The Sacred Circle and the Four Directions

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- The Sacred Circle and the Four Directions

In American Indian Healing: A Historical Analysis

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Signature Page

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Abstract

American Indian people of North America have a unique and varied history perpetuated through oral tradition and legend. These traditions continue to remain a strong part of the present way of life for these people in spite of 500 years of European colonization, expansion, assimilation and outright genocide. Numerous deleterious effects resulting from European contact currently plague an estimated 2,448,000 registered Indian peoples, consisting of alcohol abuse, diabetes, suicide, despair and poverty. This becomes a heavy burden for all to bear, including the healthcare system. Of the many great challenges facing the healthcare system in North America today, is how to appropriately manage the consequences of this trauma throughout history in a culturally sensitive and compatible fashion. The purpose of this research is to explore the historical application of time-honored American Indian models incorporating the Sacred Circle and the Four Directions in traditional healing ceremonies. The aim is to apply this information to nursing practice through development of a new model and assessment tool incorporating both traditional and modern elements for the purpose of providing culturally competent care to this population.
Acknowledgments

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Wakan Tanka unshimala ye oyate - Grandfather, have mercy on me.
Dedication

To the sacred Powers of the Four Winds, Father Sky and Mother Earth. To Hobbes.
Conceptual Definition of Terms

There are numerous cultural descriptors used throughout this work that pertain to specific events, names, places and ideas, that in the interest of maintaining a higher degree of historical accuracy and respect will be referred to in their original form, or something close to it. Most often, this will be in Lakota, a branch of the Sioux dialect. An alphabetized word directory is listed, followed by a limited pronunciation guide and conceptual definition of terms.

Abenaki: ah-behn-ah-kee, a tribe of northern New England and Southern Canada, “people of the dawn”

Allegany: small Seneca Nation division in New York

Apache: the Inde or Nide people, who occupy vast parts of Arizona and New Mexico

Akwesasne: ah-qua-sause-nay, a Mohawk community founded long ago

Arikara: ah-rick-ah-rah, a tribe of North Dakota

Azela: smudging with traditional medicine, most often sage, sweet grass, or red cedar

Bear Butte: location in South Dakota

Canpe Opi: Wounded Knee, South Dakota

Cansasa: red willow bark

Ca’nupa: cha-new-paw, pipe -gift from God; red on pipe represents blood from great flood or buffalo
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Cherokee: a tribe of Oklahoma
Cheyenne: shah-y-ela, those who speak a different tongue (the Lakota name for the Tsististas)
Chippewa: Ojibwe nation of the mid west, northern plains and Canada
Clackama: klak-kah-mah, a tribe of coastal Oregon
Claptso: klap-tzop, a tribe of coastal Oregon
Flathead Reservation: Bitterroot Salish, Kootenai, Pend d’Oreille tribes of western Montana
First Nations: collective descriptor of the indigenous people of Canada
Hanblecheyapi: hum-blay-chay-ya-pe, humbla is vison, ceya is cry, the sacred rite of Crying for a Vision or Vision Quest.
Haudenosanee: hoe-dahn-no-sho-nay, “People of the Long House” or more literally, “People Building the Long House” (the more specific name for the Iroquois just as Lakota is more specific for Sioux)
Hecheto welo: “it is done well”, “it is good”, “it is so”
Hehaka: hey-hah-kah, bull elk, the animal that represents the east direction
Heyoka: hey-oh-ka, contrary, sacred clown or dreamer - gets power from thunder beings
Ho hecetu yelo: ho-hatcha-to-yellow, “that is so” or “so be it”
Ikce wicasa: the human beings.
Ina: in reference to Mother Earth
Inipi: eneepee, the Sweat Ceremony
Inyan: stone
Kinnikkinnik: kah-nik-ah-nik, a plant sometimes referred to as red bearberry, used in Ca’nupa smoking mixture

Lakota Oyate’: lah-kota o-ya-tay, indian people or nation, Sioux

Lila wakan: very sacred

Luta: lue-dah, red

Makhá Sica: ma-ka- she-cha, makhá is earth, sica is bad; means “Badlands”

Mato Paha: ma-toe-paw-ha, Bear Butte the holy mountain

Menominee: mehn-ohm-ee-nee, a tribe of Wisconsin, upper Michigan

Mitakuye oyas’in: meh-tah-queh ah-sin, “all my relations”

Multnomah: muld-noh-mah, a tribe of coastal Oregon

Native American Church: a spiritual movement evolving around the use of

Grandfather Peyote and the Sacred Pipe gaining greater momentum in

reaction to white oppression of American Indian religion

Oglala: o-glah-la, means to “scatter one’s own”, division of the Sioux

Oneida: oh-neye-da, a tribe of New England

Paha Sápa: “hills that are black”, or the Black Hills

Penobscot: pehn-ahb-scott, a tribe of New England

Pezhihota blaska: sagebrush

Phejüta: medicine

Phejüta wichasha: herbalist, healer, medicine man or doctor

Psatoka: Lakota for the Crow tribe or Absaroka

Pte: buffalo cow
Ptehincala Ska Win: White Buffalo Cow Woman in Lakota tradition, may be called Ptesan Wi, or White Buffalo Woman by some Sápa: black Seminole: sehm-ihn-oh-la, a tribe of Florida Shoshone: show-show-nee or Susuni, the Shoshone or snake tribe is a tribe of Idaho Shúnka wakhan: shoon-ka wah-kahn, dog and holy or sacred, a name for the horse Sinté Gleska: shin-teh gah-lehshe-kah, tail + spotted, Spotted Tail, a University run by the Sicangu or Sicháŋghu Lakota on Rosebud and named after a famous Brulé chief Ska: skah, white Thánka: thahn-ka, something that is big, great, a bull Thathánka: buffalo bull Timpsila: team-p-see-la, a sweet wild turnip Tiyospaye: family group or band To: doh, blue Tsistsista: tziss-t-siz-tah, Cheyenne tribe Tunka: toon-ka, a rock or tunka oyate the rock people, basalt rocks used in sweat ceremonies Tunkasila: tuhn-ka-she-la, grandfather spirit Unchi Makhá: oon-chee ma-ka, grandmother earth
Wacanga: sweet grass
Waga chun: wa-ga cha, the sacred cottonwood tree
Wakhán: wah-kahn, something that is sacred or holy
Wakhán Thánka: wah-kahn thahn-ka, the Great Spirit, Great Mystery, Great Creator, more than “God”
Wakinyn Thánka: wa-key-ya, silent/nasal ‘n’, the Thunderbird of the West direction
Wanagi: wa-nog-gey, gutterized ‘g’, dark spirit, Soul Keeping Ceremony
Wanagi tacaku: Spirit Path, the Milky Way
Wanblí Gleska: wam-blee gah-lehshe-kah, spotted eagle
Wapiye: medicine man who cures with herbs only
Washtay or washte: good
Wasicu: wa-she-chewn, fat eaters or white people
Wicasa wakhán: we-cha-sha wah-kan, silent/nasal ‘n’, sacred or holy man
Wojiapi: wo-sha-pee, a pudding made from chokecherries
Zi: zee, yellow

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In American Indian Healing: A Historical Analysis

CHAPTER 1

Introduction

So in the beginning was Wakhán Thánka, the Great Creator, the life giver. There was the Universe and Wanagi Tacaku, the Spirit Path, the Milky Way. Above are Star People and the Sun and Moon who was his wife. Here are Grandfather Sky, Tunkasila, and our Grandmother Earth, Unchi, and the Powers of the four sacred winds of the Great Directions. Wanblí Gleska the spotted eagle, the sacred Thunderbird is living at the top of the world bringing light and holiness from the powers above to the two-leggeds. Here Pte Oyate, the Buffalo People walked among the four-leggeds, and were chiefs of them all. There were wingeds, creeping-crawlers, swimmers, grasses, Rock People and other beings. Though of all the people, the Buffalo People, the Pte Oyate were the closest relatives to the Human Beings, the two-leggeds, who lived in darkness and were beginning to form the great circle of the nations hoop. In the beginning everything was confined to darkness in this hemisphere on the muddy back of this floating place, Turtle Island, where Wakhán Thánka placed us. This is how it was in the beginning. Hetchetu welo. It is so.

Everything Begins in the West

The place of darkness. I remember sitting in darkness when I was barely beginning to remember anything. I recall sitting cross-legged just behind my mother at very tender ages. While peering into fire pits of innumerable fires that cast their dim light in traditional longhouses and lodges, I listened to tales of creation, of the formation of the
heavens, of the stars and the Milky Way, and of the right way to walk in life. Sacred drums reverberated in the flickering darkness. I was told that the sun sets in the west, and everything becomes black and dark in preparation for healing. This is the place where I will begin speaking from. When I was a child, Salish elders and Oglala Sioux of the Pine Ridge Agency would sometimes gather the children around after we had finished getting food and they would all make talk, and I smelled the cedar, sage and sweet grass and listened, and it was dark.

My perspective. My mothers’ grandparents were, according to their birth and death certificates, of Allegany Indian and Irish descent from New York and Canada who settled in Townsend from 1910 to 1925 to raise their 17 children. My first cousins, brother, and niece are all registered tribe members of the Chiricahua Apache and Cherokee. I cannot speak from the perspective of one who has experienced the trials that accompany children who are raised Indian, because I was not. I’m not Indian, although I may represent our so-called “melting pot” history. Consequently I have developed interest in American Indian studies and research due to my family history and broad childhood experiences.

American Indian worldview. A great storyteller among the Salish stated that “Everything on the Earth has a purpose, every disease a herb to cure it, and every person a mission. This is the Indian theory of existence” (Mourning Dove, 1933). Her pen name was Christine Quintasket, she lived from 1885 to 1935, and she was born Humishuma or Mourning Dove on the Colville Reservation in Washington. Through this statement Mourning Dove clearly acknowledges what the American Indian has been living out in daily life since before written history. This is dissimilar to Western civilization’s White
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Anglo-Saxon Protestant worldview and ethic, which is perceived to be linear in nature. The American Indian in contrast has been living according to a pharmacologic and circular worldview. A good Human Being should always be living in good measure and walking, thinking, speaking and praying in a sacred way, even inside of a hospital, not just during church. Illness is due to the fact that something is out of balance.

Generally speaking, for the Indian, church is everywhere and so is God. God has many different names. Many Indians today believe in one God, “the same God for all people and all faiths” (Walton, 2005). It is believed that all people pray to the same God. Accordingly, God has many different facets and names to suit the changing surroundings of nature. A young Crow man receiving dialysis stated “You people call Him God, we call Him Grandfather, the Almighty One, Mother Earth.’ Grandfather is looking down on you and Mother Earth surrounds you, embraces you and is always in touch with you… Grandfather and Mother Earth are one Great Spirit.” A Crow woman stated that God “the Great Spirit is the maker of all things. I call him Jesus, Lord, Mother Earth, All Powerful. He is all things, He is love.” Another young man on dialysis stated that he “prays to the Great Spirit, to Grandfather, the Good Spirit” (Walton). In Lakota worldview, God is the Great Creator, the Great Unknown, the Great Sacred Wakhán Thánka, Grandfather Tunkasila, Grandmother Earth Unchi Makhá or Mother Earth Ina Makhá, among other aspects in the realm of the Sacred.

Indian worldview is non-linear. It is circular based on concepts of wholeness and balance. It is paced according to the seasons, the years, and rituals, not to clocks. Things happen when they are supposed to happen. As a youngster, I was told to think before acting, to take time and not to ask so many questions because thought precedes speech. I
also learned that Indian worldview is from the perspective of a people who are strongly connected to the past and they will never forget what happened long ago in the beginning. Tecumseh of the Shawnee stated that “the Red Man have borne many great injuries. They ought to suffer them no longer” (Hyppa & Monaco, 1995). Acknowledging the past and talking about it can help the healing begin.

Diabetes in American Indian Populations

I believe it is critical in light of current health issues confronting this population to bring healing and help restore balance to the tribes while acknowledging the medical community’s failure to provide this with traditional interventions. High rates of disease, suicide, and mortality attest to this need as do alarmingly high incidences of diabetes mellitus type II, or non-insulin dependent diabetes. The world’s fastest growing rates of this disease in the world are occurring among American Indian populations. Additional serious medical conditions seem to attack this population more severely than other ethnic groups in the United States. Prior to 1940, diabetes was uncommon to Native North America (Hernandez, Antone, & Cornelius, 1999), but now the 2002 Center for Disease Control statistics show it to be the fourth leading cause of death among American Indians, lead by heart disease, cancer, accidents, and followed by cardiovascular disease as a fifth cause.

In Montana, heart disease is the number one killer of American Indians followed by cancer, accidents, diabetes, chronic liver disease and cirrhosis (Montana Department of Health and Human Services, 2001). Why should diabetes be given priority in research over these five other causes of mortality? Diabetes is preventable. It can lead to heart disease, stroke, vascular disease and myriad other conditions complicating heart, liver,
kidney, and other causes of death. The disease itself is also the cause of many fatal accidents from severe states of hypo and hyperglycemia.

*Diabetes mellitus.* Over 500 American Indian tribal organizations exist in the United States, each with its own diverse traditions and unique culture, language, lifestyle, location, and genetic heritage (United States Department of Health and Human Services, 2002). An estimated 2,448,000 American Indians are federally recognized and comprise 0.99% of the total United States population (United States Bureau of the Census, 2000). In this population, diabetes mellitus is now recognized as one of the most common and serious health issues confronting American Indians in the United States. It has been shown that rates of diabetes type II or non insulin dependent diabetes, the most common kind, are as much as 2.8 times higher for American Indians than the overall U.S. population. Disease has occurred in as much as 15.2% of the overall population among tribes of the Great Lakes (Archer, Greenlund, Casper, Rith-Najarian, & Croft, 2002). Mortality and morbidity rates are high from this disease, as it is the fourth leading cause of death for American Indians (United States Department of Health and Human Services, 2002).

*Sequelae.* The world’s highest recorded incidence of diabetes is with the Pima, where roughly 50% of Pima Indians of Arizona between the ages of 30 and 64 years have this disease (Vera, 2003). Acton, Burrows, Moore, Querec, Geiss, & Engelgau, (2002) examined American Indian and Alaskan Native children and diabetes trends, declaring that diabetes should be considered a major health problem among young Indians. This study found that Pima Indian children have the highest climbing rate of diabetes type II, 71%, an emerging problem once thought to be facing adults only. In less than a decade,
overall prevalence of diabetes has increased 46% contrasted to the U.S. general population’s prevalence increase of 14% (Acton et al., 2002). Complications from this disease include stroke, kidney failure, blindness, heart disease, amputation, and death from heart disease. As diabetes mellitus type II is one of the most common and serious health issues confronting American Indians in the United States today, issues concerning this disease will be the focus throughout this thesis in addition to the nurses’ role in this process. Given the nature of health care organizations supporting American Indian populations today, nurses are among the best candidates to intervene in caring ways and to practice caring (Struthers & Littlejohn, 1999). Therefore, diabetes should be considered a major public health problem, a preventable health problem with identifiable risk factors among Indian populations.

*The silent hunter.* A 2000 study conducted by Bruyère & Garro, explored how First Nations people perceive diabetes as a predator that is preying on the people who have lost touch with traditional living. 20 of the 22 interviewed participants described diabetes in a Cree word that meant, literally, sugar sickness. This term also has a connotation hinting at artificiality, or made up, signaling that this disease is one of recent emergence. In fact, most native languages do not have a word for diabetes (Hernandez et al., 1999). 19 of the 22 participants associated lack of wild foods and being poor with ever increasing rates of diabetes. They described this illness as being a silent hunter, insidious and sneaky, where this people are the prey and the diabetes the hunter. In addition, the Cree in this study described the disease as the sugar or a he, he who travels in the body causing blockages if one is not active or healthy, basically that “he is in you” causing harm. A recurring theme was that much Indian medicine had been lost, but if
these healing practices continued, the sugar could be killed. Exercise and weight loss are generally accepted as ways of keeping sugar moving so as not to settle and cause sickness. The participants viewed diabetes as rooted in collective experience and in historical processes that have gone beyond their control.

Native-Friendly Frameworks for Health Care

Oglala Sioux holy man Nicholas Black Elk told author Joseph Epes Brown that “The power of a thing or an act is in the understanding of its meaning” (Brown, 1953, p. 123). How are nurses supposed to provide care for a people as health professionals when they do not understand them? Likewise, health professionals treat based on models outside the frame of reference of Indian worldview and understanding. The health care system in America is not native-friendly (Kaegi, 2004). Healing by faith is not an accepted Western tradition. Frameworks congruent with tribal perceptual and conceptual modes are therefore essential (Gunn-Allen, 1986). A closer look at the facts reveals a necessity for tribally congruent healthcare models. This is the best way to treat diseases such as diabetes partnered with an understanding of Indian worldview.

Current reservation conditions. In Montana, more than 65,000 Indians live on eight different reservations, comprising nearly 7% percent of Montana’s total population (United States Bureau of the Census, 2000). In some counties Indian populations exceed 70%. They are relatively well off compared to other tribes. Today on the Pine Ridge Reservation in the southwest corner of South Dakota, conditions for the 40,000 Sioux who live on two million acres of federally allotted land are generally the most poverty stricken in the entire nation. Great disparity exists for life on this reservation and life in non-reservation circumstances. This is generally true of all reservation conditions.
compared to greater America. A Crow woman receiving dialysis describes the despair and hopelessness on her reservation that creates an “oppresive spirit” and a “burdened people” who suffer and seek comfort through alcohol and illicit substances. A Cheyenne from the same agency also receiving dialysis describes how the youth on his reservation are having sex by age 11 and pregnant by age 13. He states they are drinking alcohol and using drugs because “they have nothing else to do here. No football, no soccer, no baseball or other things that keep kids busy and out of trouble” (Walton, 2005).

In Shannon County, South Dakota, 2001 median household income was $20,916, whereas the median household income for the United States for that year was $41,994. Per capita income in this county for 1999 was $6,286, compared to U.S. per capita income of $21,587. In Shannon County there were an average of 4.36 persons per household in 2000 versus 2.59 persons for overall U.S. household average. 52.3% of Shannon County residents existed below the national poverty level in 1999 where only 12.4% of overall U.S. citizens were in poverty. 46.2% of their children also existed in poverty in 1997 compared to a U.S. rate of 19.9%. Homeownership rate in Shannon County in 2000 was 49.6% with median value of said homes at $25,900. In comparison, U.S. homeownership rate for the same year was 66.2% with average value of homes at $119,600. 39% of homes have no electricity, and 60% of homes have no telephones. In Shannon County, the American Indian population is 94.2%, compared to 0.9% in the United States as a whole according to the 2000 United States Census. Conditions and quality of life seem to worsen in areas of greater Indian concentration.

*Morbidity and mortality.* Morbidity is the rate of incidence of disease and mortality is the death rate. On Pine Ridge teenage suicide rates are 1.5 times higher than
for the national average, life expectancy is 45 years compared to a national average of greater than 73 years and homicide is the second leading cause of death for Indian males between the ages of 10 and 34. Homicide is the third leading cause of death for females of the same age. Almost 63% of male and 75% of female homicide victims were victims of family members or acquaintances (United States Bureau of the Census, 2000). In a recent survey, 32.7 percent of American Indian and Alaska Native adults aged 18 and over said they were current smokers. This was significantly higher than the national average of 22.8 percent (Center for Disease Control Morbidity and Mortality Weekly Report, 2003). Tuberculosis rates are more than five times higher for the people than for whites, and death rates from alcohol related problems are three times higher than for the remaining United States population. Diabetes is major cause of morbidity, affecting up to 50% of Indians in some populations, with afflictions such as blindness, kidney failure, lower-extremity amputation, cardiovascular disease, congenital anomalies, and other disabilities (Acton et al., 2002).

If there was good medicine to give, surely America’s first people should be getting it. Likewise, if there were a good way of giving it then there would not be a problem. Statistics disagree however, and death rates climb, poverty skyrockets and 10% of South Dakota’s overall population suffers like they have been since whites began settling the sacred Black Hills, the center of Turtle Island, the “meat pack”, Paha Sápa. A better way of reaching out is vital to the survival of this struggling nation. As Struthers & Littlejohn proposed in 1999, given the nature of health care organizations supporting American Indian populations today, nurses are among the best candidates to practice caring. Incorporating this idea into a native-friendly framework that involves caring in a
culturally competent way is a significant step in a positive direction towards health and
wellness. However, this also involves understanding the painful journey the American
Indian has endured over the last 500 years of colonization, expansion, and genocide.

The Purpose and Significance of This Qualitative Historical Thesis

The purpose. As indicated by disturbing prevalence of disease, poverty and
premature death, nursing research is key in determining more effective ways of providing
culturally considerate care. This is vital for the future of American Indian wellness. The
purpose of this research is to find significant historical reference to key themes relating to
cultural wellness concepts of the American Indian and to explore the historical
application of time-honored American Indian models incorporating the Sacred Circle and
the Four Directions in traditional healing ceremonies. The aim is to apply this
information to nursing practice through development of a new model and assessment tool
incorporating both traditional and modern elements for the purpose of providing
culturally competent care to this population. It is important to note here that cultural
consideration in a collaborative care process does not mean imitation of practices to show
respect. Alternatively, the nurse may show respect through education, tolerance, and
understanding of important rituals.

The significance. Research reveals many references to preexisting tribal
frameworks for provision of care to the sick and maintaining wellness throughout the
history of the American Indian. The key to successful interventions and achieving
"compliance" with western ideas of health and treatment regimes involves understanding
from an Indian worldview and incorporating aspects of tribal wellness models into
existing western plans. This is not easy and scanty research exists to support such
thinking. Compliance is also an inappropriate word to use, but it is what traditional Anglo medicine dictates a good patient does. Therefore Indians are traditionally bad patients given the statistics and not good because they are traditionally noncompliant. In fact General Philip Sheridan, a decorated Union hero of the Civil War put it eloquently when he stated that, “The only good Indians I ever saw were dead” (Brown, 1970, p.170). For that reason, my research is significant in that I have the task of education and rediscovery of better means of population specific healthcare through incorporation of traditional methods and through the avocation of safe patient use of traditional models in predominately white healthcare settings. Specific models include the Sacred Circle and the Four Directions.

*The literature.* In Indian literature countless references exist regarding physical, mental, spiritual, and relational wholeness attained through prayer and invocation to the Powers of the Four Directions. A mind, body, spirit, relational balance association is also evident in numerous references to the Sacred Hoop or Sacred Circle. This is a metaphor for the whole nation of the people that breaks and scatters from ill health, disease and evil thinking. Likewise, references to a Tree of Life that blooms with a well nation and withers with sickness are symbols used by healers and medicine men in ceremonies for healing purposes. There are apparent similarities here to the Four Dimension Assessment Guide used in nursing. It would therefore benefit the profession of nursing to adapt nursing models of care based on these ancient theories and to study them, to incorporate them in plans of care for Indian patients with the intent of improving “compliance”. In the least it would benefit nurses to become familiar with these concepts through general
study so as not to be alarmed, fearful, or biased when Indian clients participate in ancient customs for healing.

Research Questions

Several questions emerged at the beginning of this research process that helped guide the development of specified themes, which are discussed in greater detail in the methodology.

1. What are the historical roots of the Sacred Circle and the Four Directions?
2. What does the concept of the Sacred Circle mean to Indian peoples?
3. What does the concept of the Four Directions mean to Indian peoples?
4. Can the Sacred Circle and the Four Directions be incorporated positively in healthcare delivery for Indian peoples?

Assumptions

The exposure I had to American Indian life as a child came predominantly from Oglala Sioux elders of the Pine Ridge Reservation, with strong influences from coastal Salish medicine women. Respectfully, I cannot claim affiliation with either nation. As there surely exists a negative “Reservation Bias” for white Americans towards their Indian neighbors in such states as Montana where there are eight reservations currently, I may be negatively biased towards whites and white culture even though I am white. I was not taught this, as tenets of living in good balance and measure according to the Four Directions do not promote hate. However it is hard to not be moved in certain directions regarding white and Indian relations that I have been attempting to study for some time. I come into the research process with the assumption that a large part of our cultural
heritage is lost forever because the American Indian has been robbed and still greatly suffers from historical trauma, which many still refuse to address, or are ignorant of.

I also believe that our healthcare system is flawed in regards to tolerance of American Indian healing methods in conjunction with western techniques. I believe a double standard exists where it is more acceptable for whites to explore outside of their own religious backgrounds and are encouraged to use alternative therapies in healing, but that use of native healing techniques by Indians is discouraged or shunned in clinical settings out of fear or misunderstanding. I believe it may be hard for many practitioners to try and see the world from a tribal viewpoint. This is based on research as well as on personal experience. I try here to bring some knowledge forward in reaction to this ethnocentrism.
CHAPTER 2

Review of the Literature

Introduction

While not possible to discuss all aspects of the rich and varied history of native North America in sufficient detail in a senior thesis, it is possible to address with some success the areas that historical researchers have tended to neglect, namely spiritual realms of indigenous American life. It is also possible to successfully include significant nursing literature in reference as it pertains to modern accounts of American Indian spiritually being observed in healthcare settings. This area of research is largely overlooked. The occurrence of population specific disease processes such as diabetes mellitus type II will be reviewed in conjunction with the nurses’ role in these processes as the majority of mortality and morbidity results from sequelae of diabetes, and thus the research is well funded. Historical references to the Sacred Circle and the Four Directions will be used as appropriate. Of important note, is that spiritual practices differ greatly from nation to nation, tribe to tribe, sometimes from band to band, and even from family member to family member. It is incorrect to assume that customs for one group are universal and apply to all Indians, or that a certain ceremony is concrete and will always be done a certain way without change. For the purpose of this thesis, the majority of core historical references will be taken from literature on the Lakota. First hand accounts have traditionally been provided through an interpreter, as many of the American Indians referenced in literature speak English as a second language, or not at all. Some shift in original intent and content of the accounts are expected to have occurred and been lost through translation.
Historical Overview

The Lakota. The Teton Sioux or Lakota as they call themselves are probably the most well known and well studied of the nation’s 500 federally recognized Indian tribes aside from the Diné, or Navajo. For this reason, predominant point of view in this research will be from a Lakota perspective unless otherwise noted. For most people, images of tipis, headdresses, feathers, moccasins, buckskin, ponies, Spaghetti Westerns, and the “noble red man” are based off of the legendary prowess, cunning, and hunting skills of the Lakota. The Lakota expelled the Kiowas in 1765 from the Black Hills of South Dakota for the rich hunting grounds that awaited them where the major herd animals grazed (Hassrick, 1964). From here they dominated the Great Plains until the Massacre of Wounded Knee December 28, 1890 when frozen, dejected, sick in the heart and starving they agreed to relocate in dramatically reduced numbers to reservations in South Dakota, watching while the soldiers shot their ponies and piled the frozen corpses of nearly 300 of their tribes’ men, women, children, and elders into a mass grave (Brown, 1970).

The Great Plains of North America is an immense swath of country, extending from Mexico to Canada and east through the Rocky Mountains. It is rugged, wide, and drab in places with little rainfall, under 24 inches a year. This lack of trees creates room for lush, rippling grasslands and grain fields rich in sagebrush and sweet grass that comprise one third of the overall land area of the United States of America (Trimble, 1980). It is estimated that between 30 and 80 million head of American bison once grazed these plains along with other smaller herd animals before the arrival of white hunters.
These animals migrated through the makhá sica, the Badlands, around canyons carved from solid rock by eons of water flow.

While traversing the beautiful and sacred Paha Sápa, meaning literally “hills that are black” and believed to be the heart of this hemisphere, the great bison herds were followed closely by the Lakota, the stone-lodge-people (Black Elk & Lyon, 1990). These people followed the herds because the bison was their source of sustenance and strength, providing lodging, clothing and nourishment. The sacredness of the animal is recounted in the first visit of White Buffalo Calf Woman, Ptehincala Ska Win. She brought the first Ca’nupa to the people, the first pipe, called the White Buffalo Calf Pipe involved in one sacred rite of a total of seven sacred rites. This figure is a basis for much of what is termed Lakota religion by Anglo or Christian scholars. She serves as the ritual center for the Lakota peoples. In actuality, this “religion” would more appropriately be described as a way of life. This way of life also happens to be the best studied of all Indian ways of living. The following event still figures heavily into modern ways of life for the Lakota. The general time that this event happened is agreed to have occurred roughly two thousand years ago. Lame Deer, Lakota Holy Man of Rosebud recounts a detailed and lengthy version of the account through Richard Erdoes (1972), as does Nick Black Elk of the Teton Sioux through Joseph Brown (1953) and John G. Neihardt (1979). In order to somewhat appreciate the often-misunderstood rituals and practices associated with American Indian ways of life and healing, this story should be told like it was for the last 19 generations. It should be told slowly in a circle around a fire with food by grandma and grandpa like it was told to me when I was little, but here it will be summarized for brevity’s sake:
Untold lifetimes ago, before the people had guns or horses, during a summer gathering of the Sioux bands, two hunters of the Without Bows tribe went to scout for buffalo. They saw something coming towards them and it appeared to be a buffalo, but as it came nearer, it became the most beautiful young maiden they had ever seen. She wore the finest clothes, a bundle on her back, and a fan of sage leaves in her hand. One of the warriors immediately knew that this was a holy woman not of this earth, sacred, lila wakan. The other warrior had lustful thoughts after her, and reached out to touch her as she approached. A white whirlwind of smoke enveloped this man. When it left, all that remained was a dry pile of bones crawling with snakes. The remaining warrior immediately got on his knees and began to pray.

The woman said to him, 'I have come from the Buffalo Nation, lords of the four-leggeds, with a message for your people.' White Buffalo Woman told him to go back to his people and tell them to prepare for her coming. She explained what she wanted them to do. They were to set up a large tipi and make an owanka wakan, a sacred earth altar, inside it. She also wanted them to place a buffalo skull and a rack made of three sticks inside the tipi. The young man did this, and on the rising of the sun, the crier announced the White Buffalo Woman walking towards them in a sacred manner. Instead of the sage fan she carried the holy pipe, the Ca’nupa, holding the stem with her right hand and the bowl with her left, how the pipe is carried to this day.

The elders of the tribes welcomed her as a sister into the tipi, and dipped some wacanga, sweet grass, into a skin bag of water and gave it to her in this way,
and to this day sweet grass or an eagle feather is dipped into water and sprinkled on those wished to be cured or purified during a ceremony to remind of the White Buffalo Woman. She then showed the people how to use the pipe, by filling it with cansasa, or red willow bark, and tobacco. Then she walked sun wise, clockwise around the altar, representing the circle without end, the road of man from youth to old age, from ignorance to knowledge. It stands for life. The White Buffalo Woman then showed the people how to pray with the pipe, lifting it up to the sky, lowering it toward the earth, pointing it in the four directions from which the wind blows.

‘With this holy pipe you will walk like a living prayer,’ the White Buffalo Woman told the people, ‘Your feet resting upon the grandmother, the pipe stem reaching all the way up into the sky to the grandfather, your body linking the Sacred Beneath with the Sacred Above. Wakhán Thánka smiles on us, because now we are as one, earth, sky, all living things and the ikce wicasa, the human beings. Now we are one big family. This pipe binds us together. It is a peacemaker. There is a pool of blood somewhere, a place you came from. You will find this blood petrified into stone and it is red, the lifeblood of the buffalo that gave its life for you. It comes from a sacred spot common to all people, where even enemies are turned into friends and relatives. This is why the bowl of the pipe is red, from the same bloodstone, catlinite. The Earth is red, the two-leggeds who live upon it are red, and the Great Spirit has given to you a red day and a red road to walk.’
She said this as she gave specific instructions to the women and children on how to live in a good way. After she had finished speaking, the White Buffalo Woman wrapped the pipe in the bundle she carried on her back and gave it to the old-man chief of the Without Bows for safekeeping. The name of this man is sometimes given as Standing Hollow Horn. 19 generations later, this original pipe is still held by the sacred pipe carrier of the Lakota, Orval Looking Horse.

Together with the pipe the White Buffalo Woman gave the people a round, blood-red stone. On it were the marks of seven circles representing the seven campfires of the Lakota or the seven ceremonies that go with the pipe. So here again the stone represented the whole universe to those who could read its signs.

After the White Buffalo Woman had done all this she took leave of the people walking in the same direction from which she had come, singing: ‘Niya taniya mawani ye’ which has been translated as ‘With visible breath I am walking,’ First, niya taniya means not only breathing and breath, but also being alive and life itself. It means that as long as the pipe is honored, the people will live, will remain themselves. And the thought of ‘visible breath’ can be taken as the smoke of the pipe, which is the breath of the people. It also reminds of the breath of the buffalo as it can be seen on a cold day. It underlines the fact that for the people, the pipe, man and the buffalo are all one.

As the people watched, the beautiful woman began to walk away, but then she sat on the ground and rolled into a red, then brown, then white buffalo calf. She then got up and turned into a black buffalo calf. It bowed to each of the four quarters of the universe and kept on walking toward the horizon until it finally
disappeared. This too is good to think about and easy to understand. The buffalo was part of the people, his flesh and blood being absorbed by the people until it became their own flesh and blood. Their clothing, their tipis, everything needed for life came from the buffalo’s body. It was hard to say where the animal ended and the man began. (Erdoes, 1972; Geise, 1997), (Brown, 1953, p. 3) and (Neihardt, 1979, p. 1)

In the above tale, mention is made of a band of Lakota called the Without Bows. French traders called them Sans Arcs. There are seven major divisions of the Sioux. The Oglala, which means to Scatter One’s Own, are the most populous bands of Lakota. There are Sichangu, the Burnt Thighs, now known as the Brulé, next largest in terms of size. Following them are the Miniconjou, Those Who Plant by the Stream, and the Oohenonpa, Two Kettles. The Hunkpapa are known as Those Who Camp at the Entrance, and the Sihapapa are called the Black Feet, not to be confused with the Blackfoot tribe. The band mentioned in the story, the Without Bows or Sans Arcs, are known as the Itazipchos, the smallest band to the north. The term “Sioux” is also a non-native term. It is French, short for nadouéssioux, taken from the neighboring Ojibwe or Ottawa naadowesiwag, an insult meaning Little Snake. Dialectical differences of the Siouan language result from the division of the original group into three distinct entities: Dakota, Nakota, and Lakota. The Dakota are the Santee Sioux, the Nakota are the Yankton and Yanktonai Sioux, and the Lakota are the Teton Sioux, Dwellers of the Prairie, the Plains or Western Sioux, the dashing buffalo hunters of the prairie (Hassrick, 1964).

**Historical trauma and genocide.** Historical trauma is a recent term selected by Native health practitioners to describe the “centuries of genocide, cultural destruction and
prejudice that have left Native Americans [with] an ongoing legacy of serious health problems” (Kaegi, 2004, p. 32). In this article, Maria Yellow Horse Brave Heart also defines historical trauma as “cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma” (Kaegi, p. 35). Although a recent term it is rooted, like Kaegi writes, in centuries of destructive processes inflicted on an unwilling population with little effort to promote healing in the wake of the process. The term genocide is not to be used lightly and it is not used lightly here. Article II of the 1948 Genocide Convention declares:

Genocide means any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group as such: killing members of the group, deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part, imposing measures intended to prevent births within the group, forcibly transferring children of the group to another group. (Gibbons, 2002)

The goal of this process is assimilation or elimination. For the American Indian, it was to get rid of the “Indian problem”. The Sioux received special attention from the U.S. Army; they were the “Sioux problem”. A long and painful history of broken treaties, white invasion, epidemics, starvation, lopsided battles, massacres, sneak attacks on unarmed villages, indiscriminate killing of women, children and unarmed men, decimation of buffalo herds and winter food reserves, forced relocation and germ warfare followed years of relative peace that had surrounded the Lakota in the Black Hills. Intertribal warfare occurred of course between tribes like the Crow and Arikara though never of a concerted effort or overtly offensive. Warring was for gamesmanship, honor
and to maintain territory where both sides broke off the engagement in excess of 1-2% casualty rates as related in lecture by J. M. Fox (personal communication, March 22, 2005). Warfare never resulted in such senseless loss of life on such scales involving so many innocents. The whites didn’t make any sense to the people.

After being forced from the Black Hills, tribes like the Lakota were split up and forced onto small allotments of land. Behind barbed fences they were sometimes made to wear little metal tags with identification numbers on them and forced to work for the soldiers in shackles while being starved, beaten, hung and simultaneously encouraged by the government to farm the dry, rocky soil with threats. Those who stood out or left the reservations to hunt were punished. Their ponies were shot, the buffalo was gone, they were forbidden to practice their ceremonies, and missionaries gave food only to those who attended masses. Poor conditions and weakened states of health resulted in soaring epidemics of influenza and smallpox. It is true that the army distributed pox contaminated bedding among the population. The children were removed from their parents and taken to boarding schools in cattle cars in the middle of freezing Dakota nights without their parents’ knowledge. At the schools they were relieved of their traditional vestments and hair and systematically taught to assimilate white culture and manners while punished for speaking their own language. By 1930, 75% of all Indian children were in these residential schools. In some cases, 100% of the children at the schools were sexually abused by priests and nuns (Gibbons, 2002).

It was estimated in 1492 when Christopher Columbus first encountered the Taino Indians of the Caribbean Islands, the indigenous population of this hemisphere might have been as great as 125 million individuals. In 1892 the United States Census Bureau
concluded there were less than a quarter-million American Indians surviving within the borders of the United States. In four centuries, the Indian population from coast to coast was reduced by over 90% (Churchill, 1997). Today less than 1% of the total U.S. population are recognized American Indians, roughly 2,448,000 people. A concentrated effort of extermination over the centuries resulted in such losses. Understanding that these things are not overrated myths and opinions designed to make the United States look bad is key to grasping the concept of historical trauma with the acknowledgment that the U.S. government practiced a form of systematic genocide on its native inhabitants. “A lie is a lie, not an opinion” (Churchill, p. 66), and documented facts show that despite some professional opinions, these atrocities happened in the name of Manifest Destiny and Western Expansion.

The Lakota were not the only Indians to experience this: there are Reservations scattered in all the imaginable inhospitable regions of the United States. Tribes from Oklahoma ended up in Washington, tribes from Montana and the Dakotas were moved to Oklahoma, Indians from California were forced to share space with ancient enemies in Oregon, and nations from Arizona were marched from their ancestral homes to live on desolate reservations in New Mexico. The same process occurred roughly for them all: starvation to break the will, relentless pursuit to wear down the body, destruction of natural resources to create dependence on the government, relocation, forced farming to counteract the nomadic tendencies, and removal of children. Kaegi (2004) writes that in the years following this, Alaska Natives and American Indians now rank first among all ethnic groups in suicide rates. Extreme poverty on reservations has also forced poor food choices. Forced relocation has interfered with traditional diet and exercise, weakening the
once robust constitution of the American Indian, resulting in such disease as diabetes and unresolved grief (Kaegi). The heavy burden of despair and grief carried on the shoulders of the survivors of genocide and trauma is almost tangible when Julian Lang of the Karuk states, “It’s hard to be an Indian” (Margolin, 1993, p. 193).

Prevalence of Disease

Pathophysiology. It is also hard to live with diabetes, another devastating result of historical trauma. Diabetes mellitus type II is caused by the body’s cellular resistance to insulin and by impaired insulin secretion. Insulin resistance is the body’s sub-optimal response to the presence of insulin in previously insulin-sensitive tissues, like the liver, muscle, and adipose tissue. It is commonly believed that many years of hyperinsulinemia exist before diabetes is clinically diagnosed. Additionally, defects in insulin secretion lead to insulin resistance, however, it is impossible to establish whether the primary defect results from B cell or peripheral tissue dysfunction once the disease has been diagnosed. Eventually the B cell responsiveness to glucose stimulation decreases resulting from absent islet cell antibodies of the pancreas and hyperglycemia occurs as an intracellular post receptor defect. Islet cell dysfunction may be caused by a decrease in B cell mass, also. Any decrease in either the weight or number of B cells generally results in this type of diabetes. In those who are obese, about 80% who have diabetes are, insulin has a decreased ability to influence glucose uptake and metabolism in the liver, skeletal muscles, and adipose tissue. Overall, the major problem with type II diabetes is insulin resistance with inadequate insulin secretion, resulting in elevated blood glucose levels (McCance & Huether, 2002).
Chronic and common complications. Outward complications of diabetes include high incidences of stroke. Stroke rates in Alaska Natives was highest among Inuits, followed my American Indians, with incidences of stroke being the highest among Inuit women (United States Department of Health and Human Services, 2002). Insulin shock may occur during hypoglycemic states in diabetes, resulting from neuroglycopenic symptoms, causing anxiety, headache, dizziness, irritability, fatigue, confusion, visual changes, coma, and seizures. Microvascular diseases such as diabetic retinopathy appear to be a response to retinal ischemia resulting from vascular disease and red blood cell aggregation. A significant finding is that diabetic nephropathy or renal disease caused by diabetes is the most common cause of end stage renal disease in the United States. It involves destruction of the glomeruli of the kidneys causing uremia and death. Macrovascular changes include coronary artery disease that can result in myocardial infarction. Stroke is twice as common in those with diabetes. (McCance & Huether, 2002). Peripheral vascular disease, infection, and diabetic neuropathies pose the most common complications, though diabetic neuropathies are least understood. Resulting foot ulcers and amputations of the lower extremities are frequent problems due to vascular disease and neuropathic complications (De Vera, 2003).

Signs and symptoms. Clinical manifestations for type II diabetes are recurrent infections and prolonged wound healing due to increased glucose and impaired blood supply. A classic triad of symptoms is polyuria, polydipsia, and polyphagia. Pruritus is caused by hyperglycemia and commonly seen as fungal infections in women. Visual changes such as blurred vision are cues to this disease. Paresthesias are a result of neuropathies and can be tingling sensations or lack of sensations. Fatigue results from
metabolic changes. Confusion and coma can result from states of extreme elevations in blood glucose, usually triggered by stress, urinary tract infections or respiratory infections. Such a state for type II diabetes is called HHNS, hyperosmolar hyperglycemic nonketotic syndrome, and it is life threatening. With this, the body is in a state of hyperglycemia over 600 mg/dl (McCance & Huether, 2002).

Etiology. As may be expected and as is evidenced, diabetes prevalence is far greater among American Indians. Diabetes usually develops in non-Indian adults over the age of 40 and is caused by the body’s cellular resistance to the effects of insulin, necessitating exogenous supplies, hence the name insulin dependence. In diabetes mellitus type II, some insulin is usually present in the blood. The prevailing medical belief is that pathology results in those who have failed to control their blood sugars with diet, exercise, and oral drugs (Venes, 2001). Diabetes generally occurs when a combination of certain medical risk factors such as being over the age of 40, being obese, being female and having body fat localized to the upper-body occur together. These factors are universal in triggering the onset of this disease and not limited to American Indian populations (McCance & Huether, 2002).

However, in recent decades the prevalence of type II diabetes has increased dramatically among many tribal populations. Archer et al., (2002) reported that in addition to being 2.8 times higher than the overall U.S. prevalence, diabetes is a significant risk factor for cardiovascular disease among most American Indian populations. This study found that among the Great Lakes tribes, prevalence of diabetes is 15.2%, and that out of 294 participants with diabetes type II, 64% were women, 60% were obese, 42% had less than a high school education, 35% reported no routine exercise,
and of the 52% that took insulin, 77% of those took blood pressure lowering medications. Those with diabetes taking health classes scored slightly better in their food habits then those who did not take health classes (Archer et al.). The world’s highest recorded incidence of diabetes is found among the Pima where nearly 50% of Pima Indians between the ages of 30 and 64 years have diabetes (De Vera, 2003). This leads researchers to propose that a genetic component is also a risk factor for developing diabetes.

*Genetic predisposition.* Genetic causes are complex and not clearly understood; although it is clear they play an important role in the development of the disease. Genetic risk factors are unique for this population, and have been shown to be a determining factor in the prevalence of type II diabetes, where full-blooded individuals are found to have the highest prevalence of type II diabetes in comparison with those of mixed heritage (United States Department of Health and Human Services, 2002). A gene called FABP2 has been isolated in a group of Pima Indians and may play a role in insulin dependence, as well as the PPPIR3 gene, which is more common in Pima than Caucasians (United States Department of Health and Human Services). Acton, et al., (2002) examined American Indian and Alaskan Native children and diabetes trends, declaring that diabetes should be considered a major health problem among young Indians. This study found that Pima Indian children have the highest rate of diabetes type II, increasing by 71%, an emerging problem once thought to be facing adults only. Therefore, diabetes should be considered a major public health problem among Native populations, with determining risk factors, some of which may be preventable or
reversible. This does not mean that American Indians have weak genes which prove that they are genetically unfit to survive as a race.

*Diet and health promotion.* Proper diet regulation is important for any diabetic, though not so easy to achieve sometimes. This is especially hard for American Indians because traditional diets they may be genetically designed to require and have eaten for perhaps thousands of years have been recently and dramatically altered since settlement of the West increased availability of sugary, fatty fast foods and resulted in absence of traditional game. Previously rare rates of diabetes type II (9.8 per 1000 people) in Alaska have ballooned to exceed that of all races of the United States. A 1995 screening that occurred at 15 village based health fairs and clinics along the Yukon and Kuskokwim Rivers found that native diet was traditionally limited to protein from fish, moose, caribou and marine mammals. In fact, the name most often associated in tradition with tribal people of Alaska, Eskimo, is derived from a French word widely held to mean “eaters of raw meat” according to J. M. Fox (personal communication, January 25, 2005). The diet of the many varied peoples who inhabited Alaska’s harshest corridors was subsequently low in carbohydrates, like their traditional name implies, consisting of a 3% to 5% intake. This has now increased to as much as 50% carbohydrates intake. In addition, soft drink consumption has increased three or four times. These researchers found overall that Native Alaskans with glucose intolerance had significantly higher intake frequencies of nonindigenous carbohydrates and nonindigenous proteins, such as beef, pork and white bread. These changes have occurred most noticeably within the last 50 years in Alaska’s Native Indian population (Murphy, Schraer, Thiele, Boyko, Bulkow, Doty et al., 1995).
A grounded theory study of Canadian First Nations adults’ experiences with diabetes revealed that of the 10 individuals studied, 20% indicated heredity as a cause of diabetes. One blamed type of self-food eating habits and another blamed white environmental contamination and food pollution (Hernandez et al., 1999). Archer et al.’s 2002 study reported that those diagnosed with diabetes in Menominee and Chippewa communities from 1992 to 1994 received extensive nutritional education, and concluded that community based programs may reinforce nutrition skills learned in clinics. Of 294 participants responding by questionnaire, those with diabetes taking health classes scored slightly better in their food habits then those who did not take health classes (Archer et al.). It is apparent that diet and healthful dietary promotion impacts diet selections, and modern foods may in fact be contributing to this disease.

*Impact on American Indians*

Diabetes is a devastating disease and it is described as being a silent killer. If preventative measures are not taken, it results in loss of physical capacity and quality of life for clients and their families, representing a major socioeconomic burden to the health care system (Hernandez et al., 1999). Loss of physical capacity results from amputations and sensory deficits, although quality of life is not so easily measured. Quality of life is impacted more by mental and spiritual well being in this population. Self-reliance has been noted by leaders of the Cherokee Nation to be the mainstay and way of life that influences the health of Cherokee, that which helps to keep the Cherokee in balance (Lowe, 2002). This disease impacts that ability as suffers lose control and must rely on others to meet needs. Lowe’s research also incidentally revealed this population to have a high incidence of suicide.
Social impact. As diabetes continues to have increasing deleterious effects on such a large percentage of the American Indian population, it has become a way of life. Mortality and morbidity rates are high from this disease, as it is the fourth leading cause of death (United States Department of Health and Human Services, 2002). Not only do traditional potlatches and powwows honor the deeds of the living, but they are increasingly subject for remembrance of the lives of those who have moved on to the other world much too early. An older generation is being lost before they have a chance to educate the youngsters. As proper diet and levels of physical activity have been shown to greatly affect the outcome and prevalence of the disease, cultural education programs have been implemented which proved to be successful in many instances. They include diet modification, exercise and other lifestyle interventions, showing that these things can delay diabetes onset and prolong life (Archer et al., 2002).

Ethical impact. Archer et al. (2002) conducted a study between 1992 and 1994 to test for participation in community based health programs and the associated differences in dietary habits and risk factors among Chippewa and Menominee with diabetes. Effectiveness of the dietary counseling programs was more significant in smaller groups and when taught by people who were perceived as having credibility. Credibility involves selecting who may provide care to this population based on those who are culturally considerate as well as those who understand that cultural patterns of communication are essential (Strickland, 1999). Since this population is very small, less than one percent of all Americans, this research illuminates the need for preservation of existing resources and for the provision of assistance where called for to boost limited resources so treatment and most importantly, education, is within grasp.
Financial impact. Limited education, financial resources and dwindling cultural identity were found to affect food choices of diabetics in a detrimental way. Many Indians receive government aid in the form of food assistance. The money stretches further towards bulk carbohydrates and “junk” foods then to nutritious protein. A number tied diabetes to “junk” foods that were seen as adopting the eating practices of whites (Bruyère & Garro, 2000). In addition they were less likely to seek treatment and remain undiagnosed or with complications long into the illness for lack of funding (Archer et al., 2002). For most of America, this is not the case. Prevention is less costly than acute care. Insulin supplies, syringes, pumps and medicines are covered by insurance or are cheaper than the long process of delayed wound healing, amputations, surgeries, heart attacks, strokes, and time missed from work. The federal government traditionally funds tribal healthcare, the same kind provided for the homeless, indigent, uninsured, poor elderly, dying, and disabled. Passed as well as present administrations are cutting funding to American Indian programs with little care for the consequences to the people. For an Indian to go to a hospital miles from home to receive preventative care, to trust a non-Indian with intimate details given the history is implausible.

Those tribes fortunate enough to have retained some lands and registry have occasionally also been restored to a source of income, and are devoted to the recovery of strength for its peoples and lands. Some tribes have developed their own out sources of health insurance. Successful outcomes have been experienced by tribes of the Puget Sound area following landmark 1974 court rulings that restored traditional resource and property rights as set forth by the Fort Laramie treaty in 1851. Puyallup Tribal representatives sit on school boards, planning commissions, and municipal panels as
equal partners with cities and state government. Their environmental agenda is fixed, their revenues are assured from gaming, their stated intention for their youth is that they “be like a double-bitted axe, sharp on both sides”, educated in the business world of laws and contracts, and respectful of the world of their elders and tribal customs of democratic and participative governance, according to the chief of the Yakima Tribe in the Tacoma News Tribune (Kawada, “Tribal triumph,” 2004; Carson, “Justice,” 2004).

These tribes have grown powerful, better educated, better housed, with new casinos, clinics and schools, and better prepared for life in a new millennium. They have become a model for the first nations for this century, as more states’ courts grapple with similar suits from tribes all over the United States. Further example of this is demonstrated by the on-going struggle over tribal rights involving the Place of the Falling Waters and the Salish, Kootenai, Pend d’Oreille of the Flathead Reservation in western Montana. In 1980 the tribal council challenged the Montana Power Company to gain control of the Kerr Dam and the resources it holds by 2015. They are still currently engaged with the courts over this, as the dam produces 50 million dollars a year for Mt. Po. Co., and soon the tribe will control this. The hope is to turn the troubles it caused in the past into good for the future generations by gaining monetary control and investing into tribal healthcare, education, and land development programs. They perceive that something must be done now to save the future.

Recent Lifestyle Changes

Lifestyle changes in this population over the last 150 years have been dramatic, occurring literature indicates, too fast for “feast or famine” genes to adapt when compared to thousands of years of gradual evolution. A diet that traditionally featured
minimal amounts of carbohydrates in extreme cases, roughly 3% to 5% as part of a selectively high protein diet of fish, moose, marine mammals, deer, elk, and buffalo, has shifted to a “modern” diet that consists of as much as 50% of highly processed carbohydrates and fried foods. These changes have occurred most noticeably within the last 50 years in such groups as Alaska’s Native Indian population (Murphy et al., 1995). Due in part to the decrease in game and hunting ranges, forced moves to geographically barren reservations with insufficient natural resources and economic ease of attaining bulk processed goods at grocery stores from the government, many tribal members’ overall physical activity levels have simultaneously decreased, placing many at risk for developing diabetes.

The Longest Walk. The U.S. Army experienced problems with the declining health of Indians and diabetes following sudden diet changes during the famous Kit Carson campaign and forced relocation of roughly 7,500 Diné, or Navajo people to the Bosque Redondo reservation along the alkaline Pecos River of eastern New Mexico in June 1863. During this Long Walk, the notorious General James H. Carleton ordered Kit Carson’s volunteers to “prosecute a vigorous war upon the men of this tribe until it is considered at this headquarters that they have been effectually punished for their long atrocities” (Trennert, 1998, p. 23). Their atrocities consisted of raids for food, the soldiers not realizing what would happen if they deprived a people of their livelihood, merely expecting them to take it lying down. Regardless, in 1863, the Diné surrendered to the soldiers, emaciated, naked, plagued by new epidemics such as cholera, smallpox and measles, suffering from syphilis and scrofula for the first time. In 1849, Government agents remarked at how prosperous, well fed, well supplied with herd animals and
healthy the Diné appeared to be. In 1863, for the first time in the collective memory of the tribe, the Diné were destitute and encountering “nutrition sicknesses”, something they realized their own herbs and healers were powerless to cure. Their bodies could not handle all the changes so rapidly, and they became very ill.

Realizing the severe extent of the Diné’s extreme state of starvation, soldiers were ordered to surrender their own rations. To that point, Diné had been sheepherders, squash, bean and corn growers, and had gathered wild cherries, piñon nuts and other small game animals in their native high desert country as related by J. M. Fox (personal communication, March 1, 2005). A similar event happened many decades later following the Jews’ liberation from the Nazi concentration camps. Emaciated, weakened and systematically starved for months, the prisoners gorged on their liberators MREs, becoming terribly ill with dysentery, diarrhea and even dying. It is not hard to imagine what happened to the Diné when the U.S. soldiers gave them foods they weren’t used to eating after months of starvation. They gladly accepted the flour, baking soda, beans, salt pork, corn meal, sugar, coffee, salt beef, and alkaline water from the Pecos after months of starvation and eating boiled leather, rats, and their own feces. Having no idea how to prepare the new food, a myriad of nutrition sickness exploded and spread within the confined camps.

They threw the salty meat away and ate the baking soda and flour raw. Raging bouts of diarrhea dehydrated the people. Dysentery and typhoid attacked the young and old. Pneumonia and fevers claimed the lives of the weak and everybody was malnourished for the first time in tribal history. Bad water from the Pecos inflamed their tracts even more and caused deaths all by itself. Of significant importance is the mention
of “sugar sicknesses” in the language for the first time. Healers recognized it as another form of nutrition sickness, though were denied the right to practice much of their own medicine as government doctors became increasingly active in Indian healthcare. Five years later, by June 1, 1868, Washington realized the Bosque was a disaster and the reservation experiment officially ended. The Diné were allowed to return to their traditional homeland although the land size had been dramatically reduced (Trennert, 1998). Today the Diné are the largest tribe in America, but they are the poorest. Their Long Walk to the hated Bosque Redondo indicates how their bodies became ill when exposed to such high amounts of foreign foods and carbohydrates in place of traditional foods. Their wishes were ignored and they were not allowed to practice traditional forms of healing.

Perspectives on the Past

Traditional healing techniques. Presented with the evidence of modern medicine, science and a brief history of some Indian people in North America, an account of traditional healing techniques and frameworks used by these people in their practice of medicine is beneficial for a rounded comparison. Such ways include the varied applications of prayer and smudging with sacred herbs for purposes of healing, such as may be used in native treatment of diseases like diabetes. These methods are commonly used among the Plains peoples. Recall the story of the White Buffalo Calf Woman told by Black Elk and Lame Deer. The significance of this story is apparent in reference to ancient methods of healing. First reference to two key objects used by the people in a sacred manner is made in a story recognized by the Sioux to be 19 generations old. Sage and sweet grass are key elements used in many Indian ceremonies. Today use of these
materials is called smudging where certain herbs like cedar, sage and sweet grass are “used in rituals as...purifying and cleansing herb[s] believed to promote healing, wisdom, protection, and longevity” (Krapp & Longe, 2001, p. 1527). Dried herbs are burned and the smoke is wafted over the body, or object. This traditional healing rite is clearly very old.

Of further interest, reference is made to prayer and respect for the four quarters of the Universe, or the Four Directions, in a sacred way. The Four Directions is a concept formed by the indigenous peoples of this world. Indian peoples of North America have refined it to suite their own needs. This cultural concept abstractly represents the development of the Human Being across the lifespan from birth to death, integrating life and indigenous peoples cyclical perception of nature (Villaseñor, 1966). Often depicted through visual models of a Sacred Circle with a crux in the center, the points are oriented to the four cardinal directions and marked with spiritually significant color patterns. This model may be generally described as the American Indian version of a developmental life model represented by interconnected elements of mind, body, spirit and emotion/relational aspects. To traverse the Four Directions is to complete the cycle (Villaseñor). Each part of the model is equally important in unifying the Sacred Circle and maintaining balance, as every aspect is interrelated with the whole Circle or Hoop. This intent is summarized by the Lakota saying, “mitakuye oyas’in” meaning “all my relations”, which implies that all things are related somehow. If one element of the model is out of step, the entire system representing the Human Being is out of step and illness may result. Every Indian culture in this hemisphere has a unique construal of the Four
Directions Model. Like sweet grass and sage, this concept has been used for traditional healing purposes for a very long time.

_Azela._ In Siouan tradition burning sacred herbs for healing is referred to as azela, smudging with traditional medicine. Two of the many herbs used are sagebrush and sweet grass. These plants are common and indigenous to the Great Plains. Smudging with traditional medicine for purification is recorded in purifying Inípi ceremonies, more widely referred to in the white community as the sweat lodge ceremony. Smoldering sweet grass braids are passed around for personal cleansing. Sprigs of sage are held by each participant. Bucko (1998) writes that the pipe is used to remember White Buffalo Cow Woman serving as a medium of purification and prayer, the sweet grass also a medium of purification and an offering to Wakhán Thánka. In addition, it is used to secure the relatedness of all things in the universe through the expression “mitakuye oyas’in”. Health is sometimes mentioned in the context of a prayer over the smoke. The smoke is said to carry the prayer to the four directions. Bucko writes that sage is placed on the floor of Inípi lodges and after the ceremony the participant’s body is dried with its pungent leaves to rid it of impurities. Sage represents strength and is a purifier, a cure-all, whereas sweet grass heightens smell and summons the spirits during ceremony (Bucko).

Seeds of the sweet grass plant are sterile, and therefore hand plug transplantation is required and is commonly used to propagate the species. A sister species of sweet grass has been identified on the steppes of eastern Asia and parts of Europe. Anthropologists are concluding that the only way sweet grass could have made it across Beringia, the ice free bridge of land connecting Siberia and Alaska during Glacial periods, as described by J. M. Fox (personal communication, January 13, 2005), would be to have been hand
carried indicating mankind was already cultivating it for several thousand years. This further extends the timetable that human beings have been taking advantage of the healing properties of sweet grass species.

Lovingly referred to as the hair of the mother, wacanga or sweet grass is a fragrant member of the grass family *Hierochloë odorata*. Combed into long braids directly attached to the earth similar to hair, the braids are cut and dried. Sweet grass smells quite pleasant and is of a mild vanilla sweet odor when dried preparations of the herb are burnt or crushed and the smoke is wafted over the body or object. Sacred objects have traditionally been stored with sweet grass along with clothing due solely to its pleasing aroma. The Sacred Buffalo Calf Pipe is stored with white sage and sweet grass as are many sacred pipes. It is clear through historical reference that sweet grass has been an integral part of Plains Indian ceremony. A definitive history of the exact date that sweet grass and sage began to be used in ceremonies is impossible to pinpoint. The above story of the White Buffalo Calf Woman is pivotal in Siouan history however, and implicates ancient use of these herbs in purification rites Nickolas Black Elk describes White Buffalo Calf Woman later giving to the people very long ago. Smudging is used to purify, to promote healing, to aid communication with the powers of the directions and the spirits and to restore wellness. Sage and sweet grass are used in this process.

Sagebrush, referred to as pezhihota blaska, is of several types. There is big sagebrush or pasture sage, *Artemisia tridentate* and the sacred white or buffalo sage, *Artemisia ludoviciana*, both of the sunflower family. Sage is gathered into small bundles tied with red cotton packing string, or rolled into balls. It may also be scattered or used as sprigs after drying. Traditional teas have been made from leaf preparations used to calm,
purge, treat worm infestations, and for aseptic washes. These plants have distinctly sweet-pungent odors when the leaves are crushed or burnt. Herbalists use sagebrush and white sage as a general tonic preparation. They have antioxidant properties and are calming to the central nervous system helping to reduce anxiety. Sage can soothe spasms in smooth and skeletal muscles, may reduce blood sugar levels and promote bile flow. Sage can reduce the flow of breast milk and high content of thujone in the herb can trigger seizures in epileptics. Extracts show antimicrobial properties. Preparations used for gastrointestinal complaints have been shown to rid the body of worm infestations. Root preparations are used for their calming effects and to improve mental alertness (Fleming, 1998).

*Nick Black Elk.* In Joseph Epes Brown's interview of Hehake Sapa, or Nick Black Elk, many references are made to the soothing smoke of sweet grass used in purification rites. The sweet grass is specifically used in communication to the directions and the powers above through its rising smoke. Purification before all sacred functions requires a prayer directly to Wakhán Thánka the Great Creator with sweet grass smoke and a bath in the smoke, the individual rubbing his body head to toe with it. The objects to be used in ceremonies are smudged with sweet smoke and rubbed with sage to purify them, as was the person himself, because no impure thing must touch the sacred pipe or speak for his people. The floors and altars of Inipi lodges, sacred dwellings and altars, are covered with sage. Likewise, the prayers to the thunder beings are carried on the fragrant smoke. When crying for a vision a lamerter lies on a bed of sacred sage where he is grounded during the ordeal but suffering at the center for his people (Brown, 1953).
Pinches of sweet grass are offered on red-hot rocks so that the smoke will become an offering of peace as Nick Black Elk states that “We burn this sacred herb for Wakan-Tanka, so that all the two-legged and winged peoples of the universe will be relatives and close to each other. Through this there shall be much happiness” (Brown, 1953, p. 76). This concept may be spoken aloud in a single phrase, “mitakuye oyas’in”, “all my relations”, spoken to remind the praying individual that all are connected. The pipe is purified over the smoke, representing the prayers and the path leading from earth to heaven. It is good for the smoke to cover everything including Mother Earth, so that it may rise directly to Wakhán Thánka and be over everything in the four quarters of the universe (Brown).

The sweet and cleansing sage, the sacred sage, is made into wreaths and worn around the heads of maidens in the retelling of Nick Black Elk’s great vision for his people. During the ritual of the Sundance white sage is rolled into balls and stuffed into the eye sockets of the buffalo skulls the participants drag behind them attached to the flesh of their shoulders. They hold sprigs of sage in their hands and sacred wacanga smoke carries their cries and prayers to heaven when they burn their flesh offerings according to Neihardt’s account of Nick Black Elk’s history. A prayer that Nick Black Elk relates to Brown is recited during a Sundance ceremony and recounts the sacred use of the smoke of sweet grass to carry the prayers on behalf of the people to the world (Brown, 1953, p.88):

I am making sacred smoke;
In this manner I make the smoke;
May all the peoples behold it!
I am making sacred smoke;
May all be attentive and behold!
May the wingeds, and the four-leggeds
be attentive and behold it!
In this manner I make the smoke;
All over the universe there will be rejoicing!

In the Heyoka ceremony or sacred clown ceremony, Nick Black Elk recounts how sweet grass was offered to the west, the direction of the setting sun, darkness, the thunder beings and sickness (Neihardt, 1979, p. 160). As the sweet smoke arose from the fire, he sang:

This I burn as an offering. Behold it!
A sacred praise I am making.
A sacred praise I am making.
My nation behold it in kindness!

The day of the sun has been my strength.
The path of the moon shall be my robe.
A sacred praise I am making.
A sacred praise I am making.

Wallace Black Elk. A grandson of indirect descent to Nickolas Black Elk, Wallace Black Elk also co-writes of the uses of sage and sweet grass. Wallace has a greater connection with the Native American Church and will teach New Agers as well as traditionalists, therefore his teachings vary somewhat from what researchers would call traditional Plains Indian Religion. The Statistical Abstract of the United States (2004, p. 55) reports that in 1990, an estimated 47,000 American Indians reported affiliation with traditional Indian beliefs. This number grew to 103,000 in 2001, a relatively disproportionate number in regards to the 2000 United States Bureau of the Census report of 2,448,000 federally registered American Indians residing in the United States. However, the abstract mentioned above does not account for members of the Native American Church, a comparatively controversial presence with an estimated enrollment
exceeding 250,000 people. More then this reported number practice American Indian religion undoubtedly, because "How can you... not believe in the Indian ways... when you are an Indian?" as one Crow participant interviewed asked (Walton, 2005).

Officially established in 1918, this organization combines traditional Huichol Indian ways of life involving Grandfather Peyote while paralleling aspects of Christianity. Peyote use for healing and inspiration has occurred among such Oklahoma tribes as the Kiowa and Comanche since 1630, reaching peak ceremonial use during the 1880s. It spread across the plains to the Sioux and Assiniboine with a growing enthusiasm and respect, like the Sundance, until April 10, 1883 when the Sundance and other Sioux customs and religious practices where forbidden by the Secretary of the Interior. Nearly 100 years later American Indians were granted their freedom to practice traditional religions again through the American Indian Religious Freedom Act of August 11, 1978 and amendments protected peyote from the reach of criminal drug laws:

It shall be the policy of the United States to protect and preserve for American Indians their inherent right of freedom to believe, express and exercise the traditional religions of the American Indian, Eskimo, Aleut, and Native Hawaiians, including but not limited to access to sites, use and possession of sacred objects, and the freedom to worship through ceremonials and traditional rites. (Canby, 1998, p.317)

There are four main persons involved in the rites of the Native American Church: the road man, the drummer, the cedar and the fire. These “people” are used as aids in prayer requests for the health and well-being of others. The road man helps you to see the way and the right path, or road in life. The ceremony is viewed as a spiritual process
where healing occurs through fasting and prayer (Walton, 2005). This church may more commonly be labeled as the “Pipe Religion” or the “Peyote Religion” as believers pray using the ca’nupa and Grandfather Peyote, which they eat. On the sacred altar of a peyote ceremony, the road man sometimes makes four marks across the road of life which represent the four directions and the four stages of life. Wallace mentions that sage is used to purify body and the mind, for a person has to have a clean mind along with a clean robe, his term for the physical body, in order to establish a direct link with the creator through the pipe. He also refers to sage as being like clouds, insulating the ca’nupa from lightening. When wrapped or rubbed in sage, this protects the object from powerful spirits shocking the user or other objects in the area. The pipe ritual carries seven rites, all of which involve a pre-rite of smudging with sage and sweet grass. He makes reference to sweet grass being a traditional perfume, Mother Earth’s fragrance and her hair. Spirits carry this smell when they come to visit, and this is why sweet grass is used as a prayer at the altar (Black Elk & Lyon, 1990).

_Smudging in the hospital setting._ There is an aphorism among many cultures wary of white contact that goes, “Those who know don’t tell, and those who tell don’t know”. This pertains to the disclosure of religious ceremonies from a culture that is distrustful of white America. This is a contributing factor to the lack of reliable documentation of American Indian religious rites and customs. The limited documentation varies in specifics for the act of smudging from place to place, so a general summary is provided here for a possible hospital encounter: a round conch, abalone, turtle shell, or woven basket is used as a receptacle for the ashes. A braid of sweet grass is either broken off in fragments and placed in the receptacle to smolder, or lit and passed smoldering from
individual to individual. A tied bundle of sage has the end lit till smoldering and is passed from individual to individual. The person will "wash" himself or herself with the smoke ceremonially before any great ceremony, procedure or as an act on its own.

Keeping in mind that no two ceremonies are exactly the same, a prayer with smoke is offered to Wakhán Thánka in the Lakota tradition, then to each of four powers of the sacred directions: west, north, east, south. A prayer with smoke is then offered to the sacred Power Above, towards Grandfather Sky, the Heavens. Next a prayer with smoke is offered to the sacred Power Below, Mother Earth or Grandmother Ocean. All objects are purified with sage and sweet grass. Sweet grass is typically burned "because the smoke helps carry prayers up to the Almighty One. Also cedar is used to carry prayers faster to the Almighty One" in addition to cigarettes (Walton, 2005). Prayers or appeals for healing are sent to Wakhán Thánka on sacred eagle wing fans as the spotted eagle, Wanbli Gleska is the messenger to Wakhán Thánka. The nurse would not participate in this unless asked, but the nurse would certainly be welcome to suggest smudging as an act to relieve stress, promote well-being, connectedness, and hope. Items used, order they are used in, and style of the ritual may differ, as rituals are not concrete and are capable of differing from tribe to tribe or family to family. Sometimes corn meal or tobacco is used along with red or multicolored cloth or prayer ties in addition to other various herbs used in smudging.

A small study on complimentary therapies by Snyder & Niska (2003), addresses the importance of recognizing the diverse background of the greater than 500 federally recognized American Indian tribes. They write that each of these tribes has its own healing practices. Nurses need to determine the health practices for the patient’s specific
tribe to provide culturally competent care. They make an important point when they note that health in many tribes is associated with being in harmony with nature and the community. Illness is viewed as a disruption in this harmony and balance. They specifically write that the Ojibwe tribe views health as living a good life and being connected with one’s family and community. Similar to many native constructs, illness results from inner turmoil that is manifest in physical illness such as diabetes and heart disease. Key to successful treatment is resultant from the nurse seeking patient input about their disease process and collaborating with them to provide care. Snyder & Niska write that several approaches seen as non-threatening and community and family reinforcing include the practice of smudging or burning sweet grass or tobacco in the lodge, which transports prayers to the Great Spirit. For Lakota, using an eagle feather to fan burning sage accomplishes the same function because the eagle is seen as a messenger between the Great Spirit and human beings (Snyder & Niska).

Canadian nurses, Mullin, Lee, Hertwig, & Silverthorn (2001) relate the story of a nurse participating in a native smudging ceremony. The authors begin by stating that nurses try to meet the needs, physical, psychological, and spiritual of every patient. This is not always so easy. This is especially true with native clients, where practices are unfamiliar. Mullin et al., (2001) write that the nurse must view the patient holistically, not just as someone with a disease, indicating spirituality is an area often overlooked by spiritually naive nurses. The authors identified objects sacred to the patient and used in this ceremony. Objects included but were not limited to: a large decorated turtle shell, what would be called a “medicine wheel”, and a medicine pouch. Smudging ceremonies here are noted as being intended for purifying, cleansing, healing, reaching spirits and are
believed to bring balance and calm. The patient in this story indicated he was most appreciative of the nurses making an effort to promote this process as a part of healing. The sweet grass is referred to as hair of the Mother Earth by the First Nations who used it. It was burned in a smudging pot and the smoke fanned over each person with an eagle feather. The overall process is enhanced by the nurses’ willingness to learn and accept, while promoting and advocating for the patient (Mullin, et al.).

The experience of illness requiring hospitalization can likewise be extremely negative as Walton (2005) relates through a patient interview, “[The nurse] thinks she is so high and mighty’…when I do not show up for dialysis, she talks about me so that I can hear her. She can really ruin my run.” Furthermore, doctors are described as always being negative and not trying to understand, and nurses perpetuate the cycle of frustration by being inconsiderate to patient needs. One patient suggests that instead of these behaviors, medical staff “should pray and burn sweet grass, use cedar…it would really help us” (Walton). The ritual significance of smudging varies from tribe to tribe. These references pertain to Plains tribes as they happen to be the best researched, and the story of the White Buffalo Calf Woman is unique to the Plains Lakota. Generally, research in this area is severely underdeveloped and this population is broadly misunderstood in terms of the relationship between spirituality and wellness. It is clear however that in a hospital setting the nurse has a unique opportunity to impact the outcome of the native patient in a special way.

Sacred Circles

When Black Elk spoke of White Buffalo Calf Woman, the spiritual and ritual center of the people, he stated that she walked in a sun wise direction representing the
circle, standing for life. He said the circle is without end. It is the road of man from youth to age, from ignorance to knowledge. (Brown, 1953) and (Neihardt, 1979). The circle is for protection. It bonds the family (Walton, 2005). Therefore, in an extended sense, the circle is also the ritual center of the people. There are many sacred circles and round objects in the Indian sphere of existence. There are circles within circles without beginning or end as Lame Deer expressed. Black Elk stated to John Neihardt that:

> Everything an Indian does is in a circle, and that is because the Power of the World always works in circles, and everything tries to be round. The sky is round and I have heard the Earth is round like a ball, and so are all the stars. The wind, in its greatest power, whirls. Birds make their nests in circles for theirs is the same religion as ours. Even the seasons form a great circle in their changing and always come back again to where they were. The life of a man is a circle from childhood to adulthood and so it is in everything where power moves. (1979, p.150)

This greatly contrasts with linear western logic where life is viewed from a perspective of start to finish. For the Indian, death is not an end, but a progression along a continuous spiral or larger hoop unto another beginning as Seattle of the Suquamish indicates by stating, “There is no death, only a change of worlds.” Just as the seasons and days continually renew themselves, so does the sacred circle of the nations hoop with each successive generation and ritual because it connects the people through togetherness and communitas, “Behold the circle of the nation’s hoop, for it is holy, being endless, and thus all powers shall be one power in the people without end” (Neihardt, p. 29).

Circles are used in the telling of stories, apparent in the routine aspects of historical and daily life. Sitting circles are used in groups where each person has a chance
to speak individually while others listen with no imbalance in power (Strickland, 1999) in contrast to table talking. This is done with the recognition that living outside of the circle causes disharmony, “It is a bad way to live, for there can be no power in a square” (Neihardt, 1979, p.150). The Founding Fathers observed the Haudenosanee practicing this early form of democracy and upon witnessing its efficacy, decided to establish the foundations of our current government on this principal.

The traditional trickster and teacher, Raven. Drawn by Jim Vogel of the Makah Nation of Neah Bay. Two Sacred Circles with crosses depicting the Four Directions form the pinions of the wings, representing perfect balance of the Old Ways and the New Ways reminding the people to stay healthy and to travel the right road in life for the preservation of the Nation’s hoop.

Indians across America have made their lodges and houses in the shapes of circles, as well as their holy dwellings. In the forms of Tipis, Hogáns, Inípi lodges, and Kivas, round dwellings that kept shadows and spirits from nesting in corners. The bowl of the Ca’nupa was formed into a circle as well as sacred drums. Black circles used in ceremonies came to help the Lakota to remember Wakhán Thánka, “who, like the circle, has no end” (Brown, 1953, p.92). Indian people did not fail to make the connection between the points of the compass and the suns’ movement across the sky from east to west. They did not fail to observe the shape of celestial bodies moving around the
heavens in circles. These became Sacred Circles for Indian peoples and over time represented the Sacred and Holy.

*The Four Sacred Directions*

From the four edges of this continent, indigenous peoples have recognized the symbolism inherent in directional movement of the sun and moon, Sacred Circles and powerful spheres dominating the wide sky. Dotted across this continent are memorials to the celestial bodies and the powers of the heavenly globes. Some of the more visible memorials have come to be called medicine wheels, ranging in size from inches across to greater than 90 feet in diameter. Located on hilltops, inside caves and on grassy meadows, these ancient monuments made of wood and stone, or carved into the very hillside, resemble giant wagon wheels laid out flat. Radiating from the center of these ancient constructions, designated numbers of spokes are arranged neatly, usually 28, uncannily similar to the 28-day lunar cycle. Cairns around the large outer wheel of the Big Horn Medicine Wheel in Wyoming have been found to curiously align with the rising of stars Rigel, Aldebaran, Sirius and Fomalhaut (Campbell, 1983). Researchers can only suppose that the people who built this large "medicine wheel" 1200 years ago in Wyoming intentionally designed a solar calendar to assist in the worship of the sun, as was also supposed at the Cahokia site in Mississippi with Woodhenge (Weatherford, 1991).
Big Horn Medicine Wheel, Medicine Mountain, Wyoming. Astrological calendar layout illustrates correlation with rising stars. 28 stone spokes radiate from a center cairn. From the U.S Forest Service, J.A. Eddy.

From east to west and north to south, the original peoples came to apply intimate meaning to these powers, and tales of creation and death were woven into oral tapestries shared within family bands over the generations. From the Makah on the westernmost points of the Olympic Peninsula, to the Huichol Indians of Mexico, to the Iroquois Nation in the East, and to the Seminole in Florida, imagery representing the Powers of the Four Directions has been incorporated into the daily life of the people. This is reflected in their
choice of dwellings, ceremonial structures and artwork. Over time, symbolic colors, gods and animals came to be associated with each of these powers. Stories of a Scared Hoop or Sacred Circle representing all the peoples of this big island connected together emerged and naturally the Four Directions model was incorporated into this, apparent through color symbolism of the four races represented by this model. The four races being, for those who may be curious, black, white, yellow and red. Following is an exploration of the various parts that comprise these symbols and their significance for the people who continue to integrate them in present day life. The implications for nurses and providers of care to American Indians are stunning. Chiefly, a model of care has existed and served its purpose admirably for millennia pre-European contact and pre-Florence Nightingale. For reference, the simplest of hide drawings and rock art representing the Four Directions looks like a basic four-pointed cross oriented to the four cardinal directions:

![Fossil nummulite from the Eocene that has been engraved with a cross. Recovered from a Neanderthal site in Hungary, this fossil is dated 100,000 years old (Campbell, 1983, p. 57).]
Recall that the Four Directions is a concept formed by the indigenous peoples of this world. Indian peoples of North America have refined it to suite their own needs. This cultural concept abstractly represents the development of the Human Being across the lifespan from birth to death, integrating life and indigenous peoples’ cyclical perception of nature (Villasenor, 1966). Often depicted through visual models of a Sacred Circle with a crux in the center, the points are oriented to the four cardinal directions and marked with spiritually significant color patterns. This model may be generally described as the American Indian version of a developmental life model represented by interconnected elements of mind, body, spirit and emotion/relational aspects. To traverse the Four Directions is to complete the cycle (Villasenor). Each part of the model is equally important in unifying the Sacred Circle and maintaining balance, as every aspect is interrelated with the whole Circle or Hoop. This intent is summarized by the Lakota saying, “mitakuye oyas’in” meaning “all my relations”, which implies that all things are related somehow. If one element of the model is out of step, the entire system representing the Human Being is out of step and illness may result. Every Indian culture in this hemisphere has a unique construal of the Four Directions Model.

*Sacred numbers.* Careful exploration of American Indian oral accounts, stories, ceremonies and traditional artwork reveals numerous references indicating strong correlation to ritual use of sacred numbers. The predominant and most sacred number is the number “4”, which may explain why the Four Directions is so prevalent in the culture. Bucko (1997) confirms this in a sweat lodge prayer made by an Indian named Eagle Feather, where:
The leader now prays to Wakan-Tanka, saying “Ha-hey,” four times. This is what we say when we are in trouble; when we are in darkness and in need of enlightenment. We send Him our voice four times because we want Him to hear us four times, which is the sacred number He has taught us to observe. (p. 66)

Early reference to this sacred number is also found in the Lakota account of the creation of the world and the ages of man. Nick Black Elk related to Joseph Epes Brown (1953) of how the sacred White Buffalo Calf Woman brought seven sacred rights to the Sioux, seven being the other sacred number. To Standing Hollow Horn she said, “remember, in me there are four ages” (Brown, p. 9). In Sioux tradition, the four legs of the buffalo represent the four ages of creation.

The Mayan Cosmos representing the Four Trees of Life or the Four Ages of Creation in the Mayan codex (dos Santos, 1997).

At the beginning of an age, a buffalo is placed in the direction of the West to control the powers of the raging waters. Every year the buffalo loses a hair and every age
he looses one leg. When all the hair and all the legs are gone, the waters come rushing back in to cover the world and the cycle ends (Brown). This bears striking similarities to Hindu, Mesoamerican, and other creation, flood and catastrophe stories. Current belief is that we are in the fourth and final age.

The number “4” holds powerful meaning not only because Wakhán Thánka made it holy, but also because the people observed it occurring in nature in good and sacred ways, and accordingly felt it was holy, “For as you know with our people all good things are done in fours” (Brown, 1953, p. 73). For instance there are four natural elements: water, wind, fire and earth. These hold great power and mystery for the people. Native people also live according to the four seasons, in a circular manner (Struthers & Littlejohn, 1999), and the four spatial directions of east, south, west, and north predict circular movements of celestial bodies (Hodge, Pasqua, Marquez & Geishirt-Cantrell, 2002). There are four colors to represent the human races: black, white, yellow and red. There are four ages of man: infancy, childhood, maturity and old age, the four phases from birth to death. This is similar to the Diné belief that “The four circles, in divisions of four, represent the four cardinal points of the compass, the four elements, the four seasons of the year, and the four ages of man: infancy, youth, maturity, and the transition age” (Villaseñor, 1966, p. 10). Nick Black Elk recounts, “The four paths of the four Powers are your close relatives… Remember that it is four steps to the end of the sacred path” (Brown, p.100), meaning that for the Lakota, the four steps represent the four ages: the rock age, the bow age, the fire age, and the pipe age. There are four different winds circling the edge of the world. Four heavenly bodies cover the earth above our heads: the Sun, the Moon, the Sky, and the Stars. Time is divided into four parts: day, night month
and year. There are four parts to all plants: roots, stem, leaves and fruit. The Diné noticed this in their sacred staple corn crop, naturally growing in four different colors. The crawling, flying, four-legged and two-legged animals comprise four classes of animals (Hassrick, 1964) and belief holds that Human Beings are closely related to these other beings, “These four are our relatives; We are all related; We are all one!” (Brown, p. 100). There are four seasons in a year. The most sacred animal to the people, the buffalo, is the ruler of the four-leggeds and has ribs in multiples of four and seven. Many rituals incorporate this sacred number intentionally, as Nick Black Elk states plainly, “for as you know with our people all good things are done in fours” (p. 73). Lastly, there are four cardinal directions observed in ritual by indigenous people everywhere. For Plains peoples, they are what Nick Black Elk refers to as the four quarters of the universe, the Four Sacred Directions, the Four Great Powers of the universe. Each holds a certain Great Power for those that understand and see.

Sacred directions. Of numerous rites and rituals of tribal peoples in America explored by scholars, four of major rituals have the distinction of being most studied in the past and in the present. For whatever reasons these ways have stood out among other rites, they are still practiced today actively and this has contributed to their study and preservation. The Diné peoples of the southwest have used iikáah the sandpainting ritual for countless generations in rites of healing. The Sioux Indians of the Great Plains have a long history with Inípi the Purifying Sweat, Wiwanyag Wachipi the Sundance, and Hanblecheyapi the Vision Quest. However, many other Indian nations have adopted versions of these rituals, not necessarily from the Sioux. The participants and every element of these ceremonies are carefully arranged in respect to the four cardinal
directions. This is such an elemental aspect of every ceremony, that the basic inclusion of
directional placement may be entirely overlooked by outsiders and researchers when in
fact the concept of the Four Directions is staple to the ceremony.

Sundance lodge from an aerial view. Notice 28 spokes pointing to the center. The circular lodge is oriented to
the Four Directions.

The Diné incorporated directional symbolism into their daily lives. The doors of
their Hogáns and sweathouses are oriented to greet the rising sun in the east. During the
kinaaldá, the Diné coming of age ceremony for girls, the girl ritually runs to the east.
Most strikingly is the orientation of sandpaintings to the Four Directions. Each of the
Four Directions corresponds typically to a particular color and meaning. The first of these
designs looks like a simple cross. Two intersecting lines form a junction aligned to the
four cardinal directions: west, north, east and south. This is also typically how the
directions are oriented in ceremonies, according to a sun-wise pattern moving in a great
circle from light to dark and back again as the sun moves overhead. The Diné
sandpainting is spatially oriented to a west-north-east-south layout. For the Diné, west is
the direction of yellow and light. North is the direction of black and darkness. East is the direction of white and dawn or daylight, and south represents blue and blue horizon. Various gods and monsters are associated with these directions (Reichard, 1950).

In these accounts, central themes emerge involving the use of directional color symbols tied to the number “4”. It is not possible to separate the two at this point. A Cheyenne receiving dialysis stated ““Mother Earth has four directions and includes the [four] elements. She is powerful”” (Walton, 2005). The Lakota demonstrate a life lived according to the orientation of the Four Directions just as the Diné. West is the direction of water and the color black, for the remembrance of dead relatives in prayer. The color red represents the north for some Plains tribes, and purifying winds, for the healing of people who are sick. The east direction is for “wisdom and enlightenment” (Bucko, p. 115, 1998), with the color yellow to help families who are fragmenting and in need. The color white represents the south for purification and thanksgiving to God (Bucko). Black Elk of the Lakota relates that the west direction is the direction of the setting sun, purifying waters and represented by the color black. This is the color of ignorance, sickness, troubles and war. To walk the black road is the travel the fearful road of disease and destruction fulfilling self-serving needs. North is represented by white the color of the sacred white buffalo. Purifying winds bring strength and enlightenment while guarding the health of the people. East is the direction of the yellow rising sun, the new day, the source of light and understanding, of wisdom and knowledge. The east controls the path of the people bringing good and plenty. South is the direction of the sacred red path, the Good Red Road, or of one who is living at the center of the nation. This is a metaphor for walking the straight and narrow. On it is the Hoop of the Nation where
generations issue from. (Neihardt, 1979). This model sets the foundations for a framework of care and healing used by tribal peoples to administer care to the sick. Without the Four Directions, which is based on Sacred circles and colors, there would be no rituals and consequently no rites of healing like these across America.

Sacred colors. Rituals among the Indians of America vary greatly from region to region as a result of isolation and traditional taboo rules preventing interaction with neighboring tribes. Making broad generalizations for this diverse group of peoples, therefore, based on the fact that they are all Indian, may lead to cultural inaccuracies. However, there are some cultural concepts that are generally shared, such as the belief that all people are related somehow, embodied by the Lakota term “mitakuye oyas’in” meaning “we are all related” or “all my relations”. This illustrates that transcultural rituals may share common roots. This is evident upon close examination of the shared use of certain colors in oral accounts, ritual objects and textiles across the Americas by Indian peoples over time. As with all peoples, colors are meaningful in certain contexts. In Anglo tradition, black means mourning, sadness, secrecy, evil and death; white means innocence, truce, purity, and holiness; yellow stands for loyalty, peace, jealousy, cowardice and deceit; red may trigger action, love, good fortune, good luck, or caution; blue can indicate faithfulness, the unknown and power, while green may represent the color of jealousy, nurturing, fertility, approval and satisfaction. Pink can signify passion. Collectively, colors may represent many different things but it is worthwhile for the nurse to study the particular significance certain colors may have to Indian peoples, especially in the clinic or hospital. The most commonly used colors across cultures will be discussed here.
Without question, the use of color to convey meaning is noted amongst indigenous people of the Americas. Numerous Navajo, or Diné incorporate colors in key rituals. The most famous of these and arguably most beautiful, is the ritual of the sandpainting. The Diné are descendents of Athapaskan-speaking peoples who migrated south around 1100 A.D. along the western Great Plains over time after residing in the Pacific Northwest for an unknown number of generations. They were traditionally hunters and nomads, eventually taking up residence in northern New Mexico and Arizona with Pueblo peoples, the Zuni, Keres, Isleta and Tewa, who taught them to plant and harvest corn well before Spanish occupation (Trennert, 1998). The term Navajo is derived from this agricultural background, meaning small field. With obvious Spanish origins, the name los Apaches de Nabajú means strangers of the cultivated field. This was bestowed in reference to the Tewa term navahu meaning cultivated fields indicating the site were a band of Diné invaded these people (Reichard, 1950). In addition to cultivation of fields, the Diné also learned how to use colored sands in ritual from the Pueblo peoples. These colors held sacred meaning and have been used in such processes as sandpainting, cloth weaving and pottery making.

For the Diné, iikáah means “the place where the gods come and go” and is the ritual act of sandpainting. In a ceremony traditionally lasting up to nine days, tiny grains of pollen, corn meal, ground stone, bark and other plant materials of various colors are carefully sprinkled in patterns onto the ground in a special area of the Hogán by skilled Holy Men. The designs may reach over 15 feet in diameter. Certain powers to heal or cure are invoked through ritual chanting depending on the type of ceremony. The sandpainting makes a door between the Holy World and our world. Sitting at the center
of the completed painting, the individual in need of healing is briefly exposed to this open
doors and the Spirit People in the hope that a connection is made so balance and beauty
may be restored for the person and the whole world. This reflects Navajo worldview in a
statement made by Billy Yellow, “to walk in beauty with all things you must connect
with all things” including the Spirit People (Grant & Meech, 1992). This is also similar to
the Lakota saying “mitakuye oyas’in” we are all related. If the elements of the painting
and the chanting are performed correctly, in perfect harmony and balance, the Spirit
People are compelled to attend the ceremony and the powers represented in the painting
are invoked to heal or cure the sick individual. At the conclusion of the ceremony, the
Holy Man carefully gathers the sands. In a symbolic gesture, he then scatters the sands to
the six directions, in this instance offering them up to Father Sky and down to Mother
Earth as well as to the four cardinal points from whence they came (Villaseñor, 1966, p. 7).

Today, paintings done for non-spiritual purposes such as for tourism and
commercial display in permanent galleries will have the colors deliberately reversed with
the intent not to invoke the spirits. This form of drypainting is intended to be
impermanent so the Spirit People do not linger and cause imbalance. Use and placement
of color is highly symbolic and representative in conjunction with the Spirit People
represented in the paintings. Often sandpaintings combine multiple aspects from the
realm of the sacred including placement of Sacred Circles and designs that are oriented to
the Four Directions.
Navajo sandpainting showing the Four Eras of Humanity coming from the Place of Emergence (dos Santos, 1997).

Sandpaintings are reminiscent of primitive swastikas, ancient symbols with four points radiating outwards in a sun wise direction believed to have been used to explain the creation of the world and the relationship with the Great Creator, “The symbol of the swastika is the symbol of the Great Spirit, the great Mystery, from which all things emanate” (Villaseñor, 1966, p. 15). Only recently has the swastika come to be greatly abused and misrepresented in the Nazi takeover of Europe. Tribal peoples all over the world have used these ancient symbols for millennia to explain creation in a peaceful way.
Engraved shell swastika from the Spiro Mound, LeFlore County, Oklahoma. Dated to 750-1350 C.E. It may depict the origin of creation (Campbell, 1983, p. 215).

No color has the same meaning in every painting, though there are definite patterns and rules for color use. Reichard (1950) writes that no color or sequence of color runs through a single sandpainting consistently. For the Diné, each color has an abstract meaning and certain connotations related to it. There are six colors used most frequently. Reichard writes through her observations that:

White is the color of day, of hope, of newness, of change and commencement. The symbol of divinity, white expresses perfect ceremonial control. Blue is the color of celestial and earthly attainment, of peace, happiness, and success, of vegetable sustenance. Yellow is the symbol of blessing, of generation, of safety, of promise. Black, sinister but protective, is the color of darkness, night, confusion, smoke, omnipresence, of threat, doubt, indefiniteness, wonder, origin, of finality. Red is the color of danger, warning, and threat, and of protection from those very things; it also represents flesh food and blood. Pink is the color of ‘deep sky’ or deep-water motion. (p. 206)
In traditional stories, the Moon is portrayed in sandpaintings all in white, as well as various aspects of the Sun. Winter Thunder, smoke and white rain, which are divine, are likewise white in addition to garments meant for sacred rituals. For this reason, the color white is strongly associated with purity and divinity. The Dine color blue more closely resembles that of a strong, clear turquoise, and is used in sandpaintings to represent the sky and the earth’s fructifying power. Yellow is used in paintings to symbolize the power of wild vegetation, reproduction and growth, as the color is made from corn or cattail pollen. Black is used to convey a sense of evil, danger or a sense of protection if people being prayed for cover themselves in black charcoal. It is meant to signify the balance of good and evil described during the world’s creation. It is often used with red to indicate danger, war and sorcery in paintings. Red ochre may be applied to the entire body during exorcisms or to indicate blood. Pink, the color of shimmering copper indicates the shimmering quality of light, depicting the persons struggle to attain the power of the sky or deep water (Reichard, 1950).

There is no sandpainting ritual in Lakota tradition but it is acknowledged that “the spirit uses colors in many different ways” (Black Elk & Lyon, 1990) to convey meaning. This is evident in the use of sacred objects for such sacred rites as Inipi the Purifying Sweat, Wiwanyag Wachipi the Sundance, and Hanblecheyapi, or Crying for a Vision. One of seven sacred rites brought to the Lakota by White Buffalo Calf Woman, the act of Putting on a Sweat, Inipi, for creative, regenerative, medicinal and protective purposes (Bucko, 1997) is an ancient and sacred tradition practiced by many American Indians regardless of Plains descent, another shared rite across the continent among peoples who are geographically isolated. The history and personal accounts of the ritual are as rich and
varied as the flora and fauna of the Great Plains. Several central elements are universal to all sweat ceremonies however.

A dark place is made from the ground up or from an existing natural location such as a rock shelter or cave. Plains peoples build round dome shaped lodges created by bending a sacred number of willow saplings inward and covering them with wool, heavy cloth or canvas to prevent any light, or much air, from entering or escaping. A sacred altar is in the center of the womb like enclosure with varying numbers of heated basalt rocks, the tunka or stones with the eternal fire within. Water is poured over the heated stone people and the human beings inside are bathed in steam, heat, sweet grass, tobacco, and sage. They have entered the womb of Unchi Makhá, grandmother earth, naked, dark, damp, and warm, for human beings are born from the earth and will return there. Here the people pray for their relatives and ask for healing for others. They offer these prayers and finish them with “mitakuye oyas’ini” meaning “all my relations”. The sacred pipe is used to remember White Buffalo Calf Woman and serves as a medium for purification and prayer (Bucko, 1997). Sometimes red tobacco ties are placed as offerings inside or around the blackened lodge.

Inipi is more commonly known as the sweat lodge or the sweat ceremony and is performed for the purposes of purification as a sacred rite before great rituals and alone as its own ritual. A Cheyenne elder who was interviewed stated, “A sweat lodge cleanses your body through prayer, steam bringing the prayers to the Almighty One. A sweat lodge can be compared to a church”. Here it is asked for on behalf of the people that they may walk the right way on the good red road such as when a participant interviewee’s family prayed for her acceptance of dialysis during a sweat ceremony. Forgiveness for
others is also requested. Another participant on dialysis stated that he goes to these ceremonies for prayer. He makes four rounds of prayer, each person taking turns praying for others because “it is considered selfish to pray for yourself” (Walton, 2005).

Wiwanyag Wachipi is the sacred Sundance. Considered spiritual for some people or regarded as a festive competition for others, it is one of the greatest cultural rites of the Lakota. First held after receiving the sacred pipe from White Buffalo Calf Woman, dancers vicariously suffer at the center of a Sacred Circle for the good of the people. For this ritual, predominantly men of various ages fast and pray for four days in a form of ritual self sacrifice for the behalf of their people. A great cottonwood tree is felled and a stand of trees arranged around the sacred tree in a Sacred Circle oriented to the Four Directions. The men then proceed to lament around the cottonwood in a tortuous circle following the path of the sun dragging buffalo skulls skewered to their shoulders, holding sage bundles and blowing on eagle bone whistles until the weight tears free. Some men pierce their chests with leather thongs tied to the cottonwood and pull from these ties until their flesh tears free.

Some Crow participants closely connected their spirituality to the Sundance. For this person receiving dialysis, the Sundance is for “cleansing, praying, power, joy and happiness, fasting and prayer.” The purpose of the ritual is to “express your thankfulness; you make a promise, a sacrifice. [You] connect to the community, to God and to self.” An elderly Crow woman receiving dialysis stated, “the Sundance is the same as going to church. [There is] praying and fasting. In the traditional ways summers are for praying, religious days, smoke of cedar and sweetgrass, sweats, dancing, family gatherings. Everything is different now” (Walton, 2005).
During the Sundance the dancers carry white sage and sacred red and blue paints are used to help the people pray and walk the red path in a sacred manner (Brown, 1953). Rawhide circles are cut and painted red to represent the light of the sun, with an inner blue circle to represent the enlightening grace of Wakhán Thánka (Brown). Round rawhide circles painted entirely red or blue represent Mother Earth and Grandfather Sky, the heavens. As a color used for body paint, Nick Black Elk describes (p. 92) that, "red represents all that is sacred, especially the earth, for we should remember that it is from the earth that our bodies come, and it is to her that they return." Accordingly, one elderly Crow woman receiving dialysis reported that dialysis was stressful because seeing blood made her mad. Specifically, seeing her blood being spilled and disregarded by careless nurses heedless of the sacredness of blood made her crabby (Walton, 2005). It is not surprising that many tribal peoples share this belief of the sacredness of red blood. Four black lines painted onto the face in the form of a cross represent the Powers of the Four Directions. However, Brown writes that Nick Black Elk primarily indicates that black is the color of ignorance, the colored bonds painted on the dancers' bodies that tie them to the earth.

Crying for a Vision or Hanblecheyapi, a purification ritual like Inípi used long before the coming of the pipe, also involves suffering vicariously for the benefit of the people. When crying for a vision, known more popularly as the Vision Quest, the chosen lamenter usually fasts for four days while naked because "if we really wish to lament we must be poor in the things of this world" (Brown, 1953, p. 57). The lamenter continuously prays and cries to Grandfather for help and healing on behalf of all. Traditionally the Lakota went onto Mato Paha, Bear Butte in the sacred Paha Sápa, the
Black Hills, high lonely places next to Grandfather Tunkasila and a breath away from Wakhán Thánka and the his messenger Wanblí Gleska. If the lamenter has pure intentions and walks the right way, Grandfather may reveal a task or dream to the crier.

During Hanblecheyapi, certain colors are used in sacred ways during lamentation and prayer. The lamenter may lie or stand on a bed of sacred white sage. Offering sticks are made with tobacco ties, specific colors of cloth are used for the pouches, which are tied to the short red sticks. Red is most often used as an offering to the Great Spirit, for the same reasons indicated previously. If the lamenter does as Wakhán Thánka has instructed him, then it is believed he will travel upon the red path leading to goodness and holiness. If not, then the lamenter walks the black road of error and destruction, living for himself rather than for his people (Brown, 1953). In general, Lakota traditional belief applies four colors most often in ceremony, with two additional colors being incorporated frequently. Black indicates spiritual ignorance, white is for purity, red for life, and yellow may represent evil (Bucko, 1997). For others, black may symbolize death, white indicates peace and purity, yellow is for joy, red stands for human life while blue is for sadness and trouble. Green represents growth and generativity.

Nick Black Elk described black as symbolizing ignorance. Red is the color of the world. It is a purifying holy color symbolizing purity, prayer and life, while white indicates life and yellow stands for light and wisdom. Two colors equally significant although not as commonly seen in traditional visual models are blue, representing the heavens above, and green representing the earth below (Brown, 1953). In Neihardt’s 1979 account, Nick Black Elk clarifies slightly and states that black is a color of sickness. White is for power and cleansing, while yellow is the color of good and plenty. Red is the
good road and on it the nation shall walk as it represents the power of growth and relatives, the living center of the nation. Black is the color of the fearful road, of troubles and war that give the power to destroy a person’s foes. The blue color is the sky, the oldest Grandfather, and green is the Earth, the power of regeneration and life of the greening day. Color patterns similar to this are also observed among pre-Aztec people of Mesoamerica. Color symbols like most cultural symbols have multiple meanings and often do not stand alone, but may be coupled with other highly significant tools as indicated previously.

_Sacred Circles and Conceptual Models in Nursing Practice_

_The power of circles in nursing_. Give the evidence, relatively few nursing models are established on circular symbols and involve the provision of culturally congruent nursing care to Indian populations. Lowe and Struthers (2001) identified seven significant cultural themes general to many United States tribes, which include caring, traditions, respect, connection, holism, trust, and spirituality at a 1997 Flathead Reservation Native American Nursing Summit in Montana involving 203 participants formed into focus groups to identify the essence of Native American nursing. Additional findings indicated that Indians emphasize spirituality in their nursing practice and American Indians have a holistic worldview that they live and experience in a circular manner, showing these traits with their intertwined, interrelated, and overlapping components. A visual model of the conceptual framework was developed formed into a circle, indicating the holistic circular worldview of this culture. The round circle, they believe, depicts the interrelatedness, intertwining, and interlacing of the seven themes. The model looks like a depiction of the Four Directions with the seven themes wrapped around it. The authors describe this as a
medicine wheel. The medicine wheel signifies the circle of life, the inner spirit, revealing the way of life lying at the center of the model. The four directions, east, south, west, and north, are meaningful in describing this, each direction representing one of the four elements of fire, water, air, and Mother Earth. This model has a thunderbird as a frame for its circle, this being traditionally acting as the link between the people and the gods (Lowe & Struthers).

Rationale for this model is supported by its establishment on the sacred medicine wheel, a familiar and appealing cornerstone concept in American Indian culture. This represents the oneness of the American Indian pathway (Lowe & Struthers, 2001). Utilization of this framework may aid in provision of better care to American Indian clients and their families. It was designed for all nurses although specifically developed by American Indian nurses. These nurses determined that characteristics of successful nursing practice for Indian clients include touching, learning and utilizing traditions because this has spiritual power and may enhance patient teaching. Interventions include using the conceptual framework that developed to provide a structure to think about an abstract idea. Framing thought related to the essence of American Indian culture and nursing practice also helps guide the manner in which nurses perform and deliver nursing care.

John Lowe (2002) explores an additional model. He explores the concept of Cherokee self-reliance and how nurses can incorporate this concept into their health care. Lowe writes that Cherokee males have high incidences of substance abuse, diabetes, cardiovascular disease, accidents, suicide fatalities, unemployment (11.4%), poverty and low educational levels (35.1% without a high school diploma or GED). Sense of self-
reliance, consisting of being responsible, being disciplined and being confident, is diminished due to the destruction of the Cherokee male’s role, confidence, self-esteem and physical health from the historical trauma process. Promoting self-reliance, a cultural value of the Cherokee people, may assist in the healthcare process used to treat these illnesses and may actually reverse some of these trends. Lowe therefore developed a model (Lowe).

Cherokee worldview is circular and holistic where all things come together to form a whole of interrelated parts that cannot be broken into individual components. Additionally, physical, mental, emotional and spiritual elements are not separate systems, but all connected. Everything is balanced, and this includes self-reliance. When one thing is out of step, the whole system is out of step and disharmony results. The model he developed as a result of his research consists of three interlocking circles in the center of a circular model depicting interrelatedness, intertwining, and interlacing of the cultural domain of Cherokee Self-Reliance. The three elements were aspects of self-reliance, being responsible, being disciplined and being confident. The three circles are surrounded by a larger green circle to represent the seal of the Cherokee Nation. The nurse promotes these things by being aware of the whole system and promoting self-reliance. There are specific steps but they are detailed (Lowe, 2002).
CHAPTER 3
Methodology

Research Design

Despite attempts by researchers to dissect the minutest details of American Indian life and spirituality, there has been a general failure to synthesize this data and develop successful or meaningful frameworks of care. Massive amounts of research exists on the growing rates of diseases such as diabetes type II in this population including shocking details of past and present social and cultural decay. Equally effective interventions may extend beyond the surgeons knife, however. Certain aspects of the culture of the American Indian appear to have gone completely unaddressed, as if invisible, although symbolic clues exist are present everywhere. A qualitative research design that reviews past traumas and events with collaborative possibilities for the formation of a successful outcome for the future is indicated here.

Qualitative method of historical analysis. Historical analysis, a form of research that helps to reevaluate and in many cases reveal new ways of thinking based on events passed, may be useful in this instance to assist in the repair of such an obvious failing in our health care system through the study of such symbols. It is a belief held by historians in fact, that if we are not familiar with the events of the past, then the mistakes of the past tend to repeat themselves in the future (Fain, 2004). Therefore, the use of such a research method to shed light on present events through analysis of causes, effects, and trends of historical events is highly appropriate (Fain, 2004).

Steps of analysis. Steps of this process involve extensive research and reviewing of pertinent and reputable documents in the collection of the references and bibliography.
Initial steps involve the identification of primary and secondary sources, the first hand accounts of the medicine men and the recollections of their interviewers. The second step in forming the reference list includes identification of peer-reviewed journal literature from reputable sources. These include articles of a primarily medical nature. Thirdly, collection of books that place this information in an overall historical context is carried out, such as the review of encyclopedias and compilations of cornerstone events (McCoy, 1974). Note taking involves the collection and identification of universal themes with references that are kept in a journal during this process.

**Sampling**

Sampling of pertinent documents, peer-reviewed journal articles, physical relics, photographs and purposive questioning of eyewitnesses facilitated this research. Data from eight unpublished participant interviews funded by the American Nephrology Nurses Association compiled by Professor Joni Walton were used in this process. A personal interview involved a woman who was a participant in an American Indian guided recovery group in which I was also witness to several proceedings because she is my mother. Her recollections collaborate my own. Questioning involved a description of the Four Directions and what, if any significance is found in the concept of the Sacred Circle, healing and colors.

**Data Collection and Procedures**

Surviving records are consulted in a review of literature whenever possible including the study of primary documents from respected medicine men and American Indian nursing researchers. The majority of data collection came from books, the purpose to obtain pictorial representations of the model of the Four Directions as it appears
throughout history as well as recorded oral descriptions of Sacred Circles, directions, and colors. In addition, artwork and sacred relics from my own collection was used as evidence, coupled with artwork obtained directly from tribal artists. Reference texts concerning the history of white medicine in tribal communities along with traditional healing practices throughout the United States were also consulted in addition to a broad range of texts covering American Indian spirituality and life. Several models proposed by American Indian nurses were reviewed incorporating aspects of the Four Directions and Sacred Circles offering ways to provide culturally congruent care.

*Analysis of Data*

*Developing themes and codes.* Universal themes emerge as a result of this analysis and the key to extracting meaning from them occurs as a result of finding useful, meaningful thematic codes (Boyatzis, 1998). Finding thematic codes or seeing patterns from seemingly random information can include a list of themes, a complex model with themes, or casually related qualifiers (Boyatzis, 1998). A good thematic code captures the qualitative richness of the phenomenon and includes five elements: a label, a definition of what the theme concerns, a description of how to know when the theme occurs, a description of any qualifications or exclusions to the identification of the theme and both positive and negative examples to eliminate possible confusion when looking for the theme (Boyatzis, 1998). These themes formed the major headings and sections of this research. They included reference to: directions, colors, circles, the number “4”, prayer, sweat lodge, Sundance, sage and sweet grass.

*Conclusion.* Analysis of this data and themes can only occur after reliable codes are developed. This rests on evaluation of all research tools, some more reliable than
others, but tentative conclusions can be drawn. As indicated by themes pulled from the review of literature, the symbolic representation of the Four Directions is present in textual references, modern artwork and craft though may not seem obvious due to its simplicity in design. Textual reference extends far back into the written record and beyond into prehistoric rock art and sandpaintings. It seems apparent that this is a significant cultural symbol with strong correlations to healing and wholeness in American Indian culture spanning across the United States. This deserves further evaluation and discussion.
CHAPTER 4
Discussion

Introduction

At the introduction of this research, four important questions were addressed.

1. What are the historical roots of the Sacred Circle and the Four Directions?
2. What does the concept of the Sacred Circle mean to Indian peoples?
3. What does the concept of the Four Directions mean to Indian peoples?
4. Can the Sacred Circle and the Four Directions be incorporated positively in healthcare delivery for Indian peoples?

The first question has already been answered in the bulk of this research. Take a walk along the jagged ridges and wind swept peaks of Medicine Mountain and it is easy to see evidence of an early nation’s sense of the sacred arranged in curious rock cairns that align with distant stars. Imagine the awe and wonder a circular fist-sized fossil held to one of the first human beings 100,000 years ago after he etched two lines onto its surface in the shape of a perfect cross, north to south and east to west. Millennia later on the wide dusty plains near the Black Hills in North America and in red rock cliff dwellings of the mesas and plateaus of New Mexico, descendents of generations of living stories and legends continue to manifest a sense of awe and wonder when they sprinkle their colored sands on the floors of their round Hogans or cry to Grandfather in heaven to relieve the suffering of the people while executing a tortuous circular path beneath the yellow sun.

What does the Sacred Circle mean to Indian peoples? This too has already been answered. The circle is the Hoop of the Nation. Without balance it crumbles and the
Nation shatters. The circle is everywhere, without beginning and without end. The future of Indian peoples rests on this. It is apparent that the Sacred Circle figures heavily into American Indian ways of life and perpetuation of culture. Harnessing the power of a thing comes through understanding of its meaning. Thusly, incorporating the Sacred Circle into existing tribal healing and wellness models in conjunction with the Four Directions falls within the scope of culturally congruent nursing.

Like the pieces of a puzzle, the individual aspects of the Four Directions and the Sacred Circle are all interconnected, interrelated and intertwined. The exception is that isolating a piece of the puzzle or removing it causes the entire system to disintegrate. Once again, the Four Directions is a concept formed by the indigenous peoples of this world. Indian peoples of North America have refined it to suite their own needs. This cultural concept abstractly represents the development of the Human Being across the lifespan from birth to death, integrating life and indigenous peoples’ cyclical perception of nature. To traverse the Four Directions is to complete the cycle of life (Villasenor, 1966). Therefore understanding the Sacred Circle is elemental in grasping this concept.

This model may be generally described as the American Indian version of a developmental life model represented by interconnected, interrelated, and intertwined elements of mind, body, spirit and emotion/relational aspects. They are not separate systems that make up a larger body of existence. Each part of the model is equally important in unifying the Sacred Circle and maintaining balance, as every aspect is interrelated within the whole Hoop. This intent is summarized by the Lakota saying, “mitakuye oyas’in” meaning “all my relations”, which implies that all things are related somehow. If one element of the model is out of step, the entire system representing the
Human Being is out of step and illness may result. Every Indian culture in this hemisphere has a unique construal of the Four Directions Model. Due to this apparent significance, the Sacred Circle and the Four Directions can be used to positively impact healthcare delivery for American Indians.

*The Four Directions Model*

Nick Black Elk said “the power of a thing or an act is in the understanding of its meaning” (Brown, 1953, p. 123). Based on an understanding of the historical process of the Sacred Circle and the Four Directions already in use, a refined model results that can be tailored to the specific healthcare needs of Indian patients in the clinic or hospital. Based on strong cultural correlations previously explored and well documented in many oral traditions and first hand accounts of American Indian peoples, a Four Directions Model would be an appropriate addition to the armamentarium of nursing. In accordance with tribal worldview, this is a holistic circular model. It is not a mono-cultural model, but involves aspects of many sacred traditions from tribes spanning the reaches of this continent. The four dimensions of this model are based on shared cultural themes that were identified throughout this research. They are not separate systems. They are interconnected, interrelated and intertwined. The dimensions to this model address each aspect of the Human Being in a tribally congruent way. They address the emotional/relational, mind, spirit and body aspect of the developing person. This model may also represent numerous other things in other contexts as Indian cultures vary greatly from tribe to tribe. However, this model appears to be fairly universal in applicability to America’s tribal peoples’ worldview.
A Sacred Circle is the frame of the model, and four colors that are identified as sacred are used to visually represent the four dimensions. Additionally, the colors are spatially oriented to the four cardinal directions: black at the west, white at the north, yellow at the east and red at the south. These represent the four colors of the four directions and the four colors of the four races, demonstrating relatedness, mitakuye oyas’in, as Black Elk of the Lakota stated, “We should also love and establish closer relationships with our fellow men, even if they should be of another nation” (Brown, 1953, p. 101).

Accordingly, each direction corresponds to a dimension of the developing Human Being around the circle. West is the direction of emotion and governing personal relations. North is the place of the mind. East is the direction of the spirit, and south represents the place of the physical body. There is a Good Red Road connecting north to south, similar to the “straight and narrow” path. This is the way of balance and health. When there is imbalance, despair and ignorance, a person is said to be walking the Black Road of
destruction and sickness, running west to east. This is beginning to sound eerily familiar, with good reason, to the key assessment tool of nurses, the Four Dimension Assessment Guide (Carroll College, 2002).

Four Directions Assessment Tool

The Four Dimension Assessment Guide distributed by the Carroll College Department of Nursing (Carroll College, 2002) holistically assesses an individual based on four criteria: physiological, psychological, sociocultural and spiritual aspects of the person are thoroughly assessed in anticipation of diagnosing and making effective nursing interventions. Correspondingly, an assessment tool specifically designed to suit the needs of American Indian clients can improve nursing and patient outcomes. The Four Directions Assessment Tool does exactly this. As previously indicated, imbalance in the Circle or an aspect of the Four Directions results in illness and disease according to Indian worldview. Key to successful outcome is appropriate identification of the problem. This means not treating what the nurse sees the problem, but treating what the patient perceives the problem to be. These perceptions can and often will be two completely separate conclusions.

A native client may have a diabetic ulcer on his foot, which the nurse sees as resulting from hyperglycemia, vascular disease, and other effects of uncontrolled diabetes. The man however, sees the ulcer as resulting from a blockage of sugar in his body because he did not get enough activity or pray correctly to "keep the sugar moving." So, he goes for a 3-mile walk into the hills to fast and have a prayer ceremony with his relatives. When someone has an infected diabetic ulcer, the last thing they are supposed to do is walk around on it, and not eat. In his worldview of the balance of the circle, his
spirit and body were out of balance, thus causing imbalance in the whole person. A subject for further research, an assessing diagnosis according to these principles might indicate something like this: Inattention to spirit in the east and physical body in the south resulting in imbalance of the Human Being and incomplete circle, indicated by blockage of sugar in foot. This would be what the patient may see, and from there the nurse has to get creative in treating it.

Nurses’ Role

Caring is widely held to be a major function, if not essence of nursing. Often acting as direct providers of care, nurses also provide education and hold great sway over patient’s decisions to incorporate complicated medication regimens or treatment plans into their daily lives, such as those that may be found for sufferers of diabetes in rural American Indian communities. In addition to caring, nurses are among some of the best candidates to practice healing (Struthers & Littlejohn, 1999). The greatest obstacle to this healing, however, stems from many cultural and social barriers, not an unwillingness to learn. Most non-native nurses are ill equipped to deal with cultural needs for such a unique population. Many individuals with diabetes in this population demonstrate a readiness for learning. Nursing interventions must not violate or oppose cultural practices however (Weaver, 1999). Traditional nursing interventions may not be suitable given the desire to preserve a rich, but struggling cultural heritage. To foster growing senses of self-reliance, overcome resistance to white or perceived foreign interventions, deal with consequences of rural isolation and other various factors that influence the lives and decisions of American Indians diagnosed with diabetes mellitus type II, culturally congruent nursing decisions must be made. Important interventions that are realistic but
that promote a degree of wellness must also encompass aspects of the entire person due to dominating cultural beliefs that all relations, mental wellness, physical health, and spirituality are fundamentally interrelated.

Weaver’s (1999) study noted that nurses tend to ride over cultural values, beliefs and norms. They tend to be culturally blind, deaf or intolerant. Therefore, good nursing must begin with a good cultural assessment. Furthermore, as this population is documented as using so-called alternative therapies, assessing whether individual patients are using or have used complementary therapies is an important part of the health history. This demonstrates caring and consideration. It is very important to remember that each tribe has its own healing practices and health in many tribes is associated with being in harmony with nature and the community. Illness is viewed as disruptions in harmony and balance. Considering this, lack of patient and family input into the making of diagnosis can be viewed as disrespectful and illogical (Snyder & Niska, 2003). Understanding cultural beliefs, perceptions, and healing practices of such tribes as Yaqui Indians with foot ulcers may provide health care workers with a broader scope for providing culturally competent care. De Vera’s (2003) pilot study described the perspectives of four Yaqui Indians with diabetes type II. Traditional and biomedical methods of healing foot ulcers were assessed. Data from this produced four cultural themes, that a belief in god is expressed in prayers for healing, the way to keep healthy is to take care of oneself, a foot ulcer is a modern illness that takes time to heal, and support is important to survive difficult journeys. Having foot ulcers was described as being a difficult experience for these people, and they underwent long series of treatments to cure them and were afraid they might come back. It was determined old and new ways were necessary for healing.
Body posture and communication are important while observing cultural guidelines and can be used to achieve good dialogue about individual perceptions of the disease process of diabetes which is what Hernandez et al., (1999) did in their grounded theory study of First Nations adults with diabetes. They proposed that by tuning into body sensations and cues, diabetes could be successfully integrated into the lives of subjects without completely taking over and becoming the primary focus of living. If diabetes was made to be the focus of living for the subject, the subjects became resistant and consistently less likely to adhere to therapeutic regimes of treatment universally throughout all research sources studied on this topic. The key to nursing for this population is compromise. If blood glucoses don’t get checked on the hour when directed and insulin given on cue, then the participants at least agreed and successfully so to listen carefully to their body cues for signs of feeling tired, hungry, painful, or shaky. This was rationalized by the fact that those with diabetes are more expert at the particulars of the way their disease affects their body at given times then a health provider so are better equipped in a collaborative alliance relationship with a nurse or doctor to care for themselves. This type of relationship seems to be the most productive and realistic in terms of health promotion for a population traditionally used to fending for themselves though at the same time forced into relying on substandard outside assistance (Hernandez et al.,).

There was also found to be a significant lack of knowledge about diabetes in the First Nations studied. Not surprisingly, little interest was expressed in learning more about the disease. Recommended strategies for this included somebody who knew the feelings of having diabetes talking to the people. In other words, first hand accounts from
health care professionals, educators with diabetes or close personal accounts of family and friends with the disease were accepted. The rationale for this is that speaking establishes intimacy over a handout and this population felt they learned better by example, preferably from someone with credibility. The authors conclude that health care providers’ advice is listened to but seldom heard in the current manner that it is being given due to lack of possible interventions such as those named above. First hand experience with diabetes is beneficial in order to be a credible educator (Hernandez et al., 1999).

The work of health professionals in First Nations communities can be more effective if efforts are made to constructively incorporate cultural understandings of illness and pre-existing frameworks. Attempts like these hold promise in helping those who have diabetes, and preventing future cases. In Bruyere and Garro’s study (2000), 22 members of the Cree nation with diabetes were interviewed about how they perceived and understood diabetes. Interventions proposed included exercise, diet, and weight loss to control diabetes. The authors justified this proposal through evidence in interviews, which stated that their ancestors had worked hard and therefore exercise and such recommendations would fit easily within the pre-existing Cree framework. Furthermore, the Cree tend to view this disease as a historical and cultural ball and chain that they are powerless over. Based on this information, it was recommended that health care professionals be alert to how illness is understood in native communities in relation to historical contexts in order to constructively incorporate cultural understandings of illness. It is also evident that recommendations made by health care professionals do
make an impact and do not stand outside what people already know and understand, as biomedical teachings are synthesized into pre-existing frameworks (Bruyere & Garro).

Additional studies indicate that multicultural awareness is the initial step toward becoming multiculturally competent in nutrition counseling (Harris-Davis & Haughton, 2000). With the ample opportunities nurses have to educate and impact American Indians with diabetes, there is great potential to positively impact adherence with medications and treatment plans if cultural considerations are made. Weaver’s (1999) survey of 40 American Indian nurses and nursing students was driven by the recent surfacing need to include cultural issues in nursing assessment and interventions. Nurses must know about and show respect for culture and history, specifically health beliefs and healing practices of native groups. It is fundamental for nurses to also respect diversity and traditions while being open-minded and non-ethnocentric. Nurses must consider the values, beliefs, and health care practices, appreciating and accepting human and cultural differences.

Incorporating traditional beliefs and spiritual practices in treatment plans are good ideas because they can also play a major positive role in treatment by acknowledging the existence and legitimacy of local health beliefs and traditions. Visually demonstrating certain health treatments for use at home rather than in a hospital, such as insulin treatments, positively impacts treatment by following cultural oral and visual forms of storytelling versus writing things down. At the same time this promotes freedom, independence and empowerment. In order to provide good care nurses must be friendly, warm, listening, flexible, and sensitive to all of their patients.

Incorporating traditional health care practices and spiritually into the treatment regime by accommodating medicine men, herbal medicines, and smudging may increase
willingness to observe complicated medication regimes. Considering that the American Indian client with diabetes may still chose not participate in anything a nurse or doctor suggests, the nurse can still use theoretical frameworks and models to demonstrate caring, open-mindedness, and cultural sensitivity. These include cultural patterns of communication. Allowing time at the end of conversations gives adequate time for elders to think and respond, as they may wait to speak until all others have spoken. Additionally, eye contact that is prolonged is not appropriate when discussing private or uncomfortable situations. Sitting in a circle when talking is viewed as more respectful and the proper format for heavy discussions between equals. The investigator in this study found that it was important to understand cultural patterns of communication in order to foster good communication, which is the basis for successful nurse and patient interactions (Strickland, 1999).

Some social and cultural conflicts may still arise even if the nurse executes his or her role perfectly. Some may view taking a pill on time and cutting carbohydrates as simply having no place in the schematic of Indian worldview. As a result, any healer wishing to be part of an American Indian community has to understand the symbolism of color, direction, time of day, time of life cycle, politeness of a gift, request for payment for medicine, respect for elders, respect for music and creating powerfully, as part and parcel of the full, rich context in which medical information must be imparted if it is to be believed to be effective in bringing about healing and changed behaviors in this population. Nurses in healthcare settings can help reverse some of the trauma that has already occurred by being open minded and aware of the traditional interventions they may encounter. As Wallace Black Elk of the Lakota succinctly asserted, “So it’s good to
learn our ways” (Black Elk & Lyon, 1990, p. 51). It is good to be aware, to gain power through understanding.

Interventions

Several crucial interventions were accordingly identified for the hospitalized Indian or the Indian receiving treatment. The most important intervention is to incorporate tribal models such as sitting circles, the Four Directions Model, and the Four Directions Assessment Tool. Equally important is the tolerance and inclusion of prayer and fasting, including large extended families in decision processes, and making allowances for traditional rites of healing. These may include oral herbal preparations like peyote or tobacco, piercing ceremonies like the Sundance, sweat ceremonies, and use of personal healers. Following is a brief list of general acceptable interventions for the Indian patient.

- Promotion of a genetic diet may help to counteract some of the problems this population is facing with insulin resistance.

- Creating room for a sacred personal space is not generally a problem. Getting permission from the hospital to keep sacred artifacts with the patient may be.

- Observe color use. Red is universally the most sacred color. The nurse may find it wise to carry red bandannas in case a client has a need to temporarily store a sacred object during a procedure.

- Promotion of exercise and healthy activity.

- Take time to listen.

- Storytelling.
• Giveaways.
• Smudging.

The research on smudging, although limited, advocates the utilization of this intervention. The benefits to the patient are great, and little risk is indicated if proper precautions are used, because smoke inhalation is part of the therapy. This is also a cultural tradition, something that has occurred for thousands of years. To deny this mind-body-spirit link in the healthcare setting only hinders what white medicine tries to accomplish, the treatment of the body. For the sick Indian client, smudging may be beneficial in restoring a perception of health, returning a sense of control, bestowing a feeling of well being, and reinforcing a sense of cultural connectedness. Doing all of this will improve life and result in the completion of the circle, so that the client may become a balanced Human Being.

Potential and Future Research

The Sacred Circle, The Four Directions Model and the resulting Four Directions Assessment Tool have enormous potential in application to nursing practice with Indian clients. They have similar counterparts in western medicine in the developmental models of Jung, Maslow, and Erickson although they are specifically designed to fulfill a need for this unique population. Along with other nursing models and the appropriate cultural considerations or open-mindedness, it is highly feasible to propose that these could be used to increase treatment observance and promote healing for American Indians with diabetes type II and the multitude other problems that plague the tribal people of the United States.
To Make the Tree Bloom

Kanina of the Walla Walla, who has since continued onto the next great circle, said many years ago about the pride he felt for his people, "’I Indian. Smell sagebrush smoke. Ride horse good. Never go bald. Never be white man. Proud be Indian.’" (Steber, 1987, p. 32). Each tribal locale is a unique remnant of a long and proud history. Some communities are more closed than others to outsiders as they attempt a long process of recovery from historical trauma. A long process of healing of generations of alcoholism, poverty, ignorance, and social stigma has begun. This makes the heart happy and is easy to see in the pride taken during closed re-enactments of Coastal Salish, Nootka and Makah Indian whale hunts on the Olympic peninsula of Washington. There the rituals of canoe building, totem making, traditional feasts, substance-free potlatch gatherings, traditional give-away ceremonies, the rigorous dangers of the whale hunt and communal distribution of food demonstrate the Sacred Circle at its best. Here the hoop of life is lived in balance, as a Human Being ought to live: full of colors, the sacred directions, and their implications for a way of life. The tree is blooming. As described by F. A. Tompkins (personal communication, February 27, 2004).

Crying for a Vision

O make my people live!

Grandfather, I am sending a voice!

To the Heavens of the universe,

I am sending a voice;

That my people may live!

(Brown, 1953, p. 54)
References


