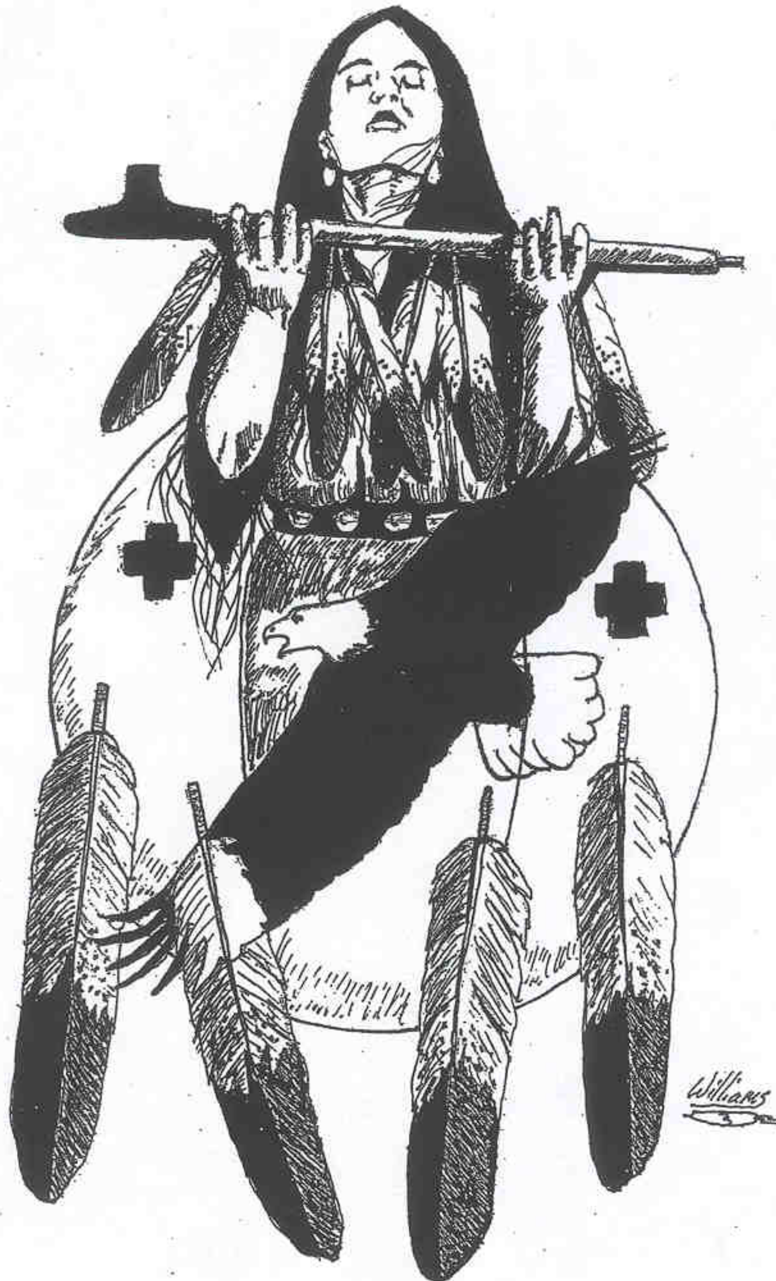
Changing Directions

Strengthening the Shield of Knowledge



Building Understanding that Leads to Cross-Cultural Competence

PARTICIPANT'S MANUAL

February, 2003

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This curriculum is dedicated to all people living with HIV/AIDS, those who have lost the battle against the disease, those who have been affected by HIV/AIDS and those dedicated individuals who continue the relentless fight against this disease.

The picture shown on the front cover is of an Indian woman holding a pipe intertwined with a shield and eagle. More to the point, the picture is of a Native American two-spirit female who was given the right to be a pipe carrier years ago. The shield is the protection of the warrior; in this case knowledge is the shield of those who are trying to protect us from HIV/AIDS. And the eagle takes our prayers to the creator through his ability to fly.

Special thanks to the artist, Thompson Williams, for providing this beautiful picture and interpretation.
Thompson Williams is a Caddo/Comanache Indian from Oklahoma.

Changing Directions: Strengthening the Shield of Knowledge

Building Understanding that Leads to Cross-Cultural Competence

Participant Manual Outline

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Preface

Thank you for your interest in the Native American culture and for participating in this workshop. We have found that health professionals attend this training for any number of reasons, which may include:

- ❖ To gain awareness of Native American communities,
- ❖ To identify strategies for engaging HIV+/HIV- Native Americans who are not in care,
- ❖ To improve the care received by Native American patients/clients, and/or
- ❖ To gain culturally specific knowledge that will help to design effective prevention messages and/or treatment strategies.

The purpose of this workshop is to provide health care professionals with information and opportunities for skill development in an effort to increase the quality and effectiveness of HIV/AIDS prevention, care, services, and treatment received by Native American people.

Goals

The overall goal of this workshop is two-fold:

- ✲ To increase participants' understanding/knowledge of Native American people and culture, and
- ✲ To explore attitudes, approaches and skills which foster the development and delivery of culturally competence HIV/AIDS service and care in both Native American communities and urban centers around the country.

Note: For the purpose of this curriculum, the term Native American is used to include American Indian, Alaska Native and Native Hawaiian peoples.

Objectives:

Specific training sections and exercises have been developed to address the following objectives, which participants will be able to complete following this training:

1. Identify and dispel myths concerning Native American people;
2. Identify differences between traditional tribal and contemporary urban values;
3. Express key elements of the sacred hoop and teachings of the four directions;
4. Compare and contrast traditional Native American teachings about gender, sexuality and sex, with contemporary American, Judeo/Christian teachings;
5. Explain the concept of multiple, overlapping identities and apply the rainbow identity construct to HIV work;
6. Identify pitfalls to cross cultural competence;
7. List and explain four key factors influencing cross-cultural competence;
8. Identify and explain four key factors that influence cross-cultural communication between Native and non-Native people;
9. Utilize the LEARN model and traditional Native American teachings to develop effective, culturally relevant approaches to HIV/AIDS treatment, casework, and/or prevention issues, and
10. Identify strategies and approaches that foster cross-cultural competence in programs and services.

***NOTE*:**

The information contained in this curriculum does not represent the values and/or beliefs of any one Native American tribe or community; rather it is a combination of history, values, and expressions from many different American Indian/Alaska Native/Native Hawaiian tribes, communities, families and individuals. Some of the content may not be a reflection of certain people; however, the ideals depicted in the following chapters serve as a general guide to make the reader aware of the vast diversity of this unique culture.

Introduction

American Indian (AI), Alaska Native (AN), and Native Hawaiian (NH) people are not homogenous, but these groups do share a variety of beliefs, attitudes, values and customs. However, many health care professionals have misunderstood these communities. Providing health care professionals with avenues to develop culturally competent health care practices is especially vital given the racial and ethnic disparities that continue to exist across the United States. Native American populations, as with other minorities, have experienced a less than adequate amount of attention with regard to specific and culturally appropriate treatment and prevention programs due to (1) the lack of culturally specific training of health care providers and health administrators serving these populations, and (2) the lack of funding provided for program development, data collection, and research.

Many people, including health professionals, believe that most Native American people live in rural settings, or on, or near reservations, rancherias or pueblos. Health care providers need to be aware that, today, approximately two-thirds of the 2.5 million Native American people live in urban areas and receive health care in urban clinics/hospitals and other urban health care settings or community-based organizations. Approximately half of Native Americans live in the eastern United States, while the other half live in the West.

HIV/AIDS is a growing concern among Native American communities. According to the U.S. Centers for Disease Control, as of December, 2001, there were 2,537 AIDS cases among AI/ANs and 6,157 AIDS cases among Asian/Pacific Islanders. This may not seem like an alarming number, however, there are some very alarming issues that cause concern for the future of Native Americans. The number of AIDS cases among this population has almost doubled within the last five years. Many health professionals estimate the number of AIDS cases among Native Americans to be much higher than what statistics are currently reporting and the number of HIV cases to be as much as 10 times greater. There is still a great stigma associated with HIV/AIDS within Native communities, which creates real and serious confidentiality concerns. Many Native

Americans are not being tested for HIV due to this concern. In addition, many Native Americans are misclassified by health care professionals as Hispanic, Caucasian, African American, or Asian. During data reporting, this misclassification skews the statistics causing underreporting of HIV among this population.

Many American Indian, Alaska Native, and Native Hawaiian people live in small close-knit communities that would be devastated if an HIV epidemic were to occur among their people. Alcoholism, substance abuse and high rates of sexually transmitted infections in Native communities only help to accelerate the spread of HIV.

The exact extent to which HIV/AIDS has impacted the Native American community is not fully known. However, it is imperative that health professionals, federal state and local government, and Native American communities work together to develop culturally appropriate HIV/AIDS prevention, testing, treatment and support programs that will be effective for Native American people.

INTRODUCTION & RELEVANCE TO HIV WORK

General Discussion:

All over the country, physicians, nurses, social workers, outreach workers, and community leaders are confronting situations where cultural backgrounds are affecting. A range of HIV services are impacted by cultural heritage and influences, including:

- How and Who participates in care/services,
- Quality of patient HIV care,
- Adherence and success of medications within different groups,
- Need for and effectiveness of harm reduction strategies,
- HIV prevention strategies,
- Patient/client satisfaction, as well as
- Service utilization.

This curriculum is designed to empower non-Native providers and educators with information and support that builds a deeper understanding of Native American Culture that leads to cross-cultural competence.

It is our intention that non-Indian HIV providers and educators will come to understand how the experience of being Native American influences and shapes Native People's ability, desire and comfort level in accessing and utilizing HIV services.

Native American Culture: A Historical Perspective

The following information has been adapted from "Clinician's Guide: Working with Native Americans Living with HIV" provided by the *National Native American AIDS Prevention Center*.

Who is Native American?

The term Native American came into use in the 1960s to denote American Indians and Alaska natives served by the Bureau of Indian Affairs (BIA). There is no single federal or tribal criterion to identify a person as Native American. Government agencies and tribes have differing criteria to determine who is eligible to receive services. Some tribal-specific enrollment requirements dictate eligibility based on a minimum blood quantum, a maternal or paternal lineage, or birth on the tribe's reservation. A Native American may or may not be enrolled with his or her tribe. This occurs for any number of reasons, including family history, lineage, low blood quantum, adoption, or simply the choice not to be enrolled.

Importantly, the physical appearance of Native Americans varies from individual to individual. Through the years, many stereotypes of Native Americans, both negative and positive, have been portrayed through the media. Although many Native Americans are of mixed heritage, and may appear to be Asian Pacific Islander, African American, Latino, or Caucasian. Native Americans are often misclassified under these racial groups in state HIV/AIDS surveillance data. Obviously, this has been problematic in state and federal HIV/AIDS funding allocations for Native Americans.

Native Americans Today

Native Americans make up one percent of the United States population, with an estimated total of 2.3 million individuals. This population includes over 550 federally recognized tribes and maintains over 150 distinct languages. Some tribes have thousands of people who speak the language while others have only a few. About 40% Of the Native American population live in rural settings or on or near reservations, rancherias or pueblos (reservations); the remaining 60? Reside in urban areas. Reservation lands were

reserved for a tribe when it relinquished other land rights to the U.S. Government through treaties. Tribes were often forced to reside on reservations that were geographically distant from the ancestral lands they had occupied for centuries. Reservations are usually located in isolated areas, resulting in high incidences of poverty, unemployment, welfare dependency, and related morbidities, including obesity, diabetes, alcoholism, chemical dependency, and family violence, among others.

Relationship with U.S. Government

Federally recognized tribes are sovereign nations and possess formal government-to-government relationships with the United States. This legal status was established through treaties, Acts of Congress, executive orders, and other administrative actions. As a consequence of this status, decisions about federally recognized tribal lands and people generally involve the review and consent of the tribes.
Not all tribes meet the criteria for federal recognition, however, these exceptions do not possess the same sovereign status, but they may have formal recognition in their states. Still other tribes have neither federal nor state status, either as a consequence of not meeting criteria or of a choice not to seek such recognition. Native Americans from tribes that do not have federal or state recognition are nonetheless "Native American."

Boarding Schools

In 1886, a U.S. government commission ordered the formation of a boarding school system under the auspices of the BIA. Many Christian boarding schools for Native Americans also developed around this time. These schools were organized to educate Native American children and, in the process, replace their dialects with the English language. In these schools, students were disciplined for speaking Native languages and were taught to reject their cultures, including their beliefs, languages, songs, dress, and way of life. This school policy significantly contributed to the endangered state of Native American languages and culture today.

Sadly, as a consequence of boarding school experiences, many of these children suffered lifelong emotional problems, which have affected the health and well-being of subsequent generations. Many boarding school children suffered the trauma of forceful removal from their homes, shame for being Native American, and poor treatment while in the schools. Consequently, these children were not exposed to Native-parental role models during their formative years, and as adults, they lacked parenting skills. Needless to say, the aftermath of boarding schools continues to affect Native Americans today. Some BIA boarding schools still exist, but now focus on preserving Native American culture rather than destroying it.

Urban Relocations Program

The urban relocation program was yet another federal program that was in effect from the 1950s through the 1970s. Many present-day urban Native Americans are, or are the children of, Native Americans who were relocated to major cities in the United States. This policy persuaded Native Americans to leave their reservations with the promise of housing and job opportunities in these major cities. Many Native people eventually found themselves without financial means to sustain themselves or to return home. Those that remained were faced not only with the problems they experienced on the reservation but also with the added factor of discrimination. Despite hardships, many of these Native Americans established themselves to some degree and are now part of urban Native American communities.

Health History and Current Trends

The Native American population is younger than that of the general U.S. Population and simultaneously has lower life expectancies. This latter trend is the result of higher morbidity and mortality rates associated with a wide variety of diseases and other causes. Perhaps most significant among these causes are the near-absence of those linked to the more chronic health problems.

Data from the mid-1990s indicate that Native populations residing in the vicinity of Indian Health Service (IHS) service facilities had notably higher rates of death than those in other U.S. population groups. These differences were quite pronounced for causes associated with injuries and poisoning, accidents, suicides, homicide, firearms, alcoholism, chronic liver disease and cirrhosis, tuberculosis, and diabetes mellitus. Conversely, Native populations exhibit significantly lower death rates associated with malignant neoplasm and HIV. Native American mortality rates associated with gastrointestinal, heart, and cerebrovascular causes are comparable to general U.S. populations.

Recent data demonstrate a shift in causes of death among Native Americans toward the more chronic diseases typical of the general populations. This shift demonstrates what should be interpreted as a positive change, although considerable care must be exercised before accepting such conclusions. The service population described by these data include American Indians and Alaska Natives who reside "on and near" reservations. The data do not include urban Native American populations, nor do they account for whether or not those individuals actually use HIS services. In light of these limitations, one must also acknowledge how this summary presentation of information can mask local variation. Consequently, while the general trend shows improvement in health status, local manifestations of these changes may not describe parallel shifts. In fact, many communities continue to suffer the high morbidity and mortality rates of earlier periods. Providers must be aware of underlying morbidity and morality trends in the community, how these affect perceptions and expectations, and how they might impact a service delivery system

Native Hawaiian History & Culture

The following information has been adapted from ***Voices of Wisdom: Hawaiian Elders Speak***, (1999).

It's 1777. Hawai'i's people have evolved one of the most sophisticated societies in Polynesia. They've come from ancestors so skilled they explored the entire Pacific centuries before Europeans had ventured into the Atlantic. And they did so by navigating solely by their profound understanding of nature. On land, they were regarded as the best farmers in Oceania, developing more than 200 varieties of sweet potato and *taro*. They watered their fields with a well-engineered system of irrigation. Their clothing came from the finest bark cloth made in ancient times. They knew no crippling diseases like diabetes, cancer, cholera or smallpox. They didn't even catch colds or flues.

One year later, Captain James Cook and his British sailors arrived. They met a people self-sufficient and enterprising, with a culture advanced and vibrant. Neither Cook nor the Hawaiians had any idea of how quickly all of this would be undermined.

Only a century later, Samuel Kamakau, a famous Hawaiian scholar wrote:

> The people of today are destitute; their clothing and provisions come from foreign lands, and they do not work as their ancestors did … One cannot again find skilled persons who had a deep knowledge of the land; those who are called learned today are mere vagabonds … Because of the foreign ways of the race, they have abandoned the works of the ancestors.

If Kamakau wrote this opinion in the late 1800s, what hope could there be 100 years after that? If Native Hawaiian people of the 1800s were "destitute" and had "abandoned" their traditions, how could today's people have any Native Hawaiian culture left?

They almost didn't.

Western ideas, Calvinist doctrine and introduced diseases nearly extinguished Native Hawaiian culture and its people. In the mere two centuries since Cook's arrival, Hawai'i has changed completely. A culture that had remained untouched and little changed since the twelfth century evolved rapidly in the direction of pop-top beer cans and cellophane *hula* skirts.

By the 1900s, there were few left who understood ancient traditions or were even interested in them. *Hula*, for instance, was seldom danced except in tourist hotels, and then it would be of the coconut-bra-Hollywood-Waikiki style. Ancient hula was rarely performed openly. The art of making *kapa*, the bark cloth that had clothed the ancients, was dead – not a single piece had been pounded in modern times; no one knew how any more. Navigation, the once all-important professional of these ocean people, was a lost art. There was not a single navigator left in Hawai'i.

Everything Hawaiian seemed of no value, and this once proud nation of people who traced their lineage back to the beginning of time was now at the bottom of the social structure. Many of the elders interviewed for this book (*Voices of Wisdom*) speak of growing up inferior. Such low self-esteem took its toll. Hawaiians today have a long list of dreadful statistics: the shortest life expectancy of all ethnic groups in Hawaii; the highest rates of heart disease, stroke, cancer, and diabetes; the highest infant mortality rate; the lowest median family income; the highest incarceration rate; the highest school drop-out rate, among others.

Two hundred years of this, and change was desperately needed. It came in the 1970s, paralleling the national movement for civil rights. Then, the Hawaiians began a renaissance of Hawaiian culture that even surprised themselves – it came so quickly and with such a force of emotion. People began taking *hula* lessons, learning to chant, insisting that Hawaiian history be taught in schools, speaking the language again, reviving the ancient arts, skills and crafts.

The people in this book (*Voices of Wisdom*) were leaders of the renaissance, some quietly, some publicly. Through them, Hawaii restored and rejuvenated its culture. Today they are elders, highly regarded as *kūpuna* were respected as keepers of Hawaii's wisdom and knowledge. Still, today, younger Hawaiians are told: *Nānā I ke kumu*, "look to the source."

Kāhuna was the term used for elders who were prominent in their fields. They were the best at what they did – be it canoe building or healing or chanting. All the elders interviewed in this book (*Voices of Wisdom*) would have been considered *Kāhuna* in ancient days. Each is an expert in some facet of Hawaiiana.

These elders and other Native Hawaiians have led lives that matter; and what matters most to them is to keep lit the flame of Native Hawaiian culture that nearly died. It is through the efforts of these Native Hawaiians that traditions and teachings will into the twenty-first century. These people prompted more than a cultural rebirth; they inspired a revival of spirit.

SPHERES OF INFLUENCE
AND
OVERLAPPING IDENTITIES

Objective:

Participants will understand and be able to explain the concept of multiple, overlapping identities and apply the *Rainbow Identity Construct* to HIV work with Native American Peoples.

General Discussion:

All over the country, physicians, nurses, social workers, outreach workers, and community leaders are confronting situations where cultural backgrounds are affecting patient HIV care, HIV prevention strategies, as well as service utilization. Many people in modern day society believe that you can tell who someone is and what is important to them on the basis of race, ethnicity, community membership or contemporary ideas of identity (such as sexual orientation).

But a closer look at these interactive elements suggests that most people are multifaceted, and have multiple and often overlapping identities. Understanding that an individual's authentic identity is comprised of these multiple spheres or facets will lead providers and educators to engage in a process of exploring identity (as distinct from making assumptions).

This curriculum is designed to empower non-Native providers and educators with information and support that builds respect and appreciation that accompanies a deeper understanding; such that non-Native professionals can engage in or enhance the delivery of culturally competent HIV services. It is our hope that non-Native HIV providers and educators will come to understand how the experience of being Native American influences and shapes Native People's ability, desire and comfort level in accessing and utilizing HIV services.

Community, Ethnicity, Race and Identity

Community can be appropriately defined as a group of people who share traditions and values, or as the residents of a geographical area who may be loosely or closely associated. By the first definition, an ethnicity is said to be a community; by the second definition, an ethnicity can be an element within a community. Almost all communities in the geographical sense are or soon will be multi-ethnic. A recognition of both community definitions is crucial to the empowerment and effectiveness of community-based HIV work.

Ethnicity relates to elements of cultural heritage, such as customs, language, food, shared history, beliefs and ceremonies (or holidays). A direct outgrowth of cultural heritage is a set of shared values, attitudes and practices.

However, focusing on "ethnicity" is contrary to the dominant pattern in general American society of distinguishing people by race. ***Racial distinctions*** are based on physical traits such as hair texture, eye shape, skin color, and body shape. Racial designations have been used as a basis for denying equal access, opportunity, resources, and involvement by virtually all people of color.

Historically, general American society has emphasized individualism and assimilation of different ethnic groups into the dominant white, Christian culture. This has resulted in the conscious and unconscious cultural destruction of non-European and non-Christian traditions, as well as ignorance of the value and importance of each ethnic culture to its own People, as well as to the overall society.

Specifically, European contact with American Indians is thought to have wiped out nearly ninety-percent of the Native American population, and was responsible for the deaths of large numbers of Native Hawaiians as well. Subsequent U.S. Government policy has explicitly and implicitly sought to rob Native People of their rich culture, traditions, language, spirituality and extended family and social systems. Several examples of such policy initiatives include:

- The taking of Indian children from their families and communities and placing them in non-Indian run boarding schools where speaking one's one language was forbidden (and often punished by severe beatings and/or public humiliation);
- Indian Child Welfare policy and programs that "legally" took Native children from extended birth families, and placed them in non-Indian homes, to be raised by non-Indian parents, and
- The forced migration of whole Native Tribes and communities onto distant reservations, where limited economic opportunity created dependence on public aid and housing, not to mention the correlation to substance use and abuse.

Many of the modern day issues and problems (including high rates of STDs, poverty, and substance abuse) that Native American Tribes, urban Indian Peoples and Native Hawaiians are facing, stem from or can be traced back to the impacts of these historical events.

It is relatively easy, once one is made aware, to see how these historical events have impacted the identity formulation of modern day Native Peoples (which includes American Indians, Alaska Natives, and Native Hawaiians). The word ***identity*** has been defined in many ways, but most often as a set of "personality components drawn together to form a working whole" (Anderson & Carter, 1984: 19). By this definition one would assume that identity is a self-determined phenomenon. Yet, there are varying levels of identity, including:

- ***Internal*** ***Self identity*** – "Who I think I am;"
- ***Non-verbal*** ***Perceived identity*** – "Who you think I am;" and
- ***Verbal*** ***Disclosed identity*** – "Who I tell you I am."

It is more accurate to state that ethnicity, culture, race, and community are all spheres that influence our identity development. Furthermore, where one lives, family, education, relationships, challenges, and opportunities can become central components of how people identify themselves and/or relate to others and the world. People place differing levels of importance to each component (or sphere) of their identity, which may change or shift over time or during periods of stress or particular need/s.

Participants have identified the following list of potential spheres of influence that shaped "identity".

Identity Spheres List

Ethnicity	Culture	Family
Race	Community	Urban/Rural Settings
Education	Relationships	Challenges
Employment	Addiction/s	Sexuality
Spirituality	Parenting	Age
Gender	Social participation	Health history

Spend a moment exploring the list and identify four additional identity spheres that are not listed above, which could be important facets to you personally, or the people you work with. List them below:

1.
2.
3.
4.

All spheres or facets of a person's identity are integral to understanding who a person is, and in demonstrating respect to that person. One tool or conceptual way of understanding these integral spheres (or identity facets) is the ***Rainbow Identity Principle***. For example, most people understand that a true rainbow is made up of multiple colors that form the acronym: ROY G BIV (Red-Orange-Yellow, Green, Blue-Indigo-Violet). Unless you have every color present, you really don't have a "rainbow". Such is the relationship to human beings: to understand a person's identity you must acknowledge, understand and take into account each and every component of an individual's multiple, overlapping identity spheres (components or facets).

To be effective providers of HIV services, educators and health care workers need to be aware that individuals may have unexposed layers of identity (which could be consciously hidden or completely unconscious), as well as lost or forgotten aspects of one's self (for example: first language which was spoken in your house by your parents but lost while placed in boarding schools), which may not be immediately apparent to a client or provider. Sometimes these unknown spheres can drastically impact HIV work.

To illustrate this principle, please refer to Diagrams A, B, C and D of this section. You will notice that Diagram A illustrates the ***Rainbow Identity Principle*** pictorially. Diagrams B1 and B2 illustrate how a brother and sister (with a common family background, or sphere) can develop significantly different identity expressions. Use Diagram C to fill in seven major identity spheres for the case example that is provided. Then use the Identity Spheres List to complete Diagram D by listing the major spheres that accurately represent your personal identity, at this time.

DIAGRAM A: ***Rainbow Identity Principle Diagram***

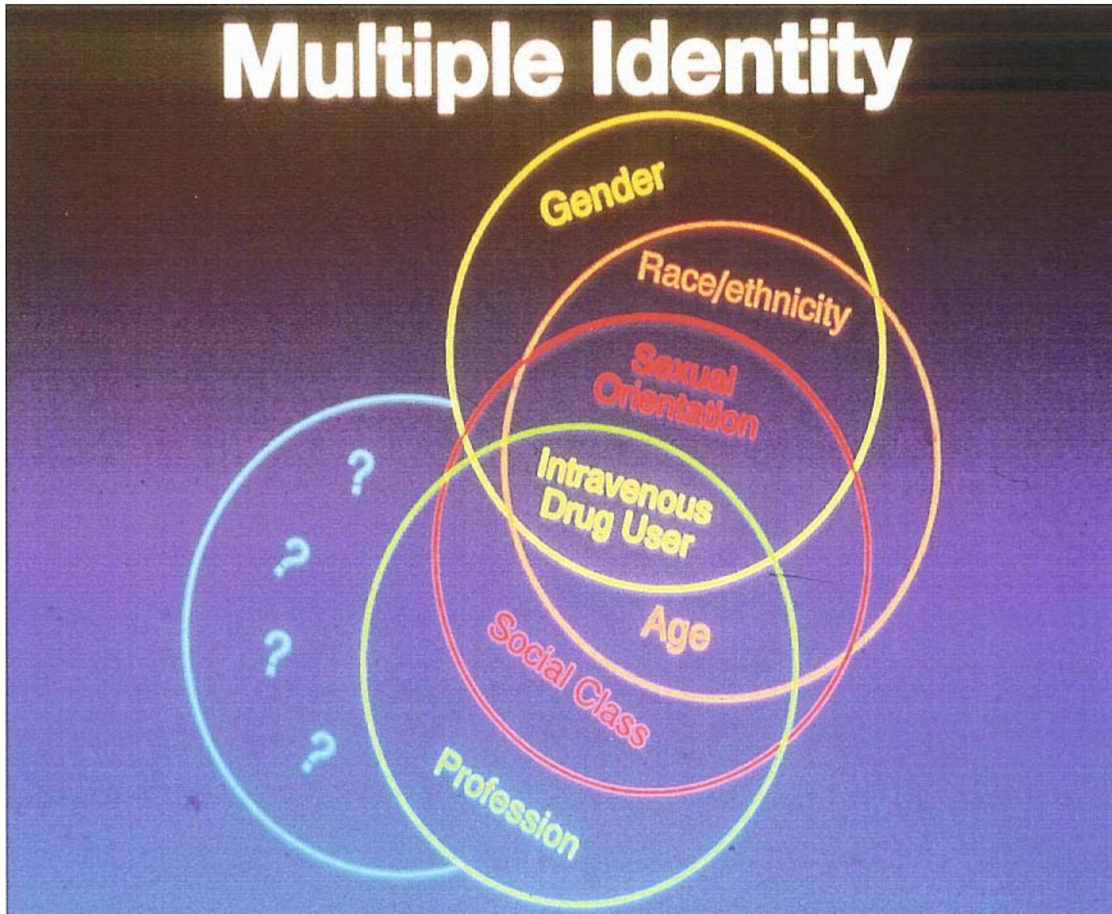


DIAGRAM B1: Male Client Example

Concentric colored circles - with a male example

DIAGRAM B2: Female Client Example

Concentric colored circles - with a female example

DIAGRAM C: Case Example

Concentric colored circles - blank for participants to fill in based upon reading a case example

DIAGRAM D: ***Participant Rainbow Identity Diagram***

Concentric colored circles - blank for participants to determine their own Rainbow Identity

Conclusion:

All to often, health care providers, educators, social service programs, even HIV organizations fall into the trap of assuming that ethnicity and/or race is a complete enough expression of who Native Peoples (American Indians, Alaska Natives, and Native Hawaiians) are and what's important to them. Even today, general American cultural stereotypes perpetuate a false concept that all "Indians" are alike.

However, there are still over 540 federally recognized Tribes in existence, with a total population of more then 2.5 million American Indians living on reservations, in rural areas, in urban centers and cities across the country. Two out of three Native Americans, including Eskimos and Aleuts, live in ten states with the largest American Indian populations (US Census Bureau 2000).

Native Hawaiians now constitute less than 25% of the population now residing in Hawaii, with roughly 280,000 residents identifying as Native Hawaiian in the 2000 Census (US Census Bureau, 2000).

To be effective providers of HIV services, educators and health care workers need to be aware that individuals have multiple, overlapping layers of identity, which may include hidden, lost or forgotten aspects of one's self. While many of these layers may not be immediately apparent to an HIV provider, these identity spheres and the corresponding life experiences associated with them can drastically impact HIV work.

In the subsequent sections, you will explore how a variety of issues can impact how Native Peoples see themselves, understand and relate to the world generally, and specifically to HIV service providers.

TRADITIONAL VALUES
v.
CONTEMPORARY URBAN VALUES

Objectives:

Participants will be able to identify and dispel myths concerning Native American Peoples, as well as identify differences between "Traditional Tribal" and "Contemporary Urban" values.

General Discussion:

All people have values, and values can be specific to a culture, family, city or community. Before you can make a decision to become aware and sensitive to the diverse values of Native American People, it would be helpful to identify some of the values that you hold most dear and sacred to your own life. Take a moment to identify four key values within your culture, religious tradition, family, community, social network, work environment, or home:

1.
2.
3.
4.

Do you (or others in your family or community) sometimes assume that your personal values are universal (true for all people)? Sure, it's relatively easy for human beings to do, especially if you're not even aware that human beings do this (assume that other people think like we do)! One important consequence of assumed universality is that individuals can operate from a paradigm that there is "one right way." This paradigm can also be translated as "my way."

But it's important to remember that different communities, even individuals within the same family, can value different things. It is also important to remember that "different from" is not the same as "worse than" or "better than." The yardstick that non-Native people use to measure the satisfaction of their own life, may not be appropriate for Native American People.

For example, the term "culturally deprived" was invented by well meaning, educated, middle-class white people to describe something that they could not understand. Dr. Terry Tafoya, a Native American Storyteller, Healer, and psychologist refutes this notion of depravation and offers instead a values clarification: "On my father's reservation in New Mexico, we don't have running water on our reservation, not because we can't afford it, but because our Elders say that if you have to go to the river every day, then you won't forget your relationship to the river."

Unfortunately, many Native People have an experience of non-Native health care or social service providers, where these non-Native professionals see their role as "rescuer." However, Native People do not need to be rescued, nor do they consider being "Native" a misfortune. Native American culture has meaningful values, coupled with a rich tradition and diverse experiential background.

Sometimes knowingly and often unknowingly, non-Native providers and educators can imply that Native culture and experience is less than their own. As R.N. Rosemond Goins of the South Dakota United Indian Association has written, "You will be well advised to remember that American Indian people are skillful interpreters of the silent language."

So what are some of these Traditional Tribal values, and how do they differ from Contemporary Urban values, which are so common among European Americans? The Value Orientations chart is a comparative illustration between these two differing worldviews (or ways of seeing, relating to, and being in the world).

VALUE ORIENTATIONS

Traditional Tribal Values		Contemporary Urban Values
• Group Emphasis	⇔	▪ Individual Emphasis
• Present Orientation	⇔	▪ Future Orientation
• Time is always with us	⇔	▪ Time is limited - use every minute
• Age is valued	⇔	▪ Youth is valued
• Cooperation	⇔	▪ Competition
• Harmony with Nature	⇔	▪ Conquest over Nature
• Giving and Sharing	⇔	▪ Taking and Saving
• Pragmatic	⇔	▪ Theoretical
• Mystical	⇔	▪ Skeptical
• Patience	⇔	▪ Aggression
• Listening Skills	⇔	▪ Verbal Skills
• Spirituality as a way of life	⇔	▪ Religion as a segment of life
• Modesty	⇔	▪ Self Promotion or Attention

Caught in the Cross Roads: Value Conflicts

The reality is that many Native American people now live in urban centers, or grew up in settings where their Traditional Native culture was either "forbidden" (as in the case with boarding schools), or not taught or not valued (as in the case of non-Native adoptive families). Furthermore, as a result of marriages and pro-creative sex between Natives and non-Native adults, many urban Native Americans come from two or more cultural traditions. The net result is that these Native American people are often caught in the cross roads, between two differing value orientations.

It can be extremely confusing when Native American people are taught, take in or receive both Traditional Tribal and Contemporary Urban values. In many cases, adults who were raised in non-Native settings are now attempting to recover their Native ancestry and traditional teachings. However, the results of trying to live up to both value systems are often anxiety, frustration, stress, even depression and substance use.

To effectively compete in urban centers, some Native individuals may try to take on these contemporary urban values.

Generational Impacts:

We now know that the impact of Native language (and subsequently traditions and culture) can be traced three generations forward. A Native person, whose great grandparents spoke a language other than English as his/her first language, will not process English the same as a native speaker of English.

What does this mean for our work in HIV care and prevention?

It's important to note that the Traditional Tribal value system is distinctly different from the standard value system of most urban HIV medical and social service providers. To do an effective job of counseling or providing information and support, non-Native

providers will need to become conversant with these Traditional values and be able to engage in process that can yield an understanding of their relative importance to a client and/or family.

For example, if a Native American client has a "present orientation," then s/he lives for today and may not be concerned about what tomorrow will bring or hold. Consequently, explaining the long-term value of "combination therapy" fails to recognize and take into account this "present orientation," which may be focused on the immediate side effects of taking the recommended HIV cocktail.

With the increasing demands upon AIDS Service Organizations (ASOs), many ASOs have implemented specific schedules and days of the week when clients may access particular services. But a Native American client who has a "present orientation," may not relate to the urban value of being "punctual" or on time, because there is always lots of time. Failure to recognize this value conflict can result in the non-Native provider labeling a Native American client as "unreliable" or "not responsible," resulting in the client not receiving the needed information, services or support. Correspondingly, the Native American client may experience the non-Native provider as "uncaring" or "racist."

Often times conflicts can arise over a clash between Traditional values of "Sharing/Giving" and urban values of "Taking/Saving," especially given resource constraints. For example, Traditional teachings often require Native People to decline something several times (maybe as many as four or five) before accepting it. This is a practice that Native Culture has developed to help assure that the individual most in need receives what is needed. Any Native person who tries to accumulate things (or goods) is likely to be feared or rejected by other Tribal members. Consequently, this practice of "sharing" can sometimes result in Native clients not accepting something that is offered by a provider. A provider may be confused by the lack of acceptance by a Native client (whom the provider is convinced is in need), or possibly even frustrated to the point where no additional offers are made to that Native client (withholding of resources).

Younger non-Native professionals can misunderstand the Traditional Tribal value of age, and its association with "wisdom." For example, if a peer educator is presenting information about holistic approaches to treating HIV infection, a Native American consumer may look to older people in the audience to affirm what the younger professional has already said. If the non-Native professional is not aware of this Traditional value for "age = wisdom" then s/he could easily become offended and take the experience personally. Its even possible that the younger, non-Native peer educator could assume that s/he is under attack or having his/her credibility questioned. It is easy to see how a lack of cultural awareness can impede the delivery of culturally competent HIV services.

Another impact of the Traditional value of "age/wisdom" is that younger Native people may keep quiet, because they lack maturity and experience. Tradition dictates that you follow the ways of the "Old People." This Traditional value is often extended to older non-Indian people. This means that a younger Native American client may keep quiet in group setting, even though s/he has numerous questions, so that the "Old People" (Native and/or non-Native) have the opportunity to speak, be heard, and share their thoughts, questions, concerns, and knowledge.

Conclusion:

Many hospitals, community health centers and AIDS Service Organizations are already successful at providing comprehensive, high quality HIV services in their communities. But perhaps, even those successful providers might want to participate in this training because there is a segment of the population that they (or you) work with, namely Native Americans, where the agency (or you) are not as successful as you'd like to be.

This section on "values" is designed to underscore the idea that we all look at life, and the world, through the eyes and lenses of our experience. Our experience is shaped by the culture and traditions of our communities. While everyone's culture and traditions are equally valuable, our personal values (and experiences) are not necessarily valid (or appropriate) to each individual that we work with.

If we only have "one way" or one cultural paradigm to operate from when working with diverse human beings, then that one approach, strategy or process will be the very best option for a small portion of the people we work with. But for another group of people, that "one way" will represent the very worst possible approach, strategy or process. In fact, that one approach may actually result in the exclusion a particular group of people that we are trying to reach and/or serve. This phenomenon is known as the "Bell Shaped Curve" principle.

Because of the diversity of human beings, we need a variety of techniques, approaches and strategies to be effective in our HIV work. We must remember that not everybody processes information in the same way, nor relates to "black ink on white paper" in the same way; nor participates in the same way; nor communicates in the same way. In particular, non-Native providers of HIV services must become aware of these traditional Native American values in order to increase their ability to deliver culturally relevant and competent HIV services.

SACRED HOOP
FOUR DIRECTIONS
SEVEN GRANDFATHERS
ANIMAL TOTEMS

Objectives:

Participants will be able to express key elements of the *Sacred Hoop*, discuss teachings around the *Four Directions*, name the *Seven Grandfathers* and explain the tradition of *Animal Totems*. Participants will also be able to identify four ways that they could apply this information to HIV work with Native Peoples (Native Americans, Alaska Natives and Native Hawaiians).

General Discussion:

General American culture has constructed a human experience with a particular perspective and explicit value of the "separation" between church (religious or spiritual life) and state (governmental or public life). Given the diversity of religious beliefs amongst the first European colonists, this country's forefathers believed that this separation was critical to creating a nation where all people would be able to practice their religion and peacefully co-exist. This diversity of religious beliefs and practices has continued over time, as people from other areas of the world have immigrated to the United States.

Many European Americans relate to their religious customs and traditions as separate, and apart from the other aspects of their life (work, community, hobbies, social groups, relationships, etc). As a result, religion is a segment of life that is separate from public or community life for many Americans.

However, not all Americans practice this separation in their personal daily life. The practice of "separation" is distinct and contrary to the Traditional Native American perspective. Native American teachings describe "spirituality," as a fundamental

relationship between the Creator and all that has been created. Native Hawaiian healer Lanakila Brandt summed it up this way, "That's how Hawaiians were – their whole life was spiritual" (Voices of Wisdom: 54).

Generally within this discussion, religion will be used to denote an aspect of life that is practiced at specific times and places, as distinct from "spirituality," which is experienced as a way of life that is integrated throughout all of life's experiences.

The teachings that follow are not those of a particular Tribe or group, but rather summarize the essence of Native American Traditions and the spirit of wandering shamans. The reader is duly cautioned: ***Do not generalize these examples to individuals and/or specific Tribes***. The goal of this material is to familiarize you with a number of concepts and teachings. While this curriculum may help you to understand these broad concepts/teachings, it is important to clarify specific practices with an individual and his/her individual Tribe.

Sacred Hoop

Though there were literally hundreds of Tribes, many distinct and diverse languages as well as different forms of government, Native American People share a common sense of honor and morality, coupled with a close affinity with Nature and the environment. Native Americans also share a common attitude that all of life is Sacred – created with a purpose and teachings to share. This perspective is both spiritual, as well as practical. Since everything on Earth shares life with human beings, every earthly co-inhabitant is a relative of man/woman/two-spirit.

The ***Sacred Hoop***, as known as the ***Great Circle*** (or the ***Circle of Life)*** or ***Medicine Wheel*** is a physical representation of the connectedness of all things. The "sacred" is present in all things: from human beings to winged, finned, four-legged, plant, rock and tree people. The circle is the most ancient symbol of wholeness and completion known to humankind. Traditional peoples know the power of a circle, for they worship and even

build their dwellings and villages in a circle. The circle speaks of the cycle of the season and of the never-ending process of life, death and rebirth.

The circle also communicates the connectedness between all peoples. Balance is a function of all people living in harmony. While "disharmony" can take many forms, the fundamental principle is that some element or aspect of Life is not valuing, taking care of, or being responsible for the inter-connectedness of life.

The Sacred Hoop or Circle of Life has been compared to a mirror because of its quality to help make what is unseen (blind to us, behind us or around the corner) – visible. The Sacred Hoop or the Circle of Life helps us to understand and "see" ideas, and aspects of life that are not physical.

Four Directions

While European and Christian traditions have placed high value on the numbers two (for right verses wrong) and three (for Father, Son and Holy Ghost), many Native American teachings have placed value on other numbers, including four and seven.

The importance of the number four can be directly related to the existence of the *Four Directions* (North, East, South and West). While some Native People honor more than four directions, the Four Directions teach us about our relationship to our mind, body, spirit and emotions. The Four Directions also teach us about the four elements (earth, air, fire and water). There are also associations to the four phases of life (birth, puberty, adulthood and old age), as well as the four gifts (hope, faith, love and charity). In addition, the Four Directions teaches us about receiving, giving, determining and holding. The Four Directions focus on fostering harmony and balance in our self, between each other, within our communities, and with all of creation.

While each Native American Tribe has its own specific teachings around each of the Four Directions, we've present a brief summary based on similar aspects about the Four Directions teachings.

East

The power of the Spirit of the East is illumination, which opens the spiritual eye and brings enlightenment, discernment and clarity of communication. For example, the Navajo People associate the process of "thinking" with the East, while other Tribes associate meditation or brainstorming with this direction.

It is the power of new beginnings, and of fresh new life (hope). In this way, the East is like the awakening of Spring after the dormancy of Winter, or the arising of Dawn whose light disperses the darkness and dispels ignorance. It is awakening, light, the newness of life, and the place of all beginnings.

The totem animal (power or medicine) of the East is usually represented by a bird (such as an Eagle or Hawk). The Eagle is often associated with the East in particular, since it flies higher than any other bird and therefore closer to the sun. The direction of East teaches that a good leader sees the connectedness of all things. The color most often associated with the Spirit of the East is yellow.

South

The power of the Spirit of the South is of rapid growth, and of exploring, experiencing and investigating. South is the direction of warmth, transformation and the noonday sun. These processes all relate to "sensation." It is the power that guides and grows.

The South is the place of summer and it is often represented by the element of fire. It is the place of knowledge and faith. There are strong associations between the South and physical body lessons, exercise, body awareness and one's life work/career. The South is

also the place of the heart, of generosity and sensitivity, and associated with romance and passion.

The South teaches us about the love of one person for another. The South is the teacher of whole self, living in harmony with all the aspects of life (mental, emotional, physical and spiritual). Many Tribes associate either the color red or the color white with the direction of South.

West

West is the direction of sunsets and gentle endings. The power of the Spirit of the West is strength and introspection. The medicine of the West is the power of looking within, whereby one grows through self-examination. This yields life lessons and the ability to transform physical experiences into spiritual teachings and realities. West is associated with the element of water, suggesting the ability to facilitate cleansing and the healing flow of emotions.

Because thunder and lightening often come from the West, the West is also a symbol of power. Dream work, prayer, and "vision quests" are examples of processes associated with the West. Each person is instructed by the West to claim their power and to go within to determine the appropriate use of that power in the world. The West is the place of maturity and understanding and teaches us to lead with an attention to restoring the health and wellbeing of the Sacred Hoop. The animal totem most often associated with the West is Bear. Blue or black are the colors most often associated with the West.

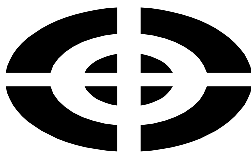
North

North is the direction of mystery, for the sun never sits in the north. The power of the Spirit of the North is the power of renewal and the quickening of the spirit. It is the power of Winter, when nothing appears to be growing. The North is often associated with the Earth, which is associated with stability, grounding and practicality. The animal

totem of the North is the Buffalo, which like the Great Spirit, gives totally of itself in order to sustain all that lives. The colors most associated with North are black and red.

North	Wisdom	Spiritual	Mother Earth	Birth	Buffalo Medicine	Earth
East	Creativity	Physical	Father Sky	Puberty	Hawk or Eagle Medicine	Air
South	Faith	Emotion	Grandmother	Marriage	Wolf Medicine	Fire
West	Dreams	Mind	Grandfather	Old Age	Bear Medicine	Water

Sometimes Traditional Healers and Elders will refer to the ***Good Red Road***, which is associated with a line that begins in the South and travels directly to North. This journey often refers to one's Spiritual Path. The ***Black Road*** begins in the East and ends in the West, and is associated with one's challenges, lessons and difficulties.



Seven Grandfathers

All communities have guiding principles and value statements. In many Tribal communities, Native People are taught to strive to know truth, through the attainment of wisdom, love, respect, bravery, honesty and humility.

The Seven Grandfathers is a way to remember these teachings and the medicine gifted to Native People by the Creator. The source of the following information about the Seven Grandfathers is the ***Strategic Planning Steering Committee of the Sault Ste. Marie Tribe of Chippewa Indians*** (referred to as *Niizhwaswi Kmiishoomsanaanik,* Seven Grandfathers).

***Zaagidwin*, Love: to know love is to know peace.**

This Grandfather encourages us to care for one another and understand love as a way of life. Love is at the heart of all service to others. Inherent in "love" is peace. We are taught to honor individual rights, family bonds and Tribal harmony. One knows that they love themselves by living at peace with the Creator and in harmony with all of Creation.

***Mnaadendiwin*, Respect: to honor all of Creation is to have respect.**

This Grandfather calls on Native People to honor their traditional roles and teachings. It also instructs us to honor our families, others and ourselves. Inherent in "respect" is a caring for all of Creation, and a commitment to value both individual and community opinions. We are taught to listen and respond to the needs of each other. To be successful, and whole, we must work together in an open and honest environment where respect is ever present.

***Aakdehewin*, Bravery: to face life with courage is to know bravery.**

We strive for self-determination through leadership that is representative of all Indian People. This Grandfather tells us to stand-up for our convictions, show courage in communicating and decision-making. Native People have demonstrated bravery as they have tried to honor, protect and maintain the integrity of Treaty Rights. It is said that courage is not the absence of fear, but the ability to act responsibly in the face of fear. This Grandfather teaches Native People to show courage in the face of adversity.

***Gwekwaadzin*, Honesty: to walk through life with integrity is to know honesty.**

Native People hold fast to the principles that guide them in protecting their self-determination. This Grandfather calls upon individuals to know and be honest with themselves. Native People are called upon to accept and act on truths through straightforward and appropriate communication. It is a personal responsibility to follow through on your commitments. Honesty is demonstrated and valued in thought, word and deed.

***Ddasendizwin*, Humility: to accept yourself, as a Sacred part of Creation is to know humility.**

This Grandfather recognizes the human need for balance throughout all of life. It instructs us to not put ourselves above others. It encourages us to recognize our limitations and to ask for help when we need it. One is demonstrating humility when one serves the needs of family, community, Tribe and Creation. Of course, this teaching also asks us to not take ourselves so seriously, and to develop the ability to laugh at ourselves. Lastly, humility embodies a reverence for Mother Earth and a willingness to protect all of Creation.

Nbwaakaawin, Wisdom: to cherish knowledge is to know wisdom.

This Grandfather recognizes the need to listen and use the wisdom of the elders, tribal leadership and spiritual leaders. It encourages the bright hopes that reside with the young. It encourages all to seek wisdom by reflecting on the teachings of our grandfathers. It asks us to honor our commitment to life-long learning and sharing of knowledge. It asks us to listen to all points of view as the basis for a wise decision. Lastly, it asks us to pass on the wisdom that we've acquired through life-long learning and spiritual reflection.

***Debwewin*, Truth: to know of these things is to know truth.**

Truth is discovered through faithfully applying the teachings of the Seven Grandfathers, and trusting in the Creator. When one is present to "truth," then the actions we are called to take are clear and in keeping with these teachings.

The teachings of the Seven Grandfathers have relationship or applications inside other teachings, such as the Four Directions. For example, with relationship to the body, ***respect*** would call for appropriate sex education and love would call for respect of personal boundaries and safe space. In the direction given to the Spirit, respect involves maintaining and practicing traditional ceremonies, while also respecting other methods of worship such as attending church services.

The ***truth*** of the Spirit calls upon Native Peoples to return to traditional ways, storytelling, culture, language, and to participate in Talking Circles, Pow Wow's and other gatherings.

Animal Totems

Since all aspects of this world are sacred (the Creator breathed fire into all beings), Native Americans have understood that animals have specific medicine (or teachings) to be used throughout life, or during specific times. Animal Totems are helpful in obtaining direction for one's life. Animal Totems are also known as "Spirit Guides." These totems offer protection, counsel and advice, and encouragement. Each animal species (as with plants and minerals) has different qualities, teachings, and medicine. Becoming skilled in those attributes will support the individual in his or her journey, challenges and life purposes.

Each Tribe has been influence by the area of this continent that the Tribe originated in and/or lives at now. Here are some basic indications of the teachings and medicine that can be gained through a relationship with several Animal Totems or Spirit Guides:

Bear	Teaches the ability to go within and meditate, just as Bear retreats into her den and hibernates when the weather turns cold.
Mouse	Teaches us to look at the individual details or to appreciate the little things in life.
Eagle	Teaches us to see the big picture, to look beyond the horizon, to remain connected and balanced, just as the Eagle soars high in the sky.
Whale	Teaches us to use and listen to our psychic and telepathic abilities, or to simply pay attention to things that you may have no idea how or why you know what you know.
Snake	Teaches us about transformation, growth, and the ability to transmute poison/challenges/obstacles (be they mental, physical, spiritual or emotional) for our own growth, healing or creativity.
Hummingbirds	Teach us to find and express joy and love in any direction and to do so with ease and an open heart.
Spiders	Teaches us to use our creative abilities to weave our own beautiful design of life from the infinite possibilities, and warns of getting caught in the web of illusion in the physical world.

The preceding Animal Totem information was summarized from the following resources: Medicine Cards (Bear & Company, Santa Fe: 1988) and Shamanism: A Beginners Guide (Dolfyn, Earthspirit: 1989). Additional Animal Totem resources are listed in the Section 7.

It is important to note, once again, that Animal Totems or Spirit Guides or Guardian Spirits are associated with the people and region that the people come from. For example, as Native Hawaiian Lanakila Brandt explains, "Every person has a family '*aumakua*. This is your guardian spirit, guardian angel, whatever you want to call it. We all have it. But few people know how to work with the '*aumakua*. The '*aumakua* is there to help protect you and your family, to give you wisdom, vision to move ahead safely through life, to succeed … The shark is [one of] Brandt's Waiwai'ole family '*aumakua.* The '*aumakua* is always at your side. It is yours to call on at any time in life. Any time I'm in a difficult situation, I pause a moment and I ask for help," Brandt explains (Voices of Wisdom: 56).

Conclusion & HIV Applications:

These Native American teachings are key concepts to understanding and being able to support Indian people and facilitate participation in programs and services. They provide direction and pathways that Native American People travel in search of:

- Restoring and maintaining balance;
- Gaining understanding of who they are and the rich traditions that they belong to;
- Receiving medicine that fosters "healing" responses to the challenges that accompany the path that they walk in this life; and
- Creating affirming and trusting relationships.

In particular, HIV providers and prevention programs must begin to understand Traditional ways of approaching disease and incorporate a variety of strategies to:

- Facilitate the utilization of a variety of health care and social services by Native Americans;
- Integrate Western and Traditional practices to create not only a treatment plan, by also a plan that fosters "healing" of the whole person (mind, body, spirit, emotion);
- Affirm and/or foster self-determination by Native American People; as well as
- Incorporate approaches and teachings that are relevant to the concepts and teachings of a very diverse group of Native American People.

This process begins with understanding how we see the world. A "World View" is the way in which you understand and relate to your experiences and life. Most people in the United States are impacted by the existence of what anthropologists refer to as a ***Primary World View*** and a ***Secondary World View***. In this country, the prevailing Primary World View is a biomedical paradigm. However, the Secondary World View represents the set of folk beliefs of an individual's culture. In this sense, an individual person is impacted and influenced by both. To what degree, is determined by the influence of the dominant culture (biomedical) and the level of

connection/association/identification to one's culture. However, it is important to understand that if Secondary Worldview issues are not addressed, they have the power to override the Primary Worldview, especially when people are under stress.

To be competent in providing services, one need not agree with or take on the Secondary Worldview (or cultural teachings) of your clients/patients. The primary reason for understanding and valuing Secondary Worldview issues is that they are of value to people you are trying to reach and/or serve. Your ability to demonstrate respect for Native People is closely tied to your ability to think outside the box (your value system) and your willingness to learn about how Traditional Teachings can impact and be integrated into your treatment and service plans.

Consequently, there is no one right way to serve Native American People. These teachings have been provided to foster an understanding that Native American People may not approach or utilize health care or social services as non-Native people do. These teachings provide a starting point for creating and enhancing services that will offer respect for Native People and communicate that they will receive services in an affirming manner.

SACRED EXPRESSIONS: GENDER, SEXUALITY & SEX

Objective:

Participants will be able to compare and contrast traditional Native American teachings about gender, sexuality and sex, with contemporary American, Judeo/Christian teachings.

General Discussion:

The Western Judeo-Christian tradition has very specific beliefs, norms, and teachings about acceptable expressions of gender, sexuality and sex. While there is some variability within specific denominations within the Christian tradition, generally speaking most of these denominations express the following belief system:

- There are two discrete genders called male and female;
- The only acceptable form of human sexuality is "heterosexuality;" and
- The only acceptable form of sexual expression is that between a man and woman (and some denominations believe only for the purpose of pro-creation).

As previously discussed, the impact of seeing the world from a perspective of "duality" is generally that *what we think and belief* is indisputably "true or right" – and *anything else* is viewed as "false or wrong." Walter Williams makes this point in *The Spirit and the Flesh*:

> If Europeans and their descendant nations of North America accept something as normal, then anything different is seen as abnormal. Such a view ignores the great diversity of human existence.
>
> This is the case for the study of gender. How many genders are there? To a modern Anglo-American, nothing might seem more definite than the answer that there are two: men and women. The commonly accepted

> notion of the "opposite sex," based on anatomy, is itself an artifact of our society's rigid sex roles.
>
> Among many cultures, there have existed different alternatives to "man" and "woman." An alternative role in many American Indian communities [was originally] referred to by anthropologists as *berdache*, [but has since been re-named ***Two-Spirit*** by Native Peoples].

Within many Native communities and languages there are a variety of identities, which included up to six concepts of gender. The existence of Native people who are *Two-Spirits*, neither understood as male or female, but members of a third gender illustrates this point. It has been well documented that there are over two-hundred Native American languages that are still spoken on the North American continent that have words to illustrate third, fourth, fifth and even sixth genders.

"To choose the name *Two-Spirit* for oneself, as opposed to the term *Berdache* from the history of non-Native peoples, is to speak in what Cindy Patton has termed dissident vernaculars," (Tafoya, 1997: 79) or terms that move:

> …us away from the model of pristine scientific ideas which need "translation" for people lacking in the dominant culture's language skills or concepts. Dissident vernaculars also suggests that meaning created by and in communities are upsetting to the dominant culture precisely because speaking in one's own fashion is a means of resistance, a strengthening of the subculture that has created the new meaning (Patton, 1990: 148).

In this section, you will find a number of different articles and chapters chosen to reflect a range of information on spirituality, health, and sexuality in the context of Native American history and contemporary life. In many Native communities, there were specific times when such information was taught ... often when the individual was going

through puberty -- when a girl was first "tied to the moon," or when a boy's nipples began to turn out. When the residential Boarding Schools were established by the federal governments of the United States and Canada, Native students were cut off from this age appropriate instruction. There is a continuum -- in some communities, this information has been lost forever; in other communities, the information has been maintained, but in the Native languages. Sadly, many younger Native people who are not fluent in their language may never have access to it.

In NĀNĀ I KE KUMU: Look to the Source, Volume II, we are given an example of how instruction about gender and sexuality has changed since contact with Europeans:

> In 1970, a social workers asked a worried Hawaiian mother if she had told her daughter anything about sex. "Sure, I tell," the woman replied. "Everytime she go out with boy, I tell. I say 'No go start make *keiki*. Keep legs cross tight!"
>
> The incident – not an isolated one – contrasts sharply with traditional Hawai'i, where youngsters grew up prepared in body, mind, and emotions for sexual activity. The attitude a child adsorbed was that the genitalia were revered for their role in procreation – but this need not take the fun out of intercourse. Sex was to be enjoyed. The sexual act was accepted without shame … as begin both creative and one of the supreme pleasures (75).

Present day Hawaiians get little sex information today from parents or grandparents. The *Nānākuli Study* concluded this: "Hawaiians are unable or unwilling to talk freely to their sons and daughters about … sexual experience … information comes from other siblings, friends, and from courses at school."

It would be easy to rush to judgment and assign blame, but a closer look would make it clear to health care providers and educators that Native Hawaiians learned, as a result of

contact with Europeans and their beliefs about sex and sexuality (based not only on contact with Missionaries but also Government representatives) not to talk about sex and sexuality with White people. "Shame and sin were superimposed on Hawaii's traditional feeling that sex was good, natural, and a source of profound pleasure" (95). Over time, as communication about sex and sexuality moved further and further into the background of Native Hawaiian life, tradition and teachings were lost. Today, public displays of the genitals are considered indecent exposure, and likely become the concern of the police and psychiatrists … but "in Hawaii's past, genital display and adult nudity were usually ceremonial actions of non-sexual meaning" (106) … in fact, "to expose oneself was never perversion; it was frequently a protection" (107).

It would be important also to note that "the introduction of venereal disease is generally traced to Captain Cook's arrival [in Hawaii] in 1778" (94). "Pre-missionary homosexual practices were never *sins* as Christianity later labeled them … In ancient times … *moe aikāne* … [was] not considered wrong … [or] regarded as evil" (109).

For many Native Americans, it has only been within the last several years that the extent of the emotional, physical, and sexual abuses that took place within the Federal Boarding Schools of the United States and Canada have come to light. For example, in 1987, the former dormitory supervisor of one of the Schools, Derek Clarke, pleaded guilty to buggery and indecent assault. Judge William Blair said Clarke had been responsible for as many as 700 incidents of sexual assault. "Residential School Syndrome" is the name given to this "...cycle of loss of culture" which "is as intense as the loss of a loved one (York 1990). Genocide on the basis of ethnicity and religion has a traumatic effect on the families' concerned (Rousseau and Drapeau 1998).

In specific Native American research conducted in NW Portland, 8% of men and 9% of women reported having their first sexual experience before the age of 10. 25% of men and 13% of women had their first sexual experience between the ages of 10-14. In other words, in this study, 33% of men and 22% of women would have become sexually active before high school, when many programs begin their Sex Ed. programs. It should be

obvious that not all of these experiences are consensual. This is another reason why HIV prevention efforts need to be comprehensive in outreach, from youth into the Elder generation.

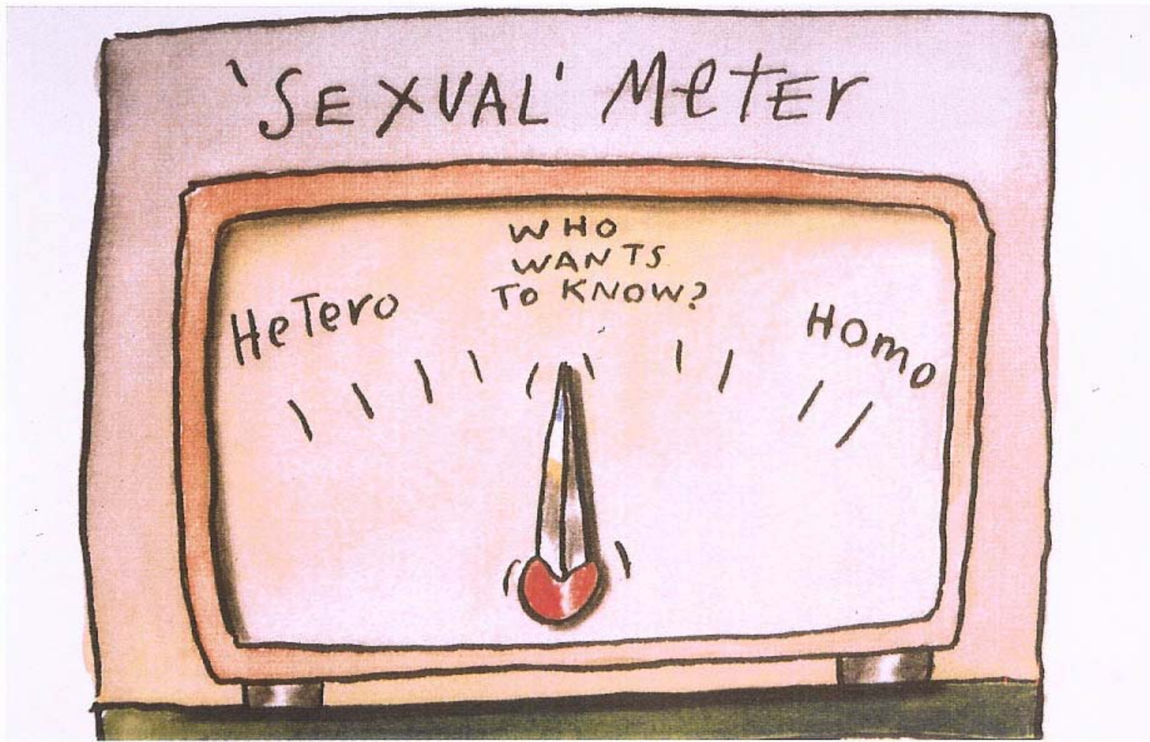
Perhaps one of the most difficult issues for discussion involves making sense of the meaning of sexuality within General American culture, where it is taught as "basic plumbing," when it is taught at all. Understanding the "mechanics" of how things work is not the same as understanding *what it means* for the people involved. For example, many people, both Native and non-Native, are not aware of the reality that human bodies respond in very specific ways...if you physically manipulate the body, it reacts. But for some individuals who have been sexually abused, if their bodies responded, they will misinterpret this to mean they "wanted" the experience. When the abused is a male, this can set off very negative and guilty feelings in General America's homophobic society. It is additionally confusing for Gay, Lesbian, Bisexual, Transgendered, Queer, and Two-Spirit Native people who were sexually abused, who then often wonder if that abuse "made" them different. By the way, there is no evidence that this is true. Indeed, if such abuse "caused" same-sex orientation or "changed" gender orientation, then given the frequency of sexual abuse, there would be a much higher percentage of GBLTQ/Two-Spirit people.

As a provider, it is unlikely that you have had formal training in human sexuality, and indeed, if you are like the majority of Americans, you probably feel uncomfortable discussing sex in an open public forum. If you are uncomfortable, then you will communicate to clients to feel uncomfortable discussing their sexuality with you. Many providers are also uncomfortable talking about issues of same-sex orientation. In the 1980's, the Surgeon General of the United States, Dr. Koop, pointed out "we are guardians of Public Health, not guardians of Public Morality." The number of HIV infections related to high risk same-sex activity within the Native American population is significant, and needs to be directly addressed. If you feel awkward doing so, you're not alone. Many providers do. Research emphasizes the most effective antidote for homophobia is knowing people from the GBLTQ/Two-Spirit Community -- to see them

as real people, rather than a stereotype.

How do you know what you know? If, like most Americans, you grew up hearing negative comments about GBLTQ/Two-Spirit people, where did you get your information? Did you simply accept what you heard growing up as being true? Are you aware that the term "homosexual" was created in the German language in 1869, and didn't start being used in English until years later? Are you aware that the term "heterosexual" originally meant what we would now call a "sexual addict?" It did not take on its current meaning until the early 1930's.

In the articles and chapters used in this segment of the manual, you will learn many facts about Native Spirituality, Health, and Sexuality. After much research and study, the American Psychiatric Association removed homosexuality as a mental illness category in 1973, and recognized it as simply being a "normal variation" of human sexuality. Just so, to try to "convert" someone's sexual orientation is considered to be unethical on the part of a therapist or counselor. Perhaps the most important element to remember as you do your reading is to focus on the humanity involved. A Blackfeet nurse who was lecturing on inner ear infections among Native children reminded us "statistics are human beings with the tears wiped away." The people mentioned and discussed in this segment of the manual are people's children and siblings...parents and loved ones...just like each one of the clients to whom you provide services and support.


'SEXUAL' Meter
WHO WANTS TO KNOW?
HeTero
Homo

PITFALLS
To
Cross Cultural Competence

Objectives:

Participants will be able to identify pitfalls to cultural competence. Participants will also be able to identify four ways that they could apply this information to HIV work with Native Americans.

General Discussion:

"The sad reality of most exciting AIDS prevention and treatment curricula and materials is that they are designed to force everyone to sing the same song…that of a White middle-class Judeo-Christian society based on specific values and priorities" (Tafoya & Wirth, 1990: 89).

However, as we've discussed previously (Section 2e), not everyone sees the world in the same way. *World Views* represent the ways in which you understand and relate to your experiences and life, and most people are impacted by the existence of both a *Primary World View* and a *Secondary World View*. In the general American culture, the prevailing Primary World View is a biomedical paradigm. However, the Secondary World View represents the set of folk beliefs of an individual's culture. In this sense, an individual person is impacted and influenced by both worldview. To what degree, is determined by the influence of the dominant culture (biomedical) and the level of connection/association/identification to one's culture. However, it is important to understand that if Secondary Worldview issues are not addressed, they have the power to override the Primary Worldview, especially when people are under stress.

So let's look at nine key pitfalls to cultural competence (Wirth, 1992/2002):

1. **Lack of understanding about cultural influences and the relative influence on a client system:**

   Section 2 of this curriculum dealt with expanding understanding of the constructs of identity to include more than race and ethnicity spheres of influence. Culturally competent services cannot be delivered when a provider lacks an understanding about the cultural influences impacting the client system. Often this lack of understanding impedes the provider in accurately assessing the strengths and resources available within the client system. For example: extended family systems within many Native communities can offer an abundance of childcare resources and skills, when an adult parent is in an in-patient setting. However, non-Native providers may inaccurately view the placement of children in extended family care networks – not as positive elements within the client system – but as a problem or issue (negatively framed).

2. **Retention of stereotyped images (conscious and unconscious):**

   Any time a provider generalizes an experience with an individual Native person to the whole community or Native population – it is likely that a stereotype has been expressed.

For example: Native People who come from Traditional backgrounds (or who have had access to traditional teachings) may not make eye contact with someone who is older than them. While this practice is done out of a sign of respect (for elders), non-Native providers often label this behavior as passive-aggressive or characterize the individual (and possibly all Native people) as untrustworthy. This lack of eye contact may also be misunderstood as a sign that the Native American patient/client is not interested in what the provider has to say or that the patient/client is not listening and therefore does not care about his/her health.

Clearly this example summarizes quite succinctly the problematic consequences of retaining stereotyped images about people who have cultural, spiritual, linguistic and familial practices that are different than yours.

3. **Use of standard techniques and approaches only (the idea that there is one right way):**

   Often times, as health educators, we tend to utilize techniques and/or approaches that we are most comfortable with and that would have the best potential for success with people like us.

   In the area of HIV, this has resulted in the extensive use of written (English) materials (such as brochures and condom pack instructions). These materials have often used 12th grade language (or higher). These materials are often Anglo-Saxon/Christian/Scientific in substance. The standard approach has been individual safety and health focused (self-reliant). Making techniques and approaches meaningful for the diversity of Native People requires more than replacing gay, white, male images with pictures of Native Americans.

   To increase the cultural competence and ultimate success of health education activities, non-Native providers must find ways of incorporating non-verbal, oral, visual and activity based educational materials. Bilingual and poly-lingual written materials not only genuinely make information *available* to people (who aren't English proficient), but they often communicate a level of commitment to serving and honoring Native people. In addition, cultural competence can be increased by including approaches that incorporate messages of responsibility for the health and well being of others in the community (family, community, Clan, or Tribe).

4. **Failure to understand and acknowledge power issues resulting in the development of coping mechanisms that address stress and perceived discrimination:**

   As providers, many non-Native people take the issue of power for granted. As educated and trained health professionals, we take for granted that our education and/or training taught us not only how to survive, but how to thrive within these structures.

Most health care delivery and social service systems have written (English) policies and procedures that create both structure and allow for the management of those systems. Individuals who are not familiar with those systems can be significantly confronted by the level of "power" that these systems have "over" a client system.

When a client is coping with this kind of stress, as well as any perceived level of discrimination, the client will often react utilizing the CARE Model (Tafoya, 1992):

- C Confrontation or aggression;
- A Accommodation or "Yes is better than No";
- R Retreat or withdrawal; or
- E Empowerment or creativity

5. Assuming a mutuality of interests:

"Most AIDS educators and educators in general, are unaware that the curriculum and materials they utilize or adapt often come with *hidden agendas* in terms of values and authority figures. This phenomenon has also been called the hidden curriculum. The hidden curriculum is made up of the basic assumptions that lie at the foundation of the educational material or approach. Values and cultural assumptions are often rather subtle and well hidden, thus the appropriateness of the name *hidden curriculum*" (Tafoya & Wirth, 1990:90).

For example, many gay/bisexual men considered early HIV prevention efforts to have the hidden agenda of stopping gay sex. Today, many teens feel that the hidden agenda within mainstream HIV prevention programs is to restrict their expression of sexuality.

Assuming a mutuality of interests can result in providers labeling clients who don't act accordingly to be passive-aggressive, resistant, stupid, crazy, or hostile. Once a provider has placed a client into one of these categories, the likelihood that culturally competent services will be provided is slim to none.

6. Failure to see the inter-relationships of multiple identities:

Assuming – that any single component of an individual's identity is their "priority" level of identity at a given point in time – is a common mistake made by many health care professionals.

The reality is that in many Native communities, an individual's roles within the extended family (marry and bear children) and in the context of the broader community (Tribal Council) may supercede other individual, personal identities (bi-sexuality).

The failure to secure an accurate picture of the inter-relationship and priorities that an individual places to various identities is a common impediment to providing responsive competent cross-cultural care or services.

7. **Failure to identify the client's critical chain of needs:**

   Because of the potentially life threatening nature of HIV/AIDS, many health care providers have assumed that HIV prevention messages (or treatment adherence) were heard by clients and processed with the same level of concern that we experience/express. But in many ethnic communities, people have a more critical "chain of needs" to be concerned about, such as survival, shelter, food, or medical/dental care for another family member.

   Until the priority needs (as determined by the client) are met, "there will be relatively little interest in sitting through a presentation on HIV/AIDS, reading a prevention pamphlet [or listening to treatment information]" (Tafoya & Wirth, 1990: 90).

8. **Maintaining the structure of communication that is not working (by focusing on *content*):**

   Simply said, continuing to do the same thing but expecting different results is one definition of *craziness*. The unfortunate reality is that many providers shift the content of communication, while maintaining the underlying structure. Failure to address structural issues in communication will only impede the provision of cross-cultural communication.

   While there is a separate section on communication in this curriculum, it is important to note here that communication issues are serious pitfalls to providing culturally competent services.

   What other pitfalls to cultural competence can you identify from your experiences in the field?

   -
   -
   -
   -

9. **Addressing only Primary Worldview issues and concerns:**

   By only addressing primary worldview concerns and/or issues (generally biomedical in nature), a provider runs the risk of seriously compromising the potential effectiveness of those interventions.

   For example, many Latin cultures have a secondary worldview that values a balance between hot and cold elements. Many non-Latin physicians were prescribing chemotherapy for Latino patients who had cancer. However, this primary worldview intervention (biomedical) did not take into account the secondary worldview of the Latin

culture (balance between hot/cold elements). Generally speaking, many Latino people would consider cancer to be a "hot" element. And correspondingly, chemotherapy is also considered to be a "hot" element. So for these patients, chemo for cancer represented an imbalanced treatment plan. Consequently, these patients did not follow the treatment plan. Doctors labeled these patients non-compliant. However, once the physicians understood the impact of the secondary worldview (and did not discount it), they were able to incorporate it into the treatment plan. Prior to chemo treatments, these patients received iced fruit juice (two cold elements), which balanced out the two hot elements (cancer and chemo).

By paying attention to, and demonstrating value to secondary worldview beliefs and practices, providers will be able to build upon their cross-cultural understanding and demonstrate competency in cross-cultural care and services.

TIPS
FOR
Building Cross-Cultural Competence

Objectives:

Participants will be able to identify and list four key factors influencing cross-cultural competence. Participants will also be able to identify four ways that they could apply this information to HIV work with Native Americans.

General Discussion:

These materials are intended to support the development of both analytical processes as well as practical skills that will empower providers when working with individuals whose cultural/ethnic backgrounds are different from the background of the provider. The following TIPS summarize four key factors that influence cross-cultural competence.

TIPS

Cross-Cultural Competence

T Technique effectiveness will vary along a bell-shaped curve, as long as you use only one approach, intervention, and curriculum;

I Integration and assimilation are not the goals of all peoples; willingness to integrate and assimilate will vary according to an individual's perceived stress and level of power;

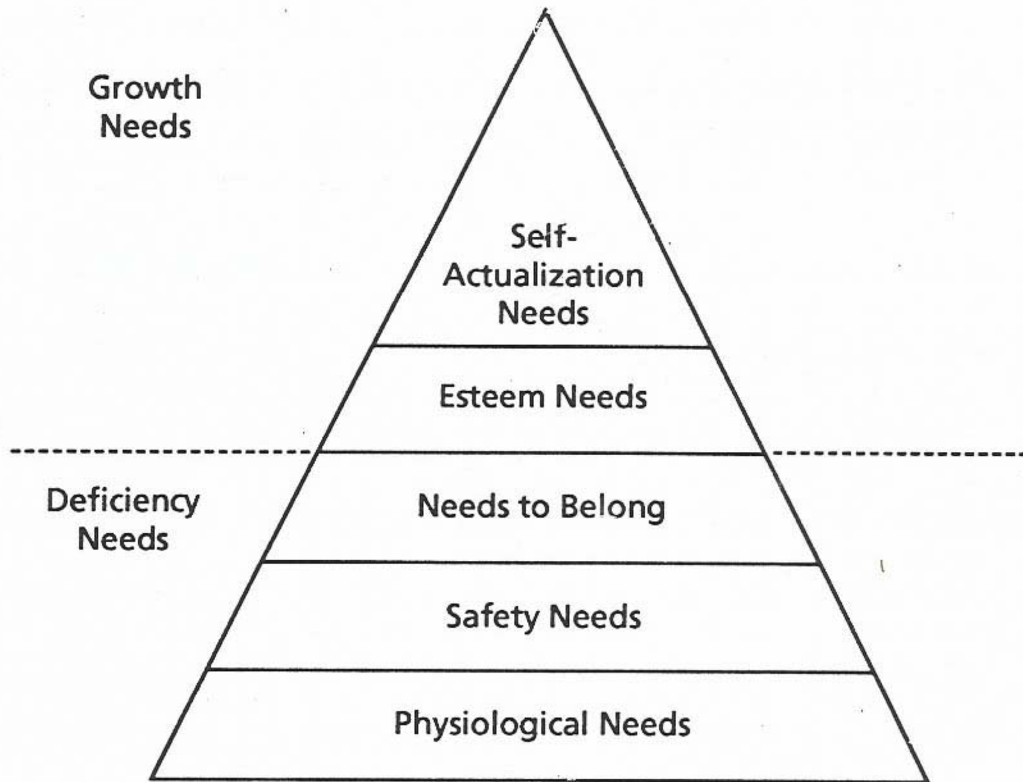
P Participation will vary according to Maslow's Hierarchy of Need (see diagram below). Someone in the safety/survival category will not pay attention to information directed to the self-actualization level; and

S Sponsorship = ownership. It is critical to involve target groups in initial planning phases. Feeling like "rubberstamps" to decisions made by dominant culture administrators/providers will often result in rejection of action plans and programs (Tafoya and Wirth, 1992).

Moving beyond sensitivity and awareness, and taking actions that help to foster cross-cultural competence includes:

- Sharing resources and credit;
- Having patience and staying for the long haul;
- Behaving in ways that acknowledge interdependence and diversity; and
- Taking some risks and experiencing cultures in non-patronizing ways.

Maslow's Hierarchy of Needs:



Conclusion & Applications to HIV Work with Native Americans:

HIV providers can create cross-cultural competency across programs and services. The work that is required moves beyond "sensitivity" and looks to address key factors that influence cross-cultural competence.

By varying the approach, interventions and/or program curriculums (T – techniques) to incorporate Native teachings, programs can increase both the number of Native Americans that they serve as well as increase the effectiveness of these programs.

Becoming aware of the explicit and implicit dynamics that tell Native People to adopt a pro-integration and assimilation (I – integration) is an important first step for any HIV program serving Native People. HIV programs will need to make adjustments to responsibly and respectfully meet the needs of Native People who aren't interested in being integrated/assimilated into mainstream culture.

Addressing individual/family needs from the perspective of the Native person is critical to fostering participation (P – participation) in various HIV programs. When some HIV programs shifted the focus of their prevention messages from the individual level to the extended family or community, they demonstrated a level of cross-cultural competency that resulted in increased participation by Native People.

Understanding that sponsorship equals ownership (S – sponsorship) underscored the need for HIV programs to involve Native People in the planning and designing of Various HIV programs that seek to engage Native People.

For example, a neighborhood community health center sought to provide a treatment education workshop for the urban Native American community. Rather than simply stick a Native person/image on a flyer and do the same workshop that was offered to the gay community, the center pulled together a group of elders and a group of youth from the

urban Indian community to solicit their recommendations. By utilizing the center's resources and acknowledging the community representatives for their leadership in planning the event, the center demonstrated their commitment to, and respect for, the urban Native community.

Communication
AND
Building Cross Cultural Competence

Objectives:

Participants will be able to identify and explain four key factors that influence cross-cultural communication between Native and non-Native people. Participants will also be able to identify four ways that they could apply this information to HIV work with Native Americans.

General Discussion:

"It is a common American cultural belief and communication practice that if enough information is presented, an audience will automatically reach the same conclusion as the presenter. If the audience doesn't reach the same conclusion, the presenter [such as a health care professional] will conclude the audience is resistant, stupid, crazy or hostile – or will simply provide additional information. This is analogous to turning up the oven temperature to deal with a burning cake. Increasing the intensity of individual reactions to abortion rights issues is another example of how the same facts lead people to different conclusions" (Tafoya & Wirth, 1990: 89).

This approach to communication simply does not work well with individuals who are from cultures and traditions that differ from your own. Listed below are key factors that can influence the way that Native People process information and/or communicate. As we've stated previously, *there is no one right way*! Becoming familiar with these key factors will assist non-Native providers in building cross-cultural competency and facilitating effective communication with Native clients.

Generational Impacts

Let's begin by exploring some potential, generational impacts on communication. Research has documented that if a Native person had a grandparent or parent who spoke a language other than English as their first language, then that individual will not process English, as do *native speakers* of English. "Words acquire tremendously different associations and nuances among different cultures. A Native client's definition of responsibility, love, openness, etc., should always be discussed since Native Americans tend to be remarkably polite … it is critical to have the Native client demonstrate in a session that he or she fully understands the assignment and has the resources necessary to accomplish it, since the client will tend not to challenge or questions the [provider]" (Tafoya & Rowell).

Pause Time

Pause time represents the length or amount of time between two speakers. In general American culture, the standard pause time is about one (1) second. However, researchers have documented a great variability in standard pause times from culture to culture (or even within ethnic groups). For example, several researchers have suggested that the standard pause time for Jewish Americans is actually zero (or no pause time). The communication pattern is that if you agree with the speaker, then you begin speaking before they stop/pause, as a sign of agreement and excitement.

However, many Native American languages include a standard pause time of one and a half (1.5) seconds to four (4) seconds. Consider that the extra half (.5) second is just enough time to complicate or even screw up communication. Clearly a four second pause time is long enough to eliminate any opportunity to speak or contribute to conversations with non-Indians who have significantly shorter pause times (< 1 sec).

Information Processing & Communication Styles

For a variety of reasons, most health care and social service settings utilize a standard pedagogical communication style where one individual (the provider) is the expert who communicates in a very didactic style to the other person (the client) who is obviously not as knowledgeable/skilled. Generally, people speak in relationship to what the given subject is and may respond to what others have said. This style allows the leader/provider to focus, provides structure (including a mechanism for regulating participation), and maintains a level of goal directedness (which is often provider determined).

However, this didactic style also lacks spontaneity, requires people to "hold their thoughts," and requires that one be acknowledged/recognized in order to speak (which raises the potential of pause time impacts). It also often precludes the client from generating conversation about other factors that may be critical from the secondary worldview of the client (but that the provider communicates is not relevant by not acknowledging or addressing).

Some service programs utilize group communication processes, which are often problem solving focused where the leader/provider engages in a dialogue with a particular member of the group. Presumably, others listen and apply the conversation to their own experience and consequently learn from the exchange. This approach is particularly good for fostering "insights." This process allows individuals to see themselves in others, and provides an opportunity to focus on a person or a particular issue.

This group approach may not provide an opportunity for member-to-member interaction and may be experienced as harsh or confrontational (if you're the person in the group that is on the *hot-seat*).

In an effort to develop a more adult learning model, many services and providers have adopted educational/communication approaches that are peer-led and/or free-floating in nature (e.g. brainstorming and mutual-aid approaches). These approaches embody the belief that clients have knowledge and skill that is valuable to their own care/treatment/service plan, as well as valuable to other clients. People are encouraged to speak with they have something to say, and members respond/react to each other. In this way, interaction within the group is facilitated and the experience is free-floating or spontaneous in nature. However, this approach often takes more time that the 1-1 problem solving approach, and pause time continues to be a significant issue.

Round Robins or Talking Circles are yet another approach to facilitating participation and communication. While the process is more fully outlined in Section 5, people sit still and listen until it becomes their turn. With Talking Circles, an object is passed around to indicate who the speaker is, who has the floor. The benefits of this approach are that everyone is given a chance to speak, people speak as long as they want/need, it demonstrates respect for each person and it tends to contribute to an experience of a sense of community. The most often noted drawbacks include: that it takes time and space, and that it is a tough approach to implement if one's leadership style is authoritarian (wants to personally maintain control and order).

Secondary Worldviews

As previously noted, every individual has secondary worldviews, which represent the set of folk beliefs of an individual's culture. For example, illness (as distinct from disease, which is a western primary worldview) is seen in many Tribes as a function of things being out of balance. These secondary worldviews impact communication, and are key to developing meaningful treatment, service and/or action plans. For example, ceremonies and medicines have been given to Indian people to help guide them and assist them in mending the Sacred Hoop. For some clients, rediscovering lost teachings (about secondary worldviews) may be a critical element in the processing Native clients

remembering who they are (and then being able to utilize those ceremonies/medicines in their own personal healing process).

Eye Contact

In general American culture, native English speakers value eye contact as confirmation of truth, shared listening, and that both individuals care about the conversation/subject. This is contrasted with many Native American tribes that have their own rules about eye contact. For example, in many Native communities, an individual will not make eye contact with people who are older than them, or who are elders, or people in positions of authority, or outsiders/people not from one's own community. This practice (no eye contact) embodies an expression of respect that many non-Indian providers misinterpret or misunderstand. Unfortunately, the consequence of this misinterpretation is that non-Indian providers may use "their" interpretation to make judgments about a Native client (not trustworthy or truthful) and/or deny access and/or create additional steps in order to secure services and participate in programs.

Direct and Indirect Questions

American culture values direct communication ("Can you take me to the store?"), where as many Native cultures value or prefer indirect communication (Grandma sits on the porch with her jacket on and a shopping bag in her hand to communicate that she needs to go to the grocery store). Asking a question indirectly allows both people to *save face.* Direct questions, within a Native context, can create a situation where a person brings shame upon others – and themselves – by asking for something directly that cannot be provided (Grandma was concerned that the car might not have gas in it, which could embarrass her children or make them feel bad for not being able to provide what she had asked).

YES* Is Better Than *NO

Since the beginning of contact with Europeans, Native People have learned that sometimes it is better to answer a direct yes or no question, with a *YES*. This is because many non-Indian people will simply ask you more and more questions if you answer with a *NO*.

For example, an Indian woman is selling baskets at the center square. A non-Indian woman asks her, "Did you make this basket?" "No," replied the Indian woman. "Well, then who made this basket?" … the non-Indian customer asks ... "I wonder what that person was thinking when they made this basket?" … "What does the design represent?"

Declining* is NOT the Same as *Not Wanting/Needing

Many Native people are taught to decline something when it is offered. In fact, it may be appropriate – from a Native context – to first decline or say NO up to four times. This behavior is grounded inside a cultural teaching that values sharing and teaches us to avoid being or appearing selfish or greedy. In this context, the behavior allows for someone who is greater need to receive what is being offered.

Avoiding Confrontation

Within general American culture (as well as within many therapeutic approaches), confrontations are direct exchanges between people that often include an element of anger.

"Among many tribes, there is the concept that anger exists as almost a spiritual energy. To become angry at someone can be seen as *throwing* this energy on him or her. If enough of this *spiritual pollution* accumulates, the recipient of the anger will become ill. As a result, many Native people are taught that to express anger openly is not acceptable

behavior, even though they may have lost this explanatory model of why getting angry is *bad*" (Tafoya & Rowell).

Within the context of Native teachings, anger is also seen as an indication that you are out of balance. It wouldn't be uncommon for an elder or traditional healer to take the approach that it is better for someone to go away to restore one's personal balance … prior to dealing with an issue with another person.

This communication issues is so powerful that the impact of a "possible" confrontation (or direct expression of anger) is that some Native people will *vote with there feet*. In this context, rather than have to deal with (or confront) the issue directly, some Native people may simply leave, walk away (without services) or not come back (discontinue seeking services for a period of time). Many non-Indian providers have misunderstood the impact of specific communication issues, styles and strategies (such as confrontation).

Conclusion & Applications to HIV Work:

These Native American teachings and practices are key concepts that can impact cross-cultural communication. This is not to say that all Native people respond or react in these ways all of time. But they are summarized in an effort to make non-Indian providers aware that a Native cultural belief or practice may be operating within the communication. If the non-Native provider only uses his/her culture's beliefs/valued practices to understand the Native client's responses, the provider will often demonstrate low cultural understanding that results in even lower cross-cultural competency.

Some examples of their application to HIV work with Natives Americans might include:

- Eliciting client secondary worldviews, which are key to developing meaningful treatment, services and action plans;

- Being willing to offer help/assistance/resources more than once, twice, or even three times because it's consistent with your knowledge about Native American teachings;

- Recognizing the important of allowing people to save face, which may require asking a variety of questions indirectly (e.g. asking indirectly like "What issues do you think people have when they try to refill prescriptions at your pharmacy?" … as distinct from, "Did you refill your prescriptions last week like you were suppose to?";

- Communicate support and acknowledge traditional approaches and teachings that the client values (e.g. smudging ceremonies that seek to cleanse negativity from the physical as well as spiritual body); and

- Discuss ways to integrate traditional approaches/teaching into treatment, service and action plans … but don't be invasive, allow the client to determine how much to share about their traditional practices.

LEARN Model
AND
Building Cross Cultural Competence

Objectives:

Participants will be able to utilize the ***LEARN Model*** in dealing with HIV/AIDS treatment, casework, and/or prevention issues. Participants will also be able to identify four ways that they could apply this information to HIV work with Native Americans.

General Discussion:

The following chapter reprint summarizes the ***LEARN Model***, which offers an approach which can support the development of cross-cultural competency by HIV providers, as well as across HIV programs and services:

Davis, Karen (1986). Medicine in the melting pot. *Generics* (March issue). 29-36.

CULTURALLY-SENSITIVE INTERVENTIONS

"LEARN MODEL"
(Berlin & Fowkes, 1983, modified by Wirth & Tafoya, 1992)

L Listen with empathy & understanding -- active listening

E Explain *your* perception of the problem/need

A Acknowledge & discuss difference and similarities in client/provider perceptions

R Recommend Treatment or action plan (Involvement = action)

N Negotiate Treatment or action plan (Involvement = action)

Cross Cultural Elements of Healing

Objectives:

Participants will be able to identify strategies and approaches that foster cross-cultural competence in programs and services. Participants will also be able to identify four ways that they could apply this information to HIV work with Native Americans.

General Discussion:

The following two chapter reprints summarize cross cultural elements of healing, which are critical to implementing strategies and approaches that foster cross-cultural competence in programs and services:

Befriending Demons: Cross-Cultural Elements of Healing (Tafoya & Wirth); and
Steps to Survival: Cross Cultural Healing Elements in the Treatment of AIDS (McKusick & Tafoya).
To secure copies of these articles, please contact Tamanawit, Unltd. at 206-632-8124 or at www.Tamanawit.com or by email to Tamanawit@aol.com.

Lessons from the Field
Building Cross Cultural Competence

Objectives:

Participants will be able to identify strategies and approaches that foster cross-cultural competence in programs and services. Participants will also be able to identify four ways that they could apply this information to HIV work with Native Americans.

General Discussion:

The following material summarizes a variety of research findings and addresses a range of cultural and organizational issues that HIV providers will need to address:

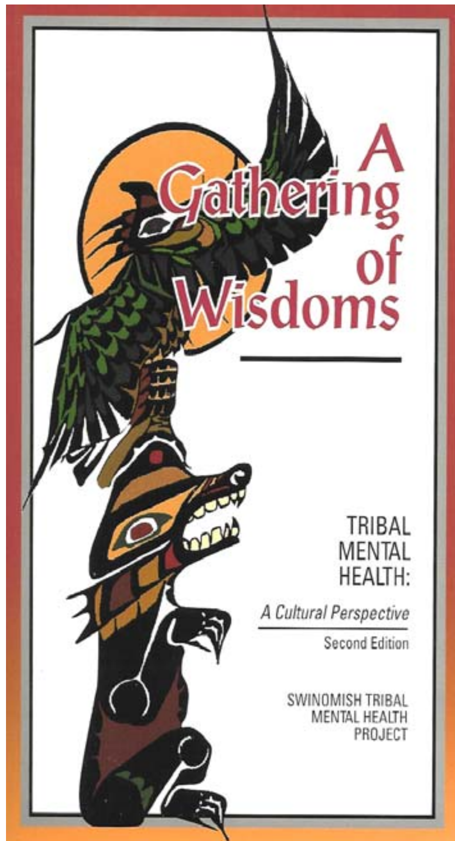
Walters, K., Simoni, J., Harris, C. (2000). Patterns and predictors of HIV risk among urban American Indians. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center*, 9(2), 1-21.

Duran, B., Bulterys, M., Iralu, J., Graham, C., Edwards, A., Harrison, M. (2000). Patterns and predictors of HIV risk among urban American Indians. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center*, 9(2), 22-35.

Bouey, P., Duran, B. (2000). Patterns and predictors of HIV risk among urban American Indians. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center*, 9(2), 36-52.

Integrated Approaches to Health, Well-being and Wholeness

General Discussion:



Traditionally the word "medicine" meant more than a substance to restore health and vitality to a sick, stressed or run-down physical body to Native People. "Medicine" meant ***power*** – "a vital energy force that could be drawn upon and directed – and ***wholeness*** … and also meant ***knowledge***.

The following sections briefly summarize a variety of sources of medicine that have helped to sustain and empower Native People throughout time. These traditional teachings are readily available resources that can be integrated with Western biomedical interventions to yield powerful approaches to fostering Native health, well-being and wholeness.

Smudging Ceremony
AND
Sacred Smokes

Objectives:

Participants will be able to express the teachings, traditions and key elements of *Smudging*. Participants will also be able to identify four ways that they could apply this information to HIV work with Native Peoples (Native Americans, Alaska Natives and Native Hawaiians).

General Discussion:

It is important to first note that there are various techniques involved in smudging. For example, some Cree Natives are taught not to light the sage from an open flame, one of the ways that is mentioned later in this section. Every Native community has its own specific teachings and practices (an expression that there is no one right way).

For example Christian churches have the same spiritual center, but different denominations (and even churches within a denomination) use different hymns. There are different ceremonial ways to express one's spiritual tradition (and a Lutheran might know roughly what's going on in a Catholic church, even though the Lutheran would be used to doing things *differently*).

It is also important to note that in Native communities, the person who "gets up and does it" (smudging) is normally someone that the community recognizes (and *knows* that the person has been formally instruction by an appropriate community leader).

Smudge Ceremony

The smudging ceremony is a sacred ritual that has been practiced for centuries by Native People worldwide. To "smudge" means to cleanse and purify both the physical and spiritual bodies, with smoke from sacred herbs.

Native elders teach that for mankind to enter into any endeavor, whether public or private, it should be entered into with a good heart and a clear mind. In order to achieve this state, we must be cleansed of any bad feelings, negative thoughts or negative energy. Smudging makes this possible.

Since all Beings are relatives of human beings, we are interconnected with our environment (not separate). We are individuals. But in order to exist we must have relationships with our relatives. Furthermore, all Beings have the ability to capture energy from other Beings, or to have energy foisted upon them. "Titishmuch" in the Saphatin language describes this sort of foisting of spiritual energy (or mud). In Native Tradition, it is understood that while disease manifests itself in the physical body, disease originates in the spiritual body.

The main ingredients in each Smudge Stick are sage and cedar. Sage drives out the negative energy and cedar brings in the good energy. The Smudge Stick company uses one-hundred percent natural herbs and makes these sticks by hand in Taos, New Mexico and has them packaged by the Taos Association of Retarded Citizens.

Another popular ingredient is Indian Sweetgrass. Indian Sweetgrass is a rare grass, which is found growing wild in very few places. It's sweet fragrance stays with the grass

forever. When burned or dampened, the sweet scent is released into the air. When smoked in Peace pipes, or included in Smudging Ceremonies, prayers would be said into the Sweetgrass smoke. Knowing that the smoke goes up into the air, towards the clouds, the wind then would take these prayers into the heavens to the Great Spirit. The four Indian Sacred Smokes are: Sweetgrass, Sage, Cedar and Indian Tobacco.

How to participate or lead a Smudge Ceremony:

To being you will have to secure a Smudge Stick, or pot, charcoals, and raw sage and cedar.

Light the Smudge Stick (or charcoal) with a lighter, long fireplace match or gas flame. When it has ignited, extinguish the flame by gently shaking or blowing out the flame over a fireproof container. If you have difficulty in lighting the Smudge, gently spread the top of the stick and then light. To make sure that the Smudge will continue to burn well and produce a good amount of smoke, it is important to make sure that you have lit the stick or charcoal well, before extinguishing the flame.

You are now ready to begin the smudging ceremony. Begin by invoking “Spirit” and acknowledging the Creator, the Four Directions and/or the Seven Grandfathers. The important thing is to pray from your heart. A Hopi prayer is offered here for your use or as an example of a type of prayer that you might wish to use:

“To the East where the Sun rises.
To the North where the cold comes from.
To the West where the sun sets.
To the South where the light comes from.
To the Father Sun, and
To the Mother Earth.”

You are now ready to use the Smudge (stick or pot) for cleaning, clearing and purification. If you are going to smudge other people, first use the Smudge to purify yourself and clear your mind. Move the Smudge around your body, paying close attention to any area of your body which is not in balance, or which is manifesting and sign of ill health or pain.

When you smudge a room or object(s), move the Smudge Stick or Pot around the area you wish to purify, paying close attention to covering the areas which you feel need purification. It is suggested that you use a feather or fan to disburse the smoke. When Smudging another person begin smudging at the front, moving the Smudge around the head, then around and then around the perimeter of the person. Allow the person receiving the blessing to participate by having them draw the smoke toward their heart and over their head. Be sure to move completely around the person, front and back (when possible). When Smudging a group, it is customary to have them form a circle and for the person performing the Smudging Ceremony to move clockwise around the circle.

As you participate in the ritual, allow yourself to experience the cleansing, healing power of the smoke. Become aware of that Higher Power in the Universe that is called by many names. Allow yourself to feel the presence of your Higher Self and the power of the Universe that flows through you. When smudging another person, allow yourself to feel the presence of the Great Spirit in that person as well.

To extinguish the Smudge Stick dip the end of the stick into dirt or sand. If this is not convenient, you may dip the end into water, however the stick may be more difficult to relight. Leave the Smudge Stick in a fireproof, open container to dry for reuse. To extinguish the Smudge Pot you may either cover the bowl with a non-flammable substance, or pour the contents into dirt or sand, or allow to burn-out (make sure its not sitting on something that will be affected by the heat). Note that if the stick or pot is not fully extinguished, it may continue to burn.

Since these are flammable substances, the Smudging Ceremony is to be completed by an adult or under adult supervision. It is also important to keep the burning end of the Smudge Stick away

from clothing or other flammable materials. Do not store used sticks until they are completely extinguished.

The Smudge Stick is a registered trade name of *One World Products* of Taos, New Mexico. While each Tribe has its own ceremonial practices, this Smudge Ceremony is summarizes by the Smudge Stick company.

Applications to HIV work with Native Peoples:

Some potential applications to explore with Native clients, especially those that are Native American, include:

- Use of smudging to release negative thoughts or negative feelings about a bad experience with a provider, agency or service;
- Use of smudge ceremony in support groups to help the group deal with a particularly difficult group or provide the group an opportunity to directly participate in healing a riff between two group members;
- Use of smudging before and after viral load and CD4 testing to support balance and clear thinking and/or positive self regard; and
- Use of smudging ceremonies within events/workshops that are sponsored by AIDS service organizations to communicate and welcome Native People.

Try to identify four additional uses of smudging ceremonies and other sacred smokes that could be explored in your agency, clinic or program:

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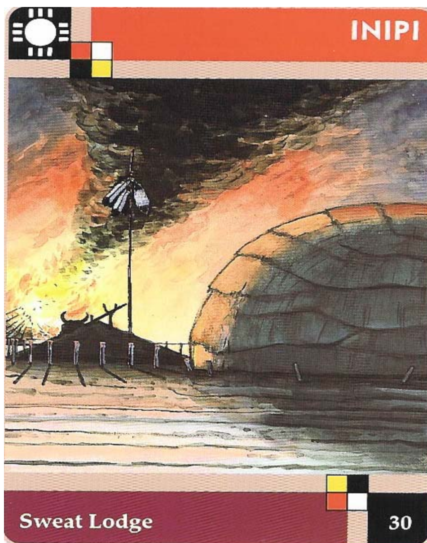
Sweat Lodge Ceremony

Objectives:

Participants will be able to express the teachings, traditions and key elements of *Sweat Lodge Ceremony*. Participants will also be able to identify four ways that they could apply this information to HIV work with Native Peoples (Native Americans, Alaska Natives and Native Hawaiians).

General Discussion:



The Sweat Lodge Ceremony occurs in a rounded willow lodge, which is tarp and carpet covered to provide an environment of dark seclusion. The participants usually sit directly on Mother Earth (the ground), or on flowers, grass or sage.

Special Rocks, which have been heated in a Fire Ceremony prior to participants entering the Lodge are brought in and placed in a small pit in the center of the Lodge during the first "round." There is no Fire in the Lodge itself, as a means of producing heat to bring on the sweat. Instead, the hot rocks, when sprinkled with Water during the ceremony, quickly fill the enclosure with a steamy mist, which then brings on the participants' sweat.

All Native American Tribes have used the Sweat Lodge Ceremony as a mean of preparation for another Ceremony or challenge, or as a means of physical and spiritual renewal. Many Native People see this Ceremony as an opportunity to reconnect with Mother Earth and their own personal and/or spiritual creation.

During the Ceremony, Prayers are offered under the guidance of the Sweat Lodge Ceremony leader. There is a specific order to the events at all times during the Ceremony, and the leader guides the process every step of the way.

Important instructions for individuals who have not participated in Sweat Lodge Ceremonies previously include:

- ❖ Most likely, both men and women will be participating in the same Sweat Lodge Ceremony, unless it is designated as a Men's or Women's Sweat;
- ❖ Proper clothing would be shorts and a t-shirt or cotton sweats;
- ❖ Bring your own towel and do not expect to take a shower on the premise of the Sweat Lodge;
- ❖ No jewelry should be brought to or worn during the Sweat Lodge Ceremony;
- ❖ Participants may carry in their pockets or on their Being special stones, crystals or other small personal items;
- ❖ Women should absolutely NOT participate if they are experiencing their menses or are pregnant;
- ❖ No one should participate if they are on heart medication or have high blood pressure; and
- ❖ All participants are come to the Ceremony with an attitude of humble reverence (along with any curiosity about the Native spiritual ceremony).

Applications to HIV work with Native Peoples

The appropriateness of participation in Native American Sweat Lodge Ceremonies by people living with HIV/AIDS should be assessed in conjunction with both medical providers as well as the Sweat Lodge leader.

Some potential applications to explore with Native American clients include:

- ✷ Participation in Native American Sweat Lodge Ceremony to release negative thoughts or negative feelings about a bad experience with a provider, agency or service;

- ✷ Participation in Native American Sweat Lodge Ceremony to contemplate important decisions such as beginning or changing medications;
- ✷ Participation in Native American Sweat Lodge Ceremony before or after diagnostic testing (such as viral load or CD4 testing) to support balance and clear thinking and/or positive self regard; and
- ✷ Participation in Native American Sweat Lodge Ceremony to ask for spiritual guidance or to become grounded.

Try to identify four other appropriate times that individuals may want to participate in Native American Sweat Lodge Ceremonies:

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Apache Tears

Objectives:

Participants will be able to express the teachings, traditions and key elements of Apache Tears. Participants will also be able to identify four ways that they could apply this information to HIV work with Native Peoples (Native Americans, Alaska Natives and Native Hawaiians).

General Discussion:

Apache Tear is actually a name given to various forms of obsidian, a type of volcanic glass. This term is used to describe it when it's found in small rounded "pebbles." Obsidian comes in many colors---rainbow, silver, mahogany, snowflake, etc., depending on what other materials and elements are mixed in with the volcanic glass when it was originally formed.

Obsidian has an ancient history, and was used in ceremonies by Native Peoples of Central America, where its name was sometimes translated as "Smoking Mirror."

Obsidian is an unusual substance. Traditionally many Native American people used it to make knives, spearpoints, and arrowheads. It can be "flaked" or chipped to one molecule of thickness. This means an obsidian knife can be sharper than surgical steel. Some modern eye surgeons prefer to operate with an obsidian scalpel for this reason.

There is an Apache Medicine Man named Paul Ortega, from the Mescalero Apache Indian Reservation of New Mexico, who shared with me how his people use Apache Tears. He explained that people of his community would traditionally always keep a couple of these small stones in their pockets every day. They would "put sorrow" or

depression into the Apache Tears with the sense that it wasn't necessary to carry your sadness around with you all the time. Once you've learned what you need to from the sadness, then you can "let it go." Paul further explained that if you want to re-use the stone after you had "filled" it, you could bury it under the earth, to allow the "negative" energy it contained to be drained away. A faster method would be to hold it under running water. But with a smile, he told me what they preferred to do was add a little paint and then glue a small feather to the Apache Tear, and then leave it out where White tourists passed by. White tourists would spy the small decorated stones, look around and then slip it into their pockets, and depart with your sorrow.

Be careful what you pick up when you visit the Mescalero Reservation ☺.

To use the Apache Tear, hold it between your two hands while you bring to mind the symbols and experiences associated with your sadness or depression. With some people, it assists to close your eyes to concentrate. Feel the warmth from your hands entering into the stone, while you try to make these memories and associations as vivid as possible. If you are only "seeing" the experience like a movie, or a slide projection, can you "step into" the movie/picture? Can you also remember what you smelled, heard, felt, and saw at that time? Allow these to enter into your stone. After a few moments, take a break and do something else for a few minutes ... perhaps pour yourself a cup of tea. Then return to the stone and repeat the process. You may discover the second time you put the sorrow into your stone it is much easier to do.

Applications to HIV work:

Some potential applications to explore with Native American clients include:

- Use of Apache Tears to release negative, hurtful or painful thoughts and feelings;
- Use of Apache Tears in a ritualistic manner to support healing and/or create non-medical processes to help deal with depression;

- ✷ Use of Apache Tears to help individuals deal with death, grief and/or loss (which may result from loss of employment, mobility, sexual freedoms, etc); and
- ✷ Use of Apache Tears to break the hold of rigid, fixed points of view that an individual feels is not helpful to their health, well-being or healing.

Try to identify four other appropriate uses of Apache Tears:

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4.

Storytelling

Objectives:

Participants will be able to express the teachings, traditions and key elements of Storytelling. Participants will also be able to identify four ways that they could apply this information to HIV work with Native Peoples (Native Americans, Alaska Natives and Native Hawaiians).

General Discussion:

The following materials are included to assist clinicians, social workers, HIV educators and health care providers to in utilizing storytelling approaches to HIV care, services and programs:

- ***Storytelling: A Few Observations*** by Fancisca Sanchez (1992);
- ***Coyote in the Classroom: The Use of American Indian Oral Tradition with Young Children*** by Terry Tafoya (1983)***;***
- ***Coyote, Chaos & Crisis: Counseling the Native American Male*** by Terry Tafoya
- ***The Widow as Butterfly: Treatment of Grief/Depression Among the Sahaptin*** by Terry Tafoya; and
- ***Why Ant Has a Small Waist*** (Warm Springs, Retold by Terry Tafoya); and
- ***Singing Your Own Song*** by Terry Tafoya and Doug Wirth.

Applications to HIV work:

Some potential applications to explore with Native clients include:

- Use of Storytelling to help clients release negative, hurtful or painful thoughts and feelings;
- Use of Storytelling provides clients with a certain level of distance from the issues/problems, while imparting wisdom, medicine and helpful strategies for dealing with those issues and/or problems;
- Use of Storytelling can help individuals deal with death, grief and/or loss (which may result from loss of employment, mobility, sexual freedoms, etc); and
- Use of Storytelling can help to heal past feelings of alienation by Native American clients; and
- Storytelling is a useful tool that can assist the provider in determining how the client prioritizes the issues/problems contained in the story (which relate to or may be analogous to those issues/problems faced by the client system).

Try to identify four other appropriate uses of Storytelling:

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4.

Talking Circles

Objectives:

Participants will be able to express the teachings, traditions and key elements of Talking Circles. Participants will also be able to identify four ways that they could apply this information to HIV work with Native Peoples (Native Americans, Alaska Natives and Native Hawaiians).

General Discussion:

- Ask group to sit in a circle.
- The leader begins the Talking Circle.
- One person speaks at a time.
- An item (often referred to as the Talking Stick) is passed (generally speaking counter clock wise), such as a feather, rock, rattle or stick.
- The person holding the item has the floor.
- There is no cross talk.
- Everyone gets their turn and speaks as long as they wish.
- An individual may pass (not speak) by taking the item and passing it on to the next person.
- The Talking Circle is over, when the item makes its way around the circle and is returned to the leader.

Applications to HIV work:

Some potential applications to explore with Native clients include:

- Use of Talking Circles to provide group members will opportunities to release negative, hurtful or painful thoughts and feelings;
- Use of Talking Circles to create a structure that supports contributions by everyone;

* Use of Talking Circles to groups and/or individual's to deal with death, grief and/or loss (which may result from loss of employment, mobility, sexual freedoms, etc); and
* Use of Talking Circles to facilitated structured sharing about a variety of approaches to fostering health, well-being or healing.

Try to identify four other appropriate uses of Talking Circles:

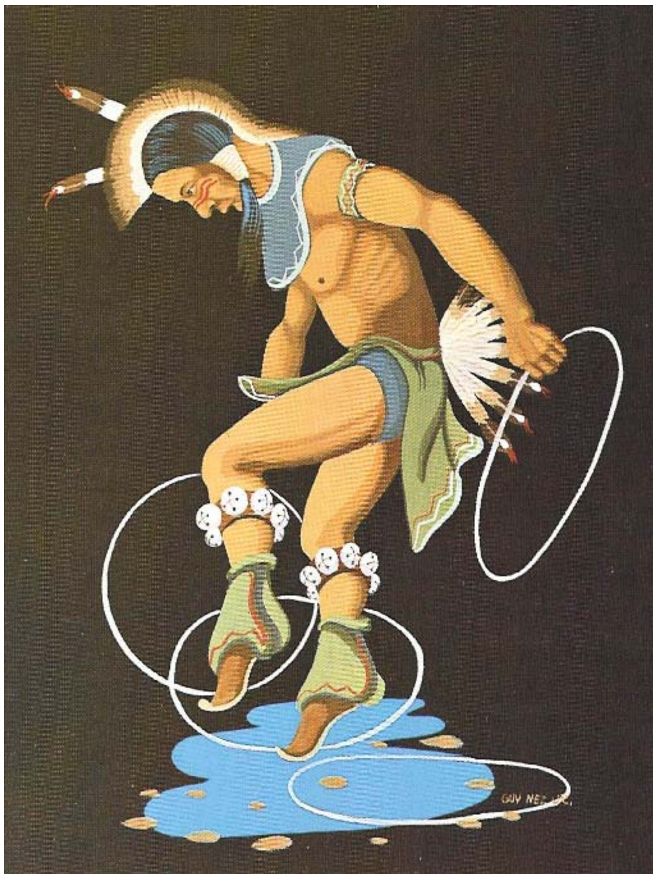
1.
2.
3.
4.

Drumming & Dancing

Objectives:

Participants will be able to express the teachings, traditions and key elements of Drumming and Dancing. Participants will also be able to identify four ways that they could apply this information to HIV work with Native Peoples (Native Americans, Alaskan Natives and Native Hawaiians).

General Discussion:



The entire cosmos moves in a constant rhythm. All life is composted of dancing, moving molecules, and all life pulses to the cosmic dance. Just as water dances in the stream, just as leaves shimmer and dance in the trees, just as planets dance in harmony and rhythm around their suns; Native tradition teaches that every aspect of nature joins in this dance.

In this way, most Native American traditions teach that rhythm, drumming and dancing are expressions that join our human life force with all of nature. In this sense, drumming and dancing are expressions of inter-dependence, healing, medicine and re-balancing of energy (or life force). POW WOWs

are probably the most common event that may be attended by non-Indians where this type of dancing and drumming would take place.

Joanna Shenandoah, Oneida composer, notes “Music is a healing force – all living spirits

sing.” In ***Scalpel and the Silver Bear*** (2000), Dr. Lori Arviso Alvord, the first Navajo Woman Surgeon to combine Western Medicine and Traditional Healing writes, Singing comes from that misty place where human physiology, feeling, and spirit collide. It can even be, for some people, a holy act, a religious act, and act with great power.”

Drums and rattles are often used to keep the rhythm of the Native American dance. The designs painted on drums and rattles often express the spirit of the drum and/or the teachings/medicine that the drummer or dancer wants to presence or receive.

In traditional Hawaiian culture, what we know refer to as "dance" is really a set of prescribed set of body movements that were integral components of various activities. However, "Polynesian languages, and therefore the cultures they express, do not have a word, phrase, or concept that precisely covers the English concept of dance. There are many examples of structured movement that, from a outsider's point of view, might be considered *dance*; but from a Polynesian point of view, no single concept or terms exists into which they can all be classified. Polynesian terminology for structured movement often reflects *context, function, and level of formality*. From the early dictionaries, Hawaiian texts, and the Bible, it appears that in Hawai'i, formalized movements performed in sacred rituals and contexts that derived from them were originally referred to as *ha'a* – movements performed with humility – whereas formalized movements as an expression of joy in non-sacred contexts were grouped together as *hula*" (Hula Pahu: Hawaiian Drum Dances, Vol 1: 7). Over time, "any movement remnants of these two important activities have … been amalgamated into *hula*" (Vol 1: 21).

Today, "*hula kahiko* are now performed primarily as an art form or as evidence of ethnic identity, while *hula auana* is a kind of folk tradition performed at *lū'au* or other functions where Hawaiians dance for pleasure" (Hula Pahu: Hawaiian Drum Dances, Vol 1: 6).

Resources such as Volume 1 & 2 of Hula Pahu: Hawaiian Drum Dances delineate activities in traditional Hawaiian life that employed formalized movement dimensions for the realization of emotion, ritual, and entertainment. Although many others may have existed, three major are emphasized and bear note here: "(1) mourning ceremonies, in

which movements accompanied *kanikau*, lamentations; (2) rituals, in which movements were performed in conjunction with sacred texts and shark-skin-covered drums called *pahu* as part of sacred ceremonies on *heiau*; and (3) formal entertainments, in which movements accompanied poetry in conjunction with sound-producing instruments, such as shark-skin-covered drums called *kā'eke*, gourd drums called *ipu*, rattles, and other idiophones" (Vol 1: 9).

As a spiritual expression, drumming and dancing:

- Offer hopes and prayers;
- Give praise to the Creator;
- Express thankfulness;
- Give rise to teachings and medicine;
- Ask for healing or medicines; and
- Reconnect us with the circle of life and the Sacred Hoop.

For Native People, drumming and dancing are "responsibilities" at certain holidays and ceremonies. But drumming and dancing are not only activities that Native People participate in during holidays and ceremonies.

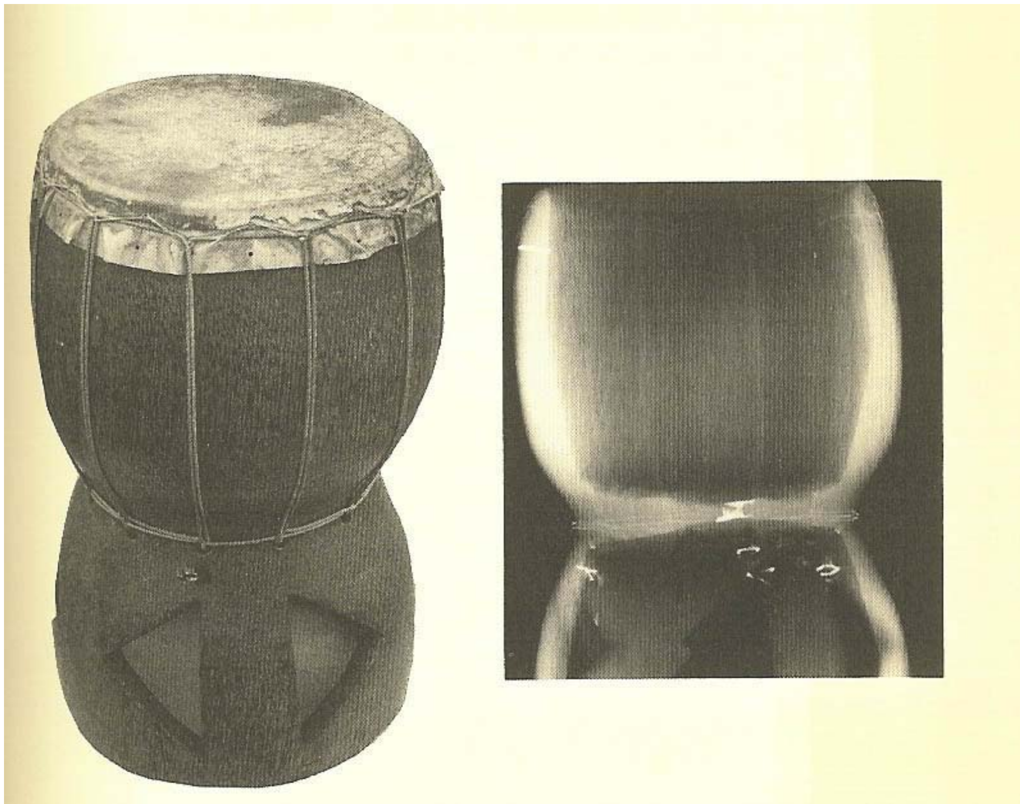
Drums

In ***Listen to the Drum: Blackwolf Shares His Medicine*** (1995), we are reminded to listen to the voice of the Great Spirit that is present in our heartbeats and in the beat of the drum.

"The drum will teach you, tell you, show you, help you. A mother's heartbeat in a song to her child, connecting her child to the outside world. You are Earth Mother's child. Hear Her

vibration and connect to Her Pulse, for the Drum speaks through Her to those who listen. Remember the lessons of Eagle and Rock, of Pine and Cloud. Take your place on the Sacred Hoop and listen to the silence within. Each beat is a reminder of both, the natural and spiritual dimensions …

The Big Drum beats of life. Do the same, dance to your own life and forget the rest. Let go of trying to control people, places and things. You can't anyway, so why try? There is only one thing you can control in the universe, and that is your Self. Forget trying to control nature, that's the Creator's job. Be content to live just your life and live your life to the fullest. Let your life flow like the sugar maple tree in spring. Don't hang onto the bitterness. Anger, resentment, guilt and remorse will devour you. Let them go, give them up, their thorns and their pain. The pain will become your obsession, as the porcupine quill in the nose of the bear, and will separate you from your brothers, sisters and cousins … Let go, or these negatives will pull you down into the muck of life. Lift your head. Look up. Respect all. Fear none. And let the Spirit World take care of the rest."



Coconut Wood Drum from Collection of Pat and George Bacon at the Bishops Museum

In Native Hawaiian life, "the PAHU, a dark-skin-covered wooden drum, often made from a coconut log, is a traditional Hawaiian musical instrument with an unusually rich historical and musical legacy. It was and continues to be of deep cultural significance to Hawaiians. The instrument is valued because of its origins in legendary times, its functions in [ceremonial, religious or spiritual] rites, its materials and manufacture, its powerful sounds [(see resonation above from e-x-ray)], and its relationship to a dance style imbued with sacred tradition. The *pahu* links Hawai'i to its Polynesian ancestry. It is an object that comes alive and speaks from remote antiquity. It demands, and receives, profound reverence" (Vol 2: 1).

The following material is taken from a drum-making workshop. The information is helpful in that it provides insights into the Native American teachings about the drum and its connection to and expression of the Great Circle.

The Care and Feeding of Your Drum

By Terry Tafoya

It would be helpful to think of your drum as a living creature. Just as you would not leave an animal locked up in a hot car with the windows roller up, you don't want to do that to your drum. As temperatures rise, the hide will become tighter, and can actually split. If you know that you will be exposing your drum to this type of treatment, you can wrap it in a damp towel, or put it between clothing as a form of protection.

If your drum sounds too flat:

There may be a lot of moisture in the air (high humidity), which the hide will absorb, making it fit more loosely around the frame. To correct this, heat the drum to "tune" it. An alternative would be to place the drum on top of an electric heating pad (or the top of your clothes dryer), again checking on it periodically so it doesn't get too hot. Using a blow-dryer or fire will usually tune the drum in three to five minutes. The heating pad or dryer method will take longer. If you

are using it in say, a classroom or auditorium, you can set the drum on the heating pad while you're doing other things to maintain its tone until you are ready to use the drum.

If your drum sounds too tinny:

The hide may again be responding to the moisture in the air (in this case, the air is too dry), shrinking closer to the frame, and resulting in a higher pitch. The greatest danger here is if the hide is too tight, it might split if you strike it with your drumstick. This is more of a possibility if you leave it in a hot car … normal hot days are not extreme enough to put your drum at risk. To tine your drum, you can put a little water (about ¼ of a cup) inside the drum, swirling it around, and letting it stay in the drum for at lease three to five minutes. If your drum is consistently tinny sounding, you can rub mink oil (a product that you can buy in a shoe repair shop) into the inside of the drum. This will stretch the hide a bit and give it more full-bodied tone.

If your drum develops a hole or split:

In many cases, this will not affect the tone of the drum. One option you can take to prevent further splitting is to super-glue a small piece of rawhide to the underneath section below the hole or split, in effect, patching it. Eventually if you use your drum, it will wear out. Remember, only earth and sky last forever.

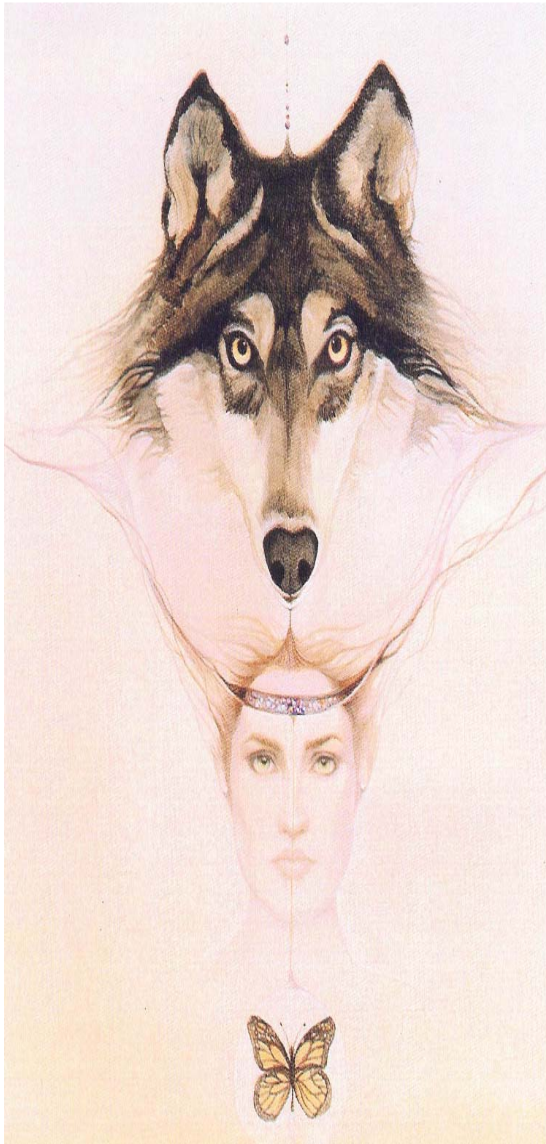
If your drum skin splits completely:

Soak the hide in water and it will soften enough to be removed. If you don't mind, you can also simply cut the hide off. The major issue is to rescue the frame so you can recover it with a new hide. Soaking the drum too long may result in a warping of the wooden frame. If you soak to remove the hide, be certain you dry out the frame completely before recovering it.

A drum can last for many years, properly cared for. If the paint chips, you can always do touch-ups, and seal it with a protective varnish.

Carol Vallejo wrote the following poem that reflects many Native teachings about the drum:

Drum Song



Hear the heartbeat of the drum
the heartbeat of the elk-man
the heartbeat of the bird-woman
the heartbeat of the sky circle
It is the heartbeat of the drum.

Feel the life-pulse of the drum
the life-pulse of the cedar-elder
the life-pulse of the frog-child
the life-pulse of the water-circle
It is the life-pulse of the drum.

Speak to the throbbing of the drum
the throbbing of the drummer
the throbbing of the listener
the throbbing of the earth circle
It is the throbbing of the drum.

Throbbing, life-pulse of sky-water-earth ones
… It is the heartbeat of the drum.

Applications to HIV work:

Some potential applications ways to incorporate drumming and dancing include:

- Use of drumming and dancing to center or rebalance one's self, by releasing negative, hurtful or painful thoughts and feelings;
- Use of drumming and dancing in a ritualistic manner to support healing and/or create non-medical processes to help deal with depression;
- Use of drumming and dancing as a form of prayer, asking the Creator for medicine or assistance in making decision and/or making choices about HIV care, service or medications; and
- Use of give thanks for the life that has been given to me.

Try to identify four other appropriate ways to incorporate drumming and dancing:

1.
2.
3.
4.

Drumming & Dancing

Objectives:

Participants will be able to express the teachings, traditions and key elements of Drumming and Dancing. Participants will also be able to identify four ways that they could apply this information to HIV work with Native Peoples (Native Americans, Alaskan Natives and Native Hawaiians).

General Discussion:

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sing.” In ***Scalpel and the Silver Bear*** (2000), Dr. Lori Arviso Alvord, the first Navajo Woman Surgeon to combine Western Medicine and Traditional Healing writes, Singing comes from that misty place where human physiology, feeling, and spirit collide. It can even be, for some people, a holy act, a religious act, and act with great power.”

Drums and rattles are often used to keep the rhythm of the Native American dance. The designs painted on drums and rattles often express the spirit of the drum and/or the teachings/medicine that the drummer or dancer wants to presence or receive.

In traditional Hawaiian culture, what we know refer to as “dance” is really a set of prescribed set of body movements that were integral components of various activities. However, “Polynesian languages, and therefore the cultures they express, do not have a word, phrase, or concept that precisely covers the English concept of dance. There are many examples of structured movement that, from a outsider’s point of view, might be considered *dance*; but from a Polynesian point of view, no single concept or terms exists into which they can all be classified. Polynesian terminology for structured movement often reflects *context, function, and level of formality*. From the early dictionaries, Hawaiian texts, and the Bible, it appears that in Hawai'i, formalized movements performed in sacred rituals and contexts that derived from them were originally referred to as *ha'a* – movements performed with humility – whereas formalized movements as an expression of joy in non-sacred contexts were grouped together as *hula*” (Hula Pahu: Hawaiian Drum Dances, Vol 1: 7). Over time, “any movement remnants of these two important activities have … been amalgamated into *hula*” (Vol 1: 21).

Today, “*hula kahiko* are now performed primarily as an art form or as evidence of ethnic identity, while *hula auana* is a kind of folk tradition performed at *lū'au* or other functions where Hawaiians dance for pleasure” (Hula Pahu: Hawaiian Drum Dances, Vol 1: 6).

Resources such as Volume 1 & 2 of Hula Pahu: Hawaiian Drum Dances delineate activities in traditional Hawaiian life that employed formalized movement dimensions for the realization of emotion, ritual, and entertainment. Although many others may have existed, three major are emphasized and bear note here: “(1) mourning ceremonies, in

which movements accompanied *kanikau*, lamentations; (2) rituals, in which movements were performed in conjunction with sacred texts and shark-skin-covered drums called *pahu* as part of sacred ceremonies on *heiau*; and (3) formal entertainments, in which movements accompanied poetry in conjunction with sound-producing instruments, such as shark-skin-covered drums called *kā'eke*, gourd drums called *ipu*, rattles, and other idiophones" (Vol 1: 9).

As a spiritual expression, drumming and dancing:

- Offer hopes and prayers;
- Give praise to the Creator;
- Express thankfulness;
- Give rise to teachings and medicine;
- Ask for healing or medicines; and
- Reconnect us with the circle of life and the Sacred Hoop.

For Native People, drumming and dancing are "responsibilities" at certain holidays and ceremonies. But drumming and dancing are not only activities that Native People participate in during holidays and ceremonies.

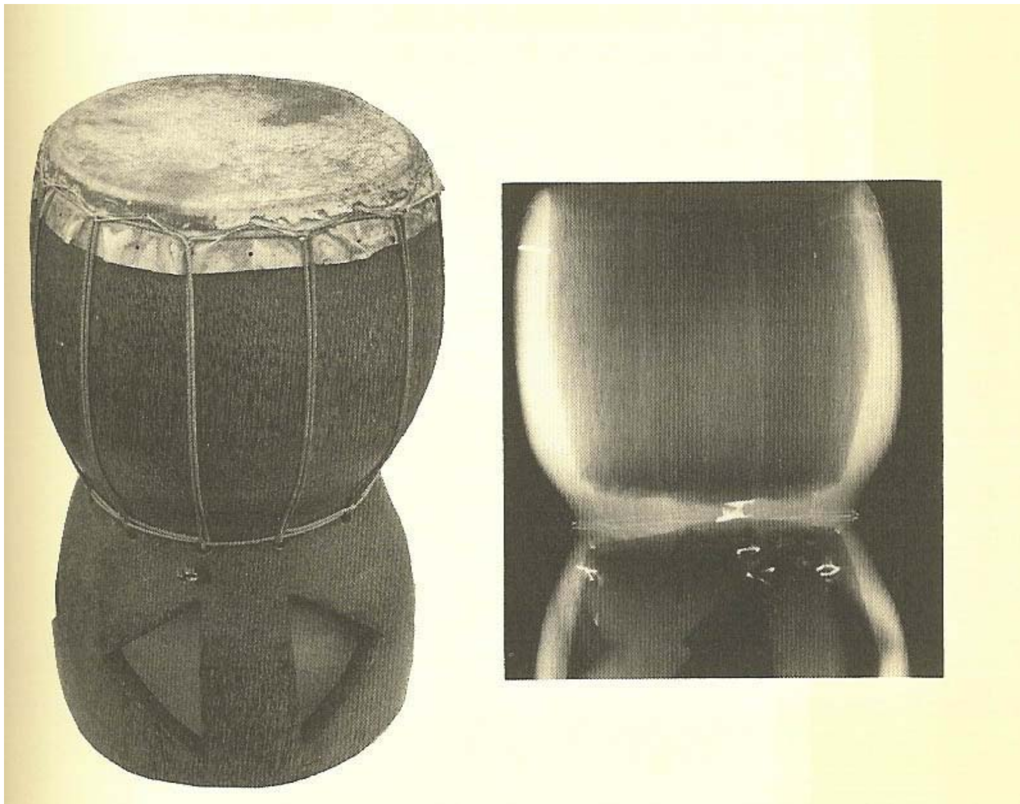
Drums

In ***Listen to the Drum: Blackwolf Shares His Medicine*** (1995), we are reminded to listen to the voice of the Great Spirit that is present in our heartbeats and in the beat of the drum.

"The drum will teach you, tell you, show you, help you. A mother's heartbeat in a song to her child, connecting her child to the outside world. You are Earth Mother's child. Hear Her

vibration and connect to Her Pulse, for the Drum speaks through Her to those who listen. Remember the lessons of Eagle and Rock, of Pine and Cloud. Take your place on the Sacred Hoop and listen to the silence within. Each beat is a reminder of both, the natural and spiritual dimensions …

The Big Drum beats of life. Do the same, dance to your own life and forget the rest. Let go of trying to control people, places and things. You can't anyway, so why try? There is only one thing you can control in the universe, and that is your Self. Forget trying to control nature, that's the Creator's job. Be content to live just your life and live your life to the fullest. Let your life flow like the sugar maple tree in spring. Don't hang onto the bitterness. Anger, resentment, guilt and remorse will devour you. Let them go, give them up, their thorns and their pain. The pain will become your obsession, as the porcupine quill in the nose of the bear, and will separate you from your brothers, sisters and cousins … Let go, or these negatives will pull you down into the muck of life. Lift your head. Look up. Respect all. Fear none. And let the Spirit World take care of the rest."



Coconut Wood Drum from Collection of Pat and George Bacon at the Bishops Museum

In Native Hawaiian life, "the PAHU, a dark-skin-covered wooden drum, often made from a coconut log, is a traditional Hawaiian musical instrument with an unusually rich historical and musical legacy. It was and continues to be of deep cultural significance to Hawaiians. The instrument is valued because of its origins in legendary times, its functions in [ceremonial, religious or spiritual] rites, its materials and manufacture, its powerful sounds [(see resonation above from e-x-ray)], and its relationship to a dance style imbued with sacred tradition. The *pahu* links Hawai'i to its Polynesian ancestry. It is an object that comes alive and speaks from remote antiquity. It demands, and receives, profound reverence" (Vol 2: 1).

The following material is taken from a drum-making workshop. The information is helpful in that it provides insights into the Native American teachings about the drum and its connection to and expression of the Great Circle.

The Care and Feeding of Your Drum

By Terry Tafoya

It would be helpful to think of your drum as a living creature. Just as you would not leave an animal locked up in a hot car with the windows roller up, you don't want to do that to your drum. As temperatures rise, the hide will become tighter, and can actually split. If you know that you will be exposing your drum to this type of treatment, you can wrap it in a damp towel, or put it between clothing as a form of protection.

If your drum sounds too flat:

There may be a lot of moisture in the air (high humidity), which the hide will absorb, making it fit more loosely around the frame. To correct this, heat the drum to "tune" it. An alternative would be to place the drum on top of an electric heating pad (or the top of your clothes dryer), again checking on it periodically so it doesn't get too hot. Using a blow-dryer or fire will usually tune the drum in three to five minutes. The heating pad or dryer method will take longer. If you

are using it in say, a classroom or auditorium, you can set the drum on the heating pad while you're doing other things to maintain its tone until you are ready to use the drum.

If your drum sounds too tinny:

The hide may again be responding to the moisture in the air (in this case, the air is too dry), shrinking closer to the frame, and resulting in a higher pitch. The greatest danger here is if the hide is too tight, it might split if you strike it with your drumstick. This is more of a possibility if you leave it in a hot car … normal hot days are not extreme enough to put your drum at risk. To tine your drum, you can put a little water (about ¼ of a cup) inside the drum, swirling it around, and letting it stay in the drum for at lease three to five minutes. If your drum is consistently tinny sounding, you can rub mink oil (a product that you can buy in a shoe repair shop) into the inside of the drum. This will stretch the hide a bit and give it more full-bodied tone.

If your drum develops a hole or split:

In many cases, this will not affect the tone of the drum. One option you can take to prevent further splitting is to super-glue a small piece of rawhide to the underneath section below the hole or split, in effect, patching it. Eventually if you use your drum, it will wear out. Remember, only earth and sky last forever.

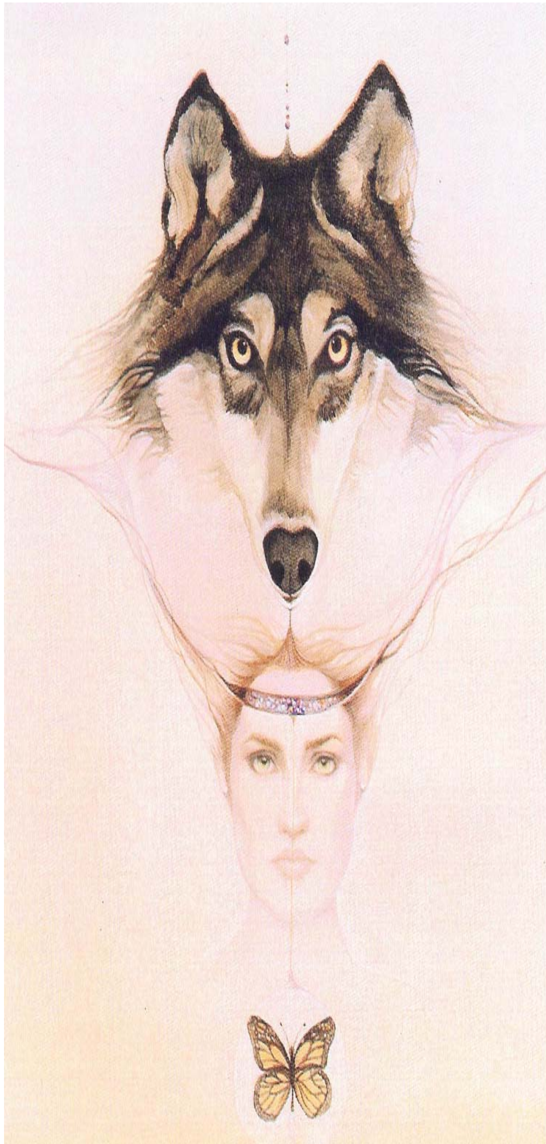
If your drum skin splits completely:

Soak the hide in water and it will soften enough to be removed. If you don't mind, you can also simply cut the hide off. The major issue is to rescue the frame so you can recover it with a new hide. Soaking the drum too long may result in a warping of the wooden frame. If you soak to remove the hide, be certain you dry out the frame completely before recovering it.

A drum can last for many years, properly cared for. If the paint chips, you can always do touch-ups, and seal it with a protective varnish.

Carol Vallejo wrote the following poem that reflects many Native teachings about the drum:

Drum Song



Hear the heartbeat of the drum
the heartbeat of the elk-man
the heartbeat of the bird-woman
the heartbeat of the sky circle
It is the heartbeat of the drum.

Feel the life-pulse of the drum
the life-pulse of the cedar-elder
the life-pulse of the frog-child
the life-pulse of the water-circle
It is the life-pulse of the drum.

Speak to the throbbing of the drum
the throbbing of the drummer
the throbbing of the listener
the throbbing of the earth circle
It is the throbbing of the drum.

Throbbing, life-pulse of sky-water-earth ones
… It is the heartbeat of the drum.

Applications to HIV work:

Some potential applications ways to incorporate drumming and dancing include:

- Use of drumming and dancing to center or rebalance one's self, by releasing negative, hurtful or painful thoughts and feelings;
- Use of drumming and dancing in a ritualistic manner to support healing and/or create non-medical processes to help deal with depression;
- Use of drumming and dancing as a form of prayer, asking the Creator for medicine or assistance in making decision and/or making choices about HIV care, service or medications; and
- Use of give thanks for the life that has been given to me.

Try to identify four other appropriate ways to incorporate drumming and dancing:

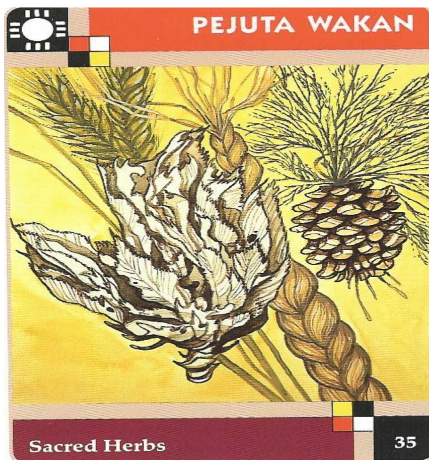
1.
2.
3.
4.

Herbs

Objectives:

Participants will be able to express the teachings, traditions and key elements of Native American, Native Alaskan and Native Hawaiian Herbs. Participants will also be able to identify four ways that they could apply this information to HIV work with Native Peoples (Native Americans, Alaska Natives and Native Hawaiians).

General Discussion:



Kawika Ka'alakea tells this story from a Native Hawaiian point of view (but which is relevant to other Native Peoples), "In the land is many things. That's where our food comes. That is where our culture comes and our culture comes and out language comes from the land. Everything. That's '*āina*. We Hawaiians come from the '*āina*" (Voice of Wisdom: 64). *Kahu* Ka'alakea knows how to heal physical ailments using ancient Hawaiian tradition of herbal medicine. "He comes from a family of *kāhuna lā'au lapa'au* (herbal doctors), but he only began practicing it himself in 1986." (Voices of Wisdom: 68). As with many Native Peoples, Native Hawaiians are returning to value and place emphasis on the old ways. "*Lā'au lapa'au* is for everything. It can be for your eye, for your hair, for your nose, for your ear, for your tongue, whatever. You have ulcer, you have hemorrhage, every disorder of the body we have medicine for that. *Lā'au lapa'au* is a powerful thing" Voices of Wisdom: 68).

Two very good resources to explore for more information about specific Hawaiian herbs and herbal medicine are:

- Kaiahua, Kalua. (1997). "Hawaiian Healing Herbs: A Book of Recipes." Ka'imi Pono Press: Honolulu; and
- Gutmanis, June. (2001). "Hawaiian Herbal Medicine: KĀHUNA LĀ'AU LAPA'AU. Island Heritage Publishing: Waipahu.

Applications to HIV work:

Some potential applications to explore with Native clients include:

- Use of herbs to treat diarrhea, dysentery or when a diuretic is needed;
- Use of herbs to treat gaseous stomach, which could be associated with the use of a variety of HIV medications and/or prophylaxis treatments;
- Use of herbs to fever or headaches; and
- Use of herbs to stimulate appetite.

As with any treatment, full disclosure and dialogue about herbal treatments is necessary to make sure that there aren't any harmful interactions caused by the combination of such modes of treatment. As an example, its been shown that St. John's Wart – which is a commonly used herbal therapy to foster psychological well-being and curve depressive states – should NOT be used by people taking HIV medications. Some clients have been able to use KAVA KAVA as an alternative to St John's Wart or commonly prescribed western antidepressants or anti-anxiety drugs.

Try to identify four other appropriate uses of Sacred Herbs:

1.
2.
3.
4.

Native Healers & Medicine People

Objectives:

Participants will be able to express the roles and contributions of Native Healers and Medicine People in the healing process. Participants will also be able to identify four ways that they could apply this information to HIV work with Native Peoples (Native Americans, Alaska Natives and Native Hawaiians).

General Discussion:

The following passages reflect the positive approach to illness that many Native Healers and Medicine People presence for Native Peoples:

"Illness teaches those people who recover to recognize that however tragic and costly the experience was, it frequently leads to something worthwhile later on – something that never would have occurred had not the illness led to it … Remember that you have been ill or hurt before and survived. Then center your faith in survival again. Know that it will be so. Marshall your physical and mental forces … for this is what balance is all about … Where do the holy man and the medicine person fit into the picture? They are an added dimension of faith where in they share with you the belief that you can and will be healed [as distinct from "cured"]" (Secret Native American Pathways: A Guide to Inner Peace: 288).

It is important that the tradition healing of Native American Medicine People not be mixed up with other terms such as wizard, shaman, witchdoctor, medium or psychic.

For example, Native Healers and Medicine People may "journey" while in an altered state of consciousness, which is usually induced by rhythmic drumming or other types of percussion

sound. “Such journeys are generally undertaken in order to help other people, members of the community, in a number of different ways” such as:

- For the purpose of diagnosing or treating illnesses (from the perspective of the client’s secondary worldview);
- For divination or prophecy;
- For acquisition of power through interaction with spirits, power animals, guardians or other spiritual entities;
- For establishing contact with guides or teachers in non-ordinary reality, from whom the Shaman may solicit advice on tribal or individual problems; or
- For contact with the spirits of the dead.

Providers may read other materials and come across the use of term “Shaman.” The term “Shaman” is similar to the term “Berdache” in that it is not a Native American work, but a corruption of a Siberian term that was picked up by non-Native anthropologists, and then applied to everyone else.

Both Native American and Native Hawaiian healers find spiritual grounding in nature. “To greet the sun as it rises – this was the tradition of the ancestors,” explains Lanakila Brandt, priest of Lono (Lono is the Hawaiian deity dedicated to agriculture and peaceful activities). “Everyone would turn to the sun with prayers of love and gratitude because native practitioners believe that with the coming of the sun the *mana* [life force] returns to the Earth each day. With mana comes healing, growth, life itself, for all creatures and the Earth” (Voices of Wisdon: 54).

For many non-Native providers, embracing and honoring the traditional healing resources of Native Healers and Medicine People will require an expansion of one’s worldview, which allows for, and honors the reality, that their clients may have other explanatory models of disease and illness.

In an ideal therapeutic setting, western and traditional approaches can be integrated to foster the maximum benefit to the client/patient.

Applications to HIV work:

Native American, Alaskan Native and Native Hawaiian clients may seek the consult, traditional healings practices and/or medicine offered by Native Healers and Medicine People. While western medicine addresses the biomedical explanation of illness (how), Medicine People address spiritual explanatory dimensions (why) and foster healing practices that can be used to:

- Release negative, hurtful or painful thoughts and feelings;
- Create processes to help deal with depression;
- Attain mind and body wisdom that empowers one with an understanding of how to walk in balance with nature; and/or
- Diagnose the spiritual nature of the dis-ease or disharmony, as well as to develop a spiritual plan to address the issue/need.

Try to identify four other reasons that Native clients may seek the care and services of Traditional Healers and/or Medicine People:

1.
2.
3.
4.

As previously mentioned, we want to caution non-Native providers who have been exposed to Native culture studies. As a result of boarding schools and other intercultural factors, many Native People haven't had the same training and information about their culture. In some cases, knowledge about Native culture has used as a "weapon." (i.e. *I know more about being Indian than you do, so that makes me more Indian*.)

We've provided a spiritual and theological model of Native culture that may not be relevant when non-Native providers run across those Native clients who were adopted out, or forced into

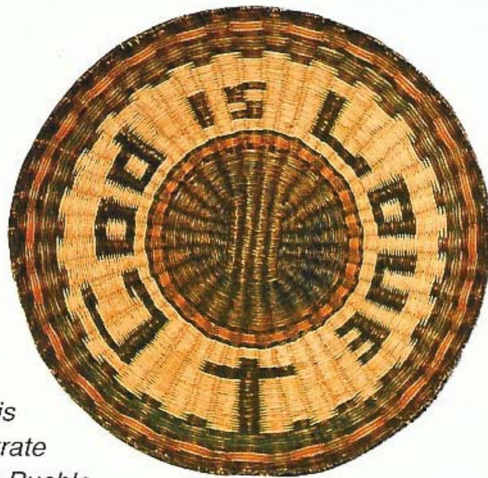
boarding schools. Providers who have expectations that these individuals will have access to these teachings may be unrealistic in working with some people of Native background.

It is important to remember that for some clients, the information that has been shared with you will be as new for some Natives as it is for the non-Native folks. There may also be a situation where Native clients will have a "general" idea of something ... for example knowing that the Medicine Wheel symbol is "Indian" but not knowing much about it beyond that.

This is an important concern because a very well meaning provider could potentially alienate a Native client by making references the client doesn't understand, or understands in a vague way, but is intimidated by how much more a non-Native person knows about the subject.

Providers may also encounter Native clients who are members of fundamentalist Christian groups who have been taught to see any Native traditions as "of the devil."

Other Native People may have developed expressions that incorporate Native teachings and medicines as well as those of Christian denominations.



Many Indian groups incorporate aspects of Christianity into their traditional religions. While this practice may frustrate missionaries, the Pueblo Indians prefer to practice religious tolerance.

Use of this Curriculum

General Discussion:

The information presented in this curriculum may seem overwhelming to those not familiar with American Indian, Alaska Native, and/or Native Hawaiian culture and making changes to the way one provides care, treatment, or education to this population may seem even more of a challenge. It is important to think of this curriculum as the *first step* in making a change in care, treatment, or education delivery to help improve the health outcomes of Native American patients/clients. Learning about Native American cultures isn't something that will happen over night, nor is it something that can be learned strictly by reading a book or curriculum, it is an ongoing process that involves experience and communication with Native peoples and communities. It is our hopes that this curriculum will help facilitate this learning process and make the transition comfortable and meaningful.

Change is difficult, but hopefully you will find some information in this curriculum that may be incorporated into your practice or program. Start slowly by using a few of the tools presented that you feel comfortable with to begin changing the way your services and programs are delivered to Native American patients/clients.

As stated in the introduction of this curriculum, the information contained in this curriculum does not represent the values and/or beliefs of any one Native American tribe or community; rather it is a combination of history, values, and expressions from many different American Indian, Alaska Native, and Native Hawaiian tribes, communities, families and individuals. Some of the content may not be a reflection of certain people; however, the ideals depicted in the previous chapters serve as a general guide to make the reader aware of the vast diversity of this unique culture. Therefore, it is important to get to know your Native American patients/clients on an individual basis, learn where they are coming from and *listen* to what they value and believe.

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