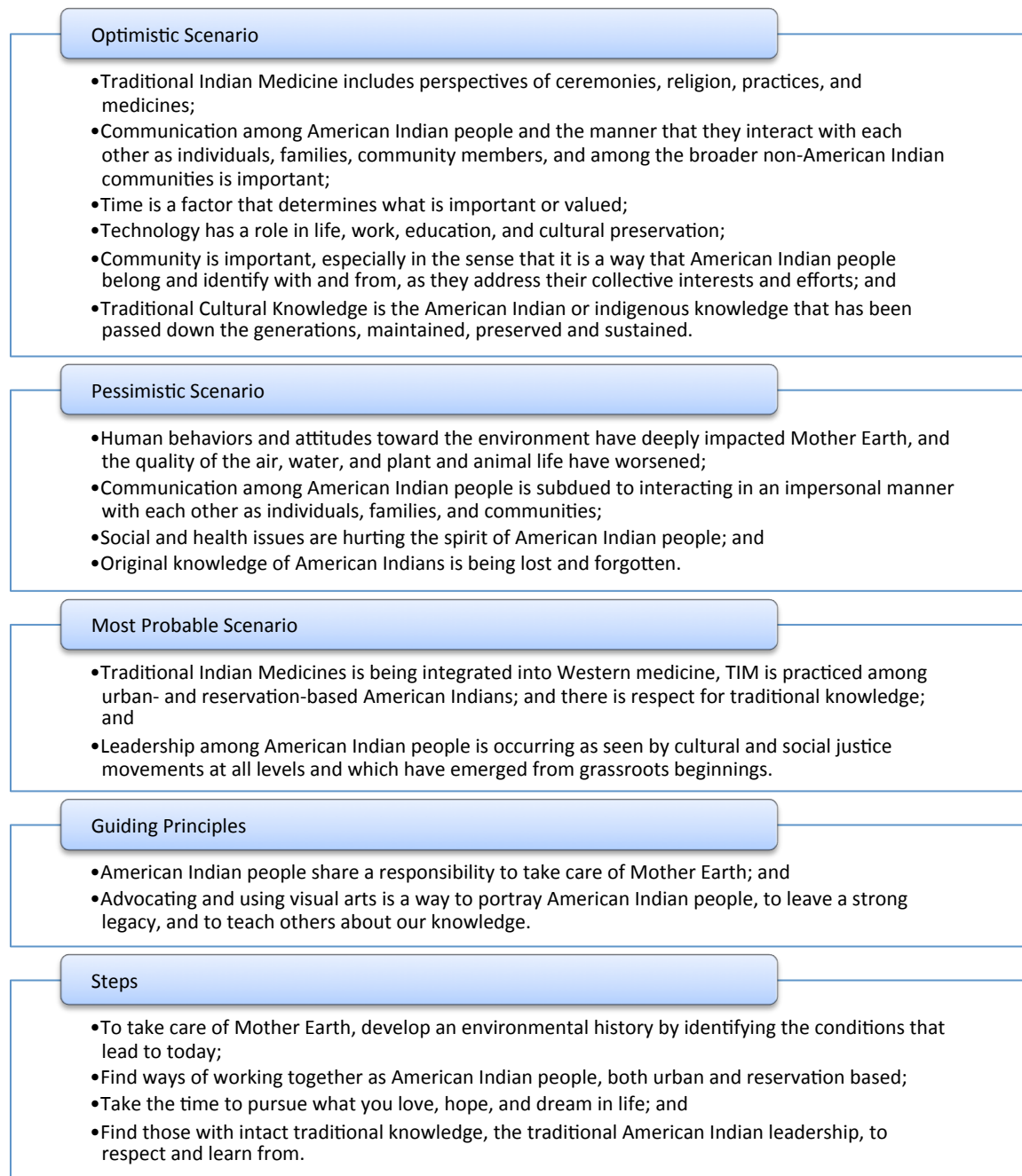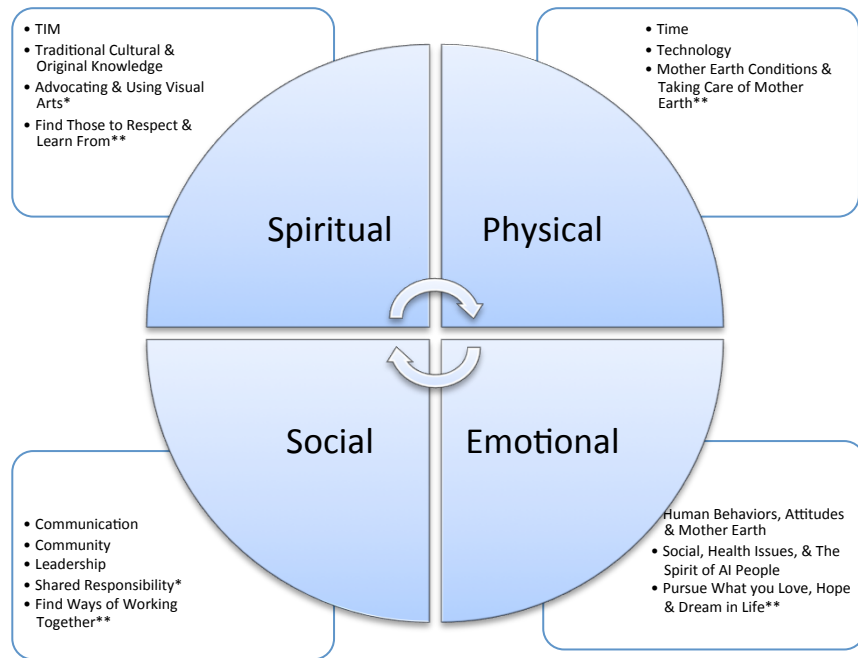
decide how this might be done.

Optimistic Scenario

- Traditional Indian Medicine includes perspectives of ceremonies, religion, practices, and medicines;
- Communication among American Indian people and the manner that they interact with each other as individuals, families, community members, and among the broader non-American Indian communities is important;
- Time is a factor that determines what is important or valued;
- Technology has a role in life, work, education, and cultural preservation;
- Community is important, especially in the sense that it is a way that American Indian people belong and identify with and from, as they address their collective interests and efforts; and
- Traditional Cultural Knowledge is the American Indian or indigenous knowledge that has been passed down the generations, maintained, preserved and sustained.

Pessimistic Scenario

- Human behaviors and attitudes toward the environment have deeply impacted Mother Earth, and the quality of the air, water, and plant and animal life have worsened;
- Communication among American Indian people is subdued to interacting in an impersonal manner with each other as individuals, families, and communities;
- Social and health issues are hurting the spirit of American Indian people; and
- Original knowledge of American Indians is being lost and forgotten.

Most Probable Scenario

- Traditional Indian Medicines is being integrated into Western medicine, TIM is practiced among urban- and reservation-based American Indians; and there is respect for traditional knowledge; and
- Leadership among American Indian people is occurring as seen by cultural and social justice movements at all levels and which have emerged from grassroots beginnings.

Guiding Principles

- American Indian people share a responsibility to take care of Mother Earth; and
- Advocating and using visual arts is a way to portray American Indian people, to leave a strong legacy, and to teach others about our knowledge.

Steps

- To take care of Mother Earth, develop an environmental history by identifying the conditions that lead to today;
- Find ways of working together as American Indian people, both urban and reservation based;
- Take the time to pursue what you love, hope, and dream in life; and
- Find those with intact traditional knowledge, the traditional American Indian leadership, to respect and learn from.

Figure 5.1. Emerging themes for urban Indian perspectives of Traditional Indian Medicine.

*denotes Guiding Principles

** denotes Steps

Figure 5.2. Urban Indian perspectives of TIM.

Chapter VI: Discussion

Often when I attend American Indian events or cultural gatherings speakers would pronounce that whoever is supposed to be here is here. This means that if people had planned ahead to come and could not make it at the last minute, that they were supposed to be at another place at that time. It also means that those who just found out about a gathering at the last minute, which usually happens through the moccasin telegraph, were for some reason supposed to find out about it and needed to be there. Since I have either missed gatherings due to unforeseen circumstances or stumbled across them, the belief that it was meant to be that way is held onto. More often than not after attending such a gathering it becomes profoundly clear that something important was learned or experienced or that my life was influenced in a good way. The same holds true for endeavoring this study as each of the voices coming forward about urban Indian perspectives of Traditional Indian Medicine came from those who were supposed to be there on those good days and for all good days to come.

In terms of supporting what has been found in TIM studies to date, an aspect within the American Indian worldview that everything is connected holds true for this study. Developing new understandings of TIM for the contemporary era and the near future involves the healing power of people's emotions and words, which are observed in forms of communication, care, and quality time spent with each other. Quality time may occur among individuals who are getting in touch with Mother Earth, families who are sitting down with each other, groups of people who are drawn together and are building relationships among each other and as cohabitants of the world.

A discovery regarding Traditional Indian Medicine in Indian Country is that there is not a single definition that is used in Indian Country, which might be collectively referred to. While the World Health Organizations' definition of traditional medicine is representative of indigenous people from around the world, it may be useful to have a formal definition that is parallel to it and representative of Indian Country. Currently federal programs in the United States or other entities whose mission is to serve the AI population may have policies that make way for the provision of TIM services, however they do not necessarily define what that means beyond general terms like traditional ceremonies or spiritual practices. The use of TIM among urban Indian communities and tribal communities attests to its importance and value as a significant component of healthcare systems. With the increasing costs of healthcare in this country it would make sense to find ways of making it more accessible and available for AI people, especially given that TIM is a form of Complementary and Alternative Medicine (CAM) in the Western medical model. Of course this would mean that the Western-trained workforce who represents mainstream health maintenance organizations would need to broaden their horizons and treat TIM as a viable form of medicine in order to better meet the needs of those who prefer it. Actually, it would be most progressive of local, regional and federal programs to institute CAM and all forms of ethno medicines the same options that Western medicines enjoy in our managed healthcare systems. If this were to occur, it would have infinite ramifications. Besides acknowledging the multitude of ethnic and cultural diversity that is seen within this country, it would more evenly accommodate multiracial individuals and families whose choices are limited when it comes to identifying or selecting culturally specific types of care.

One suggestion that came from this study was for people to learn the environmental history that led to the devastating effects of pollution to the land and waters. As seen in this

study, there are environmental, social, and health studies that are connecting AI health disparities to traditional knowledge. Leadership in urban Indian communities would gain important information that could affect policy by learning more about what specific forms of traditional knowledge are linked to health disparities given that more AI people are moving away from reservations to cities. Such an effort would benefit tribal leadership as well, especially if it is true that less and less people are participating or practicing in AI religions, which is a prime learning ground for acquiring traditional knowledge. This would potentially further decrease the number of persons who have and can teach about traditional knowledge, meaning that as time goes on less people will be able to pass it on to the next generation. This should be a primary concern for tribal communities who are seeing a decrease in participation at learning grounds.

The role of technology was prominent in this study with the reality being that the world will keep moving more rapidly as new inventions keep evolving. Perhaps technology should be used to make TIM and traditional knowledge more accessible for our AI people wherever they happen to live. Mental health services are provided via telemedicine for veterans who have barriers to accessing services due to physical limitations or psychological reasons, for example going to office settings where they feel trapped, anxious, or too crowded. While some traditional practitioners may not agree to using telemedicine for conducting TIM services, tough questions have to be asked. For example, if someone lives on the West Coast and is longing to learn about her or his tribal traditional knowledge and practices from the East Coast, is it more important to use our current technologies to make TIM accessible and available or to stand by traditional protocols that deter from using modern technologies? Listening to the perspectives of AI people for all matters of which they are stakeholders is important in order for levels of understanding about their worldview to expand.

We may gain insight from those who are experienced or have participated in social justice movements. It is important to consider the lessons we may learn from the ways our ancestors dealt with rapid change as this knowledge will help us all address our health disparities and to work together better today. What are the models or best practices that integrate traditional AI worldviews into such efforts? The notion that building strong relations with others is a part of TIM care that may be done by taking the time to learn about traditional knowledge either individually or in a group, such as by going on journeys together. This may be seen as a present-day rite of passage since people are tapping into their inner strength and gaining power while understanding more about their human role as cohabitants in an expansive world.

In her chapter on "Liberating Leadership Theory," Kenny and Fraser (2012) comment on what they call "foundational themes that serve to ground Aboriginal communities, themes that are rarely mentioned in mainstream studies of leadership" (p. 12):

> These concepts are embodied – they are premised on the idea that the parts of our being cannot be separated. We are whole. Our mental concepts are one with our bodies, hearts, spirits, and souls. Land, ancestors, Elders, stories, women, grandmothers, parents, language, education, community, performing arts, knowledge, relationships, friends, culture, collaboration, healing, and resilience – these are the concepts that unite our worlds. The notion of embodied concepts animates our leadership theories with a richness that keeps our worlds vital, integrated, and whole. (p. 12)

It was stated at the beginning of this paper that overall the topic of Traditional Indian Medicine has not been studied in comparison to Western medicine. It seems that there would be valuable knowledge gained by continuing to explore this topic further whether it is within healthcare and Western medicine or other major life domains to include education, technology, art, and especially as involving indigenous research methodologies whereby TIM practices are increasingly being integrated into traditional methods. It would be interesting to learn more about the perspectives of TIM from urban and rural American Indians of other communities

across Indian Country too. And each of the themes, guiding principles and steps found in this study could be expanded upon with more depth or participants may be selected in criteria that specifically elicits perspectives of those who provide TIM services, those who practice TIM on a regular basis, those who work in community healthcare settings, or those who are first, second, or third generation urban dwellers, to name a few. Since a finding was that rural based AI are not following their tribal religions, it would be interesting to see how this impacts the level of traditional knowledge that is passed down each generation as well.

It is quite a learning process to conduct a study on perspectives of TIM in regard to both the immediate subject matter and also as an experiential exercise. Having the opportunity to engage community members in a collective inquiry in the context of an American Indian worldview is almost as good as tasting the bittersweetness of Indian ice cream. Indian ice cream is made from soapberries, which are bitter to the taste; it is what we call good medicine. It is prepared by stirring the soapberries with a little water until it becomes foamy like whipped cream. It is eaten at special times, including during traditional feasts. By appearance it looks so inviting because it is light and fluffy in texture, however, as it reaches the taste buds there is a shocking effect from the bitterness, which immediately wakes up all senses. The first time I tasted Indian ice cream I took a big spoonful and made a laughable face. The next time it was offered to me I was prepared to be a bit more composed. I took a little taste and ate it slowly, savoring it until my bowl was finished. I knew that it was good for me, that those berries came from the land that we share, and that it was prepared by someone special. This analogy applies to this study because it is an example of entering a discussion with preconceived expectations that had to be put aside in order to be able to savor the words that were coming from my community.

In the previous chapter I mentioned my own preconception that folks would discuss TIM from a mouse's view or in reference to healthcare and the integration of this type of medicine into Western medicine, and found myself to be initially surprised that their collective view was very broad or like that of an eagle. There may be other factors to take into consideration regarding this discovery besides researcher bias, or perhaps that participants were prompted by a domain matrix handout, or even the potential for interviewees to say what they think others want to hear. As mentioned, the participants of the focus group represent many different tribes from across the country and even though the findings of this study are not meant to be generalized to other groups, communities or regions, an acceptable premise is that a different set of individuals would have their own story that is based upon their unique background and lived experiences.

In regard to what the findings reveal, what about the possibility that sitting down to express ideas truly taps into a storytelling mode and in such a way that is in sync with indigenous ways of knowing which supports the belief that indeed everything is interconnected and that one area cannot be discussed without relating it to each of the other areas? Another thought is that the entire premise of EFR rests upon visioning which for some AI people is a experiential process that extends beyond stretching the mind, it enters into a spiritual realm. While there was not a deliberate intention to enter the spiritual realm in this study, is it possible that it was experienced as such by participants who have their own understanding of a visioning process or traditional practice? Is entering the spiritual realm a piece of indigenous ways of knowing and should it be more defined in the practice of indigenous research? What I gather while reflecting upon the work of Vine Deloria, Jr. (1973, 2006) or other scholars who have embarked upon matters of indigenous knowledge, when the mind-body-spirit *is* the mind-set and heart-set of AI people, a whole other door is opened that floods us with ancestral teachings. These ancestral

teachings might include being mindful of past, present, and future generations or principles such as treating each other well, thinking of those within the circle, or a host of other memories. While further discussions may surface about the surprises and discoveries of this study with time, it is captivating to ask that as members of an information-based society, whether humans overall are thinking differently due to technological advancements. It makes sense that as more information is taken in via the information highway; people have increasingly more internal data to pull from in dialogue. With so much information, is it more challenging to focus on only one area at a time? Proceeding on a intangible trek makes this appear as though the web is being surfed to substantiate what our people said. By all standards, what our people said is not discounted. In fact the opposite holds true in that the story of our people drives us to learn more in the name of indigenous research and practice.

There is still much to learn about indigenous forms of leadership in Indian Country, thus it would benefit our communities to conduct future studies that examine leaderships role. I hope that our quiet leaders or "those operating from a quiet place" are lifted up by our people. This might be done by seeking them out and taking the time to sit with them, to value their words, and to learn from the actions that they model. As new ways of understanding leadership develop across Indian Country, it may actually show us once again that yes, it is all one circular process. That our traditional knowledge compels us to examine the world through a mind-body-spirit lens.

As mentioned at the beginning, a myriad of disparities across Indian Country have called for public health interventions that are relevant to American Indian communities. These interventions are created for AI people who live on and off reservations and/or urban areas with their knowledge, to include indigenous knowledge be it at varying levels. The loss of traditional

knowledge mentioned in this study is a red flag for indigenous peoples since as pointed out in this community, lost knowledge leads to nothing. Those carrying out indigenous research now have a responsibility to do something about this. What relevant interventions may lead to successful outcomes from future investigations that address this loss of traditional knowledge are yet to be seen. I trust that our indigenous researchers and communities will work to invent ways of preserving, protecting, and sustaining our traditional knowledge in this rapidly paced world.

What I have learned by completing this study is that Traditional Indian Medicine comes in many forms. There are challenges for traditional knowledge transference to occur among urban Indians and all of our relations who live back home on our reservations. Community and mainstream education and awareness about the practice of Traditional Indian Medicine require consideration and care of everyone's worldview. The way that I will change my own practice from embarking on this research will be to develop myself as a bridge builder.

Traditions and protocols change in Indian Country whether on or off of the reservations, in urban or rural areas. When I was young, children were not allowed to carry eagle feathers, now their dance outfits are made up of them. Also, women were not permitted to sit at the drum and sing, now they do. Also, whenever someone was praying everyone was silent, now when this is done for example at a powwow grand entry many people are talking as if it is just another announcement. Also, powwow people used to sing and dance for those who could not and for veterans, now they sing and dance for money. There are many other traditions that have changed just in my lifetime, and there will be many more. Traditional and cultural protocols were formed for specific reasons. Now it seems that people are ignoring the reasons and traditional protocols for the sake of convenience, forgetting them, mixing them up, or making up new ones. On one hand it does seem like we are getting farther away from our original ways.   Another way of

seeing these changes are in terms of the reasons driving them. It is therefore important to learn more about them in order to determine what the real issues are behind the change. Perhaps reasons and intention are more important than fidelity to protocol. Today or at anytime, healthcare, education, or other services for all of us can be delivered "in a good way" by anyone who is intentionally respectful and kind to those that they work and interact with. This is powerful. I suppose before conducting this study the easiest way to address differences was to quickly determine where people were coming from before they said anything. What I have learned is that Traditional Indian Medicine is more about how people treat each other. While leadership in Indian Country comes in all forms, we know which ones are following the traditional teachings and values that have the communities' interest at heart. While we have traditions and protocol that come from the spirit and embody the spirit, the challenge is to keep the spiritual meaning in the midst of leadership and change.

Prophesies are an important piece of AI worldviews that incidentally serve as a reminder that time will always be here. This is true whether we are still here or not, whether Mother Earth is in good condition or not, whether our traditional knowledge is here or not, and whether our forms of Traditional Indian Medicine are here or not. My ancestors prophesied that our beloved four-legged relative, Coyote, will smash all the dams on the Columbia River. I can only hope that when that happens that we will be ready, that we have learned everything that we can in order to be able to survive through the next phase. There is a greater likelihood that this will happen if we know how to take care of ourselves and the world, if we remember who we are and where we come from, if we act like and do not just say that we are all in this together. Prophesies are important factors that carry a lot of weight in the visioning process. I thus hope that we learn together about how our most desired prophecies might become self-fulfilling.

Appendix

Appendix A
EFR Pilot Study Training

Upon locating the founder of EFR, Robert T. Textor, in April of 2009 I made an inquiry

of which he responded to with an invitation to attend an EFR training that was to be held in the

Pacific Northwest. I signed up for the two-day training immediately and my disappointment

when it was subsequently cancelled was short lived when Dr. Textor then invited me to receive

an overview of EFR at his home as a means to decide if it would be the chosen methodology for

my upcoming research project. This was indeed an offer that was readily accepted because it

meant that I would receive individual coaching from Dr. Textor while learning about this

method. This pilot study allowed me to gain an understanding of the EFR process in preparation

for conducting an EFR study among the urban Indian community that would address current

health issues and Traditional Indian Medicine services.

Ethnographic Futures Research Pilot Study Training

Summary of EFR training. In September 2009, the founder of Ethnographic Futures

Research (EFR), Dr. Robert B. Textor was to conduct a two-Day EFR Fieldworker Training

Practicum in Eastern Washington that I was scheduled to attend. Although that particular event

was cancelled, I accepted an offer to participate in a private training by Dr. Textor which would

be conducted over two sessions in Portland, Oregon. This piece summarizes the EFR Training

that I attended. It also includes the advance preparation that was required in order to gain

familiarity with the EFR concepts and studies that had been carried out by Dr. Textor and his

colleagues.

Preparation to Day 1. Textor communicated the importance of gaining familiarity with

the concepts and methods of EFR that would be discussed at the Familiarization Program. The

following materials were reviewed: an EFR study conducted with a consortium of California tribes authored by Textor titled *The Good Road Forward* (2009). Additional materials that were reviewed include: a Thai study conducted by Textor in 1975; an EFR study conducted in Washington by one of his former students, Michael Mitchell, who is now an EFR trainer; and *Margaret Mead. The World Ahead: An Anthropologist Anticipates the Future* (2005)*,* which was edited by Textor.

Day 1-EFR Familiarization Program, Sunday, September 6, 2010. At the beginning of the session Dr. Textor provided an overview of how the training would proceed. Dr. Textor would interview each of us, not to exceed three hours, wherein both my cohort member and I would serve as co-interviewer and summarizer. I was the first interviewee and upon completion of being interviewed I switched roles and was a co-interviewer and summarizer alongside Textor whereby we interviewed my cohort member. Following the interviews we debriefed about the process and were given homework for the next two-Day session.

Before ending Day 1, my cohort member and I provided input about *The Good Road Forward* (Textor, 2009) to Textor and commented generally about using EFR with tribal groups.

Preparation for Two-Day EFR Fieldworker Training Practicum. To prepare for the two-day training, the tape-recorded interviews were prepared in draft format for review. In addition, I reviewed the following materials, which were sent electronically by Textor: full and short versions of the EFR Interview Procedure Guide; desirability scale; grammar chart; domain matrix; EFR Interviewing Procedures for Individual Projects; and *The Good Road Forward* (Textor, 2009).

Two-Day EFR Fieldworker Training Practicum, October 17 & 18, 2009. The Two-Day EFR Fieldworker Training Practicum began with an overview by Textor about the EFR

concepts and interview process. Then my cohort member and I took turns interviewing. Textor, first as lead and then as assistant interviewer. Finally, we discussed our experience as interviewers, summarizers, and the next steps of compiling information and producing a final and meaningful report.

The ultimate outcome of producing a final and meaningful report was discussed wherein Textor described the process of ensuring that all interviewees were satisfied with the report, emphasizing the fact that it was not final until they indicated their total satisfaction. The amount of time from draft to completion of a report was dependent on when the participants agreed that what they meant to say was captured on paper, thereby making it meaningful to them and hopefully their community. Because the final report is also seen as a blueprint for community action, it is essential that its contents are what the community views as useful in moving forward.

Appendix B EFR Pilot Study Informed Consent Statement

Antioch University
PhD in Leadership & Change
INSTITUTIONAL REVIEW BOARD
Human Subjects Research Review

Informed Consent Statement

Name of Project
"Individual Learning Achievement B: A Pilot Study on the Implementation of the Ethnographic Futures Research Method among the Native American Community"

Study Overview: Exploring socio-cultural conditions among specific communities is one way to increase the knowledge base regarding leadership and change issues impacting community wide health and wellness. It is recommended by Native leadership that more studies be carried out among Native communities that address social and health conditions from the perspective of its community members. Implementing discussion processes that have cultural meaning while producing new understanding from community member perspectives about major life domains via past, present and future scenarios is one way to gain relevant knowledge and may lead to deeper inquiry beyond the scope of this study. Gaining understanding of a research process for future study through an individual participatory process that elicits community members' attitudes and perspectives about their vision for the betterment of their community is a manageable outcome. Through individual discussion with community members, perspectives about their attitudes towards major domains will be investigated through Ethnographic Futures Research. Data will be collected from these two community members during February and/or March 2010. Information gathered from this inquiry will be analyzed, interpreted, and reported by the investigator and participants will have opportunity to review for clarification on a draft report of findings.

Risk and Benefit
The general purpose of this participatory study is to conduct an Ethnographic Futures Research (EFR) pilot study that produces relevant knowledge for planning a dissertation research project that results in a process model that addresses community-wide issues among urban Indian communities. My participation in this project should not involve risks beyond those of everyday business life. I understand there is a minimal risk that I will receive and share confidential information from the individual discussion. This risk will be minimized by:
1. the confidential handling of individual discussion information among all participants; and
2. the removal of information deemed sensitive by myself or by the participants prior to the final report.

I will not be paid for my participation in this research project, nor is it expected that my participation will bring you any benefits, tangible or otherwise. I understand the research findings may benefit me or the broader community through gained knowledge regarding what is important for Native leaders to consider as they collectively strive to plan for the betterment of their community.

Confidentiality
I understand this project requires the collection of data from individual discussion held with a fellow community member from the community of which I am a member. No first or last names will appear on any materials that are collected. I am aware that my opinions may be utilized for research purposes, but that I will not be identified by name in the final written document. In this study, every effort will be made not to reveal personally identifiable information in publications based on this research. To ensure my anonymity, actions or things said by me may be reported without specific reference to me, reference only by pseudonym, or combined anonymously with the actions and words of other participants.

Voluntary Nature of Participation
I understand my participation is voluntary and I may ask questions and/or discontinue participation at any time. I have the right to express my concerns and complaints to the University Committee on Research Involving Human Subjects at Antioch University, Dr. Lisa Kreeger, Chair of the Institutional Review Board, Antioch University Ph.D. in Leadership and Change, e-mail: lkreeger@antioch.edu, telephone: (937)319-6144.

The form below will be used to document my permission for the use of these materials.

I am participating in a research pilot project at the graduate school of Antioch University. This research consists largely of individual fieldwork and involves being questioned about my attitudes and perspectives on the topic of health, social, and relational issues among the Native American community. One of the primary purposes of this pilot project is to enhance student learning and contribute to the discussion and development of a process model which will be meaningful for community leadership.

After reading the above, I hereby voluntarily consent to participation in this study.

Print name: _____

Signature: _____

Date: _____

Investigator: _____

I understand if I have any additional questions regarding my rights as a research participant, I can contact the investigator, Annette Squetimkin-Anquoe or Chair of the Institutional Review Board, Dr. Lisa Kreeger, Antioch University Ph.D. in Leadership and Change, e-mail: lkreeger@antioch.edu, telephone: (937)319-6144.

Appendix C EFR Pilot Study Interview Questions

Antioch University
PhD in Leadership & Change
INSTITUTIONAL REVIEW BOARD
Human Subjects Research Review

Interview Questions

Name of Project: "Individual Learning Achievement B: A Pilot Study on the Implementation of the Ethnographic Futures Research Method among the Native American Community"

The following individual discussion questions are provided for the Individual Learning Achievement project mentioned above regarding attitudes and perspectives of community members about major life domains via past, present, and future scenarios, they are:

1.   Thank you for agreeing to participate in this study about community members' assessment of attitudes and perspectives towards the socio-cultural system, specifically the Native American community. Are there any questions about the consent form before we begin?

2.   As mentioned, this study is investigating your attitudes and perspectives about the way community members view social structures, one of the major life domains of Ethnographic Futures Research (EFR). We have up to 90 minutes to discuss a series of questions about this topic.

     To begin, I'm going to go over a few concepts that serve as a guide for this discussion. A *Scenario* is one concept we will apply. I will be eliciting your thoughts, ideas, attitudes and perspectives through three scenarios regarding the Native American community of which you are a member of.

     The first scenario is the *optimistic scenario*, where pretty much everything that could go well in regards to social structures within your community has gone well.

     The second scenario is the *pessimistic scenario*, where pretty much everything that could go badly in regards to social structures within your community has gone badly.

     The third scenario is the *most probable scenario* and I will go over that when the time comes.

In this discussion we are ***backcasting***, not *forecasting* so in the optimistic scenario everything has already occurred, we are looking back from 2020.

The next concept is **time**… see the "New Grammar Chart" (Attached)
The present means 2020, not 2010
The future is from 2020-2030 and beyond
The past is from 2020 back to 2010 and before

Finally, events are either ***factual*** or ***imagined*** where factual events have occurred today and before today, and imagined events are from today and into the future.

Do you have any questions about what has been covered so far?

3. Now we are ready to enter the second scenario, the ***optimistic scenario***, where pretty much everything that could go well in regards to social structures within your community has gone well. Tell me about it.

    (Probing questions occur based on what participant says)

4. Now we are ready to begin second scenario, the ***pessimistic scenario***, where pretty much everything that could go badly in regards to social structures within your community has gone badly. Tell me about it.

    (Probing questions occur based on what participant says)

5. Now we are ready to go into the third scenario, which is the most probable scenario. It is now 2010 again so you can talk without reference to the past or future events. At this point your values are left out of the discussion. Everything you say is what is most likely. You are betting on everything you own that the conditions regarding social structures within your community is the most accurate as can be. Tell me about it.

    (Probing questions occur based on what participant says)

    Given what you describe, what are the major steps that must be taken in relation to the most probable scenario that you have described?

    What are some broad guiding principles about the most probable scenario that you have described?

    What are some words of wisdom resting on the most probable scenario that you have described?


6. Do you have any further comments or questions before we end our discussion?

7. The next step of this study is for me to compile a summary of comments from you and other participant/s which I can send to you for your review and comments if you wish. It's okay if you do not wish to comment as well. Once I gather all comments, a final report will be made with the best effort to integrate your clarifying comments. You are welcome to receive this final report if you wish to. Thank you for your time on this study. Your thoughts and ideas are very much appreciated.

###

Appendix D EFR Desirabilty Scale

Desirability Scale
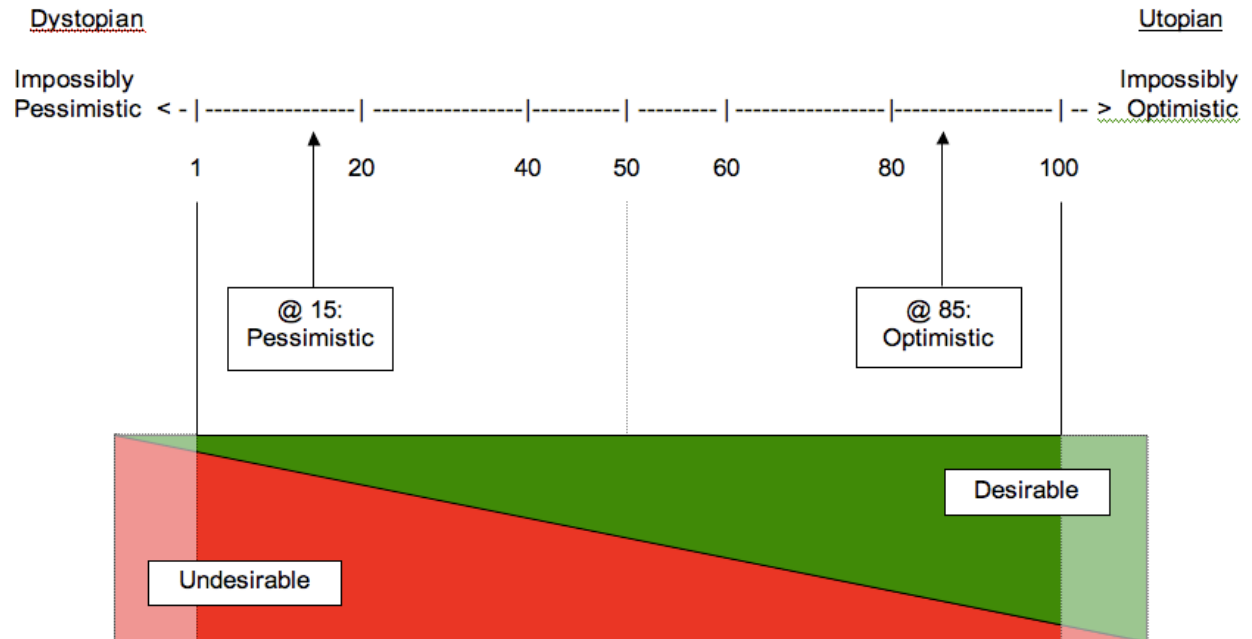
Appendix E EFR Suggested Grammar

A SUGGESTED "GRAMMAR" FOR AN E.F.R. INTERVIEW

| 2012 BACK THEN	2020 NOW "TODAY"	2030 IN THE [NEW] FUTURE
was (were) already realized way back then.	is (are) realized now.	will have been realized by then.
had been already realized way back then.	has (have) been realized now.	will have been realized by then.
was (were) already well into the process of being realized way back then.	is (are) well into the process of being realized now.	will be well into the process of being realized by then.

Appendix F EFR Domain Matrix

Domain Matrix
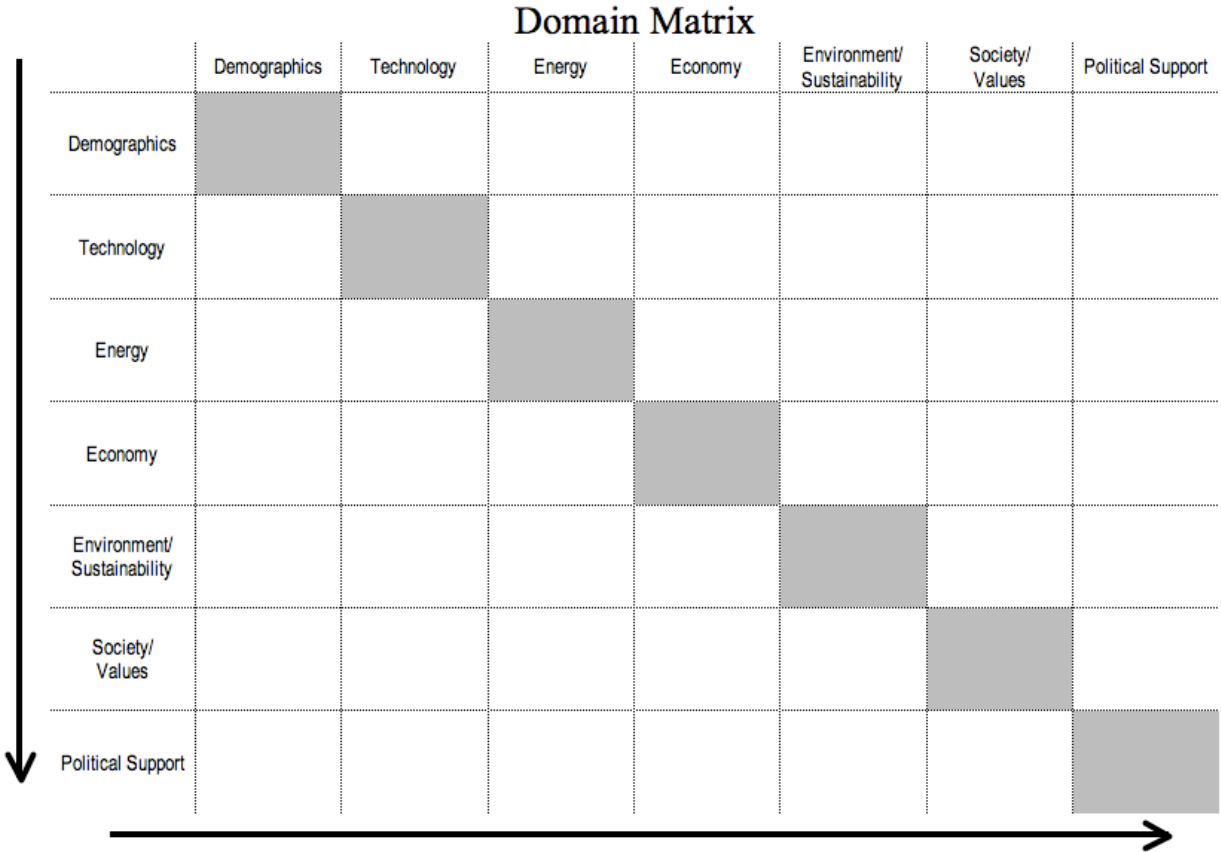
Appendix G EFR Pilot Study Participant Summary

This EFR summary incorporates the perspectives of two American Indian individuals, one male and one female, who have worked among the urban Indian community and who are familiar with the broader issues that American Indian/Alaska Native people face within the Puget Sound area. The interviews were conducted at the meeting spaces of two major urban Indian organizations in the Puget Sound area. Following is a compiled summary of what was learned from the two interviewees who both reviewed and indicated their satisfaction with the final document.

Optimistic Scenario

Organizational leadership. There was strong leadership from within the community that included organizations, community leaders, and political officials from the Native community. People supporting the organization stepped up and took risks and there was a sense of strength and confidence. One Native organization demonstrated good leadership in many ways. As the SIHB turned 40 years old it was at a nexus in the areas where emerging development efforts occurred. The community looked at who it was serving, what worked well, and everyone worked well together as a community. Many Native people were listened to by the broader leadership at the local, state, and regional level, and decision making resulted in putting action behind words to demonstrate more of a collaborative effort between Native and mainstream leadership to address the issues. Role modeling in the community was important. Many people, to include youth, came forward as leaders with the support of intentional mentors who worked closely with their mentees.

This region had a lot of groups doing their own thing, e.g., artists, performance, visual community. Non-Native institutions became more proactive, UW with the lodge meeting place that they had been working on for years. Other institutions recognized that their diversity is part of their strength. Microsoft conducted Native activities that were individually driven by employees who worked there rather than being institutionalized. Non-Native people felt that the Native population was one where they could make a difference and volunteered their time and finances to help start things. Similarly, the health board got started because non-Native people helped and donated; and at a Native theater, a non-Native volunteer stuck with it until enough Native people were there to take it over.

Higher education in healthcare and other career paths. The SIHB Residency program at the clinic grew as Native people (both doctors and medical students) were drawn to the community. The surrounding higher education programs made a stronger recruitment effort resulting in more Native students who entered and completed their master's programs. At a Native organization there was one MPH, now there are four and two are Native people. People know that they need to get a good job and go to school to survive or life will be much harder.

In other professions we had a number of people like the first Native astronaut, a Choctaw, who went to the Museum of Flight to talk about his experience at NASA. Native architects got people involved in architecture and engineering and scholarship programs were started to help students get into architecture. As a result, Native youth achieved higher education and became engineers, scientists, and social workers.

Level of community engagement. There was a bigger movement to address health and wellness within the whole community following suit with the integration of Traditional Indian Medicine. Adults became more health conscious and they decided to eat better and address

smoking because of their families. The community came together for formal and informal gatherings as a way to focus on a particular issue, for example, to generate an increase in educational scholarships for Native students.

Economic conditions. There was affordable housing and resources available for Native people to become home owners. A lot of work was done with home ownership. More Native people were successful in purchasing homes with the help of HUD. The generations of Native people living in one household helped to maintain a strong social network within the family and community. Extended family members could easily support one another whether it was helping care for young children or the elderly. Cultural knowledge was transferred among generations in these extended family households which resulted with children having a strong Native identity upon entering the public school systems. This made a real difference for emerging youth in regards to leadership because they participated in events and made their voices heard on issues that were important to them.

Sense of belonging. The social structure was driven by places that people could go and Native organizations are important because they become gravitational points. Regarding tribal affiliation, there were people located here who were tied into their own tribes and culture, which was reinforced by their visits home. Others created their culture here. For example, Alaska Natives (AN) belonged to an affinity group with voting members who elect their officials and operate as a formalized government. This is a powerful thing because they could mobilize for things due to their strength and presence. A larger point is that there were a lot of people who did not have that affiliation or were not necessarily raised in their tribal community so they are disjointed for various reasons. American Indian organizations and schools are thus so important because they represent a place that people could gravitate to for basketball and other activities.

These places are not tribal land, yet people called these places their own even though it was the school districts; as long as the program was supported the community had a place where people could go and have a place to call their own. It was so important for Native people to create their own identity and to take the stories and share them with the children and others. The people had developed a history yet were from very different places. The Duwamish had to fight so hard and it was very difficult to gain a place they owned. Places were important because they created stability. Youth came with all sorts of issues but they knew when they came in that they would have some place to go. These places teach youth the importance of having a sense of responsibility and culturally symbolic customs like who eats first. Youth learned that our elders needed to eat first along with helping out. Perhaps that is why they were drawn to the helping professions. Supporting youth was expected, it is a responsibility. Youth became counselors because they wanted to help their families with problems they were facing. Youth want to go back to the community, and tying them to the social structure enables them to go back.

Wherever you are you seek that community of Native people because there are so few Native people. When there is a sense of belonging there is a lot of pride and more people gravitate to that. Everyone has their own identity in how you go about and live in the world, how you clothe yourself, what you eat, what you sing, how you love, and how you hate and so on. The non-Native society may not have had that sense of belonging or if they did have it they did not know it. It is one of those things the Native community had and both Native and non-Native people gravitated to it to get a sense of belonging.

Pessimistic Scenario

Organizational leadership. Leadership among the Native community struggled to keep services going and budget cuts drastically reduced much needed social, educational, and health

services. Organizations collapsed because leadership was not stable. There was petty fighting among people who might have had a dispute with someone else. When leaders passed away, there was not an infrastructure so funding was lost. Some organizations did not have a centralized data collection system so information for funding could not be pulled out when needed. The economy was bad so people were not giving as much. Donations and state budgets were so bad that when emergencies happened there was no infrastructure there to take care of them. Achieving a balance between being a strong leader and being a conduit for instilling a sense of belonging or ownership is a challenge. Solid leadership did not emerge in some organizations, which resulted in a weak sense of building capital and high turnover. When leadership changed there was often a lack of a stronger person to take over that leadership.

Higher education in healthcare and other career paths. Youth were not entering colleges or universities and the mentorship programs were not available to help them, the high school drop-out rates remained high.

Level of community engagement. Because things were individually driven, unless those things were institutionalized a lot of steam was lost if those things were not in place. Native values ran counter to the realities of everyday experience and divide and conquer forced people to change. The sense of bringing someone along is needed because there has to be someone to carry out your vision. A dire question that was not necessarily asked at that time is "What is it that you want to leave for your youth?"

Economic conditions. The Native community, as with the broader community, experienced a tremendous amount in loss of jobs due to the economic challenges that the country faced which had a downward spiral effect upon the whole community. The Native community decreased as people moved to areas where the cost of living was more affordable. It was harder

for people to access services at the clinic because of location and the cost of transportation. There were cities that cropped up and folks moved where they were closer to their work. People left the community and a whole generation has had to wait until new leadership can move things forward.

Sense of belonging. The school that attracted Native youth is not there anymore, it fell apart and no one has any money to fix it up. People did not have a sense of belonging because they did not have a place to go.   When things got run down and were not kept up then people felt run down too.

Most Probable Scenario

Organizational leadership. The urban Indian community was balanced both culturally and socially through the combined efforts of several Native organizations and leaders who worked together to find ways of improving conditions for the community. The broader non-Native leadership will see that the Native partnership model is working to effectively mobilize the community and will seek their advice on several initiatives as well. Working relationships, both within and outside of the Native community, will be even stronger and this will be open doors to access more resources and opportunities that further strengthen the Native community. Through Native values of helping families among the community, the organizations and leadership will be able to collaborate to solve problems and face barriers collectively. The Native community is more connected; they see that it is important to be united so that when they meet with the broader community, they have the human capital to influence others. They will follow the example of the oldest agencies in town that had all of these older women who were passing away by bringing young women into their organizations and focusing on leadership to survive.

Higher education in healthcare and other career paths. Native organizations and the entire community will support and mentor students at all levels, whether they are entering trade schools or universities. Support will begin at childhood, for example, a granddaughter who is grounded in her family, community, and culture will succeed in the public school system as she is nurtured by her family and the greater community in a way that balances knowledge of her cultural identity with the broader society. She will exceed and be prepared for the bigger world when the time comes for her to leave home and live as an adult.

Level of community engagement. The community knows that it is important for Native people to have a strong cultural identity and for Native children to grow up feeling good about their tribe, especially as they enter public schools where they can get lost among all of the others. The community will offer families ways to connect with their cultural heritage and tribes. For those families who have been living in the cities for generations, this is an essential step in community development.

Economic conditions. Survival always happens. Given all of the challenges we always end up on our feet when we fall even when a dominant society wants to take all of who you are. We will continue to believe that things are going to get better. Things run in cycles, sometimes they are very tough, sometimes great, now we are in a challenging cycle. None of landscape has had to make really hard decisions, but that is around the corner with a scrambling and redefining of some agencies. It is a reality that some organizations will not make it or they will make it but in a manner that is compromised, some will scramble, some will pop up. The Native community goes on because that is what we do.

Sense of belonging. The community will gain a stronger sense of belonging because as organizations come and go it is about resources and those who make up the grassroots

community. People own the collective history and will keep having a sense of belonging and ownership because no one else will. Those who have community ownership will continue to support it in amazing ways. For example, by putting up their own property and collateral for buildings or by watching out for their community which is what one elder did when questioning university researchers of a substance abuse research grant and stating "I'm going to be here and you're going to be gone, I have to care about what happens in the community. You're going to write papers, do conferences, write books that sell; I'm going to be here." These are serious examples of instilling a sense of belonging and ownership within the community.

Words of Wisdom

Following the discussion about the three scenarios, i.e., most optimistic, most pessimistic, and most probable, the interviewees are asked generally if they have any words of wisdom about this research topic. This question is very open in that they may say anything and touch upon what has been said so far or express new ideas or hopes that have emerged in the discussion. Since they have just discussed the most probable scenario it might be natural for participants to begin commenting on how to get to the desired future state. The following areas are summarized from their statements in response to the words of wisdom question.

Organizations will promote professional development. Organizations need to create formal ways for employees to work and go to school rather than just on a case by case basis. They will need to ask "What are my values and how do I show them? How do I show I value education? Do I find ways of supporting education better? Do I create matching programs for education?" We will need to find a way to invest in the future in order to create a conduit instead of just saying that something will be done by explaining how it will be done.

The Native community will become politically active. A big step will be to get people more politically active with our elected officials at the state level so that we can subsequently get someone who represents our interest into office on the national level. People will need to protect our resources and show value for it in some way, whether that means going in and being politically active or telling people what is important to you.

The Native community will maintain a sense of ownership. Having a sense of ownership is important and it is an idea that operates from a different value system. Because Indian Education programs have such limited resources, some school districts may be drawn to do good work within our community and serve as a place where the community continues to gather.

The Native community will become involved in its youth. We will not take our eyes off of the future with youth because they are going to be the new wave of leadership. We need to get people more actively thinking about those things and going to school board meetings to reinforce the message that we do not want youth to drop out. We need to ask difficult questions, i.e., why are 20% of Native youth in special education, while and the European population is 13% and the Asian 3%, while expressing the injustices behind these disproportions.

The Native community will promote its history. Native history is not celebrated enough in the non-Native community; it is more than a statue of a chief. The community will need to keep retelling our story.

Leadership will gain readiness for technology. It is important for Native community members who advance to leadership positions to be technologically trained. The world is going to get more complicated with a pervasive utilization of technology in mainstream society. If we

are not ready for it financially, we will be behind.   It is already going to take some time to catch up.

Broad guiding principles.

It may be said that the following guiding principles are important among our community:

Building Leadership and Organizational Capacity

Creating a Sense of Belonging

Developing Community Involvement

Mentoring of Education and Professional Development

Working Together in Partnership

Maintaining Cultural Identity

Supporting Youth

Strengthening Families

It was rather unexpected that both interviewees in this pilot study had no revisions for the compiled report that I sent to them. There are probably various reasons for this that extend beyond the scope of this project. Conducting an EFR Pilot Study that speaks to a future time in point of reference for optimistic and pessimistic scenarios, followed by the most probable scenario in real or present time, proved to be an informative process as it joins reality with what is desired. Making room for words of wisdom and input about how words were put to paper I believe is exactly what Dr. Textor considers as a successful outcome of an EFR study that results in the production of a meaningful document for the community(s) to use as they wish.

Appendix H EFR Study Participant Informed Consent

Antioch University
PhD in Leadership & Change
INSTITUTIONAL REVIEW BOARD
Human Subjects Research Review

Informed Consent Statement

Name of Project
"Urban Indian Perspectives of Traditional Indian Medicine"

Study Overview: Exploring perspectives among specific communities is one way to increase the knowledge base regarding Traditional Indian Medicine issues impacting community wide health and wellness. It is recommended by Urban Indian leadership that more studies be carried out among Urban Indian communities that address social and health conditions from the perspective of its community members. Implementing discussion processes that have cultural meaning while producing new understanding from community member perspectives about major life domains via past, present and future scenarios is one way to gain relevant knowledge and may lead to deeper inquiry beyond the scope of this study. Gaining understanding about Urban Indian Perspectives of Traditional Indian Medicine through a group participatory process that elicits community members' perspectives about their vision for the betterment of their community is a manageable outcome. Through a focus group discussion with community members, perspectives about their attitudes towards major domains will be investigated through Ethnographic Futures Research. Data will be collected from 7-10 community members during February and/or March 2013. Information gathered from this inquiry will be analyzed, interpreted and reported by the investigator and participants will have the opportunity to review for clarification on a draft focus group discussion summary. The results of my study may be included in future scholarly presentations and publications.

Risk and Benefit
The general purpose of this study is to gain understanding about the direction that Traditional Indian Medicine as a form of care among Urban Indians is heading.
My participation in this project should not involve risks beyond those of everyday business life. I understand there is a minimal risk that I will receive and share confidential information from the focus group discussion and focus group discussion summary.   This risk will be minimized by:
   1. the confidential handling of focus group discussion information among all participants; and

2. the removal of information deemed sensitive by myself or by other participants to the final focus group discussion summary.

I will not be paid for my participation in this research project, nor is it expected that my participation will bring you any benefits, tangible or otherwise. I understand that the research findings may benefit me and/or the broader community through gained knowledge regarding what is important for Urban Indian leaders to consider as they collectively strive to plan for the betterment of the community.

Confidentiality
I understand this project requires the collection of data from a focus group discussion held with fellow members of the community of which I am a member. No first or last names will appear on any materials that are reported. I am aware that my opinions may be utilized for research purposes, but that I will not be identified by name in the final written document. In this study, every effort will be made not to reveal personally identifiable information in publications based on this research. To ensure my anonymity, actions or things said by me may be reported without specific reference to me, reference only by pseudonym, or combined anonymously with the actions and words of other participants. To ensure others' anonymity, I agree to maintain confidentiality of all other participant names, opinions, personally identifiable information, focus group discussion comments and focus group discussion summaries.

Voluntary Nature of Participation
I understand my participation is voluntary and I may ask questions and/or discontinue participation at any time. I have the right to express my concerns and complaints to the University Committee on Research Involving Human Subjects at Antioch University, Dr. Carolyn Kenny, Chair of the Institutional Review Board, Antioch University Ph.D. in Leadership and Change, e-mail: ckenny@antioch.edu, telephone: (805)618-1903.

The form below will be used to document my permission for the use of these materials.

I am participating in a dissertation research project at the graduate school of Antioch University. This research consists largely of fieldwork and involves being questioned about my perspectives on the topic of Traditional Indian Medicine issues among the Urban Indian community. One of the primary purposes of this project is to enhance student learning and contribute to the discussion and development of information which will be meaningful for community leadership.

After reading the above, I hereby voluntarily consent to participation in this study.

Print name: _____

Signature: _____

Date: _____

Investigator: _____

I understand that if I have any additional questions regarding my rights as a research participant, I may contact the investigator, Annette Squetimkin-Anquoe, or the Chair of the Institutional Review Board, Dr. Carolyn Kenny, Antioch University Ph.D. in Leadership and Change, e-mail: ckenny@antioch.edu, telephone: (805)618-1903.

Appendix I EFR Study Interview Questions

Antioch University
PhD in Leadership & Change
INSTITUTIONAL REVIEW BOARD
Human Subjects Research Review

Interview Questions

Name of Project: "Urban Indian Perspectives of Traditional Indian Medicine"

The following focus group discussion questions are provided for a dissertation research project mentioned above regarding perspectives of community members about Traditional Indian Medicine via past, present and future scenarios, they are:

1. Thank you for agreeing to participate in this study about community members' perspectives towards the socio-cultural system, specifically the Urban Indian community. Are there any questions about the informed consent form before we begin?

2. As mentioned, this study is investigating your perspectives about the way community members view social structures, one of the major life domains of Ethnographic Futures Research (EFR). We have up to 90 minutes to discuss a series of questions about this topic.

To begin, I'm going to go over a few concepts that serve as a guide for this discussion. Please review the "EFR Desirability Scale" (Attached)

A ***Scenario*** is one concept we will apply. I will be eliciting your thoughts, ideas, attitudes and perspectives through three scenarios regarding the Urban Indian community of which you are a member of.

The first scenario is the ***optimistic scenario***, where pretty much everything that could go well in regards to Traditional Indian Medicine care within your community has gone well.

The second scenario is the ***pessimistic scenario***, where pretty much everything that could go badly in regards to Traditional Indian Medicine care within your community has gone badly.

The third scenario is the ***most probable scenario*** and I will go over that when the time comes.

In this discussion we are ***Backcasting***, not *forecasting* so in the optimistic scenario everything has already occurred, we are looking back from 2023.

The next concept is **time**… see the "New Grammar Chart" (Attached)
The present means 2023, not 2013
The future is from 2023-2033 and beyond
The past is from 2023 back to 2013 and before

Finally, events are either ***Factual*** or ***Imagined*** where factual events have occurred today and
    before today, and imagined events are from today and into the future.

Do you have any questions about what has been covered so far?

3.   Now we are ready to enter the first scenario which is the ***optimistic scenario***, where pretty
    much everything that could go well in regards to Traditional Indian Medicine care within
    your community has gone well. Tell me about it.

(Probing questions occur based on what participant says)

4.   Now we are ready to begin second scenario is the ***pessimistic scenario***, where pretty much
    everything that could go badly in regards to Traditional Indian Medicine care within your
    community has gone badly. Tell me about it.

(Probing questions occur based on what participant says)

5.   Now we are ready to go into the third scenario which is the most probable scenario. It is
    now 2013 again so you can talk without reference to the past or future events. At this point
    your values are left out of the discussion. Everything you say is what is most likely. You
    are betting on everything you own that the conditions regarding Traditional Indian
    Medicine care within your community is the most accurate as can be. Tell me about it.

(Probing questions occur based on what participant says)

6.   Given what you describe, what are the **major steps** that must be taken in relation to the
    most probable scenario that you have described?

What are some **broad guiding principles** about the most probable scenario that you have
    described?

What are some **words of wisdom** resting on the most probable scenario that you have described?

7.   Do you have any further comments or questions before we end our discussion?

8.   The next step of this study is for me to compile a draft focus group discussion summary
    from this conversation which I can send to you for your review and comments if you wish.

It's okay if you do not wish to comment as well. Once I gather all comments, a final focus group discussion summary will be made with the best effort to integrate your clarifying comments. You are welcome to receive this final focus group discussion summary if you wish too. Thank you for your time on this study. Your thoughts and ideas are very much appreciated.

9.   At this point the data collection for the focus group discussion has ended. The investigator will ask the participants if they have any thoughts about the focus group in general and/or answer any of their queries about the study.

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