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Ethnographic Survey of Contemporary Concepts of
Health and Illness among Individual Chippewas and Crees

By

Eli S. Suzukovich III

B.A. University of Illinois at Chicago, 1997

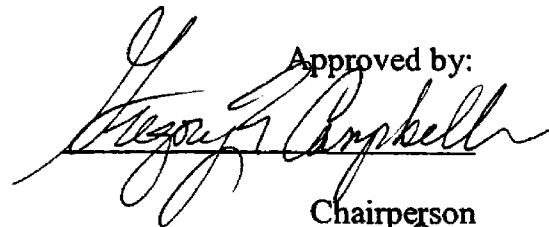
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Master of Arts

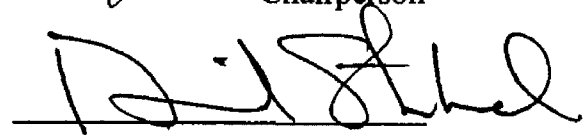
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“Ethnographic Survey of Contemporary Concepts of Health and Illness among Individual Chippewas and Crees.”

Chairperson: Dr. Gregory R. Campbell



This thesis is an ethnographic survey of conceptual narratives to assess how contemporary, individual Chippewas and Crees who live in the Missoula area conceptualize health and illness. By using this approach it will also examine what the participants of this survey rank as being the important themes in health care today and an assessment tool that can be used by health care workers to examine what issues are important to their clients and patients, and how they can better serve them this thesis will attempt to produce three outcomes; a systemic approach that can be used in examining concepts of health and illness, an assessment tool that can analyze the narratives both qualitatively and quantitatively, and a document that can be used to initiate further research on the conceptualizations of health and illness among a specific tribal group or in a multi-tribal context.

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INTRODUCTION

This thesis is an ethnographic examination of contemporary concepts of health and illness among individual Chippewas and Crees from the Rocky Boy, Little Shell, and Turtle Mountain communities, along with Crees from various Canadian communities who live in the Missoula area. This pilot study uses an assessment survey technique to understand what phenomena and events influence their ideas about what it means to be healthy or ill. This approach will also examine what the participants of this survey rank as being primary themes that influence health care for them, their families, and communities. Another goal of this thesis is to develop a potential assessment tool to be employed by health care workers to examine what issues are important to their clients and patients, and how they can better serve them.

In the field of medical anthropology, Arthur Kleinman (1980), Robert Hahn (1995), Patricia Townsend and Ann McElroy (2004), Naomi Adelson (2002), Ronald Neizen (1997), Linda Garro and Cheryl Mattingly (2000), have noted that health and illnesses are made up of several levels of events and phenomena that interact with and within each other creating various super and sub-systems. General systems theory and its approaches look to create a unified perspective or theory. In this case, Chippewa and Cree concepts of health and illness are examined in a holistic mode that demonstrates their relationships to other aspects or levels of Chippewa and Cree life such as family, social life, ecology, economics, and spirituality. By examining these relationships, this thesis will attempt to produce three outcomes; a systemic approach that can be used in examining concepts of health and illness, an assessment tool that can analyze the

narratives both qualitatively and quantitatively, and a document that can be used to initiate further research on the conceptualizations of health and illness among a specific tribal group or in a multi-tribal context.

For this thesis research, eleven individual Chippewas and Crees who live in Missoula, Montana, participated in this survey. The participants represent the number of people who volunteered for this research. I chose Chippewas and Crees because there are not many works that focus on the conceptualization of health and illness among the Rocky Boy, Little Shell, and Turtle Mountain Chippewa-Crees who live in Montana. I also chose this group because I am familiar with their history and culture.

The methodology that was developed for this research is based on illness narrative analysis and studies in cultural concepts of health (Garro and Mattingly, 2000; Garro, 2000; Currer and Stacey, 1993; Reynolds-Truton, 1997), linguistic and psychological word association and analysis (Buzan and Buzan, 1995; Hirsh and Tree, 2001; Bose, Buchanan, and Libben, 2005), and systematic/ecological approaches and analysis described by Kleinman, 1980; Hahn, 1995; Adelson, 2002; Underhill, 1979; and Neizen, 1997.

Examining how people conceive health and illness can provide important data when health care programs are created. It is a record of how people view their current health situation, what they feel affects their health and individual methods and philosophies in maintaining their health, this thesis can provide a basis of understanding for health care institutions working with Chippewa/Cree patients and clients. This can also provide a framework for future studies of specific tribal groups or multi-tribal communities in an urban context.

Chippewas and Crees are related tribes in the Algonquian language family, share the same geographic regions, were and are political and economic allies, and share some cultural traditions. However, both are part of the Algonquian family and share many linguistic cognates; their languages and dialects are distinct. This study will note some of the differences but will focus largely on unifying themes, events, and phenomena. The participants in this study come from communities that are Chippewa, Cree, or combined, and may identify themselves as such.

The first chapter will examine the theory employed in this research. The second chapter will discuss Cree concepts of health and illness as documented by various authors. This will include information from various groups of Cree and Chippewa. The third chapter will include ethnographic field methods and fieldwork results. The fourth chapter will present a discussion on the analysis of the field data. The Fifth chapter will give the concluding remarks for this research.

CHAPTER I:

Theory and Methodology

The Systemic Approach:

The systemic or black box approach examines a super system as a whole, exploring the various low-level phenomena in the context of the greater phenomenon (Heylighen, 1998:4). Another way to put this is by examining the higher-level phenomenon; one can understand how the low-level phenomena operate. This approach allows the observer to examine what happens within the super system and how the subsystems interact with each other without focusing or producing data on only one particular level or phenomenon, which creates a greater understanding of how the super system operates (Heylighen, 1998:3). The systemic approach tends to concentrate on the unification of all interactions between the elements of a system and studies the effects of the interactions (de Rosnay, 1997:1). This approach is summarized by noting that it seeks universality by ignoring concrete material out of which systems are made, so that their abstract organization comes into focus (Heylighen, 1998:5). It is from this approach that the theoretical framework of this thesis will take its direction.

Methodology:

The method of analysis is a combination of narrative analysis and word association tests. The goal of the interview questions is to understand how health, or what it means to be healthy, is conceptualized among Chippewa and Cree participants who live in the Missoula area. Three specific elements come to mind in regards to this, which are.

1) What are the concepts of health and illness amongst contemporary Chippewas and Crees living in the Missoula area? 2) What role does culture play in contemporary preventative health? 3) What experiences have affected the views of individual Chippewa-Crees?

The structure of the interviews is in the style of an illness narrative, which is an informant's perspective on how they feel about being ill or in a current unhealthy state (Garro and Mattingly, 2000:8). The narratives provide a foreground to the human dramas surrounding health and illness (Ibid, 2000:8). In this case, it would focus on how they conceptualize what it means to be healthy or ill, as opposed to focusing only on a participant's thoughts on illness during or after being ill. Narratives are predominantly used to decode and reframe the past to make sense of the present and provide an orientation for the future (Ibid, 2000:7). How people express their views of health and illness may illuminate patterns and relationships that allude to the core beliefs that may affect contemporary views¹. This, in theory, would produce narratives about how the individual participants conceptualize health and illness and how they live out these concepts. By employing a systemic approach in the examination of the narratives, it can be possible to see how other aspects of the participants' life affect their views of health and illness. The narrative in a sense provides a small window into how the individual conceives health and illness and what influences their views.

Word association tests are used in neuro-linguistics and psychology to examine linguistic and mental associations to groups of words to determine the relationships between language use and abstract concepts. Sir Francis Galton first employed this type of analysis in 1884, and by later anthropologists/psychologists such as Wundt,

Aschaffenburg, and Kramer (Kinnes, 2004:1). Eventually, Carl G. Jung employed this method specifically for use in psychology to infer personality traits and for dream analysis (Kinnes, 2004:1). The Buzan brothers conducted research on the utility of word association tests and found that this type of testing works better on an individual versus a group level (Kinnes, 2002:2). However, there are studies that have successfully employed word association tests in a comparative group context.

In neuro-linguistics, word association tests are employed in the study of the developmental changes in semantic memory and linguistic functions, and semantic word production and processing. They are often used in studying language use within particular groups or between multiple cohorts. Hirsch and Tree used word association tests to examine similarities and differences in responses and variability in two cohorts (young and elderly adults) to produce normative data on word association in older British adults (Hirsch and Tree, 2001:2). Salamoura and Williams used word association tests in the study of bilingual translation, and word retrieval versus conceptual activation (Salamoura and Williams, 1999). They employed two levels for comparison, a lexical understanding of the stimulus words and a conceptual understanding of the same terms (Salamoura and Williams, 1999:34).

Another use in linguistics/anthropology was Ruth Underhill's work with the O'Odham (Papago), and Ronald Niezen's and Naomi Adelson's work with the Mistassini Cree (Underhill, 1979; Adelson, 2002). Both employed linguistic associations in relation to ecology and its effects on cultural worldview or perspective. Adelson's study, along with Niezen's research, focused specifically on the holistic relation between ecology and health in Cree communities in Northern Quebec (Adelson, 2002; Niezen, 1997).

Word association tests operate on stimulus or trigger words and response words. The analysis comprises of a list of stimulus words to which an individual responds. The methodology of this thesis combines word association tests with health narrative analysis. Instead of using a list of stimulus words, a list of semi-structured questions that focus on aspects of health and illness is employed as a “stimulus.” From these questions, the participants gave responses from which a narrative was produced. The narrative was analyzed qualitatively, which means reading through and locate major and minor themes. From the narratives, core conceptual words/phrases were examined statistically to determine what conceptual themes were most prominent in the narratives. What this produces is the combination of quantitative and qualitative data to find the correlations that either exist or do not exist between core conceptual words/phrases, the context in which they were used, and how they relate on the group level.

The Chippewa and Cree Health Conceptual System:

Chippewa and Cree concepts of health and illness are a subsection composed of different levels, and simultaneously, a subsystem, in that it is part of a greater system, the Chippewa/Cree cultural system. For clarity, this thesis will examine the concept of health and illness as a super system made up of cognitiveⁱⁱ, physicalⁱⁱⁱ, and social^{iv} levels that continuously interact with each other.

Figure 1. Chippewa and Cree Conceptual System:

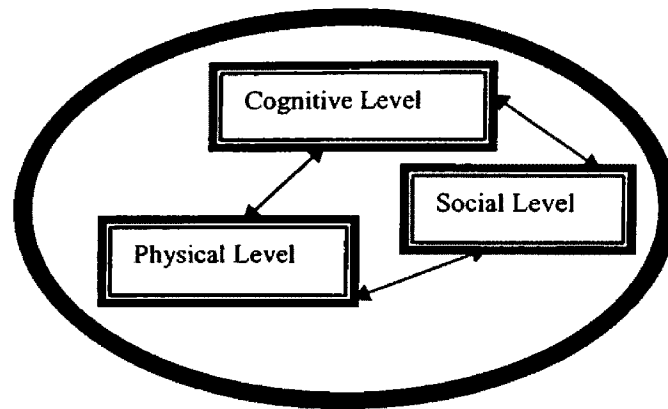


Figure 1. This is a model of the Chippewa/Cree conceptual system of health. This view shows the higher-level phenomena that make up the conceptual system.

How people perceive the world around them and the formation of abstract concepts is a process that can include physical and social experiences and observations coupled with how one categorizes and conceptualizes these events. These concepts may then guide the individual or group to react properly or improperly to a given situation (Klienman, 1980; Young et al, 1998). People's perceptions and conceptualizations can help a fieldworker or researcher understand why people do what they do (Fetterman, 1998:20), and to some extent why they think the way they do.

Examining a system, whether cultural or conceptual, holistically demonstrates the synchronistic relationships of the various high and low-level phenomena. In the case of Chippewa and Cree concepts of health and illness, one can observe how the various levels and phenomena within this system interact with each other, which can provide a basis for understanding how Chippewas and Crees conceptualize and conceive health and illness. It can provide a framework for more in-depth or analytical examinations.

Cree and Chippewa cosmology or world-view tends to be a hierarchal system that is made up of various high and low status entities^v. As a result, a holistic or

systematic approach would be a complementary framework to examine the concepts of health and illness of the Chippewa-Cree. Without going into precise detail, one can see how external systems or inputs^{vi} affect the super system and its output. The output in this case would be how the Chippewa-Cree informants conceptualize health^{vii}. The following chapter will examine Cree and Chippewa concepts of health and illness from a cosmological (cultural worldview) perspective.

CHAPTER II:

Chippewa and Cree Concepts of Health and Illness

This Chapter examines Cree and Chippewa concepts of health and illness. It provides a background for contemporary Chippewa-Cree beliefs and concepts and examines general Cree and Chippewa cosmology. This information comes from Plains and Sub-arctic Chippewa and Cree materials. These materials provide a basis from which Cree and Chippewa cosmology can be examined conceptually in regards to health and illness. What are produced are patterns in these beliefs and concepts, which indicates a system of beliefs in regards to concepts of health and illness in Chippewa and Cree communities.

Introduction:

Crees and Chippewas are members of the Algonquian language family and share cultural similarities. Along with sharing cultural and linguistic cognates, they also occupied similar territories. Originally, Chippewas and Crees occupied the woodlands, swamps, parklands, and drainages of present day Quebec, Ontario, and Manitoba. Chippewas, also known as Ojibwes and Anishinabek^{viii}, who live in the areas south of the Crees, also occupied the Great Lakes areas of present day Minnesota, Wisconsin, Michigan, Southern Ontario, and Northern Illinois to the west, and east to the Gulf of St. Lawrence (Ewers, 1973:18-50; Waldman, 1985:33). There were also areas where both Crees and Chippewas lived in the same vicinity, such as along the Severn River (Ontario, Canada), the Mackinaw Straits, (Ontario and Michigan), and the upper shores of Lake

Superior. Crees and Chippewas continued living in close proximity to each other as they moved onto the Northern Plains of Canada and the United States.

In the 1670s, when bands of Crees and Anishinabek began working with the Hudson Bay Company, they extended their trade networks westward and southward (Ewers, 1973: 19, 21, 22; Waldman, 1985: 33, 41). Eventually, various bands of Crees and Chippewas established communities in the Northern Plains (Dusenbery, 1962; Ewers, 1973; Presnell, 2000; Milloy, 1988; and Waldman, 1985). Many came to the region to hunt buffalo, trap beavers and other fur bearing animals, and/or expand and facilitate trade. By 1737, Crees and Chippewas had extended their hunting territory south of Lake Winnipeg to the Missouri River (Ewers, 1973:19, 22). By the early 19th Century, Cree bands had reached as far west as the Rocky Mountains (Ewers, 1973:21). By the 1830s, Crees, Chippewas, and their allies, the Assiniboines, lived as far south as the Yellowstone River as a result of a Northwest Company trading post and the expansion of Cree and Assiniboiné hunting territories. By the 1880s, there were already well-established hunting and trapping grounds in Montana, especially along the Missouri River and its drainages. With the rise of trade posts through out Montana, groups of Crees, Chippewas, and Métis began to frequent the trade routes between posts in Hudson Bay to forts in the Montana Territory^{ix}.

From the time that they moved onto the Northern Plains, Cree and Chippewa communities contained a mix of the two tribes, along with other tribes, especially the Assiniboiné. An example of this would be the Turtle Mountain/Pembina community of North Dakota. It was and still is predominately Chippewa, but there are also Cree and Métis families that live in the community^x. As Crees and Chippewas moved out onto the

Northern Plains, they began to ally with various Plains tribes, especially the Assiniboines. The alliance between Crees and Assiniboines was so great that the Plains Crees were also known as Cree-Assiniboines (also known as Saulteaux).

The long history of Crees and Chippewas living and interacting with each other is important to state because the cultures of both reflect each other in many ways. This is especially true with the concepts of *Wittiko* and *Pimaatiswiwin*, which will be discussed in this chapter. The differences are in how Crees and Chippewas contextualize and interpret the phenomena and events in relation to their worlds. Both are independent groups that share similar cultural beliefs. It is from this perspective that this chapter will examine Cree and Chippewa beliefs and concepts of health and illness. The conceptualizations of health and illness will be examined through Cree and Chippewa cosmology and its two core components; *Wittiko* and *Pimaatiswiwin*.

Cree and Chippewa Cosmology:

According to Dusenberry (1962), Brown and Brightman (1988), Johnston (1992, 2001), Ahenakew (1973), Landes (1968), Smith (1995), and Merasty (1982), many ideas and concepts related to health are interconnected to cosmological beliefs. By cosmological, I mean the worldview of both Crees and Ojibwes. Cosmology would cover everything from religion, spirituality, to perceptions and conceptions of the surrounding world. Cosmology is the framework people use to interpret and process the world around them. For example, origin stories tell people where they came from, their purpose for existing, and how they relate to the world around them.

One belief found (and persisting) among Crees and Ojibwes is that of *Manitou*. *Manitous* tend to be numerous and are the proto-types of plants, birds, beasts, elemental forces, and life circumstances such as poverty, motherhood, or death (Landes, 1968:22). The Chippewa-Cree translate this as “master spirit” (Dusenberry, 1962:113). However, a *Manitou* is more than a spirit, but is the essence or force of a particular aspect of life. These entities or forces interact with and influence the daily lives of people, animals, and the world in general. There are also *Manitous* that are associated with health and disease.

First will be a discussion on the subject of *Wittiko* and *Masti Manitou* and their connection to disease and related maladies to illustrate Cree and Chippewa concepts of an unhealthy state of being. The before mentioned entities are *Manitous* that generate and/or provoke illness and misfortune. For reasons of clarity the term *Wittiko* will reference the shared beliefs of Crees and Chippewas, *Wetiko* will be used specifically for Cree beliefs, and *Windigo* will specifically reference Chippewa/Ojibwe beliefs. *Masti Manitou* is predominately a part of Cree beliefs, specifically among the Plains Cree. Following *Wittiko* and *Masti Manitou* will be a discussion on *Pimaatswiwin* to demonstrate the concept that defines what it means to be healthy. This term does not refer to one specific *Manitou*, but to a way of life or healthy state of being.

Wittiko, Masti Manitou and Illness:

In Cree and Chippewa culture, *Wittiko* is a very prominent being that is associated with disease and misfortune. Commonly it is portrayed as a cannibalistic ice giant that hunts people in the winter months and is mainly associated with starvation. Dusenberry describes it as “conceived in a culture that was constantly threatened by starvation, the

cannibal-like monster devoured human flesh and threatened the existence of people (Dusenberry; 1962:233).” Norman notes that the most common nonhuman form is a wandering giant sometimes seen as an icy skeleton or covered with all matter of tree pitch, branches, moss, and other elements of the swamp (Norman; 1982:4). Though this is true to some extent, there is more to this being than is usually suspected. Especially when examined from a broader perspective. It is a being/entity/force with deeper meaning and effect to those who believe in it and it is one of the many *Manitous* that govern the various aspects of life in Cree and Chippewa cosmology. This would also include disease and its generator.

Merasty notes that *Wetiko* has been studied in terms of human behavior and social function within Cree and other Sub-arctic communities; however, few have examined the nature and power of *Wetiko* itself (Merasty, 1981: 37). Examining it as a system (i.e. an ecosystem, social system, etc.) instead of a social institution or a product of functional/behavioral patterns, one can see how it affects various aspects of Cree cultural, social, religious, and daily life. Being raised with a belief (and concept) of *Wittiko*, I tend to see it as a general specific entity. General in its definition as the embodiment of imbalance and chaos, and specific in its various manifestations, whether it is the urge to commit a crime, some type of addiction or obsession, a severe blizzard or storm, relentless bad luck, or a difficult illness. It also seems to be an interactive system in that *Wittiko* exist on its own and is always lurking around, waiting for a victim. People exist on their own, but when someone or community behaves off kilter, a disruption is created, which creates an entry point for *Wittiko*. The two separate phenomena, *Wittiko* and people interact with each other, through the disruption created by a person or community,

which acts as the catalyst. Once inside the person or community, *Wittiko* spreads itself out and creates (or at least tries to) an ecosystem for itself, much like a virus entering a body and replicating itself.

Examining the accounts and legends regarding *Wittiko*, there are various forms or symptoms from ice giants and unseen entities, to murderous individuals, bronchial illness, psychological disorders, environmental disasters, and so on that illustrate its presence in different systems (psychological/health, social, ecological/environmental, and cosmological). *Wittiko* can appear in multiple levels and contexts depending on what needs to be explained. This section of the study, I hope, will give an understanding of *Wittiko*, and its Plains Cree counterpart, *Masti Manitou*, in the framework of a Chippewa and Cree health concept system, with an emphasis on the macro perspective. The goals of this will be to show *Wittiko* and *Masti Manitou* as an overreaching concept in Cree health, regardless of geographical location. The second goal is to demonstrate how *Wittiko* affects the interacting levels (cognitive, physical, and social) of Cree and Chippewa life.

There are different states of *Wetiko* that tend to show up in Cree cosmology. *Wetiko* is often seen as a lone or group of giants, supernatural beings that are associated with the north, ice, and the winter wind. The other designations are humans who are transformed by the above-mentioned entities, by committing famine cannibalism, predestination or spirit possession, or by death from either starvation or freezing (Brown and Brightman, 1988:159). The predestination refers to individuals who were/are visited by *Wittiko* through a dream or vision. There are some cases in which *k'pawakmit* or

sorcerer intent on disrupting a community can turn a person into a *wetiko* by isolating them in some fashion (Norman, 1982:4).

From a Cree perspective, it is both a literal and metaphorical entity, which has a deep connection with disease. By this, I mean that it is both an entity and a human under its influence. While many Plains Cree view *Wetiko* as a mythical being, to some extent, the Crees living in the sub arctic see *Wetiko* as a malevolent spirit, which is very much alive and lying in wait all of the time (Brown and Brightman, 1988:193). Merasty stated that in times past, people knew no serious illness...the *Wetiko* was the only sickness (1982:3). Ahenakew describes it as follows:

We-ti-ko is not a devil nor a demon, nor a disembodied spirit of any sort, nor of prodigious size. Those who claim to have seen him say that he is clothed in rags and very dirty; that his hair is long and matted with filth; that his face repels with horror anyone who glimpses it. He began life as a human and may have appeared normal for many years. Only when the abnormality became evident would he leave his people and wander alone in the wilds, hunting his own kind, becoming a cannibal (Ahenakew, 1973:92-93).

He also describes its supernatural power as “an evil development, wholly malignant, resulting from the individual’s criminal action, and destructive to all humanity (with) in him (Ahenakew; 1973: 93).” Norman states that *wetiko* is not necessarily a cannibal; he may only be a murderer of his fellows, urged on by dreams, melancholy, and brooding and other insatiable urges (Norman; 1982: 3).

Wittiko is a *Manitou* that causes or provokes illness, whether manifested physically, socially, or cognitively and creates an imbalance with whatever it meets. When translated in Cree, it means “the filthy spirit,” as it is made up of two words, “*win*” which means filthy or dirty, and “*Manitou*” which means a powerful spirit (Ellis; 1980:60). This fits with a description given by Johnston that *Weendigo* (Sic.) was unclean

and gave off a strange and eerie odor of decay and decomposition, of death and corruption (Johnston, 2001:221). Basil Johnston also provides an Ojibwe entomology for *Windigo* in that it may be derived from *ween dagoh* which means “solely for self” (selfishness) or *weenin n’d’igooh* which means “fat/ excess” (greedy or gluttonous) (Johnston, 2001:222).

As I learned about it from my mother, *Wetiko* is an entity without any particular form that is constantly out of balance (Suzukovich; 1999-2001). It roams around searching for a living body to inhabit. Because it is chaotic and destructive, it can never hang on to one for very long, thus it continues its search, never satisfied, always hungry. This is because it is so unbalanced that it can never find any type of harmony. It may find it when it occupies a host, but it is only temporary, eventually its destructive behavior takes over and in a sense, devours the host, and is once again out hunting.

Once inside of its victim, it begins to feed off them and gain power. When it has acquired a certain amount of power, it begins to spread itself out to other people or animals. This original host then becomes a sort of command center where the *Wetiko* exerts its influence and power. Many accounts and stories illustrate the many ways in which it can exude its control over humans, animals, and the environment. In many of the legends, no one actually sees the *Wittiko*, only one of its messengers or vectors (one who is under its control). In the stories “Owl Famine Windigo” and “Owl Heart Windigo,” an owl is used as an agent for the *Wetiko*, which caused starvation and sleep deprivation (Norman; 1982: 53, 97). In the “Curing Fox Windigo”, a fox was used to carry a bronchial type illness. In “Shrinking Dreams Windigo”, a hunter from the village causes

a loss of game by purposely scaring away the game and causing nightmares (Norman; 1982: 44, 109).

The common themes that appear in the various accounts and legends are its associations with filthiness in appearance and habitat, anti-social behavior, loss of resources (food being the most common), some type of disruption in camp or village, starvation, and some type of physical illness. Association is a good term for the above states in that they are, in a way, symptoms generated by *Wittiko*. The disruption it causes within a person, community, or environment can produce various types of illness. Starvation for example can produce various conditions such as malnutrition, which weakens the immune system and mental disorder such as dementia and panic attacks. These maladies in effect are results of an imbalance in fats, proteins, vitamins, and minerals.

There is also an insatiability and cannibalistic demeanor associated with it. By this, I mean it is never satisfied in devouring an individual or community, that it has a never-ending hunger for new victims. Even when it has been suppressed there is a small part that can be revived and repeat the cycle. This part would be something that cannot be destroyed by people. The best way to describe it would be its essence, which is imbalance and disruption. Both of these are constantly around in small amounts. Nevertheless, if left to fester, small amounts can become much larger.

The devouring of people and the acts of cannibalism that are often, but not always, associated with *Wittiko* can be seen in both a literal and metaphorical way. Cree conceptions of *Wetiko* are organized in terms of strong metaphorical and metonymic associations linking winter, the north, ice, starvation, cannibalism, insanity, and human

identity (Brown and Brightman, 1988:171). The cannibalism that is associated with the *Wetiko* metaphorically provides a context for illustrating the severity, vileness, and destructive power of this being (or state of being) and the maladies it causes. It may also convey the idea that this particular being incites a self-destructive nature in people, causing people to devour themselves or others with mental or physical stress, or obsessions. A person under the influence of *Wittiko* can cause unrest due to their unpredictable and erratic behavior. Many accounts refer to possessed or infected people killing community members, chasing away game, destroying or eating up winter food supplies to the point of causing starvation within a community or family. The actions of just one individual can cause a great amount of stress, which can lead to other illnesses. Moreover, this disruption makes *Wittiko* the generator of illness. The imbalance it causes in one person can throw everything else off.

This leads into the other part of *Wittiko*, as a corporeal or literal being. This tends to be the *wittiko* most often talked about or seen. A common way for someone to become infected by *Wittiko* is to become possessed. A person can become susceptible to *Wittiko* by being out of balance or disrupted in some way. This could vary from being severely depressed, because of malnutrition, breaking a taboo, self-indulgence, or through a vision. One belief is that when a young man goes out to receive a vision, he may be visited by *Wetiko* or *Masti Manitou* (the evil spirit among the Chippewa-Cree) and be given an animal as a *mistabeo* (guardian). If the man eats the particular animal any time in his life, he would become a *wittiko*, because he broke a major taboo, the eating of one's guardian spirit (Dusenberry, 1962:160).

When a person or animal is possessed or under the control of *Wittiko*, it is termed “going windigo.” When a person comes under its influence or begins to act like a *Wittiko*, their hearts are said to turn into ice. The *Wittiko* in a way infects its victim and acts like a parasite. The victim becomes a host for the *Wittiko* to feed off and/or to exert its influence through. This of course can make the person, and subsequently the people and environment around them, go off kilter. The person who goes *wittiko* maintains a human appearance but loses any sense of humanity and cultural knowledge (Brown and Brightman, 1988:159). Along with a loss of humanity, a human *wittiko* loses interest in personal hygiene, letting their hair and body go unwashed, letting their finger and toe nails grow long, and wearing filthy clothes. They were also known for eating their lips off due to their insatiable hunger (Merasty, 1981:3). Brightman and Brown noted that contemporary Manitoba Crees use the term metaphorically to denote insane, aggressive, murderous, or gluttonous individuals (Brown and Brightman, 1988:159). Marano noted that when the Northern Ojibwe referred to a person who went *windigo* it usually meant that they were empty of conscious, driven to distraction, encompassed and engulfed by grief, or driven to the point of insanity (Marano, 1982:386).

Sometimes the affected person may run off from their community and live in the forests, swamps, or scrublands alone. Because they often live apart, *wittikos* are sometimes referred to as *U'payokwetiko* (*siew*) which translates as “*wetiko* who lives alone” (also *ka-pa-ya-koot* among the Plains Cree) (Ahenakew, 1973:94; Norman, 1982:4). Because of being isolated, a *wittiko* person may lose certain human abilities and skills. Merasty notes that the functional abilities of the *wetiko* is below that of a normal person, which means that the *wittiko* person can not make its own shelters or canoes or

any other item for survival, it must acquire these ready made (Merasty, 1981:8). The only way they can get this, of course is through other people. *Wittiko* people are then forced to live off other people and become in a sense parasitic killers, hunting people for the necessities. Their parasitic nature can be a hindrance in that they cannot make basic tools and structures for survival, which in turn can intensify their aggression, which makes them incredibly dangerous.

In the late 1920s and early 1930s, “going windigo” became classified as a mental disorder. J. E. Saindon, an Oblate missionary working among the James Bay Cree, was the first westerner to identify “going windigo” as a sickness (Marano, 1982:387). He observed a case of it and was the first to publish a report on it (Marano, 1982:387). “Going windigo” was given the medical name windigo psychosis. Saindon categorized the syndrome as a psychoneurosis, which produced obsessive behavior in some individuals and hysteria in others (Marano, 1982:387). The typical patterns for this psychosis involved a craving for human flesh, erratic and anti-social behavior, and delusions. It was believed to be brought-on by famine or near famine conditions. Those who suffered from it would become obsessed with starvation, panic stricken, and extremely aggressive. In all, much of the victims’ behavior matched the descriptions given to Saindon either by or through Northern Ojibwe and Salteaux accounts and informants. Teicher expressed the idea that windigo psychosis was a culturally specific mental disorder among the Northern Algonquians, in which the cultural belief in *Wittiko* influenced the behaviors associated with the mental disorder (Brown and Brightman, 1988:163). Many of the victims in these cases recovered and this brings up an issue as to whether windigo psychosis is an actual mental disorder or if it is part of a socio-cultural

dynamic. There have been suggestions that because the victims of the psychosis could make a full recovery and that there is very little evidence for actual acts of cannibalism, that there could be something else at work.

Marano makes a case that windigo psychosis does not exist and the accounts and stories that have served case studies are unreliable (Marano, 1982:386). He states that of the ten percent of the documented cases he sampled, coupled with his field research, there were no acts of cannibalism, but that there were numerous accounts of scape goating and accusations of witchcraft (Marano, 1982:386). This then presents *wittiko* as a socially created malady. Marano refers to it as the *windigo*-witch fear complex and attributes accusations of *windigo* as a form of ousting particular members of a community who may have broken a taboo or would pose as a liability and deemed expendable in famine situations (Marano, 1982:388, 397). This would then mean that a person who has gone *windigo* is not the victim of a supernatural being but instead the victim of a societal condemnation. Marano also brings up the reported executions of people diagnosed as being *windigo* as nothing more than a witch-hunt.

Robert Brightman presented an argument on the validity of this theory, questioning Marano's idea of unreliable sources, among other things (Brightman, 1988). And it should be said that the act of killing a *wittiko* person to many Crees and Ojibwes, was a sanctioned activity. The common action taken against a *wittiko* person was to put them to death, as this was the only way the power of it could be stopped (Merasty, 1981; Landes, 1986, Brown and Brightman, 1988). This however was only done in extreme cases where the individual was beyond the point of being cured. Kohl observed that among the Lake Superior Ojibwe, *windigo* disorders were infrequent, and their culmination to

murder and cannibalism would be even rarer; detection and either a cure or execution were demonstrably more frequent resolutions (Brightman, 1988). Though Marano's theory may be questionable, in a sense, it can be looked at as both an incorrect and correct idea.

As an incorrect statement, the stories and accounts that tell about *wittiko* sickness where the *wittiko* person is killed seem to be cases where they have undergone such a transformation, that they are beyond a cure and death was the only solution. Ahenakew relates an incident in 1885, where a member of Big Bear's Band declared she was a *wetiko* (Ahenakew, 1973:95). A woman felt that she was becoming a *wetiko* and pleaded with the headmen to execute her before she became a danger to the band. She was executed as she requested. As to whether this woman was considered dubious by the band is unknown, but it is unlikely since she declared herself (according to the account) that she was in fact going *wetiko*. Among the Ojibwe, if *Windigo* polluted a person to the point where they became out of control and there was no chance of being cured, members of the village and/or the family would execute the *windigo* (Landes, 1968:13). The body was cremated, which did two things; first, it destroyed any trace of the polluted corpse so that *Windigo* could not remanufacture itself from the remains, and secondly, it symbolized the melting of the ice-skeleton or heart, which destroys its power (Landes, 1968:14). In a way, the killing of a *wittiko* person beyond help seems to be more like a type of euthanasia than homicide due to scapegoating. Brightman also gives some examples of this (Brightman, 1988, Brown and Brightman, 1988). So it could be hypothesized that *wittikoicide* may be mercy killings or euthanasia for people who realize that they have an incurable illness that is dangerous to the infected person and potentially

to the rest of the community. However, this is not certain from the texts used in this research. There would have to be more investigation into the killing of wittiko people to determine this.

In the stories Norman translated, the *wetiko* that is killed often follows a particular pattern. They are usually hermits^{xi} who suddenly appear to hunters or move into a village. However, the stories do not show the hermit doing anything wrong; usually an owl is used to control game or the weather. In the stories “Owl Famine Windigo,” “The Owl Heart Windigo,” and “The Tent Owl Windigo,” an owl is used to enact the power of the *wetiko* onto a village or hunter (Norman, 1982:53, 97,118). The *wetiko* in these cases turns out to be the hermit. This is significant in part because owls are commonly used in Cree witchcraft. Among the Rocky Boy Cree, dead owls were stuffed with paper and sent to witch someone or to return a curse to a witch (Dusenberry, 1962:85-86). Stories about *wittikos* often include stories about witchcraft, which in this case would mean the use of one’s *pawak or mun’tua* (power) for an evil purpose. A belief among Swampy Crees is that bad sorcerers or conjurors tend to distort or disrupt the relationship between themselves and their or others *mistabeos* or guardian spirits or by insulting the animal bosses (these are *Manitous* that govern the various animals) (Norman, 1982:17, 20). By angering these spirits, an imbalance is created in a community or an individual’s ecology. The result of this can be low amounts of game, severe illness, high mortality rates, higher than normal disappearance or perplexity cases, psychological disorders, and an increased chance of an encounter with a *wetiko* (Norman, 1982:17-20).

Among the Plains Cree of Canada, it is believed that when a bad medicine man enacts a curse, he may send a shadow spirit to follow the victim and attack them when

they are at their weakest, for example, when someone is intoxicated (Young et al, 1990:42). This goes back to the idea of *Wittiko* as an interactive system in that a person becomes out of balance (intoxicated), which leaves that person open for attack from the shadow spirit, which is sent by a bad medicine man. One could say that the medicine man is a vector for *Wittiko*, to cause a disruption in an individual. Brown and Brightman noted that the Cree and Ojibwe of Manitoba believed that the exteriorized soul of a sorcerer could act as an agent of illness and injury (Brown and Brightman, 1988:177).

It can be hypothesized that the *wittikos*, who, as Marano would say, were murdered as scapegoats, may have been individuals who committed criminal acts. The criminals in this case would be sorcerers whose selfish intentions caused a disruption in their communities or with particular individuals. Teicher noted that a *wittiko* can be created from a sorcerer's dream and sent out into a community or to possess an individual (Dusenberry, 1962:154). Ruth Landes describes the process among the Ojibwe:

Windigo disorders were affected powerfully by the men's economic and religious practices and seemed to be the peak and penalty for male achievements. Only rarely did they occur among women. Then it was among those who, for some unusual reason, had followed male practices...the people believed that any mishap and any calamity-starvation, illness, unhappy love, death- must be the work of a rival, usually a fellow villager, employing sorcery through magic and *Manitous*...Psychically, the windigo disorder involved projection of the sufferer's fears and vindictiveness, besides the experiences and anxious anticipations of starvation (Landes, 1968:13).

The above statement fits well with Marano's socio-dynamic theory in that the cause of the *windigo* disorder is an envious individual. It also illustrates the interaction between the cognitive and social levels of an individual(s), this being the social antagonism of one, and the psychological reaction of the other. There is also the act of the sorcerer

abusing their power. This can be seen as a way the sorcerer disrupting their relationships with their community and their *mistabeos*.

With this in mind, the killing of the *wittiko* could be an equivalent to capital punishment. Because someone disrupts the social relationships of village life, the village regains order by eliminating the cause of the disruption, which in this case would be a sorcerer with a criminal intent. The victim of the sorcerer may be able to be cured if they have not reached an incurable state. In a sense, the village cures a social disease by eliminating the cause. This also fits into the pattern and illustrates *Wittiko* as a system. Norman relates a traditional story where a father and son went on a killing and burglary spree every winter (Norman, 1990:28). The father is a medicine man who was visited by *Wittiko* during a vision. He has two sons with whom he makes a living by murdering and stealing during the winter months. The three are eventually killed for their crimes and peace is restored to the community.

The one act of selfishness sets off a whole chain of negative events. Because the main object of the sorcerer (the intended victim) becomes affected, this can then affect the people around the victim or their surrounding environment. If the source of disruption is not deal with, it may escalate and produce a high amount of stress in the community and especially the victim. Again, whether it is a supernatural attack or literal insult/curse or act of violence is of no concern, because the general concept is the same; disruption has been created and the result is illness, whether social, physical, or cognitive. This is where Marano's social-dynamic theory of *windigo* can be considered correct. However, it should be said that in a bigger scheme, one's jealousy may attract *Wittiko* or the jealousy becomes *Wittiko's* vehicle/vector.

As was mentioned earlier, *Wittiko* is an embodiment of chaos and imbalance, and this is what causes illness. The way this would work in Marano's theory is that *Wittiko* is a disruption in social stability, namely community relationships and social norms.

Whether or not it is a psychosis may be undetermined, but it does illustrate another aspect of *Wittiko*. Because life in the Sub-arctic (and anywhere else for that matter) depends on positive and healthy relationships between family, community, other groups, and the environment, a disruption can be disastrous. This is why in the various *Wittiko* accounts and stories, there is usually some type of disease, loss of resources, hysteria, and so on. The accounts in a way are stating that an imbalance manifested itself, the source of it was found, it was then dealt with in the proper manner, and balance was restored.

What is interesting is that despite the differences between Marano's materialist critiques and Saindon's psychological analysis, their definitions of *wittiko* fall into a larger system. Whether through psychodynamics or group socio-dynamics, the macro perspective of *Wittiko* as the embodiment of imbalance and chaos is present in their findings. As a mental disorder, it demonstrates an imbalance in the neuro-chemistry of an individual's brain. In the case of socio-dynamics, its symptoms can manifest as disruptions in community life and/or structure. In terms of famine and starvation, *Wittiko* appears in the effects of malnutrition, which produces various disruptions in the body's immune, circulatory, and nervous systems, which can lead to open one up to different physical and mental illnesses.

Even though empirical analysis views *wittiko* purely as a medical and/or social condition and nothing more, it still follows the pattern set from its cultural contexts. The only difference between the two is the absence of the cosmological perspective. The

empirical observations made by Crees and other Sub arctic peoples regarding the behavior and demeanor of certain individuals is no different from western empirical analysis. Cree medicine is both empirical and socio-religious (Brown and Brightman, 1988). As people in Cree and Chippewa communities observed the behavior or environmental events that they considered to be *wittiko*, and recorded these observations and figured out a way to approach the situation with the best possible outcome. The socio-religious aspect comes in with the concept of balance and imbalance and the importance of the relationships and interactions one has with their social, spiritual, and physical worlds.

The difference between biomedical theory and Cree and Chippewa medical theory is that the Native perspective views illness more systematically. Disease in the macro sense can be seen as a system of relationships defined as *Wittiko*. The western perspective on the other hand defines disease by separating the symptoms and manifestations into categories that fit into different fields (psychology, sociology, and so on).

Wittiko is a disruption in a balanced life. It is all that is unclean and corrupted. Basil Johnston stated that *Windigos*, in some cases, have taken on the guise of multinationals, conglomerates, and corporations that become obsessed with profit (Johnston, 2001:235). The result of this is the destruction of the environment, communities, and/or individuals. So not only does *Wittiko* have an effect on the cognitive, social, and physical levels, but also on the economic level, depending on how you look at it. I use this statement because it is a good illustration of how *Wittiko* can be found in various aspects of Cree and Ojibwe life, and that the idea of illness is not only

found within the physiological and cognitive levels. On this, I will end the discussion on *Wittiko* and move onto its counterpart found among the Chippewa-Cree, *Masti-Manitou*.

Masti Manitou:

As the Cree began to move out onto the plains, *Wittiko* seems to have been replaced by another being, *Masti Manitou* (also *Macimanitōw*), or “evil spirit.” *Masti Manitou* can be translated as “that which is not-manitou,” as *masti*, often is used to refer to something that is bad or can signify an opposite (Ellis, 1982:64). *Masti Manitou* is the opposite of *Kitchi Manitou*, or the Great Spirit. While *Kitchi Manitou* is considered the all-powerful being and creator who promotes the good, *Masti Manitou* is associated with all of the bad things in life. *Masti Manitou*, like *Wittiko*, represents or embodies the same power or theme, chaos and imbalance.

Among the Plains Cree and Chippewa, *Masti Manitou* is the cause or generator for illness. *Masti Manitou* is associated with all forms of evil, whether it is disease, death, witchcraft, storms, or any other severe disruption or intrusion in life (Dusenberry, 1962:64; Grim, 1983:78). Authors including Dusenberry (1962), Brown and Brightman (1988) have noted that the presence of it may share a relationship to the Christian concept of Satan and that a historical change may have occurred where *Wittiko* became *Masti Manitou* or at least the latter acquired the role as a disease bringer. The Chippewa-Cree identify him as the spirit who challenged *Kitchi Manitou*’s authority and was eventually chased into the earth and imprisoned there (Dusenberry, 1962:64-65).

Brightman and Brown note that there has been some confusion between *Wittiko* and *Masti Manitou* by early writers such as Thompson, Umfreville, and Cooper, but that

most Cree sources differentiate the two (Brown and Brightman, 1988:161). The difference is that *Masti Manitou* is considered to be an evil being which has a general purpose, which is to represent all that is evil and destructive (Brown and Brightman, 1988:108). There does not seem to be any one specific event that is associated with him. And in many cases he is associated with the Christian Devil.

Wittiko, on the other hand, seems to be viewed as anything from a group of spirits to a race of giants that are specific in nature and mainly cause imbalance and disrupt the world. As mentioned earlier, it can be general in nature and specific in behavior. Contemporary Rock Crees of Manitoba recognize both *Masti Manitou* and *Wittiko* as prominent beings, but distinguish them as two different entities (Brown and Brightman, 1988:161). Robert Brightman also notes that Crees tend to use the name *macimanitow* to refer to any malevolent spirit (Brightman, 1988:345). Therefore, there may be a situation where terms have been swapped in that, as Crees moved out onto the plains, the term *Wittiko* got dropped and *Masti Manitou* became the new term for the generator of disease and misfortune.

Masti Manitou seems to be more prominent among plains groups. This *Manitou* is also found within the beliefs of the Plains Ojibwe and Plains Cree groups in Canada, but seems to have an equal prevalence with *Wittiko* (Howard, 1979, Tarasoff, 1980). He tends to have the same qualities as *Wittiko*. However, the latter of the two does not seem to show up as much in association with illness. The Montana Cree have inherited the idea of *Wittiko* and attribute him to *Matchi Manitou* (Sic.), who went up North and made people misunderstand themselves (Dusenberry, 1962:135). The Chippewa-Crees of the Rocky Boy Reservation firmly believe in the efficacy of such a being (*Wetiko*)

(Dusenberry, 1962:135). However, unlike in the north where *Wittiko* operates on its own terms, the Plains Cree (and the Chippewa-Cree specifically) see it as a product or messenger of *Masti Manitou* to exert his control over a person or community.

With this said, just as *Wittiko* is a progenitor for disease among woodland Cree, *Masti Manitou* operates in the same way among Plains Cree. The beings may be different, but their results are the same. Both *Wittiko* and *Masti Manitou* fit into how Crees and Chippewas view illness of any kind. Landes notes that among the Ojibwe, disease was caused by an intrusion into the body of a foreign substance due to supernatural punishment of a slighted taboo, a sorcerer might send it, the victim may offer a reason, or the cause was sometimes unknown (Landes, 1968:51). They also embody a particular Cree and Chippewa concept of illness as being in a state of imbalance. *Wittiko* and *Masti Manitou* are entities that govern bad health, and illness is explained in the context of these beings, whether metaphorically or literally. Both *Wittiko* and *Masti Manitou* seem to represent a Cree and Chippewa concept of disease that extends beyond the psychological and physiological levels, but includes disease on the ecological, social-political, and economic levels.

They represent (paraphrasing Robert Hahn) the essence of sickness, an unwanted condition in one's person or self- one's mind, body, soul, or connection to the world (Hahn, 1995:5). No matter what geographic locations, Crees and Chippewas seem to explain illness in this manner. This concept also influences how illness and unhealthy behavior is prevented and treated. *Wittiko/ Masti Manitou* can be seen as an unhealthy state of being among Crees and Chippewas because they represent all that is foul and corrupted.

Stories as Preventative Medicine:

Wittiko stories^{xiii} in a cultural context are a form of preventative medicine. These stories tend to explain why certain behaviors were not “healthy” and stress the importance of proper living. Whether they are true or metaphorical is not so much the point as what they represent. There is a strong relationship between Cree myths and Cree society, and the stories of these *Manitous* reinforced the socially (along with physically) beneficial behaviors (Brown and Brightman, 1988:195). Turton notes that stories from the oral tradition were found to be influential in directing the health choices and actions of the Ojibwe people she worked with (Turton, 1997:3). The stories, in a way, contextualize what happens when a disruption appears in the cognitive, social, and physical levels and how it is properly dealt with. In the telling and interpreting of these stories, these narratives mediate between an inner world of thought-feeling and an outer world of observable actions and states of affairs (Mattingly and Garro, 2000:I). They show a relationship between the cognitive, social, and physical levels of a health system or subsystem.

Wittiko/Masti Manitou stories tend to end with the defeat of these beings and the restoration of balance. This is an integral part of the story telling, because the very mention of their names can bring them into ones presence, as my mother would tell me (Suzukovich, 1999-2001). If you bring this entity, you have to put it back by killing it off in the story. It can also act as a way to show that illness or disruptions do not last forever, and that difficulties of any kind can be overcome. This idea would seem to be very helpful in the Sub-arctic regions or anywhere life can be difficult.

There are stories of people who defeat *Wittiko/ Masti Manitou* because they had warm hearts. In other words, people who were kind and not angry could easily defeat them because *Wittiko/Masti Manitou* could not get “inside” or distract them. It was also stressed that these people were balanced physically, mentally, socially, and spiritually. The stories can also be transported into different locations. For example, my mother would tell us these stories, which involved *Wittiko* or people acting in an unhealthy manner, in the winter (which is when these stories tend to be told). The stories were a way my mother taught my siblings and myself how to be good, healthy people. It is also interesting because many of the taboos that I learned stemmed from a sub arctic cultural context. Despite of living in Chicago, where the concept and being that is *Wittiko* rarely appears, my mother could relate the core belief that contact with “the filthy spirit” can lead to illness, outside of the sub arctic context.

Wittiko stories are also told among the Chippewa-Cree of Montana. Though this particular *Manitou* is not as prevalent, it still exists as the outgrowth of the culture from which the Chippewa-Cree rose and still functions in a religious (and possibly a social) sense (Dusenberry, 1962:160). Moreover, it is possible that the stories that are told about it provide the listener with an idea of how to identify and avoid unhealthy behaviors.

Pimaatiswiwin:

If *Wittiko* and *Masti Manitou* represent all that is negative, then something must represent the positive. To be in a healthy state of being, one must be living a balanced life. The term *pimaatiswiwin*^{xiii} tends to mean, “Walking a balanced road,” “being alive well,” “good condition of life,” “Life,” or “to be alive, moving” (Adelson, 2000; Niezen,

1997:466). The verb root *pima* means “to move” and *wiwin/ iiun* generally translate as “in the manner or way of...” in Cree (Ellis, 1983:60)^{xiv}. Niezen recorded that “the term *myupimaatisiun* (myu = good) means constantly moving, exercising, doing things, because when you are moving there is no stress” (Adelson, 2000:61; Niezen, 1997:466). So one could surmise that *pimaatisciwin* could translate as “the way of constantly moving.” People who are living healthy lives are living a balanced life, which means they understand their place in the world and how they relate to their ecology (or other people, spirits, and their environment). To be “constantly moving” means to be alive and an active participant in one’s mind, body, environment, and society.

The concept of *pimaatisciwin* is deeply connected to Cree identity and life style (Adelson, 2002; Niezen, 1997). However, it can be seen as something far more than just living the “bush” lifestyle. To be alive and well is part of Cree cosmology^{xv}. Maintaining a healthy life by living the bush-life can be seen as both a literal way of life^{xvi} and a metaphorical framework to live one’s life. The bush life is seen as good medicine or therapy. Living in the bush, people have to be cognizant of the world around them. It requires one to be constantly moving and staying occupied with various tasks and duties to accomplish (Niezen, 1997:466). It is here that one can see it metaphorically. The core concepts at work here are being an active participant in the world around you by being aware, respectful, using your abilities, and doing things with a purpose. *Pimaatisciwin* covers many areas but seems to stem from a core idea of living a balanced and purposeful life, enforced by reciprocity. Much of the idea can be seen in the origin narrative connected to the rules set in place by *Kitchi Manitou*^{xvii} on how people should conduct

themselves. The main point being stressed was not to create disruptions in their relationships to *Kitchi Manitou* or to the world around them.

Kitchi Manitou is described as the supreme force or entity that all creation comes from. Crees and Ojibwes see this entity as the Master of life and note that it is active in the affairs of humans and other animals, plants, and other beings (Brown and Brightman: 1988:107). In Ojibwe and Cree cosmology *Kitchi Manitou* is a force beyond human knowledge and that it set the course for proper living and behavior when it created the universe (Johnston, 1995:2-3; Dusenberry, 1962). *Kitchi Manitou* is seen as the first being that existed. Because it was the only being, it became lonely and bored, which made it ill. It then decided to create some companions out of aspects of itself, which would be the various *Manitous* such as Thunder, the North Wind, the South Wind, the Underwater-Lynx, Motherhood, the Earth, and so on. There were also lesser entities created such as the stars. As *Kitchi Manitou* created it became healthier until the illness had left it. The boredom and illness settled on the north-end of the earth and would become the *Manitou, Wittiko*. As each of the *Manitous* were created, they were given a purpose and a duty to govern the part of life that they are an aspect of, such as fatherhood, poverty, leadership, etc... These *Manitous* also created other entities and/or phenomena such as rain, snow, animals, plants, and people. These beings also had to create other beings, which continued the process that *Kitchi Manitou* started. These *Manitous* and the beings they created honor *Kitchi Manitou* by using the gifts and abilities they received from it. There is a sense of reciprocity at work here, in that *Kitchi Manitou* used its abilities to create other *Manitous* and beings that in turn used their gifts, which were given to them by *Kitchi Manitou*, to create other beings.

So this relationship is a cyclical system that begins with *Kitchi Manitou*, goes to the various *Manitous*, to their creations, and then goes back up the order to *Kitchi Manitou*. The act of creation was seen as *Kitchi Manitou*'s greatest sacrifice and ultimate act of selflessness- the sharing of one's gift, which becomes a core concept in Ojibwe and Cree worldviews (Johnston, 1995:3-7). Because *Kitchi Manitou* created the universe by following a dream, it set an example for people to seek a dream or vision^{xviii} and utilize it, along with all of their abilities, amongst their fellow people (Johnston, 1995:4-7). This cycle is based on healthy relationships and interactions between all of the beings/phenomena.

In a similar manner, the Crees of the Canadian Plains tell a story of Pointed Arrow. He was the first man who taught people how to live, survive, and be self-reliant. Like the Ojibwe, this being provides a framework, for how people are to live a proper and healthy life. It is said that before he left this world, he told people to always love, work out their own future, and to do what is right (Ahenakew, 1973:67). By following these directions, people will not create disruptions in their relationships with themselves and each other, their ecology, and with the various *Manitous* or Master Spirits. The idea that seems to be expressed in the origin narratives is that the universe has a set order of relationships and by maintaining this order, health will persist. This creates a healthy existence on multiple levels, and it demonstrates (in a sense) how the seen and unseen worlds interact with each other.

The positive relationships maintain good health, which is good health on the physiological, mental, social, ecological, and cosmological levels. The health of one promotes health in others, if one person or community disrupts the relationships between

themselves and seen and unseen others, other individuals or communities can feel the effects of the disturbance. These rules set forth in the cosmology of both Crees and Chippewas direct people in how to act and behavior properly, to ensure a healthy existence. The proper performance of a ceremony, for example, can lead to something healthy, but if it is not conducted properly, a disruption can be created, which could lead to something unhealthy (Young et al, 1998:34).

This healthy existence seems to be based on individuals being cognizant of the seen and unseen worlds around them. Cree and Chippewa concepts of health and illness, and cosmology for that matter, are a system of balanced participation^{xix} between the various entities, forces, beings, and other parts of the surrounding world. People are part of a system of interconnected relationships, both internally and externally, with other people, animals, plants, elements, and forces that exist in the material and nonmaterial worlds. The concept of *Pimaatiswiwin* and the origin narrative also act as frameworks to promote healthy relations between individuals and within one's self. Cree concepts of health and illness could be described as being in state of balanced relationships and in a state of disrupted relationships.

Maintaining the Balance:

In between balance and imbalance, there lay a group of people who help others maintain balanced lives or disrupt them. These people often referred to as medicine people. This however is a general term, because in Cree and Chippewa society, there are various medical-ritual specialists who work in health matters. These specialists in traditional Cree and Chippewa medical-ritual practice are *k'pawakmittak* (sorcerers or

people with power), *midewok* (practitioners in the *Mide* Society), Sun Dance priests, *tcisaki* (diviners), *nanandawi* (sucking doctors/ surgeons), *wabenowok* (practitioners in the Morning Star Society), and in some cases, family and/or community elders (Grim, 1983:65-67; Dusenberry, 1962:61, 218, 228). These specialists may receive their abilities through dreams, life experience, or through an apprenticeship (Grim, 1983:117). They bring about healing by helping the afflicted and their families through their illness, and restoring the person and their family back to a balanced state of being. In terms of *Pimaatiswiwin* the medical specialists get their patients back to interacting with the world around them, in a manner of speaking. The other side of this is when the specialists cause illness. Grim had this to say regarding Ojibwe shamans/ medical-ritual specialists:

Individual shamans, as they gradually become heroic personalities to the tribe, cease to pursue the powerful spirits and begin to identify themselves as a *Manitou*. They see themselves as having compassion on their patients just as the *Manitous* had compassion on them as fasting visionaries. Likewise, the patients make lasting commitments to their shamans just as the visionaries (shamans) pledge themselves to their guardian spirits. Finally these shamans come to expect from their patients the respect that is due a *Manitou*. The temptation that arises from this embodiment of *Manitou* power can lead to either beneficial or harmful practices. The egotistical temptations of shamans are constantly condemned by the Ojibwe as sorcery. Ojibwe mythology even warns of the *Windigo* sickness that may overtake such a self-aggrandizing shaman (Grim, 1983:119).

Cree and Chippewa medical-ritual specialists are also subject to the constant balance of living a healthy or unhealthy life. The effects of the unhealthy life choice and its consequences on other people and communities were discussed in the subsection on *Wittiko*. Many of these specialists persist today in many Cree and Chippewa communities in the United States and Canada. However, today there are also biomedical doctors and nurse practitioners in these communities (reservation and urban) as well. Interestingly enough, they too also have the ability to have positive or negative effects on their patients

as their traditional Cree and Chippewa counter parts (this will be discussed further in Chapter IV).

Along with these practitioners are the ceremonies they officiate. Crees and Chippewas have various ceremonies for various circumstances. The one thing that connects all these ceremonies is the idea of community and balance. The ceremonies are conducted to insure proper behavior whether it is how people conduct themselves in society or that resources (material and non-material^{xx}) are procured in the appropriate manner. The ceremonies (for both good and bad purposes) are the outward expressions of *Pimaatiswiwin* and *Wittiko*. These ideas show up the most notably in the Plains Cree and Chippewa Rain or Thirsting Dance (Sundance) and the sweat lodge ceremony.

Crees and Chippewas obtained the Thirsting Dance from the Assiniboines when they moved out onto the Plains. Crees probably received it first, since they occupied the Plains before the Chippewa (Dusenberry, 1962:218). Dusenberry also notes that the Thirsting Dance's was a gift from *Kitchi Manitou* to the Cree People at the time of creation and through the centuries new songs have been added to the ceremony (Dusenberry, 1962:185). The ceremony is performed to bring rain and fertility to the plains, but it also attends to other facets of Cree and Chippewa religious and social life as well. The ceremony also brings families and communities together for purposes of healing (Tarasoff, 1980:15) and reinforcing social and spiritual bonds. Dusenberry summarizes the ceremony by saying:

The songs alone might serve as a unifying core to bring these people together- but the belief is much more significant. The Sun Dance (Thirsting Dance) represents the whole sky and the whole world. No matter how varying may be the belief of the contemporary Cree- he may be Roman Catholic, a Lutheran, a Peyotist, or one who practices only his Indian religion- at Sun Dance time he is unified with the feeling that here is something of which he is a definite part. Thus he feels

compelled to come. And come they do from every social stratum on the reservation as well as from the entire region (Northern Plains) (Dusenberry, 1962:185).

The sweat lodge is probably one of the older of the Cree and Chippewa ceremonial institutions. Sweat lodge is used by Crees and Chippewas living in the Great Lakes, Sub-arctic, and Great Plains regions and has ties to the origin narrative. This ceremony can be practiced in an individual or group context. There are two types of sweats; the first type is to clean one's skin and other hygienic purposes and the other is to clean a person a spiritual sense (Tarasoff, 1980:16). Like the Thirsting Dance, the sweat lodge brings people together along with the *Manitous* to promote healing and to re-center an individual, family, or community. The sweat cleanses the mind, body, and soul to help the patient live a proper and healthy life. It allows people to refocus on what is important in their life and to help them maintain proper relations with other people and the seen and unseen worlds around them.

Both of the Thirsting Dance and sweat lodge can be best summed up in that they revitalize and reinforce all aspects of life in the Cree and Chippewa world and cosmos. These ceremonies reflect the order that was set in place by *Kitchi Manitou* through their protocols and rules, and the reciprocity between the ritual specialists and their patients. Balance or *Pimaatiswiwin* is restored through these and other Cree and Chippewa ceremonies, especially the relationship between people and unseen others^{xxi}. There has been much written on the Thirsting Dance and sweat lodge, along with other ceremonial complexes of the Chippewas and Crees. The works of Dusenberry (1962), Tarasoff (1980), Landes (1968), Merasty (1980), Ahenakew (1973), Brown and Brightman (1988), and Howard (1977) provide a more in-depth discussion on these topics.

Conclusion:

When examining Cree and Chippewa concepts of health and illness in a systemic perspective, one can see how cosmological concepts contain information that helps one recognize if they are in a healthy or ill state of being. The concepts of *Pimaatiswiwin* and *Wittiko* provide a framework for people to understand the various levels and factors that contribute to being healthy or ill. By examining *pimaatiswiwin* systematically, one can observe how the positive interactions and relationships in life contribute to maintaining a healthy state of being. Brown and Brightman (1988:174) noted that many Crees and Ojibwes in Manitoba refer to medicine as “life.” This statement is significant in that living and interacting with the world can be seen as both preventative and therapeutic medicine. The core belief that seems to appear is that the universe is ordered and it is the responsibility of all entities to maintain this order and to also restore it if it has been corrupted. Cree and Chippewa cosmology is a system of give and take, and doing things in a balanced way. This core belief can provide an understanding of why and how Crees and Chippewas conceptualize and react to health and illness in individuals, communities, economies, healthcare facilities and programs, and so on. In the same vein, a systematic understanding of *Wittiko* can provide an understanding of the causes and effects of unhealthy behaviors, attitudes, and phenomena. From this understanding, one can identify signs of illness and provide treatment and/or prevention on the conceptual and physical levels^{xxii}.

The concepts/beliefs of *Pimaatiswiwin* and *Wittiko* can provide the framework as to how Cree and Chippewa concepts of health and illness operate as a system and illustrate a core cosmological concept of balance and disruption. In a systemic framework

for example, one person's jealousy (greed, or any disrupting mindset or action for example) indicates an imbalance on the social level and to some extent the individual's cognitive level (insecurities, phobias, etc.). This person is then in a sort of weakened state. *Wittiko*, being an ever-present *Manitou*, is attracted to the imbalance. The jealous individual (input) enters the *Wittiko* system and is manipulated and altered by *Wittiko* (throughput) and then exits the system. The result (output) can be various maladies such as disease, homicidal activities, the practice of witching/cursing, gluttonous behavior, insanity, or the creation of ecological disruptions (scaring off game, purposely destroying habitats or over-killing to create starvation, etc.).

It is this understanding of balance and disruption that puts ideas about health and illness into perspective. Balance and disruption operate systematically and can be found in various levels of Cree and Chippewa life. Health and illness affect not just a person's physiology or psychological state, but also their social, ecological, and economic states. The treatment of illness and the maintenance of health are part of the whole system. An illness (disruption) in one level affects the other levels. When the illness is cured in one, it is cured in the others. The same goes with health by maintaining one's health in one level, the other levels benefit. The core concept of balance and disruption helps Crees and Chippewas identify and understand healthy and unhealthy behaviors and decide what (if anything) needs to be done to maintain a proper way of life or *pimaatiswiwin*.

This similar idea of balance and disruption appeared in the narratives of the participants. There were differences in how the participants worded and articulated their concepts of health and illness, but the structure was the same; balance and imbalance.

Chapter III:

Fieldwork Methods

Population Sampled:

The sampling method for this research was the big-net approach, which is useful because it ensures a wide-angle view of events before a detailed study of specific interactions is to begin (Fetterman, 1998:32-33). Potential participants were notified about the research through a recruitment letter sent out through the Missoula American Indian Center and the University of Montana American Indian Support and Development Council (AISDC) list serve, which is on a wide broadcast network that is received by American Indian students and faculty at the University of Montana. Participants were also recruited through the suggestions of other participants. The participants signed consent forms before the interviews took place. After the participants contacted me, we set up a time to meet at a location of their choice and discussed the project with them, answered any questions, and collected the signed consent forms.

The participants in the survey are eleven individual Chippewas and Crees from the Rocky Boy, Turtle Mountain, and Little Shell communities, along with Chippewas and Crees from Canada, who live in the Missoula metro areas. The original intent was to have twenty plus participants in the survey, however only eleven Chippewas and Crees expressed an interest in participating. Seven are students at the University of Montana, and four are not students. Six of the students heard about the research project through postings on the AISDC list serve and one heard about the research through the Missoula Indian Center. The participants are all volunteers and vary in age from twenty-one to

fifty-three. There are four women and seven men. The tribal affiliations of the participants are seven Chippewa-Crees, three Turtle Mountain Chippewas, and one non-Indian who was raised in a (Rocky Boy) Chippewa-Cree family. There are participants who are also mixed with another tribe: one Little Shell Chippewa, Rocky Boy Cree, and Blackfoot, one Rocky Boy Cree and Little Shell Chippewa, one Turtle Mountain Chippewa and Assiniboine. All the participants live in Missoula. Eight of the participants have children and three do not. Five are married and six are not. To protect the anonymity of some of the participants, their names were replaced with an alphanumeric code beginning with “An”.

The Participants:

- 1) Betty Matthews is a thirty-eight year old graduate student in anthropology^{xxiii} and is married with two boys. She is Little Shell Chippewa, Rocky Boy Cree, and Blackfoot. She was born in Washington and was raised on the Blackfoot Reservation (Browning) in Montana. She has lived in Missoula for six years to attend university, but returns to the Blackfoot Reservation every summer.
- 2) Whitney Top Sky is twenty-five years old and is an enrolled Chippewa-Cree from the Rocky Boy Chippewa-Cree Tribe. She was born in Yakima, Washington and raised on the Rocky Boy Reservation. She moved to Missoula five years ago to attend university, where she is majoring in art.
- 3) Jeffrey Ross is Ojibwe/ Chippewa and was born in Kenora, Ontario and was raised on the Northwest Angle #33 First Nation. He is 32 years old and has been in Missoula for 8 months to attend university. He is an undergraduate student in Resource Conservation.

- 4) Anm1d is forty-nine years old and is Little Shell Chippewa and Chippewa-Cree from Rocky Boy and is an enrolled member of the Rocky Boy Chippewa-Cree tribe. She was raised in Great Falls, Montana and Moved to the Rocky Boy Reservation to attend Stone Child College. She moved to Missoula in 1999 to attend the University of Montana.
- 5) Anm4t is Turtle Mountain Chippewa and Assiniboine and was born in Colorado. However, he was raised on the Ft. Peck Indian Reservation. Anm4t is 31 years old and has lived in Missoula for five years.
- 6) Robert Pelltier is and enrolled member of the Turtle Mountain Chippewa Tribe of North Dakota. He is thirty-five years old and was born and raised in Anaconda, Montana. He has lived in Missoula for five years originally working as an ironworker, until he began attending university in 2004.
- 7) Norman Ragels was born in Arizona and grew up on the Rocky Boy Indian Reservation since the late 1960s. His stepfather and half siblings are Chippewa-Cree. He is 42 years old and moved to Missoula in 2004 with his family to attend university.
- 8) Brandi Sweet is a Métis and enrolled member of the Turtle Mountain Chippewa Tribe in Belcourt, ND. She is 23 years old and is an undergraduate in social work at The University of Montana.
- 9) Anj5a is a member of the Rocky Boy Chippewa-Cree Tribe and was born in Great Falls, MT. He is twenty-one years old and has lived in Missoula for five months.
- 10) Melvin Gardipee is a Chippewa-Cree from the Rocky Boy Reservation but grew up in Great Falls, MT. He is fifty-three years old and has been in Missoula for one year.
- 11) Crazy Boy^{xxiv} is Cree and is an enrolled member of the Rocky Boy Chippewa-Cree tribe of Montana. He has lived in Missoula since 2002

Data^{xxv}:

Data was collected through interviews, which was used to gain information organized in categories that the observer creates or categories that are created by the observed (McElroy and Townsend, 2004:55-56). In the case of this thesis, the interviews were used to learn how the participants categorize their experience in regards to health and illness. The method used to gather this data was a semi-structured interview. A semi-structured interview is a verbal approximation of a questionnaire with an explicit research goal and is useful when comparing responses and putting them in the context of common group beliefs and themes (Fetterman, 1998:38). This style allows the participants to elaborate on the question and talk about what they feel or think in a way that is comfortable for them. The questions focused on how the participants view and conceive health and illness.

The eleven subjects were interviewed using a structured and semi-structured style using a list of thirty-one questions (Appendix 1:1). Question Group 1 is seven structured questions that are focused on basic demographic information. Question Groups 2, 3, and 4 are semi-structured questions that have a specific focus, but were open enough to allow for flexibility. The participants' interviews were recorded by using a clip-on microphone and tape recorder to allow the participants to talk at their own pace and give them a relaxed feeling during the interview. The participants had the option to pick any questions that they felt they could answer best or ones that they may have had something in particular to state. After the interviews were recorded, they were transcribed to be used for the analysis.

The interviews were examined on a group basis^{xxvi} and examined using the three interview goals that were stated earlier^{xxvii}. The purpose of this would be to see how or if individual participants' views show a systematic/synchronistic relationship with each other, the literary data, and what universal ideas and concerns appear between the participants. This research focused on Chippewa and Cree ideas of health and illness, there three non-Chippewa/Cree participants who took part in the survey. This was to test where they ranked with the Chippewa/Cree participants, there will be more about this in the conclusion.

The semi-structured interviews or verbal data were examined by locating core conceptual words and phrases (and their synonyms and antonyms) that appeared in the narrative. Core conceptual words/phrases (variables) were chosen based on their frequency of use in the interview/narratives and the context in which they are used. The frequency of the core conceptual words/phrases of each narrative/interview was recorded and entered into SPSS (version 12.0 Graduate Edition, SAS Institute, 2004^{xxviii}). These themes represent the overlying themes that the participants felt were important factors in regards to health and illness.

The narratives were also given a textual analysis to discover how the five primary conceptual themes correlated with each other. The textual analysis employed Pearson's Correlation and two tailed significance tests. The coefficient of correlation is a type of bivariate relationship that describes a linear correlation between two variables (x and y) (McClave and Sinich, 2006/2003:624). Pearson's Correlation is a numerical descriptive measure of correlation, which is provided by the Pearson product of moment coefficient of correlation, r , which is the measure of strength of the linear relationship between two

variables (McClave and Sinich, 2006/2003: 624-5). The value of r near or equal to 0 implies little or no linear relationship, while an r value that is close to 1.0 or -1.0 shows a strong linear relationship or correlation between two variables (McClave and Sinich, 2006/2003: 625:). A two-tailed significance test is employed to test a hypothesis, which seeks to show that the population parameter is either larger or smaller than some specified value (McClave and Sinich, 2006/2003: 377). If the significance is close or equal to .00, then the significance is high, and if the significance is close to .10, the significance is low. What this means for this research is that the core concepts and words/phrases (x and y variables) were tested against each other to determine what relationships exist between them. Once this is determined, the synchronic relationships between the concepts/words/phrases to the narrative or qualitative data can be seen. In other words, I am using quantitative data to check against the qualitative narrative data. This type of correlation can also bring to light unexpected relationships that may not have been observed or that were not obvious in the analysis of the narrative (qualitative) data.

The analysis of the fieldwork is divided into two parts. The first part will discuss the analysis of the overlying themes in the context of the narratives. The second part will discuss the textual analysis of the narratives.

Chapter IV

Discussion:

Primary Conceptual Themes:

The second and third question groups focused on individual views of health and illness and their connections to themselves, other people, cultural activities, environment, their particular health care system, and any other factors that have shaped their views. These questions illuminated much information on how the participants see health and illness from a Chippewa/Cree perspective, along with their own, their families and friends, and their communities. Many of the participants' views illustrated connections to traditional core Chippewa and Cree concepts, namely *Pimaatsiwiwin*.

The narratives were examined individually to identify and count words that reflected core themes. Originally, there were twenty core conceptual words used by the participants in the narratives (Appendix 2). The core conceptual words/phrases were counted and entered into a matrix and the SPSS (version 12.0 Graduate Edition, SAS Institute, 2004) program analyzed the data to find the mean score, which is the total number of times the particular word and its synonyms and antonyms were mentioned in the narrative. The twenty core conceptual words/phrases are displayed in Table One.

Table 1: List of Conceptual Words/Variables from the Narrative Data

Variables	N	Mean
culture	11	22.55
education	11	13.82
philosophy	11	9.91
family	11	9.73
connection	11	9
values	11	5.45
balance	11	4.55
youth	11	3.27
identity	11	3.09
sweat lodge	11	2.64
economics	11	2.55
elders	11	1.64
prayer	11	1.64
famm.w/community	11	1.27
self illness	11	1
ill parent	11	0.82
family illness	11	0.55
ill sibling	11	0.27

Table 1: Each conceptual word/variable is displayed with its Mean score, which represents the total frequency of how many times each conceptual word was used in all eleven narratives. N equals the number of narratives. Two conceptual words were taken out of this due to a low number of mention or they were not mentioned in the narratives. The conceptual words are Ecology/Biology, which was not mention frequently and had no clear definition in the narratives. Ill Spouse was not mentioned by any of the participants.

These words/phrases are blanket terms that cover related concepts, phrases, synonyms and antonyms, thus the reason why they are referred to as conceptual words (Appendix 2). The Buzan brothers, in their research, found that when word-association tests were given, the responses varied from individual to individual (Kinnes, 2003:2). This is a reason why I included all synonyms and antonyms used by the participants when extracting words from the narratives. The eleven participants were raised at different times and in different places, and have had different experiences, which may effect how they use language.

The variables most frequently mentioned signified the major themes from the participants' interviews/narratives. Some of the variables with low means and frequencies that shared a relationship (based on the narrative analysis) to the variables with the highest frequencies of mention were combined to form five primary conceptual themes or macro themes. The combinations are based on the use and context of the words in the narratives (Table 2).

Table 2: The conceptual words that fell under each of the five primary conceptual themes

<i>Philosophy</i>	<i>Culture</i>	<i>Education</i>	<i>Family</i>	<i>Economics</i>
connection	pray	elders	ill parent	
values	sweat	youth	ill sibling	
balance	identity	famw/com	ill self	
			family illness	

The results are the conceptual word/phrases that represent the core or major conceptual themes regarding health and illness. The major conceptual themes or core concepts can be seen as super systems and the word cognates that fall under them as the levels that make up the larger system. Table Three shows the five major conceptual themes and the total number of times they were mentioned in the narratives.

Table 3: The Five Primary Conceptual Themes

<i>Variables</i>	<i>N</i>	<i>Mean</i>
Philosophy	11	28.91
Culture	11	28.05
Education	11	18.73
Family	11	13.1
Economics	11	2.55

From the data gained in the interview/narratives, it can be interpreted that the participants' health-concept structure is currently focused on culture, education, family, and philosophy being the highest ranking, and economics being the lowest. These levels are five parts of the system that are intricately connected to the participants' views of health and their surrounding environment in its present state.

The participants' responses/narratives also revealed that education and culture are systems in and of themselves, made up of various levels and phenomena. The participants' responses showed that communication, culture, and education can have negative and positive affects on individual and community health. For example having knowledge of their culture and what services were available through American Indian Health Services and private health care providers had a positive affect on their view of health and how they approach illness. The lack of education about culture and health care options had a negative affect, whether this was putting one's self under an addiction or not getting proper treatment for an ailment.

The narratives presented how the participants see their health and the health of their contemporaries in relation to culture, diet, education, economics, family life, living environment, life experience, and community role models. Communication and education are a primary influence and catalyst in how the participants viewed health and illness. The participants when interviewed talked about health and illness in terms of individual and group experience. There is no separation between their views of health and illness and other aspects of life. The views of the participants simultaneously expressed individual, tribal, and universal concerns and ideas. They see themselves, their communities, and other Native communities in Montana and the rest of the country as

being interconnected. Health and illness, and how they are approached, do not happen in voids. The following is the analysis of the data gathered from the interviews.

(4:A) Philosophy:

The concept of an interactive world and the connection between a healthy philosophy and its effects on their bodies, families, and the world around them was frequently stated in the narratives/responses. The words that are associated with this concept are related; interconnected; connection; balance; wholeness; mental aspects, beliefs, cosmological beliefs^{xxix}; and mindset, and the antonyms of these words. The participants tended to refer to philosophy or mindset in regards to individual, familial, and community health/illness.

The participants conceptualized health and illness as something that involves participating in the daily habits of life. This included interacting with others; eating properly, exercising, and maintaining a positive mindset and outlook on life (Anm1d, Jan. 2005); having the ability to perform the tasks of daily life (Top Sky, 2005); having a vision and purpose in life (Pelltier, Matthews); and maintaining a spiritual connection. The connection can be maintained through prayer, ceremonies, or applying the philosophy to daily life and interactions (Matthews, 2004; Pelltier, Top Sky, Anm1d, 2005). Illness alternatively was seen as being out of balance with yourself and the world around you (Matthews, Dec. 2004), not being able to participate in normal daily activities (Top Sky, Feb. 2005), and for the most part the opposite of being healthy. Whitney Top Sky described illness as, “when something is wrong, your body is wrong, your mind is

wrong, you are just not able to do certain things that you should be able to do from day to day (Top Sky, Feb. 2005). Robert Pelltier stated that;

It is all related. Your health, your physical, mental, and spiritual wellbeing...the interconnectedness is vital in our everyday lives. If I am living my life and staying healthy (things will be good), but if my inner wellbeing is in turmoil, then eventually things spiral downward from that...I teach my kids to keep that interconnectedness alive, to remember Creator, our outlook on life, and the way we conduct ourselves...anger affects health. Anger can cause some serious damage to myself, family, and others around me. Because what I have learned is that if people are negative, they tend to attract negativity, and people become less healthy and there is more disease...So it is what you put out into the universe. The way I see it, if you put out nothing but hate and anger and you are never satisfied with your life, it is all going to come back to you in a negative way (Robert Pelltier, Jan.2005).

Betty Matthews stated that;

To be healthy you have to maintain a balance in your life. You cannot have one portion be so out of balance, that pretty soon it reflects in your physical health and your social interactions with other people reflects how you feel about yourself. So you have to be careful to keep the negative from coming at you or respond to people in a negative way, so that you do not do it to others (Betty Matthews, Dec.2004).

Brandi Sweet stated that:

From a Métis perspective, it is rather mixed between the Catholic and Chippewa views of health. There is a lot of prayer on the Catholic side and on the (Chippewa side), we still do sweats and still practice the older (Chippewa) beliefs. **It seems like there is still a belief that people get sick because they did something bad or bad things. From my own perspective, I believe the same thing, that if people do not live right they get sick, but from my education perspective, I understand the biological aspects also... Illness is not separated from any part of life, it is always connected, and it influences every other aspect, for example, if one person is sick then it is like the whole family is sick because we are all close together. And the same with the physical part, it is still connected more of the mental side is but the physical side is not as apparent but it does effect everything** (Sweet, March 2005; emphasis mine).

Crazy Boy said:

...I guess in a way we all have to take medications for something, but that doesn't necessarily mean you are ill or unhealthy. Like I consider myself healthy even though I have degenerative diseases, but I believe from the (Cree) health point that you have to eat well, sleep well...I am not going to say that you can't drink or smoke...I believe many Native American and Chippewa-Cree People can partake of those kinds of things **as long as they don't overindulge**. Being healthy to me is to have a faith system, belief system. So that's my view of what it means to be healthy, to eat properly, rest properly, and to have a faith system, number one. Being ill to me is when people develop cancer, diabetes, MS, alcoholism, drug addiction, sexual addiction, and that to me is an illness. When people become ill, they become incapacitated to eat, rest, and function properly; your mind is not in the right place all the time because it is fogged with all these addictions, cancer, diabetes, or whatever. I think being diabetic is livable if you take care of yourself...that's illness to me when you are not in your right mind or heart and then all sorts of things happen to you and you become sicker and sicker (Crazy Boy, March 2005; emphasis mine).

Whitney Top Sky stated:

I do not think health is isolated (from other parts of life), because that enables you to be active in your life. So if you healthy mentally and physically then you are able to go through life and do things that you are supposed to do. Like take care of your kids, your house and things like that. When you are ill or the description that I was given, you can't do things in your life that you are able to, so it (illness) does kind of isolate you from your actual life. Like if I were sick or had a disease, I wouldn't be as active in my life as I would if I were completely healthy...**it kind of pulls you away from what you would normally be doing, so I think there is some isolation there** (Top Sky, Feb. 2005; emphasis mine).

This view was also shared by Anm1d and Norman Ragels, who were also from Rocky Boy. The idea that if you were not able to perform regular daily activities then you were ill appeared mainly in the responses of the participants from Rocky Boy. However, two participants, Jeffery Ross who is from Kenora, Ontario, repeated this same view. In answering Question 5, he stated:

I think they (other people from his community) probably have the same perspective that I do. It is a wholeness that is comprised of many different components and when they are balanced, you are well and if there is something

out of sync, and then you are ill. **Then health on the same lines would simply be to perform your everyday task without any sort of hindrance or physical hindrance** (Ross, Mar.17, 2005; emphasis mine).

This comment draws a parallel with the idea that illness is caused by a disruption in one's life or their relationship to the world around them. It also shares a similarity to the concept of, 'to be healthy, is to be active in the world' that Adelson recorded amongst the Crees of northern Quebec (Adelson, 2002). And though it may sound different from the other responses, which stated that health and illness share a connection, the core concept is the same. This is to say that the idea of illness disrupting your life and thus isolating you, is the same as the other statements that refer to illness as being out of balance or a state of being away from the way of life you should be living (Pelletier, Top Sky, Crazy Boy, 2005; Matthews, 2004). Also of the interviews that were taken, Whitney Top Sky's view of illness shares a close similarity to *Wittiko*, in that it is something that disrupts and isolates a person's life.

In terms of community health professionals, the participants nine out of eleven participants noted that it was a common issue that the doctors and nurse practitioners who worked at the various Indian Health Service clinics often had little knowledge or interest in the communities they worked in. The participants' views to question two (Question Group 3) were regular in their comments, and were not only referring to the clinics on the Rocky Boy and Turtle Mountain Reservations, but also to clinics on other reservations and urban areas. The problem seems to stem from the initial mindset of the incoming doctors and nurses, the length of time in which the health care workers practice at the clinics, funding, and the scheduling of visits. Betty Matthews stated:

I think the current health systems that operate on and off the reservation just as a western method of healthcare contradict my idea of health and wellness.

Sometimes I think a pill will not solve everything and I think the doctors don't actually get to know the patients. If somebody has a complaint; they (Doctors) look at the symptoms, and treat symptomatically, but don't look at the root of the problem. I know you see it with the elders; they say, 'this is happening in my life and it is causing me to feel out of balance and stressed' and instead of saying "well lets work on the mental aspects, physical, spiritual, and use a holistic approach, instead (the Doctors) will say you need your blood pressure medicine, or just go home, you had your 15 minuets, we're done! And I think that has a real negative affect on their (elders) mindset because they are basically being told that they are a bother and traditionally they were our best aspect...the center of the community and family, now they are pushed to the side, treated as if they are just something to be ignored (Matthews, Dec.2004).

Norman Ragels noted that:

I think that from what my brothers say, they don't receive the best kind of health care on the reservation. I don't think they receive the same type of health care that say somebody on the outside with a health plan (insurance) may receive, I don't think they get the same quality of doctors that people get off the reservation. The doctors that they get on the reservation are there because they have to work off their loans...they are there because they borrowed money from the government and Indian Health Services, and they have to pay off their loans. So I don't think that they (Chippewa-Crees) receive the same quality of health care (Ragels, Feb.2005).

Brandi Sweet stated that:

I think the healthcare system contradicts my views. I believe that the modern society looks at people not as humans but as species, objects, organisms, and they don't see the essence of a person's soul and the contributions that has been affecting their health. Especially in Native families, they don't understand the cultural perspectives and a lot of times it is a violation of other cultural perspectives (Sweet, March 2005).

Crazy Boy stated that:

... And like I said, I don't think there is something wrong with it, and I do believe that the (western) health care system can do better when they treat Native People with respect and dignity. Though I feel the traditional health cures and procedures work better (Crazy Boy, March 2005).

These participants had a tendency to find Indian Health Services doctors and nurses competent in their medical knowledge, but lacking in any knowledge about the cultural beliefs and values, or the community itself. They felt that because the doctors and nurses were there to pay off their college debts, that they were not focused on the community itself, but rather on their own careers^{xxx}.

These responses also illustrated how the participants view a healthy mind-set or philosophy in regards to health, especially in social settings. If one has a poor attitude or is out of balance, it can rub off onto other people and affect their health. In regards to this, Brandi Sweet stated that:

Illness is not separated from any part of life, it is always connected, it influences every other aspect, like if one person is sick then it is like the whole family is sick because we are all close together (Sweet, March 2005).

Norman Ragels while commenting on how younger Chippewa-Crees could maintain a healthy lifestyle, he stated:

If you get them off drugs and alcohol and give them a direction in life on reservations, if they (tribal government/schools) could create some type of program that teaches some kind of work ethic and morals, I think would be something great. A lot of these kids are growing up with no work ethic and no morals. They are forced into a life of thievery and vandalism because they have no direction; they have nothing to do with their time. I think if you get them off drugs and alcohol and get them point them in the right direction ultimately they will have a healthier life (Ragels, Feb. 2005).

Here the role of values and having a purpose is seen as having an outcome that can effect on health. The responses that have been focused on philosophy, but much of the narratives discussed philosophy in the context of culture, namely cultural knowledge and belief. Eight out of the eleven participants (73 percent) made specific references toward

culture as an important force in Chippewa/Cree health and three out of eleven (21 percent) referred to it indirectly.

(4:B) Culture:

All eleven participants in their interviews kept bringing up culture, whether from a traditional or contemporary^{xxxi} view. Much of this was already stated in statements above (Matthews, Top Sky, Gardipee, Anj5a, Anm1d, Pelltier, and Anm5t, 2005). The main idea that the participants were saying was that culture provides a framework for Chippewa-Crees to live a healthy life and it provides an identity. Betty Matthews stated:

It gives you a place to start and a place to end. With the cultural practices, you know where you belong, you know where you fit in, and you know where to get help if you need it. You are not just a number or a name, everybody in the culture is related, so you can go to anyone and say, 'I need help' and the community will either give you the help or find it for you (Matthews, Dec. 2004).

Crazy Boy stated that not knowing one's culture is a type of illness. In referring towards language and identity, he said:

When I was growing up we never spoke English, we spoke our (Cree) language from the time we woke up to the time we went to bed, and that was the way it was for all families...I grew up that way. **When I talk about all these health issues and stuff, that's losing one's language and identity, that's an illness, I don't know what kind of illness it is, but that's an illness to me, losing your language.** It is a sad thing (Crazy Boy, March 2005; emphasis mine).

Matthews talked about her father's battle with alcoholism and her father-in-law's fight with cancer and the role/lack of culture during their illnesses, she said;

I believe a lot of that had to do with the fact that he did not have a real strong identity. His grandfather was probably his greatest influence, he was a Cree man from Canada, and he used to talk a lot about the ceremonies, the events that took place up there. But when he married a Blackfoot woman, he was thrown into a

different culture and the two...the Cree and the Blackfoot always had a conflict, so he was never able to participate in the things that probably would have helped him to deal with living in a different culture. My dad's mother who was Cree and Blackfoot (her dad was Little Shell Chippewa) grew up in a boarding school during the assimilation era, she wanted to be anything but Indian, and so it reflected in how she attempted to raise my dad. She really did not know how to be a parent. He went to school off the reservation in a border town where racism was rampant. The kids would throw rocks at the Indian bus...He used to tell me he would go to school and think; 'today I can go to school and pass to be a White kid.' Therefore, he did not have the identity and I think that is part of what brought about the alcoholism. In addition, I think with children they do not have the identity and that is a big threat to our people (Chippewa-Crees). In addition, my father-in-law was diagnosed with cancer, and had lung cancer, and when he got sick the main part of the disease, from the on set, he was physically ill and his pain was manageable, but his mind...he could deal with that end of it and he did not have an outlet with which to deal with it. His mother was a Cree from Canada and she used to practice some traditional medicine when he was younger, and he said, 'I wished I would have learned (about traditional medicine) because it used to make me feel so much better when we would do these things.' But he could not remember any of it and in the end he ended up being treated only for the disease and not the mental part. I think it had a lot to do with how he deteriorated. There were some sweats held for him and he would do better, but after awhile, he would go back down hill. So you could see a difference when the traditional medicine was used as opposed to just Western medicine (Matthews, Dec. 2004).

Anm1d commented on the role of culture in regards to health, they stated;

I think there is a connection, even though it seems like there isn't...we need to bring more people into the schools (who are knowledgeable about Chippewa-Cree culture). I think there is a connection, because in the sweat ceremony, they (participants) will bring berries with them, and I know berries are healthy and from what I have learned, they are a mind food, berries and spinach. However, you still see the health food brought in there and there are certain elders you can see who have Indian medicines from herbs, stuff that they have been taught to look for like some sort of flower, some root from the ground. I think a lot of them are starting to change...again with a (lack of) education and not being able to preserve our culture because the changing times and technology. I think that we are losing many of our ways, but you still see it (Anm1d, Jan. 2005).

Both responses talked about connecting and disconnecting with Chippewa-Cree culture and the results of this. In the case where there was a sense of belonging and place, Matthews' father and father-in-law were able to live a healthier life or at least cope with

their illnesses. However, as soon as they departed from it, their symptoms increased. This part of the interviews was interesting because it looked at illness as being generated (or at least supported) by a feeling of disconnectedness, a disruption. These accounts also correlates to idea of illness as something that pulls people away from doing what is normal, as Top Sky noted (Top Sky, Feb. 2005). Anm1d's comment again goes back to being educated about one's culture and its healthy benefits, which in this case was healthy foods prescribed through the structure of ceremonies and the interaction between them and an elder. Cultural practices and taboos were also mentioned during Top Sky's pregnancy:

There were certain foods that we had to stay away from when we were pregnant; there are taboos about eating meat or pork that it was...if you ate red meat, it would make your kid mean. I thought it was weird [laughing]...I still like meat, I mean I just did not eat red meat but you were supposed to cook your meat well. I guess that is kind of a way to make it so you don't get sick from eating red meat, incase there is bacteria on it (Top Sky, Feb. 2005).

Much of the cultural information that the participants learned came from their grandparents and other elders in their communities. Gardipee, Anm4t, Anc2s, Matthews, Pelltier, Top Sky, Ragels, Crazy Boy, and Anm1d have commented on the fact that part of living a healthy lifestyle is listening to and respecting elders. For the participants the knowledge and advice of elders and older family members has kept them healthy. And in the case of Anj5a, there is a return to learning about cultural ways to maintain a healthy lifestyle.

The participants noted that at present there seems to be a large gap between elders and younger Chippewa-Crees, and important cultural information and values are not being learned or passed on as frequently as when they were younger. This creates an

issue because if culture can be used as one type of medicine, then those who possess the knowledge of Chippewa-Cree culture are vital to the equation. The participants have stated that there are still people who carry on traditional health care, whether it is through herbal remedies or ceremonial practices. One thing that came up in some of the interviews was that a gap exists between those who want to promote the culture and those who do not. Matthews stated that:

Unfortunately, up there (Browning and Babb) and people I have talked to down here (Missoula), there is a rift between the people who want to abandon the traditional forms of healing and social wellness... they want to go to the Indian Health Service rather than seek another avenue. I think that is starting to kind of change, I mean there seems to be a push to move away from that, but there are small factions who are like, 'they shouldn't be doing that (practice traditional wellness), it's no big deal' that type of thing (Matthews, Dec. 2004).

Anmld mentioned that:

Rocky boy is made up these different areas and I would say that the Box Elder people probably don't know as much about the Indian ways or try to carry them on as Rocky Boy Agency people do, and then there are different areas after you get up to the top of the reservation. There are those in Parker School, Parker Canyon; you see them doing sweats at least three times a week if possible. Sometimes in the summer every night you can find a sweat somewhere in that area. These are the people who are going to go to the round dances, bring the food of their tribe that they share at the round dance to eat. And then there are some that were, you know (have the mentality of) "sickness is a business," instead of staying in school and preserving our ways, they getting prescription medicine to sell and getting addicted to it (Anmld, Jan. 2005).

Norman Ragels also noted there were many people on the Cree part of the Rocky Boy Reservation (Parker Canyon area) who know many traditional healthcare practices and cultural values, but seem to be unwilling to share with others on the reservation. As to their reason(s) why is not certain and possibly they could be asked what their feelings are on this subject in a future survey. However, what seems to be the key issue in this case is

that Chippewa-Crees at various ages must want either to learn or to teach/pass on Chippewa-Cree culture. This is something that the participants noted that people have to want to heal them and their communities, individuals have that responsibility to teach and learn about their culture. Pelltier stated that, “people have to heal themselves before they can heal others (Pelltier, Jan. 2005).” Anm1d, Top Sky, Gardipee, and Matthews also shared this sentiment. Anm1d stated that:

You need to want to learn. There are many protocols. I have attended a sweat ceremony and have been to the Sundance, and there are certain things that you just cannot say. I cannot even say I am going to attend the Sundance this year, you have to mean it or else it is not right (Anm1d, Jan. 2005).

This sentiment correlates to Chapter 2’s discussion about *Manitous* and Chippewa/Cree cosmology, in that all living beings (seen and unseen) share a relationship and responsibility to each other. In the case of the contemporary Chippewa-Crees interviewed, the key to a healthy self and community is being responsible and thinking of yourself and others. Moreover, it reinforces an idea among the participants of this study that people are connected to the world around them and about respecting others. It also shows culture as a grounding force for the participants and a positive catalyst in maintaining a healthy lifestyle.

What can be said of this, and the other responses, is that understanding cultural values or at least having a knowledge of one’s culture (Chippewa-Cree in this case) operates as a frame-work for a person’s life by which they can choose to follow or not. For the participants of this study, culture in its many forms whether through language, ceremonies, spiritual philosophy, education, and most importantly, communication and proper role models, is what has either kept them healthy or brought them back to a

healthier state of being. Culture is seen as a possible social solution to illness on the super level.

A major part of education and culture that appeared in the responses was communication. Communication whether through stories, medical pamphlets, or day to day social interactions, plays an important role in maintaining a healthy lifestyle. Communication connects people and their knowledge, experience, and questions, and begins the process by which people learn about their culture, disease prevention, and social protocols. As was discussed in the examples about the role of education and culture, the basis was communication. Crazy Boy noted that he felt that one of the problems regarding the high amount of sickness amongst Chippewa-Crees was the lack of communication between people about illness (Crazy Boy, March 2005). In reference to a question about stories being a type of medicine, Anm1d responded:

They told stories in the wintertime, and the benefit of the story was not to judge. In addition, there are other stories about being kind. I think those stories affect your mental state, which affects your physical state. Therefore, by learning the oral stories about not judging, being kind, and not being greedy and stuff like that...yes I think they play a part in health... those stories and cultural ways do affect health in a good way if you believe and practice that. In addition, that goes the same for the Sun Dance and the Round Dance (Anm1d, Jan. 2005).

In responding to the question concerning the preservation of culture and its connection to health (question 6), the participants' narratives can best be described as mixed. Nine out of eleven saw a strong connection between cultural preservation and health. One felt it was somewhere in between yes and no, and another one felt there was no connection at all.

Preservation of Chippewa and Cree culture in the context of the narratives revealed a connection between knowledge of culture, family traditions, cultural

philosophy, and maintaining health. There was one example that summed up the connection to cultural preservation and health. Brandi Sweet noted the role of ceremonies and maintaining a healthy life and mindset. In her responses to questions five and six, she stated that:

I definitely believe there is a connection between the preservation of traditional beliefs regarding health and the culture. Just as I was talking about the food and diet, that is part of the preservation because that is something they passed on to us and we go home and still eat these foods. There is a relationship between cultural practices and health, but it is not physical as it is mental. Like the sweats I went to when somebody was sick...it helps the whole family, everybody comes together mentally and the prayers that we did together, mentally it keeps people where they need to be (Sweet, Mar.2005).

In referring to traditional healing ceremonies, Crazy Boy stated that:

The way I think about it is that for thousands of years Indians have been using those kinds of things to heal their illnesses and each other and why all of a sudden people think that healing system isn't going work now? If they started doing that, they would start reaffirming their faith and belief. I think people (Chippewa-Crees) would be a lot healthier and stronger when it comes to living right, and thinking right, and having the right spirit, the right mind if they go back to the sweat and all the old Indian ceremonies, instead of having to go to the (Indian Health Service/western) health care system and pay money. You don't have to pay money to go to a sweat; we don't have to fill out MEDI-CAID forms or anything like that at the sweat grounds or Sundance. And I wish that people would start to go back over to those kinds of things, and using medicinal plants. Because if those things worked for thousands of Indians before my life time, I am sure they would still work (Crazy Boy, March, 2005).

Whitney Top Sky also commented on how ceremonies played an important role in maintaining good health. She stated:

I think there is a correlation in the mindset between our culture and being healthy. Being healthy in the mind because we like to pray a lot, there are a lot of ceremonies and I think that is really good for your mind set, and what you do at ceremonies is good for your mind set...like that is a way to keep a good mind, to make sure you attend ceremonies. Because if you stay away from ceremonies for a long time, it seems like you are not well (or) right in your mind...you are not

settled enough in your life...because you don't pray (also attend ceremonies), that's my own perspective (Top Sky, Feb. 2005).

Melvin Gardipee commented on the role of culture as a grounding force in maintaining good health:

Yes, it would be good if you go to sweats and go back to older ways, and to do it for yourself and pray for other people to eat right, respect Mother Earth and just to be well... to be balanced. You should not be harming yourself by doing excessive smoking, drinking, eating, and not listening to your elders. It would be good to go back to the old ways, because your point of view will be to do good for your people and yourself. It is a religion that does not harm you. If you smoke pot or eat the wrong foods and you go into the sweat it is being hypocritical, you know what I mean? If you did everything you do when you pray, then things will be good (Gardipee, Feb. 2005).

The participants saw the concept of cultural preservation as being important in maintaining good health. Previous statements also gave examples of this, whether it was culture as a stabilizing force and/or as a source of identity and purpose. When examining this data against the literature review in chapter one, there is a similarity with the concept of *Pimaatiswiwin*, or as the participants referred to it as balance. But part of preserving culture and philosophy lies in passing on knowledge. Passing on traditions was common sub-theme in regards to culture and philosophy. It is a way that families educate themselves and others about their past. Education was mentioned in the context of culture, but it was also discussed on its own terms.

(4:C) Education:

Education was stressed as an important factor in both illness and health. The participants learned about health through older family members, their experiences in life,

observations they made in their communities, higher education/professional development, and cultural practices/identity. Some also saw education as a way to promote and maintain a healthy existence. The words associated with education included, awareness, preventative programs, communication, listening, talking, teaching, and learning.

Anm1d believes that education and having educated role models is a way to maintain a healthy lifestyle (Anm1d, Jan. 2005). Robert Pelltier emphasized education and unity as a way for Chippewa/Crees (and other Native Peoples) to help with maintaining a healthier self, community, and world, and that “education is our buffalo today, because it provides everything needed for healthy communities, families, and individuals (Pelltier, Jan. 2005)”. Betty Matthews noted that people should be educated about their roots and their identity as Crees and/or Chippewas, and the same for Native Peoples in general (Matthews; Dec. 2005). It was noted that parents and grandparents who educated their children and grand children about living a good lifestyle was important in maintaining mental, physical, and cultural/spiritual health (Matthews, 2004; Anm1d; Top Sky; Pelltier; Gardipee; Ragels; Anm4t; 2005).

Top Sky mentioned that her mother taught her and her siblings about living a healthy life, which was that if you harmed your body, whether through drug and alcohol abuse or any other harmful behaviors, you take days off of your life (Top Sky, Feb. 2005). Anm1d and Melvin Gardipee who also learned this from their parents echoed this same sentiment. Pelltier stated that his parents were, and still are, positive role models for him and his siblings in living a healthy lifestyle. Norman Ragels noted that he has noticed a major change in how people living on the Rocky Boy Reservation look at health today versus the late 60s, 70s, and 80s. He stated:

I think that there is a lot more awareness now. From the 60s, 70s, and 80s, people were drinking and doing what not and eating what they wanted without knowing what would become of it or how they were living and how it would hurt them. There are a lot more programs being implemented because there has been such a problem with sugar diabetes and obesity. So at least now they are implementing programs to make people aware of their lifestyles or that their (unhealthy) lifestyle is killing them (Ragels, Feb.2005).

Along with Ragels, Top Sky, and Anm1d commented on the fact that there have been increases in education about chronic diseases and programs that deal with diabetes and heart disease. The Rocky Boy Health Clinic has learned from experiences with adult diabetics and is now using that to deal with childhood diabetes, including changing the school lunches in order to insure children are eating properly (Anm1d, Jan.2005).

There were also examples given by the participants about parents and family who did not teach or enforce a healthy life style. Top Sky gave an example of family members who were not taught how to live a good life. Top Sky made a comparison to how she and her siblings versus how her cousins were raised. She stated in question 4, that:

I think the younger people, the teenagers...nobody talks to them as much...like tell them what they (parents) were taught. Like my aunt who is quite a bit younger than my mom, she doesn't talk to her kids as much as my mom talked to us about everyday values...not values, but like how they say; 'you're not supposed to drink because it will cut your life' and that was one of things my mom told us. Because every time you drink or do something bad to your body, you are cutting days off your life...at the end of your life, it is cutting off days that you could have lived or just doing bad things to your body would harm your life and your health. And I don't think my younger cousins were taught that way. They know it is wrong but not that it cuts your life...they do not know why it is wrong. So I think I can see the difference between my younger cousins and my family. My mom would tell us why (something was bad), even if she told us something about some certain belief (and) she said that she didn't know why, but that was something that she was told and we weren't supposed to ask why, and she would say you just have to believe it [laughing]. The older generation believes that and the younger one does not, and many times, it is probably their younger minds that think that they are invincible. Nevertheless, I think it was a way for the older people to try to get into

your head that you live longer if you do not do bad things to your body (Top Sky, Feb.2005).

Matthews stated that:

I would say (the Chippewa-Cree community in) Browning (MT) has a lot of social ills. When I was younger, things that were very acceptable like alcoholism and other behaviors, you know like violence that was acceptable. And now there is a trend to go back to a more traditional perspective on things. They have revitalized the bundle openings; through repatriation they have gotten back many of their bundles. In addition, they are attempting to revitalize the mental portion, the spiritual aspects of life to keep a healthier balance. But there are a lot of issues with that because there is a lot of people who do not know the proper ceremonies and the proper...they do not live the proper lifestyle to be doing this type of thing, and it creates more issues (Matthews, Dec. 2004).

These responses give the impression that older Chippewa-Crees (and those who have worked on the reservation) have noticed a gap between Chippewa-Crees in their teens and twenties and the older generations. Following this line of thought, Anj5a noted that his father practiced traditional Cree ways, but at a young age they did not pay much attention to him, and as a result did not grow up with traditional values or even knowledge of Cree culture (Anj5a, March 2005). However, after hitting a low point in his life and being diagnosed with Hepatitis C, Anj5a found that his social and physical recovery seemed to bring him back to his culture and cultural practices. The process began with going to sweats and having the goal of getting a job and maintaining a healthy lifestyle (Anj5a; March 2005). In the same vein, Melvin Gardipee noted that cultural practices (if people choose to do them) like sweating, sun dancing, praying, or just knowing Chippewa-Cree cultural values and beliefs can be a good way for Chippewa-Crees to maintain a healthy physical, social, mental, and spiritual lifestyle (Gardipee, March 2005). Anm1d that:

I still think education is the key today for the survival of the Chippewa-Cree Tribe...and I think that if we would go back to the original foods and herbs and educate our people that way and we will survive (Anm1d, Jan. 2005).

Anm1d noted that community leaders should be educated about health issues and their solutions, and the culture of the communities they lead (Anm1d, Jan. 2005). They also noted that healthy leadership leads to healthy communities, and used Rocky Boy Reservation an example. Anm1d had this to say:

Because of the uneducated role models, we have living on the reservation there are things that are causing cancer and diabetes. They could be eliminated, if some of our council (members), role models, and educators would become more educated about them they could help prevent the spread of diseases like cancer and diabetes. There are chemicals in the water that may be causing cancer, but because many of the power companies pay for use of our natural gases and resources, and things are not monitored which may cause illness. They say you live longer if you have a healthy eating, exercising, and living style and they say that comes with money, but it is something that could happen on our reservation if we could get some well educated role models that would really be persistent in that way (promoting healthy lifestyles) (Anm1d, Feb. 2005).

Whitney Top Sky noted that there are not a lot of preventative health care programs on the reservation as compared to the medical facilities in the Missoula area, and that if there was a better way to educate people on how to prevent various illnesses; people may be able to stop or identify serious health problems^{xxxii}. Melvin Gardipee noted that it is important for people to be educated about the health resources that are in their communities, whether it is through Indian Health or individuals themselves (Gardipee, March 2005)^{xxxiii}. This brought up another issue with education and echoes previous sentiments brought up in the philosophy section, which was educating health care professionals who work in Native Communities.

While the Philosophy section discussed the mind-set of the incoming health care professionals, the participants also brought up educating them about the community that

they were working in. Crazy Boy, Ragels, Anm1d, Sweet, Anm4t, Matthews, and Gardipee, all mentioned that it would be helpful if the doctors and nurses had an understanding of the patients they were treating. Along with this, respect was also important. The participants noted that many of the doctors and nurse practitioners they saw at American Indian Health Service clinics tended to rush through the examinations or simply give them a prescription and sent them off. Crazy Boy summed up many of the responses from the narratives by saying:

Ignorance and a lack of education in all people prevent healthy changes in the (Indian Health care) system. I think that when they start treating Indians with a little dignity and respect when it comes to treating their health issues, then I think Indians will become more receptive to your medications and feeling comfortable to spread the word about their positive experience with the doctor. The system is good for those who want to use it, though I believe that medicinal plants (traditional ways of healing) would be a better. (Crazy Boy, March 2005).

This example illustrates the need for medical staff to understand the community, and it brings up the responsibility of the community to insure that the incoming doctors and nurses know about these communities. Norman Ragels noted that communities also have a part educating health care professionals and to provide them with the same respect (Ragels, Feb. 2005). He made a reference to when the Chippewa-Cree Tribal Council provided incoming doctors and nurses good housing, it made the doctors and nurse want to stay and made them feel like a part of the community (Ragels, Feb. 2005). Again, this goes back to a balanced way of thinking, and in this cases, mutual respect and reciprocity.

Throughout the discussions about philosophy, culture and education, family was a constant theme that overlapped with the other overlying themes. The previous discussions referred to family and its role in education, philosophy and values, and culture. Family also appeared in the narratives in Question Group 3 as having a role in how the

participants learned and coped with illness, maintained a healthy lifestyle, and how the idea family extends to medical professionals (both traditional and bio-medical).

(4:D) Family:

For many of the participants, family and community members played a major part in how they viewed health and illness, in both good and bad ways. For the participants who answered the first question all eleven participants stated that they monitored their health more due to having family members with a chronic illness. Three of the participants noted that their pregnancy had an effect on how they took care of themselves. Three of the participants have a chronic illness.

On the individual and family level, a family member's diagnosis with a chronic disease or substance abuse seemed to be a major factor in maintaining a healthy lifestyle for many of the participants and their families. This of course makes sense since close contact with a life threatening illness makes one look at and in a way, teaches them about its effects. Along with the diseases themselves, the participants also learned how to cope from their parents, grand parents, and other relatives and friends. Again, informal education played a role in how the participants react to illness at the present. Spirituality was noted as being a major tool in coping with a family member's illness and/or their own.

The participants referred to family members being diagnosed with chronic illness and it having an effect on how they maintained their health. Sweet stated that:

People being diagnosed with chronic illness and disease have definitely affected our family. More like a fear has been established, just our constant worry and fear that other people are going to get sick and constant dependency on pills and

medical procedures and the obsession with going to the doctor and getting surgery. On the mental health side, several people have been diagnosed with mental illness and it is almost as if that is who they define themselves as; not as a person but as the diagnosis and rely on the pills. When I was a little kid, it wasn't like that (Sweet, March 2005).

When talking about his brother and sister passing away from Frederick's Ataxia, Pelltier spoke about the effect it had on him and how his parents provided him and his siblings with strength to endure. He stated:

With two of my sisters and my brother passing away from Fredrick's Ataxia, you know that was the experience in my life that brought me to think this way about health/illness. Because you know at the worst times in our lives, it is nothing compared to what they went through, and I realized that. Moreover, I realized that I cannot go down hating and being angry about things that were out of my control and I watched my parents, how they stayed strong and always supported the family. They always tried to be there for all us kids and that gave me a lot of inspiration on what I need to do to become successful and to turn my life around, and which I feel I have done (Pelltier, Jan. 2005).

The narratives brought up similar accounts from the participants who had family members or even themselves who were diagnosed with a chronic illness. Through these experiences, the participants learned about the importance of living a healthy lifestyle and maintaining a balance in their lives. Participants who did have a family member who was ill still had similar experiences, only it was from seeing chronic disease in their own communities.

The concept of family was also extended to health care professionals and traditional healers. The participants who sought help from traditional healers tended to prefer them over bio-medical practitioners mainly because how they were treated. The participants liked the fact that the traditional practitioners treated them with respect and treated them holistically, which includes not only the patient but the whole family as well. Anm4t stated that:

There was an instance when my family had gone through a tough time and we went that route (traditional practitioner) through an individual who knows those old ways and ceremonies. It is completely different from going to IHS; there is no connection at all...in a good way. It is hard to explain, and what this man did for my family, and me. It really helped my family out and it helped us accomplish what we had to do. My family is better off because of it, healthier because of it (Anm4t, March 2005).

Brandi Sweet gave her thoughts on this topic:

From the medical practitioners I have sought treatment from just give me pills; there is not that same kind of relationship where they are coming into your home like with the medicine man. The medicine man takes more in about whom you are and who your souls is and not just look at you biologically. There is more of a relationship established because they actually sit and eat with you; it is not as if you are just in there for twenty seconds and you pay a whole lot of money for it. It does not matter if you have a lot of money; you just give (the medicine man) what you can (Sweet, March 2005).

The family tended to be the backdrop for many of the narratives. The examples that the participants gave while talking about their views of health and illness were generally in the context of their families and/or communities. The families and communities are common components of their social levels, but they are also components of their ecological level. In the context of the narratives, family and community was depicted as part of the participants' ecology or living environment. References to biology were few and focused on genetics in relation to congenital and chronic illnesses. These observations were made based on the examples given by the participants in the narratives.

(4:E) Economics:

In the context of the interviews, economics was not mentioned frequently by the participants. When economics was mentioned, it was in the context of jobs, cost of

healthcare versus seeing a traditional healer/practitioner, and grants (in regards to funding tribal and urban clinics). Anm4t, Ragels, and Anj5a said that they did not have any problems with the clinic staff on the reservations, but that there was the issue of funding. Norman Ragels made an indirect reference to health care funding while he was talking about places where people could work out. He noted that:

I know that they have a small workout center up there but I do not think many people actually use it. For one thing it is probably as big as this room [points to a mid-sized kitchen/dinning room] or bigger, (and) if they had a more substantial facility, maybe more people would use it. They just do not have the facilities to pursue a healthy lifestyle, other than running up and down the road (Ragels, Feb. 2005).

Others like Crazy Boy, Sweet, Anm1d, and Gardipee directly mentioned words associated with economics. When speaking of economics, the participants placed them in the context of jobs, Indian Health Service funding, and health insurance. But if one looks at economics in a broader sense, or as a super system, it means something that sustains one's existence. For example, grants sustain medical programs and jobs sustain the necessities of daily existence (food, shelter, etc...). In the context of the narratives, the participants noted that culture was something that sustains good health because it provides a framework for one's life and it contributes to one's identity and place in the world. Diet was also prominent in regards to both traditional and contemporary culture.

Diet was a common topic when the participants talked about current health issues and maintaining a healthy life style. In addition, diet is a part of economics because it does sustain all the biological functions of the body; no food, no people, and thus, no culture. Diet is also a major part of ceremonial life and practices. There were references to feasting and special diets during ceremonies in the narratives. This may indicate a

potential idea that the participants view economics in a broader, cultural sense and that the concept of economics may appear in different forms depending on the context.

Question Group 4:

This group sought the advice from the participants on what younger Chippewas and Crees should do to maintain their health and information that doctors should know when treating Chippewa/Cree and other Native patients. I included this question group because the participants have a better idea of what is going on in their communities and what needs to be said in regards to maintaining good health and preventing illness. It also allowed them to give their advice to younger people and to health care professionals. The responses tended to summarize their views and concepts of health and illness. The responses to the questions can be found in Appendix 3.

Part II- Textual Analysis of the Narratives:

In Part I, the five major conceptual themes that appeared in the narratives/interviews were examined. The second part of the discussion is a textual analysis of correlations between the five primary conceptual themes. Even though they are five independent levels, the purpose of the textual analysis is to demonstrate how they interrelate to each other. The following three correlations were found to be the most significant (Table Four).

Table 4. Primary Conceptual Connections Emerging from the Textual Analysis of the Narratives/Interviews.

Variables	N	Correlation Coefficient	Significance
culture & elders	11	0.625	0.029
sweat lodge & family	11	0.618	0.043
identity & values	11	0.58	0.03

The correlation between Culture and Elders corresponds to the narrative data because elders were seen as important, if not integral parts of culture and were frequently mentioned in the context of cultural preservation. In terms of health care programming, elders are a group that is important in community health issues and programming, because they are the group that most health care professionals work with.

Though the participants did not directly talk about elder issues, they made references to them in different contexts, such as cultural preservation, education, and healthy living. Elders scored high on the significance test and this may indicate an underlying theme (and something that may already be known) that elders are important people for health care workers to become acquainted with, as they hold a community's history and culture. Another possible explanation for this correlation is that, in the narratives, elders were often discussed in the context of cultural preservation, but also as important community assets, as elders hold and pass on knowledge of Chippewa and Cree culture and values.

Family shared a significant correlation Sweat/Sweat Lodge, which makes sense when examining it from a Chippewa and Cree perspective. Sweats were mentioned more than any of the other Cree or Chippewa ceremonies, which is why it was classified as its

own theme/variable. The participants who spoke about themselves or someone in their family having an illness indicated that the experience of the sweat lodge had a definite impact on how they viewed health and how it brought the family together. The correlation with the variables Sweat/Sweat Lodge is interesting because it reveals a concept that was not very noticeable in the narratives. When sweat ceremonies were mentioned, they were in reference to healing the mind and putting things back into balance or focus. This idea goes back to the original use of the sweat lodge, which was to cleanse a person physically, spiritually, and mentally of any illness or disruption, and to remind them of how they should be living.

The sweat lodges that the participants attended were generally group ceremonies that focused on families healing together or in a healing for addictions. What these correlations may indicate is that the participants view the sweat ceremony as a model of good health and proper behavior. The elements of the sweat in the context of the narratives are a family atmosphere, unity, coming to an understanding about an illness, a place to restore balance, and an application of Chippewa and Cree beliefs. The sweat lodge also connects people to the unseen world, and reinforces their spiritual bonds. The sweat lodge in a sense becomes a metaphor of a balanced world and state of being.

Identity shared a significant correlation with Values. In the context of the narratives, identity was generally placed within culture and values within philosophy. The correlation represents an interrelationship between cultural and philosophy. The participants referenced values in the context of Chippewa and Cree cultural values. The participants felt that educating and passing on cultural values to youth would let them know that they are part of something important, namely a long standing culture and

community. Identity and Values were frequently associated in the context of people having a place and purpose in their communities. This can be explained in that identity gives a person grounding in who they are, where they came from, and what their direction in life is. Values give a person a moral/ethical foundation to make the right decisions in their life and avoiding unhealthy disruptions that pull them away from what they should be doing. The participants voiced that people having a purpose or work ethic, especially youth, was essential to maintaining a healthy lifestyle.

The textual analysis illustrated the significant relationships between the five primary conceptual themes. Culture was at the most prominent theme, having significant correlations with Family, Philosophy, and Education. This textual analysis supports the earlier statistical data which presented the concept of Culture as having the highest frequency of being mentioned in the narratives. However, it also illustrated how the primary conceptual themes relate to each other and at what points they converge.

Chapter IV Summary:

The questions and the narratives they produced were designed to answer three questions, which are; 1) what are the concepts of health and illness amongst individual contemporary Chippewas and Crees living in the Missoula area? 2) What role does culture play in contemporary preventative health? And 3) what experiences have affected the views of individual contemporary Chippewa-Crees? These questions were answered by using the semi-structured questions, by which the responses demonstrated how the participants view health and illness, along with the various contexts that influence it in both positive and negative ways.

The responses demonstrated how the participants see themselves and the world around them in the context of health and illness. The participants simultaneously spoke of family, community, culture, cultural practices, language, experiences with medical doctors and/or traditional healers, and their personal views and observations on the subject when they answered the survey questions. This in turn, answered the three general questions.

The primary conceptual themes are culture, education, family, philosophy, and economics. Each of these conceptual themes is made up of various underlying themes and is interconnected to each other. The participants conceptualize health and illness in systematic terms or in other words, nothing happens in a void. Health and illness are seen as biological, ecological, social, economic, cultural, familial events, phenomena, and entities, which share close relationships to and are affected by each other. Examples of this are past and current health issues that have had impacts on the health of both the individuals and tribes as a whole. The participants see these issues as they affect themselves, their families, their culture, education, philosophy, and economics (in terms of sustainability and health coverage). Along with the issues, they brought up important ideas that should be addressed in the creation of health care programming such as strategies to incorporate cultural values and knowledge, enhanced methods to educate communities about prevention, interactions between youth and elders, and the role of family and community members in maintaining healthy lifestyles.

The question groups were successful in creating narratives from which to analyze core words/phrases and concepts. Question Group 2 provided the bulk of the data for the survey, while Question Group 3 tended to put the views stated in Group 2 in the context

of family and self-illness, the medical system they used, and their views about traditional healers. Question Group 4, though only being two questions, provided a summary of Question Groups 2 and 3. By directing their advice toward youth and health care practitioners, they were able to summarize their views of what it means to be healthy and ill in a short statement.

The question groups worked well with each because each question reciprocated off the other, even though the questions are independent ideas. The questions themselves were not leading in any one direction. The participants had the option to answer the questions that they wanted to ask. In some cases, the participants by-passed several questions and focused on what they wanted to talk about, while others answered each one. In the cases where the participants answered one question, they ended up answering multiple questions. This was a common case for questions one, two, and three; five and six; and seven, eight, and nine of Question Group 2. Each of these were asking specific questions, but what connected them was their focus from a cultural, personal, community, and familial topics, all of which were found to have impacts on how they conceptualized health and illness.

The use of semi-structured questions proved useful in asking for the participants' opinion. This was useful because with the participants, while focusing on the question, were free to discuss and elaborate on their views of health and illness, they were able to express their concepts, experiences, and opinions into narratives that revealed why they thought that way and what influences their concepts.

The narratives were useful as a body of data from which important concepts and their related words could be extracted and analyzed. The narratives provided the basis for

the variables and the context in which to explain and understand them and their statistical out comes. The textual analysis revealed how the primary conceptual themes interact with each other and how they place in the grander scheme of the health-concept system of the participants.

The views of the participants shared an association with the cosmological beliefs discussed in chapter two. Chippewa and Cree beliefs that were recorded in the ethnographic records demonstrated a concept of the universe that is a complex system of interconnected entities and phenomena. The beliefs regard health as being balanced and illness as being in a disrupted state. In the same manner, the participants made frequent references to balance and imbalance; proper mind-set and improper mind-set; and having a direction and not having a direction. What this indicates that an older belief structure is still present in the views of the eleven Chippewa/Crees. The only difference is the context and terminology.

Chapter II demonstrated how the concepts of Witiko and Pimaatiswiwin operate in a systematic fashion, with each level and component having differing effects on the other. The narrative data also demonstrated that the participants also view health and illness systematically, with different aspects of their lives playing a role in how they maintain their health and cope with illness. What the narrative data and chapter two demonstrate is that both health and illness are not independent phenomena that exist in a void but are part of a larger system that has abstract and physical components or variables.

Chapter V:

Conclusion

This pilot survey illustrates the potential of using word association and health narrative analysis in examining how people conceptualize health and illness. The result of this research is a conceptual system demonstrating that among the eleven participants, health and illness is viewed on a wider scale than just physical ailments. It illustrates how the system consists of a structure of larger themes that have material and abstract influences. The participants see themselves and the world around them as an interconnected system, that a healthy or ill state of being can have various affects on a particular person and then seep into and affect, both negatively and positively, other people and the surrounding environment.

Along with this, three outcomes were derived from this research. The survey questions were effective in creating narratives of the participants' conceptions of health and illness. The results of these narratives reveal how the participants view health and illness as a system of interrelated levels such as culture, family, philosophy, education, and economics. The narratives also demonstrated a synchronic relationship with traditional Cree and Chippewa views of health and illness. The second outcome demonstrated a potential method that combines qualitative and quantitative analysis of narrative data. The third outcome is that this survey created a document that has potential to initiate further research in analyzing cultural concepts of health and illness.

This method is a black-box approach, which means that it only examines the larger phenomena within a system, and by examining the larger phenomena, one can gain a general understanding of how the system operates as a whole. In the case of this research, the primary conceptual themes of the participants were examined, but the smaller systems or deeper meanings were not examined. The black-box approach is a deductive method in that the only assumption is that a particular system exists. What can be discovered is what the system is made up of, what levels are more prevalent than others, and how the system is structured in general. Only after the larger phenomena are explored, then one can garner an understanding of how the system is structured.

The textual analysis demonstrated how the primary conceptual themes correlated between each other. This survey was to give an over-all assessment of how contemporary, individual Chippewa/Crees conceive health and illness. By locating the primary conceptual themes, one can further examine those themes and their sub-themes in greater detail. The five primary themes provide a framework of the conceptual system, by which the understanding of it can illuminate what is going on in the system and what is currently influencing it.

It should be noted that this survey only provides an overview of what people are thinking and what some of the influences are and does not go deeper into the themes of this system. This study only represents the views of eleven individual Chippewas and Crees and not the total population living in Missoula County or even Montana. A larger sample population of ten to fifty percent of the population would make a better determination if the results of this survey represent a common trend among Chippewas

and Crees living in Montana. However, it does provide a starting point for future research and a methodology in which to conduct it.

Using the combination of word association tests and health narrative analysis can be used in a specific context such as an American Indian Health Services clinic using it to assess a community's concept of health and illness, and/or their views of the health care workers or facilities. It can also be employed by healthcare facilities to assess how health care workers conceptualize health and illness and how that affects their relationships with their patients, clients, and co-workers. In either case, it could be used as a way for Indian Health Services, tribes, and urban Indian communities to understand how the community or individual members of the community conceptualize health and illness and to develop or modify existing health care programs that can complement the community's views, and possibly improve treatments and services.

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APPENDIX 1

INTERVIEW AND SURVEY QUESTIONS

(1:1)

Thesis Interview Questions

The goal of questions is to understand how health, or to be healthy, is perceived in a cultural context among Chippewa/Cree participants who live in the Missoula area. There will also be some elements to look for while listening to and analyzing the narratives. There are three specific elements that come to mind in regards to this, which are: 1) What are the concepts of health and illness amongst contemporary Chippewas and Crees living in the Missoula area; 2) what role does culture play in contemporary preventative health; and 3) what experiences have affected the views of individual Chippewa-Crees

Question Group 1 is concerned with the demographic and biographical information about each participant, such as:

1. What is your name?
2. What is your tribal affiliation?
3. Where were you born and raised?
4. Are you male or female?
5. How old are you?
6. How long have you lived in the Missoula area?
7. If you are not from Missoula originally, what was the reason for coming to Missoula?

Question Group 2 are semi-structured questions. The participants will have the option to choose questions that they feel have more bearing to themselves. Also, some questions from the list may be similar enough to each other that the participants may only need to answer one or two of them. When the participants are being interviewed, there will be a note made to which questions they chose to answer. The focus of these questions is their opinions and views of health and illness in general terms:

1. Could you describe health from a Chippewa/Cree perspective?
2. Could you describe illness from a Chippewa/Cree perspective?
3. How would you describe health and illness from your own perspective?
4. Could you describe if there have been any changes in how people view a healthy lifestyle in this community from the time you were younger to the present day?
5. How do you think health and illness are viewed among your contemporaries (family, peers, etc...)?

6. Do you feel that there is a connection between the preservation of traditional beliefs regarding health and illness and the preservation of Chippewa-Cree culture?
7. Would you say that there is a relationship between cultural practices and maintaining good health? If so, could you explain?
8. Is illness something that is isolated from other parts of life or is it connected?
9. Is physical and mental health isolated from other parts of life or is it connected?

Question Group 3 has a specific focus, mainly on participants who may be dealing with an illness or medical condition themselves or who have a family member(s) going through the experience. And their views in regards to western and traditional health care systems. The questions are as follows:

1. Has your view of health and illness been affected after you or a family member was diagnosed with chronic disease? And if so, how?
2. Do you feel that the current health care system operates in a way that complements or contradicts your idea of health? Please explain.
3. How do you feel about any traditional and medical health practitioners that you have sought advice or treatment from? Please explain.

Question Group 4 is to document what advice they may have for younger generations and health care professionals. The question is as follows:

1. What advice do you have for younger Chippewas and Crees (and anyone else for that matter) in regards to health and illness?
2. What advice do you have for health care professionals when they treat Chippewa and Cree patients and clients?

APPENDIX 2 SURVEY RESULTS

(2:1)

Core Concepts and Words/Phrases taken from the Narratives

Connection= related; share; all; unity; work together, community, responsibility, other people, interconnected, separated, disconnected, etc...

Balance= wholeness, sobriety, ability to function properly, cause and effect, influence, disrupt, imbalance, etc...

Identity= roles, direction, grounding, roots, having a direction, role models, etc...

Elders= older generation, etc...

Youth= children, teenagers, kids, etc...

Values= proper, respectful, ethics, improper, etc...

Culture= traditional, revitalize, ceremonies, way of life, language, diet, preserve, bundles, etc...

Pray= pray.

Philosophy= way of thinking, mind-set, beliefs, mentality, mental, spirituality, world view, etc...

Sweat/ Sweat Lodge= sweating, sweat ceremony, etc...

Family= mother, father, spouse, grand parents, family atmosphere, family structure, etc...

Education= teach, learn, speak, talk to, listen, awareness, communication, etc...

Economics= job, money, health care coverage, debt, owing, grants, funding, etc...

Ecology/Biology= environmental issues, genetics, pollution, etc...

Parent ill= references to a parent's illness.

Sibling ill= references to a sibling's illness.

Self ill= references to one's illness.

Family ill= references to illness in one's family.

Spouse ill= references to a spouse's illness.

Familiarity with community= references to healthcare professionals having or lacking knowledge of a Native community's beliefs and culture.

APPENDIX 3

RESPONSES FROM QUESTION GROUP 4

(3:1) what advice do you have for younger Chippewas and Crees (and anyone else for that matter) in regards to health and illness?

Anm1d:

When I go to an Indian (health care) facility, we have non-Indians and non-enrolled members working in our pharmacies and I think that if I could educate the Chippewa and Cree youth on the importance of becoming a doctor or pharmacist because they are right there in the community (Rocky Boy) and they know what the community needs are. And maybe they know that is something different on another reservation that doesn't affect people different from ours, or vice versa. So I think that we would...if we could make our youth realize the importance of being our own health care facilitators. That is really, really, important, (to have health care professionals) from our own reservation. It would be good if we could get somebody that understands Indian genetics and how our bodies are different from non-Indians.

Anc2s:

Pay attention to your grandparents. To have the desire to be unique and speak your language, no matter if you're born again Christian or what ever, but to be able to pray in your language, your Assiniboine language (or language of your tribe) so you can pray in your language or do other stuff in your language, what ever your language. I mean God understands all languages, learn your culture, language, even if you don't want to practice whatever...sweats or what ever people say about worshipping Gods. As long as you know your culture, know where you came from, know your relatives, know who your grandparents are and pay attention to them. Just love them.

Whitney Top Sky:

I would try to keep the things my mom told me and tell them to the younger people, because like I said my aunt, I don't think she talks to her kids enough and tells them what I was taught. I have a cousin who is 4 years younger than me and I ask her if her mom ever told her about these things and she says, no she never told me that...you know, the same things that my mom told me, I try to tell her so she will know, because her mom doesn't really talk to her about the culture...even if they just listen. Because when I was younger, I didn't listen to my mom a lot, because I heard over and over, she told it over and over, and I said Ya, ya, I know, but I still heard it. So now that I am older, I can still remember that she told us over and over what we are supposed to do and not do. And never realized how much I actually remembered from her. I didn't appreciate it until I was older that she told us so much stuff when we were younger; how to be healthy or how to even just act in certain situations like ceremonies, what we are supposed to do, or just to be respectful in everyday life.

Anm3r:

The diabetes thing keeps popping up with the way the kids are eating with the pop and chips, sitting in front of the TV; that's just asking for diabetes. And a heart attack. And problems with obesity, that's a problem over there too. I just hope that the parents are getting involved in teaching this because you can't have the younger ones learning something without their parents teaching it. So that's what I would say to the younger Chippewa-Crees, especially the ones with kids.

Norman Ragels:

I think the best thing you can do for the younger generation is to get them off drugs and alcohol. If you get them off drugs and alcohol and give them a direction in life on reservations, if they (tribal government/schools) could create some type of program that teaches some kind of work ethic and morals, I think would be something great. A lot of these kids are growing up with no work ethic and no morals. They are forced into a life of thievery and vandalism because they have no direction; they have nothing to do with their time. I think if you get them off drugs and alcohol and get them point them in the right direction ultimately they will have a healthier life.

Anm4t:

I would say take care of yourself and try the best way you can at living a healthy lifestyle without alcohol or drugs, eating right, exercising, getting up everyday and praying, praying before you go to bed, that's the best advice I can give. You really have to take care of yourself before you can take care of others. Just following that and do those things as best you can do.

Melvin Gardipee:

I think my advice for other Chippewa-Crees is to get an education and learn about health and welfare (social services). It will be a better future for all of us.

Anj5a:

Try to make the right decisions and live a healthy lifestyle. Maintain a healthy diet and exercise...just take care of yourselves.

Crazy Boy:

My biggest concern with the younger people of today is when it comes to this addiction with alcohol and drugs; it is a heavy price to pay. Many pay with their lives and it seems the only growing on our reservations are the cemeteries, and it shouldn't be that way. Our reservations should be growing with health, but it is not that way. I think my advice to the younger people is that when people tell you about alcoholism and drug addiction, especially those of us who have harmed other people because of their addictions listen, because we are not lying to you. When you hear people talking about their addictions, and they want you to have something so much better, listen. Because of my addiction, I have ruined my life, the lives of other people, and it just goes on. It is a tremendous ripple affect. I used to think that it wasn't affecting anyone but me. I thought, "Oh you are not the one who is going to have a hangover tomorrow, how is it going to affect you?" Well it does affect everybody when you pick up a drink, shoot something in your arm, or

smoke marijuana, you are affecting everyone. I look at where I am at now in my life and I have come to finally understand that I should have listened back then so I wouldn't have to be going through this now. And all of this is because of my drinking and my addiction, and because I didn't listen to anybody, and now I have no one to listen to. All of my elders are gone and now I am up to being an elder and I hope that someone listens to me because I know what I am talking about, I didn't make it up, and it is all real, it is reality in its harshest form. And how have I been managing? It is all because of my faith. I have turned to my faith and cultural belief system and it helps me every day. So my best advice to people would be to listen, when you hear someone talk about that and you feel that they know what they are talking about, listen, open your heart and mind. And I know that if you really listen and if a bit of it touches you then I believe the rest of it will start playing a part in your life and you can go a long way in the right direction. So listen when people talk, don't close your heart and mind, and then you will hear what we have to say, because we do have a message for you and we only say things because we care. Those people that used to tell us those things cared about us. I only have come to understand that now. People talk because they truly care, they aren't trying to trick you, they actually care when they are talking to you. And that's why I am talking, because I care about my people and I hope somebody listens.

Jeffery Ross:

I guess that depends on the person, it depends on what your definition of community and what your role Native American tradition plays in that community. For myself I have been so isolated, separated from my own community for so long, I rely solely on western medicine to cure my ills. But if you live more submersed in your own culture, I would definitely suggest that you resort to your own culture, because there is a sense that for the most part, you may not receive the same quality of cares in a "white" hospital that you may see within your own community.

Michel Munson-Lenz:

I think the most important thing is to stay active, really watch what you eat, and just to take care of yourself. And I think everybody knows what that is. Like sitting at home in front of the TV is probably not that good for you. And I think it makes you feel better to be active with other people, not staying home isolated. And I think that is good for your mental and physical health to be active and involved with people.

(3:2) What advice do you have for health care professionals when they treat Chippewa and Cree patients and clients?

Betty Matthews:

My advice would be to pay attention, not to treat just a symptom but a person. To see them as a valuable aspect to society and their culture, and listen to what they have to say, not to be in a rush to push them out the door. You know when you talk to an Indian person, they just go on and on, and it's true, that's our way. You have to hear a story first

and then you go through the motions. And people need to be aware of that. When you are dealing with Native People there is a whole set of customs you go through, courtesies you need to address...to realize that there are things that are proper and improper, and that if you treat improperly, you continue the illness or make it worse and so I think that they need to be more culturally aware and not be caught up in the...you know 15 min. to state your case, and then leave because it doesn't work. And if they took that time and be aware of what the people need in the mental and balance aspect they would get further with their patients.

Anm1d:

Through school I have learned lot and that people need to be educated on different beliefs and there are different morals and values in the Chippewa-Cree that different from even another tribe, but from non-Indians, you need to be temperamental to their (Chippewa-Cree) needs.

Robert Pelltier:

I would have to say that with any Native person they are treating...if they (doctors) would just explain a little more about the medication instead of handing you a prescription; go pick it up, and (saying) this is will make you better. They need to explain what they (the drugs) do and how their body needs to heal, how it will help you. And to just take the time, be a little more patient. Because one thing I have noticed is that Native People are kind of untrusting, they have a hard time trusting a lot of people. I trust doctors, I mean if a doctor tells me to do something I will. They have got ten years of medical school (and) it takes a lot more than what I know. I would definitely try to explain what the medication is for and how it will help them, and what is going on in their bodies, just take that time to talk to them an don't just...most doctors that I have experienced have a way about them. I believe a doctor has to be a special person. They have to have the right energy about them because people can feel that. It is something that makes a person comfortable and Native People aren't any different from anyone else.

Anc2s:

Don't just treat them like cattle, especially nurse practitioners; they treat them (patients) like cattle. They come in and take their vitals and tell them to sit in a room, and then they (patients) just sit in the room forever and ever, and no one has the common courtesy to say doctor so-n-so is still with a patient. IHS gets money for every head that comes in to see a doctor, they get money for that, so the more people they can get in, the more money they can get. They need to treat people with kindness and respect, and have doctors stay longer than a year. People barely get to know the doctor and then he leaves, then you have to tell your whole story over again to the next doctor. Where as the doctor that is there knows your history and doesn't have to explain why you are there or why you need refills, or whatever.

Whitney Top Sky:

I think a lot of the culture could be better known by healthcare staff, so they could know where the people are coming from. I remember when my grand mother was sick and she didn't want to go to a doctor. My mom couldn't change her mind. She didn't know what

was wrong with her but she was in a lot of pain, and she didn't know how to convince her to go to a doctor. And maybe the healthcare professionals could realize that it takes a lot for people to come in, even if they don't believe in that.

Anm3r:

The thing is to be aware of is their cultural systems, because it is very important to tribal people. They (IHS doctors and nurses) do get involved somewhat, but I don't think that they realize how important it (their cultural perspective) is to a tribal person and what they believe. I have sat and talked to many elders on that reservation (Rocky Boy) and that's what they are about, because their social purpose is not the same as everyone else from the outside. If they (IHS) could really understand them (Chippewa-Crees), then I think they would respect the (health care) professionals a lot more.

Brandi Sweet:

I would suggest more emphasis on cultural education, awareness, and cultural sensitivity.

Norman Ragels:

The only advice I can offer any health care professionals going to the reservation is to be patient with these people, because a lot of them are on a different social level... You almost have to change your way of thinking and you almost have to dip yourself into their culture to be able to understand them sometimes, the way they think, to be able to actually treat them on the level that they need to be treated on. And patience, it's the only advice I can offer, have a lot of patience.

Anm4t:

A lot of that depends on where the person is going, whether it is in Missoula, the reservation, because back on the reservation, it is a small community and everyone pretty much knows each other. So you pretty much know what lifestyle that person is living and whether you can help that person or not. Some people live a good lifestyle and there are others who are living a pretty rough lifestyle, and no matter what you do you can't help them, they have to help themselves first. Knowing your patients, knowing who they are, where their family is from, but that is pretty tough when we are living in the Missoula community.

Melvin Gardipee:

Doctors need to be aware that Native Americans grew up and ate differently from other people. Dietitians need to be aware that Native Americans get diabetes more than any other culture...have people, like nurses, tell younger people to eat right and to give advice about preventing illnesses.

Anj5a:

Be patient with your clients and respectful, whether they are Chippewa-Cree or another tribe.

Jeffrey Ross:

Just be aware that your patients or clients may have a different perspective than you do and try, especially if it is evident that they may be of a different culture...take it upon yourself to know what some of the cultural traditions are and some of the barriers that might be present...address those so that you can provide a better quality of care. And educate yourself on diverse populations and if you are uncomfortable in that (kind) of situation then find someone who can deal with it or refer Native American patients to someone who can meet their needs more than what you can.

Michel Munson-Lunz:

I don't know about that because I wasn't really raised traditional, but I would say that to be careful about how you approach people, Salish People or any other Native People. As a teacher, there are many ways to approach Native students and I know a lot of non-Native teachers have a hard time approaching Native students, so I think that if health care professionals approached them in a gentle manner and not so harsh, you know like "look me in the eye" I think it would help out a lot, and to make time for the people, their clients.

Appendix 4
Non-Chippewa/Cree Participants and the Potential for Wide Scale Use of this
Method:

The thesis focused primarily on Chippewas and Crees. However, three non-Chippewas/Crees participated in the survey. Their participation was voluntary due to their interest in health issues among Native Peoples. Their participation offered an indication if the methodology employed in this thesis has potential on a wider scale in a multi-tribal context. Anc2s is Assiniboine and Lakota, Michel Munson-Lunz is Salish, and Anm3r is Dakota. Both Anc2s and Anm3r were former Indian Health Services employees (Anm3r worked on the Rocky Boy Reservation) and Michel Munson-Lunz is an elementary school teacher. Like seven of the Chippewa and Cree participants, they are students and live in the Missoula area. Their results were analyzed qualitatively and the non-Chippewas/Crees revealed similar ideas regarding health and illness, especially philosophy. Some examples of this are Anc2s who stated that:

I kind of think it is all connected, like the circle, you know what I mean? Everything comes in a circle, because if you have a polluted environment it will affect your body in some way, whether if it is like you go into a nuclear power plant and you are hit with radiation. It is going to affect you physically, if you live inside of a home that is dysfunctional, it is going to hurt you mentally. You might not be beaten physically, but mentally it can wear on you and that can be carried through your life and to your children until that cycle is broken (Anc2s, Jan. 2005).

Munson-Lunz noted that:

I think that health is the wellbeing of yourself...if you are able to carry on the daily tasks of your life without some kind of physical or mental ailment that might prevent you from doing that. I would say that an illness is probably the same but that it actually causes you to have problems with your daily routine, or just life in

general or just makes you bad. That is my perspective from the way I was raised (Munson-Lunz, March 2005).

Education was an important theme in the narratives of the non-Chippewa/Cree participants. The issue of education was mentioned while talking about the current problem with diabetes on the Rocky Boy Reservation. Anm3r commented that:

It is not very good, but it is not very bad. There is a lot of obesity and diabetes and it is caused from the way they (Chippewa-Crees) eat. I know that the last year I worked there it got so bad that the kids were getting diabetes. That was a first, because there were so many overweight kids that they implemented a meal plan in the schools to get their diets under control. I would say that would be the number one illness, is diabetes...it is hard to keep under control and if they cannot get it under control then they become sick, and that leads to other illness. For me being in the homes of the Chippewa-Cree People, I know that was the number one (concern), especially talking to the elders...because they were finding in their elderly how they were getting sick from diabetes and now that the kids were getting at a younger age, and the Health Board definitely did not want them to be like the older Chippewa-Crees. That's when they started to take a look at the health of the younger people and what they were eating (Anm3r, Feb. 2005).

This comment demonstrates a systematic effect of one disease and its connection to culture (diet), education, and philosophy in order to prevent it from affecting other parts of the body, along with mental and social repercussions. Education, along with culture and philosophy, was mentioned in the context of Indian Health Services doctors and nurses. Similar to the Chippewa and Cree participants, the issue of the incoming doctors' and nurses' philosophies and knowledge of the community and its culture was mentioned frequently. Anc2s stated:

I think it is a good system but it needs improvement. There are a lot of providers and doctors...the turn over rate is high...a good doctor comes in and then is gone after a year, instead of sticking around. I think it might be (that way) for all IHS, because I have gone to Rocky Boy, Lame Deer, Ft. Peck and Crow Agency (Anc2s, Feb.2005).

Anm3r responded by saying:

I believe that every culture has a belief system and in their environment and their landscape, they carry a cultural belief system wherever they go. Everybody has their own beliefs and I think a lot of times the doctors who come onto the reservations are walking, and I think this is the reason why many of them don't stay, they are walking in somebody else's culture and they don't know how to survive there and they leave. I think doctors and patients do not respect each other in that sense, because to me, my moral beliefs can be different than somebody on the Ft. Belknap Reservation and one thing can mean something different to them. I do not think people take the time to understand the Native American culture, to be able to understand what their health needs are in a tribal way. I think if they (IHS doctors and patients) can get on the same mind-set and teach each other. I think they can come together and understand their belief systems, I think that the health care could get better. However, it seems to me that everyone thinks their belief is right, and nobody wants to connect with each other. I have always found that their tribal beliefs were something sacred and something they have carried with them for generations and that they should believe in and people should respect that. However, sometimes they make them live or try to be in another...as if they (IHS) tell them to do this with their healthcare programming and do not tie it in tribally (culturally). They tell the patients, 'don't eat that or this' but its not fixing how they tribally do feasts or prepare their foods, and people are not coming together as a community and saying, 'okay when we have these huge feasts, lets try this, you know what I mean? Because you know how feasts are, people bring food and they need to work together and figure out how we can have the feast and make it a healthy feast...you know IHS is not trying to take the tradition of the feast away, but it seems like that's what they are doing (Anm3r, Feb. 2005).

The three non-Chippewa/Cree participants also repeated similar views in regards to health and culture, as did the Chippewa and Cree participants. Anc2s commented in regards to questions 7 and 8 that:

Our reservation (Ft. Peck) has lost a lot of our culture. My grandma, the Assiniboine side, raised me and she taught a lot, only because she is my grandma. However, look at me. I am one of six kids, and I am the only one of my sisters and brothers that can speak Assiniboine in sentences and understand when you talk to an elder. My brothers and sisters have to ask me what they are saying. I do not know many "kids" my age that speak (Assiniboine) and go to sweats or Sun Dances for healing. I know people go, but they are on-lookers but do not really participate. I have kids and I want to be able to teach my grand kids and great grand kids what my grandmother taught me. It is pushing me to stay healthy [laughing] to stay alive, to talk to them about their great grandma...great-great grandma (Anc2s, Feb. 2005).

Question 8:

I think it is somewhat lost, but it is starting to come back. I think many people who left the reservation and are coming back are trying to start new (health and education) programs so we can teach our youth. But I hate to say it, I don't want it to be lost, but right now it feels like it is because nobody respects their elders anymore, a lot of the youth are not raised...they are raised in foster homes, just bounced around instead of having their immediate family around (Anc2s, Feb. 2005).

Anm3r noted that on the good side, health education has increased, along with the awareness of chronic diseases like diabetes; however, the bad side of it is that few people are practicing what they are learning. Anm3r's response to question 7, while talking about teaching younger Chippewa-Crees about older ways of maintaining a health lifestyle was:

...and I think that we (Crees, Chippewas, Dakotas, and Assiniboines) should because they (Chippewa-Crees of the past) did exercise and do things that they don't do now. Now people do not do anything, they sit in front of the TV, you know what I mean...back when people were out hunting, gathering berries, and grazing their buffalo people were more active and healthy. I think they could tie it back if they wanted to, but I know that it is hard to change people (Anm3r, Feb. 2005).

They also responded to question 8 by saying:

I know a few people try to do the cultural practices, and I don't know if it is on the level of maintaining good health or if it is just that they are trying to keep the tribal beliefs alive. I think there is a problem and even keeping the traditions going and they do not really have the time to try to put health in there because they are just trying to keep it alive. I know people who have meetings, diabetic meetings, or things with the elderly and people do attend. They sit around and talk; some speak in Cree and have a good time, but I do not think that the younger generation is doing a lot of that, with the health issues (Anm3r, Feb. 2005).

Despite being from different tribes, the three non-Chippewa/Cree participants held similar views and concepts of health and illness as the Cree and Chippewa participants. They were not intended to be a control group but acted more as non-

sequencers to test the potential use of this survey on a wider scale. This potential is feasible as the survey focused on conceptual themes utilized by the participants. In a multi-tribal context, the survey method employed in this thesis could gather the conceptual data of a particular community in regards to how they view health and illness, regardless of the individual's tribal background. The result of this is a record to how that community is currently viewing health and illness in their family and community life, and can be used by health care facilities to keep health care programs current to the needs of the people it serves.

APPENDIX 5
INSTITUTIONAL REVIEW BOARD FORMS and PARTICIPANT CONSENT
FORM

(5:1)

RECEIVED

For Internal
Use Only

NOV 10 2004

PROPOSAL # 224-04
Form RA-108
(Rev. 11/03)

UNIVERSITY OF MONTANA The University of Montana
VICE PRESIDENT FOR RESEARCH
INSTITUTIONAL REVIEW BOARD (IRB)
CHECKLIST

Submit one completed copy of this Checklist, including any required attachments, for each project involving human subjects. The IRB meets monthly to evaluate proposals, and approval is usually granted for one year. See *IRB Guidelines and Procedures* for details.

Project Director: Eli Suzukovich III Dept.: Anthropology Phone: (406) 243-2478

E-mail: ~~elisuzukovich@montana.edu~~

Signature: Eli Suzukovich III Date: 11/29/04

Co-Director(s): _____ Dept.: _____ Phone: _____

Project Title: Using A General Systems Theory Approach to Examine Cultural Concepts of Health/Illness among Contemporary Chippewa/Cree.

Project Description: Chippewa/Cree concepts of Health and illness will be examined (in non-technical language) using a systemic approach to show their relationships with other aspects of Chippewa/Cree life such as economics, religion, family, and social life.

All investigators, including faculty supervisors, on this project must complete the self-study course on protection of human research subjects, available at the UM IRB website: <http://www.umt.edu/research/irb.htm>.

Certification: I/We have completed the course - (Use additional page if necessary)

Signature	Date	Signature	Date
<u>Eli Suzukovich III</u>	<u>11/19/04</u>	_____	_____
_____	_____	_____	_____

Students Only:

Faculty Supervisor: [Signature] Dept.: Anth Phone: -2478

Signature: [Signature]
(My signature confirms that I have read the IRB Checklist and attachments and agree that it accurately represents the planned research and that I will supervise this research project.)

For IRB Use Only

IRB Determination:

____ Approved Exemption from Review — Exemption # _____

☒ Approved by Expedited/Administrative Review (see memo on back)

____ Full IRB Determination:

- ____ Approved
- ____ Conditional Approval (see attached memo)
- ____ Resubmit Proposal (see attached memo)
- ____ Disapproved (see attached memo)

Signature IRB Chair: Shirley Hoffman Date: 12/3/04
(over)

(5:1)

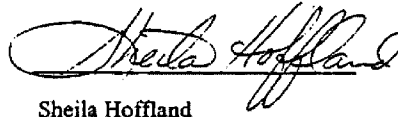


The University of
Montana

Office of the Vice President
Research and Development
University Hall 116
406-243-6670
405-243-6330 FAX

To: Investigators with research involving human subjects
From: Sheila Hoffland, IRB Chair
RE: IRB approval of your proposal # 224-04

(by 12/6/05)
This study has been approved on the date that the "checklist" was signed. If the study requires an Informed Consent Form, please use the "signed and dated" ICF and Assent Forms as "masters" for preparing copies for your study. Approval for this study continues for one year. If the study runs more than one year, a continuation form must be submitted. Also, you are required to notify the IRB if there are any significant changes or if unanticipated or adverse events occur during the study. Finally, when you terminate the study, please notify our office in writing so that we can close the file.


Sheila Hoffland

attachment(s)

Participant Information and Consent Form

Title: "Ethnography of Contemporary Concepts of Health and Illness among Individual Chippewa/Crees"

Project Director: Eli S. Suzukovich III

Project Abstract:

The information from these interviews will be used in a master's thesis study for the Department of Anthropology, the University of Montana. The purpose of this project is to document contemporary cultural concepts and practices regarding health and illness among Chippewa/Crees from the Rocky Boy, Little Shell, and Turtle Mountain communities, along with Crees from various Canadian communities who live in the Missoula area and to examine them using a general systems theory approach.

Purpose of the Interviews: The focus of the interviews will be to document concepts of health and illness among Chippewa/Crees in the Missoula area and to be used as a foundation for this thesis project.

Procedures: If you choose to participate in this project, you will be asked to answer questions regarding your views or thoughts about what it means to be healthy or ill. The length of time for the interview session is flexible and will be based on the amount of time you feel you may need. The interview session can take place at a location of your choice. The interviews will be recorded on cassette tape, written on a note pad, or recorded in a manner that you would find more comfortable. The interviews will be recorded only to insure accuracy of the notes.

Voluntary Participation/Withdrawal: Your decision to take part in this study is entirely and completely voluntary. You may refuse or withdraw from this study at any time. If you choose to refuse or withdraw from this project, all material that contains any of your information will be destroyed in your presence. There will be no negative outcomes or liabilities for withdrawing or refusing to participate in this research.

Benefits of the research:

Your help with this study can be beneficial in many ways. By examining your health and illness narrative, the narratives may show present trends and patterns in how Chippewa/Crees envision health and illness. The results can be used to strengthen or expand current healthcare practices or programs such as hospice care, preventative care, or counseling. The documentation can be used on a wider scale as a body of data for grants proposals and for healthcare providers who work with or provide care to Chippewa and Cree patients.

Risks and Discomforts:

These interviews are concerned with how you conceptualize health and illness; as a result there are no clear risks with this project. Mild discomfort may result from shyness, a dislike of being recorded onto tape, or a mistrust of the interviewer. There will be no negative outcomes or liabilities for participating in this project. Your participation is completely voluntary.

Liability Statement:

Although we believe that the risk of taking part in this study is minimal, the following liability statement is required in all University of Montana consent forms.

In the event that you are injured as a result of this research you should individually seek appropriate medical treatment. If the injury is caused by the negligence of the University or any of its employees, you may be entitled to reimbursement or compensation pursuant to the Comprehensive State Insurance Plan established by the Department of Administration under the authority of M.C.A., Title 2, Chapter 9. In the event of a claim for such injury, further information may be obtained from the University's Claims representative or University Legal Counsel. (Reviewed by University Legal Counsel, July 6, 1993)

Confidentiality: The information from this interview will be used in a master's thesis that will be printed and available for the public record. Your name may be used in the writing of this thesis. You have the right to keep your identity anonymous and your name will not be used in the writing of this thesis. If you choose to be anonymous, your information will be encoded in the thesis. The Project Director, Thesis Chair, and you will be the only people who will know the code. The records of this interview will be kept private, stored in a secured file cabinet and destroyed by the project director at the completion of his master's thesis, and a copy will be given to you or destroyed by your request. The records include any cassette tapes and/or written notes. You will receive a copy of this consent form for your records.

Remember, if you have any questions or concerns regarding this project, you can contact the Project Director, Eli S. Suzukovich III at (*) ***-**** or (email address) at any time. If you have any questions about being a research subject, you can contact the University of Montana Institutional Review Board chair at (***) ***-****.**

Statement of Consent:

I have read the above description of the research study. I have been informed of what this research is about, my rights, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that the Project Director, Eli S. Suzukovich III, will answer any future questions. I voluntarily agree to take part in this study. I understand that I will receive a copy of this consent form.

Name: _____ Date: _____

Approval to use Participant's Name:

I (name) _____, (date) _____ approve to have my name used in this thesis project.

(4:3)
Attention
Volunteers needed for Thesis Research

Thesis Project:
“Ethnography of Contemporary Concepts of Health and Illness among Individual Chippewas and Crees”

Hello,

My name is Eli Suzukovich III and I am a graduate student in Anthropology at the University of Montana. My mother is Little Shell Chippewa/Cree and Sakaw-iðinniwak/Métis from Fort Providence, NWT Canada.

This project focuses on Chippewa/Cree concepts of health and illness, and will be examined in a way that demonstrates the relationship of these concepts to aspects of Chippewa/Cree life such as family and social life, ecology, economics, and spirituality. The participants needed for this thesis project are Chippewa-Crees from the Rocky Boy, Little Shell, and Turtle Mountain communities, along with Canadian Cree communities who live in the Missoula area. This project is seeking to recruit men and women ages 19-65+ to be interviewed. This thesis will be used as a document to assist in grant writing and as a community record.

The interviews will have a flexible time limit. Participants will fill out a consent form before any interviews take place. Participant information will not be available for public use and privacy will be protected. The Missoula Indian Center and The University of Montana Institutional Review Board have approved this research.

For any further questions or if you are interested in participating in the project,
please contact
Eli Suzukovich III

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Chapter I Endnotes:

- ⁱ A way to explain this is that if a person is asked “how would define illness,” and their response may entail their immediate definition of illness and anecdotes that, on the surface, may have nothing to do with illness outright, but may have an underlying relationship to illness.
- ⁱⁱ This would include the cosmological, psychological, conceptual, neurochemistry, etc.
- ⁱⁱⁱ This includes the ecological, physiological, economic resources, etc.
- ^{iv} This would be the political, familial, etc.
- ^v This will be explained in more detail in Chapter 3.
- ^{vi} This means the economic, cosmological, ecological, cognitive, social, and political levels that one encounters in their daily life.
- ^{vii} However, the input and output may vary or change depending on the data that is collected from the field.

Chapter II Endnotes:

- ^{viii} Anishinabek is the traditional name of Chippewas /Ojibwes, Ottawas, and Pottawatomies. It is used here to designate any one of the three tribes mentioned. I am using the designation because there were Ottawas who traveled and moved out west from the Mackinaw Straits with various bands of Ojibwes. Smith notes that the term Anishinabek or Anishinaabeg usually refers to the ancestors of the Ojibwes, but the contemporary meaning includes the three tribes previously mentioned, along with Crees and Menominees (Smith, 1995:7).
- ^{ix} One thing that should be noted is that as Crees and Chippewas move out into the Northern Plains, they began to ally with various Plains tribes, especially the Assiniboines. The alliance between Crees and Assiniboines was so great that the Plains Crees were also known as Cree-Assiniboines. Both Crees and Chippewas obtained the Sun Dance through the Assiniboines (Dusenberry, 1962, Ewers, 1973, Howard, 1978, Tarasoff, 1988). The alliance was still strong when the Stone Child, Little Bear, and the Little Shell bands were looking for a permanent place to live, the Assiniboines on the Ft. Peck Indian Reservation let many of them stay on the reservation in and around Wolf Point.
- ^x Today the Turtle Mountain/ Pembina community is the Turtle Mountain Reservation.
- ^{xi} The hermits are usually not from the community.
- ^{xii} This also includes stories concerning witchcraft.
- ^{xiii} It is also spelled pimaatisiun, and in Chippewa, bimaads’wiwin.
- ^{xiv} The word pimaatiswiwin also appears in both in the formal greetings of Sub-Arctic Crees; *waciye, tan’eta-maat’si-hoy’ena*; and Chippewas; *bozho enish-ezhi-maatsiun* (Ellis, 1983:60; Talouse, 1990:2). The phrase roughly means, “Hello, how are you feeling?”
- ^{xv} By cosmology, I mean the Cree world-view, which can encompass everything from how people see their place within humankind, to spirituality, to how people conduct their daily lives, to how to relate and participate with other beings, entities, forces, and phenomena in the world. The cosmology is the framework through which Crees and Chippewas see and understand the world.

^{xvi} By this I mean that people who actually live and make their living in the wilderness areas of Northern Canada.

^{xvii} The Great Spirit-Force or the Main Spirit-Force.

^{xviii} The vision is seen as an important event and phenomenon for Crees and Chippewas. Many authors have commented at length on this belief (Dusenberry, 1962; Grim, 1985; Landes, 1968; Johnston, 1995, Howard, 1977; Tarasoff, 1988; Brown and Brightman, 1988), however the core of this belief is that it provides a purpose and direction in life for an individual. By following their vision or purpose, a person lives a successful life, and if the vision is not followed, their life can be difficult. The belief in the vision reflects the concept of pimaatsiwiwin in that by having a purpose in life is synonymous with constant motion. When one is in motion or active in life, they are healthy. When they are out of motion, illness/Wittiko takes over and they fall into an unhealthy state of being.

^{xix} Adelson, 2002:98.

^{xx} Material and non-material resources covers everything from food, building materials, to spiritual aspects like receiving a vision.

^{xxi} Unseen others refers to spirits or *Manitous*. Since Crees and Chippewas follow various religious philosophies, unseen others is an all inclusive term.

^{xxii} The presence of Wittiko or wittiko-like phenomena is processed and identified cognitively through observation and recognized through cultural concepts. The physical level would consist of the reactions that one has whether it is to flee the scene, conduct treatment or prevention measures, or so on.

Chapter III Endnotes:

^{xxiii} She graduated from The University of Montana shortly after the interview.

^{xxiv} At the participant's request, I am only using his last name in this thesis.

^{xxv} This research involves living participants and their thoughts and feelings. As a result, there are some ethical concerns that should be discussed. Ethnographers have to reconcile the rights and interests of various parties in the research enterprise (Ellen, 1984:136-142) and must be responsible for their actions, and remember that they have an impact on the informants and communities (Young et al, 1998:92). Many of the people with whom anthropologists work with today are interested in being full partners in the research process (Ibid, 1998:92). An informal, semi-structured interview does have some drawbacks, such as the contamination of the information with personal bias or an imposed artificiality (Fetterman, 1998:39). However, by using a semi-structured interview the chances of misrepresenting or 'putting words in the participants' mouths' would be slim. The nature of this style, and the use of a narrative framework, tends to focus on what the participants think and less on what the interviewer feels. The questions are designed in a way to allow for a wide array of responses from the participant, so it would be hard for the interviewer (I) to shape the responses thru the interview questions. The responses become the participants' narratives and my role is more or less to record these narratives and see how they fit together in the larger system of a Chippewa/Cree health concept.

^{xxvi} This is because the interview times varied from one hour to twenty minuets and some of the participants had more to say than others. The result of this was that the narratives varied in length and so to did the frequency of core words/phrases and concepts. Because of this, it would not be possible to present an unbiased individual examination of any core words/phrases and concepts.

^{xxvii} 1) what concepts of health and illness have remained constant among Chippewa/Crees living in the Plains in relation to Cree and Chippewa groups in the sub-arctic; 2) what experiences have affected the views of contemporary urban Chippewa-Crees; 3) what role does culture play in contemporary preventative health; and 4) what types of phenomena, events, and personal knowledge regarding health and illness will become apparent with the use of this approach.

^{xxviii} SPSS 12.0 Graduate Edition is a statistical processing program.

^{xxix} This refers specifically to spiritual, religious, and/or metaphysical beliefs and ideas.

^{xxx} It should be noted that some participants did not have any real issues with clinic staff. Anj5a, Peltier, and Anm4t had some bad experiences but over all felt the doctors did their job. They did note that there were philosophical differences, and as Anm4t simply stated; "It is not the clinic's fault, it is two different cultures, two different belief systems; Indian Health Services is more of the non-Indian structure of health. (Anm4t; Feb. 2005).

^{xxxi} Contemporary culture means the current culture they live in, whether it is in an urban or rural area. For this study, it refers mainly to the current culture of Missoula and the Rocky Boy, Turtle Mountain, Blackfoot, and Ft. Peck Reservations.

^{xxxii} Something that was also mentioned by the participants was the lack of or insufficient management of money for Indian Health Services clinics to conduct proper health programming.

^{xxxiii} It should be noted that the participants are aware of the good work that is being done by Indian Health Services, but that there can be improvements.