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Utilizing Traditional Storytelling to Promote Wellness in American Indian Communities

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Abstract

Utilizing storytelling to transmit educational messages is a traditional pedagogical method practiced by many American Indian tribes. American Indian stories are effective because they present essential ideas and values in a simple, entertaining form. Different story characters show positive and negative behaviors. The stories illustrate consequences of behaviors and invite listeners to come to their own conclusions after personal reflection. Because stories have been passed down through tribal communities for generations, listeners also have the opportunity to reconnect and identify with past tribal realities. This article reports on a research intervention that is unique in promoting health and wellness through the use of storytelling. The project utilized stories to help motivate tribal members to once more adopt healthy, traditional lifestyles and practices. The authors present and discuss the stories selected, techniques used in their telling, the preparation and setting for the storytelling, and the involvement and interaction of the group.

Four men among the people happened to be standing, one to the east, one to the south, one to the west, and one to the north. The One Who Made the Earth spoke to one of these men, telling him, "Everything on earth has power to cause its own kind of sickness, make its own trouble. There is a way to cure all these things." Now this man understood that knowledge was available. Then those four stood there. On the first night, the one standing on the east side began to chant a set prayer all by himself. On the second night, the one on the south started to drum and sing lightning songs. On the third night, the one on the west chanted a set prayer. On the fourth night, the one on the north began to drum and sing lightning songs. They did not conceive this pattern in their own minds; it was bestowed on them by The One Who Made the Earth. It was as if the knowledge of what they should chant or sing had suddenly been transmitted to them from outside.

Then, The One Who Made the Earth said to these four, "Why don't you go to the two sick men and say some words over them and make them well?" So those four went to where the two sick men were and worked over them, and they were cured. From that time on, we had curing ceremonies and knowledge of the different kinds of sickness that may be caused by various things. That is the way all curing ceremonies started. (Erdoes & Ortiz, 1984)

This story tells how American Indian curing ceremonies began. It is an origin story emphasizing the concept that for every illness there is a curing ceremony. In addition, it suggests that curing comes from internal knowledge offered to people through a creator. The story emphasizes the value placed on believing in oneself, looking inside oneself for insight, and finding the strength there to cure illness. Knowledge is available in the world; it needs only to be identified, accepted, and utilized. The method of obtaining this knowledge can be found in stories or oral histories passed down through tribal communities. Although there may be basic similarities among many tribes, tribal customs and traditions can also differ greatly. These stories not only reflect knowledge of communities, they also emphasize core

values that are important to tribal society. As such, stories both modern and ancient are a valuable tool for emphasizing the particular values of health and wellness.

In this article, we present a unique research intervention that promotes wellness through the use of storytelling. The project utilizes stories to help motivate tribal members to readopt healthy lifestyles and practices that were traditionally part of their culture. We discuss the stories selected, the techniques used in the telling of the story, the preparation and setting for the storytelling, and the involvement and interaction of the group.

BACKGROUND

In 1998, the Center for American Indian Research and Education received a 5-year grant from the National Institute for Nursing Research to design, implement, and evaluate a community-based health care model for American Indian families. The model incorporates culturally appropriate approaches to primary and secondary disease prevention. The objective was to assess the effect of a culturally relevant health care strategy in terms of environmental influences, barriers, cultural constraint, health status, and health care use. The project had two phases. The first phase consisted of a needs assessment that identified high-risk behaviors among rural American Indian adults aged 18 years and older. This was accomplished by administering randomized household surveys at 13 rural/reservation sites. The second phase was the development and evaluation of a Wellness Project, utilizing culturally appropriate strategies to improve the health and wellness of the community.

The design, implementation, and evaluation of the model program incorporated several significant strategies:

1. Storytelling was used in the project as an educational and cultural tool to motivate Native people toward healthier behavior.
2. The project relied on a culturally based setting of intragroup communication for the educational program called *talking circles*. These talking circles met weekly for 12 weeks at rural tribal health clinics or tribal buildings in California.
3. The project used community members who were recruited and trained to facilitate the educational session in their own communities.
4. Project findings were first reported to the participating tribes and health centers in laymen's terms so that the statistics and findings could be used locally; then they were reported to scientific journals.

This article reports on the use of storytelling to promote health and wellness in American Indian communities in California. Information on the coordination and implementation of talking circles, use of community members as facilitators, and approaches to participatory research can be found in existing publications (Fredericks & Hodge, 1999; Hodge, Fredericks, & Rodriguez, 1996; Hodge & Glover, 1999).

STORYTELLING AS A TRADITIONAL APPROACH TO EDUCATION

Storytelling is one of the earliest means of societal communication (Tooze, 1959). Among American Indians, storytelling is a means of communication as well as entertainment (Hodge & Fredericks, 1996). Using storytelling to transmit educational messages is a traditional pedagogical method practiced by many American Indian tribes (Moody & Laurent, 1984). The American Indian culture is maintained through the telling of stories, particularly because it is a culture based on oral as opposed to written tradition. The spoken word is what gives life and meaning to Indian history and customs. Songs, chants, curing rites, prayers, lullabies, jokes, personal narratives, and stories most importantly are the

means by which Indians transmit the heritage of their most significant lessons from one generation to the next.

American Indian stories address virtually every imaginable issue. They are emblems of living religion and often refer to a creator who is assisted by helpful animals. They explain the origin of the land, oceans, people, animals, plants, the sun, the moon, planets, stars, fire, and ice. Stories also give concrete form to the values and practices that link current generations with their ancestors. They show ancient social orders and daily life, how families are organized, how political structures operate, how men hunt and fish, and how power is divided between men and women. Stories are indexed for appropriate and inappropriate behaviors; they provide examples to emulate or to shun. They teach children and remind adults where they fit in, what their society expects of them, and how to live harmoniously with others and be responsible, worthy members of their tribes.

Although American Indian stories provide entertainment, their primary purpose is to educate. There may be a given time, place, and person to tell a given story. Oral histories and other special kinds of stories were often the prerogative of particular families, elders, chiefs, and medicine people. These individuals had roles that required specific kinds of knowledge. These storytellers were teachers who shared the history and memory that contained the tribe's collective wisdom; they were trained to present stories in ways that reflected ancient knowledge. Their audience was expected to listen attentively from beginning to end, to learn these stories for future generations, and to maintain the continuity of the story through time.

HELP-SEEKING BEHAVIORS

American Indian and Alaska Native help-seeking behaviors are not fully understood. External factors such as changing health policies and funding threaten access to health care resources available at present to this population. These resources are limited. Identified barriers to health care exist. These barriers must be challenged so that American Indian and Alaska Native communities can better access health care and prevention services. The storytelling model utilizes both informal and formal help-seeking behaviors to accomplish these goals. Use of facilitators from the community draws on informal help from friends, family, and nonprofessionals to gain information prior to seeking help from a professional. Ethnicity has been shown to influence the manner in which individuals seek help. Rew, Resnick, and Blum (1997) described the differences in help-seeking patterns among adolescent females from four different ethnic groups. American Indian adolescents were less likely than Hispanic or European American female adolescents to seek help from their informal circle. However, they were more likely to seek help from adult family members. American Indian female adolescents identified more problem areas in which they would seek help from no one. These authors, along with others, noted the geographic isolation of American Indians (Rosenbaum, 1996), which may add to the lack of help-seeking behaviors.

Social isolation and depression are reported to be one of the most prevalent psychiatric disorders among American Indians and Alaska Natives (Hodge & Kipnis, 1996). Cultural beliefs and practices within tribal and urban communities as well as the usual barriers of income and lack of health insurance restrict access to formal help, such as health care providers. Hodge, Toms, and Guillermo (1998) addressed the need for cultural competency training for formal health care providers (e.g., physicians and nurses) who deliver health care to Native American communities. Such training emphasizes respect and awareness of cultural beliefs and practices. Physicians and nurses trained in this way are more likely to be accepted by the local community. The storytelling model, with its use of informal community educators, reminds people of the value of wellness and seeks thereby to promote

effective use of the formal health care system in such things as screenings, immunizations, preventive services, and treatment.

USING TRADITIONAL STORIES TO CONVEY HEALTH MESSAGES

Traditional American Indian stories are for many reasons excellent vehicles to transmit health messages. First, they capture the attention and interest of the audience, thus setting the stage for learning. Hunt and Wilson (1975) pointed out that folktales compel persons to draw their own conclusions, do their own thinking, and at once make truth real and fix it in their memory. Stories present positive as well as negative situations and show consequences of each; the listener is then left to make his or her own choices. The positive story characters live happily and fit well into their surroundings. The negative ones break the rules and make life difficult for themselves and everyone else. Through their actions, the characters teach how to hunt, sing, dance, perform ceremonies, make houses or clothing, be good people, and seek supernatural guidance in their own lives.

Native stories are often presented in an indirect manner in an attempt to reinforce or establish values and beliefs. Often, there is no explicit and obvious moral of the story. Instead, the lessons to be learned may come out at the end of the story. This allows the storyteller to focus on a specific topic within the story or to expand the discussion. Native storytellers often provide examples of behaviors, along with consequences, at the beginning or at the end of the story. The listeners are then invited to interpret the stories through their own experience. In fact, many topics can come up, arising out of various interpretations of a single story. Often there is more than one character in the story, which provides several possible solutions to a given situation.

In addition, stories may emphasize individual reflection. There may be several lessons included in one story. Thus, the storyteller can employ open-ended questions at the story's end to focus listeners on particular issues and to give the listeners a chance to reflect on the stories. In the talking circle format, facilitators provide a wellness message at the end of the story that assists participants/listeners to reflect on the story and that applies general concepts to the listener's individual experience.

Stories are effective because they present essential ideas and values in a simple, entertaining form. Native stories too present information at many different levels of understanding so that hearing a story, a person can penetrate to a deeper meaning. Many levels yield many meanings.

Finally, stories provide a means by which American Indians can identify and reconnect with ancient tribal traditions. Traditional Native stories have been handed down within a tribe for centuries and often have extremely ancient origins. These stories may reflect social and physical environments that existed in prereservation eras and long before, thus giving present-day listeners insight into past realities. Many of the characters in the stories are animals of the kind found within a particular tribe's natural environment. In Native stories, these creatures often have magical and supernatural powers. They usually speak and act as humans do and sometimes transform from animals to humans and back to animals again by taking off their skins, as in the Pomo rattlesnake story (Malcolm, 1993). These animals suggest strong connections between people and place.

HOW THE STORIES WERE SELECTED

The stories selected for this program were meant as tools to create dialogue and to bring the project participants together into a cohesive group. Particular stories were chosen in an effort to teach personal responsibility, reaffirm Native traditions and values, and remind us

that we ourselves are valuable as American Indian people. Protecting our own health, we protect the health of our families and the communities that depend on us.

Although stories and characters vary a great deal from tribe to tribe, there are common themes in the storytelling. They generally emphasize communal welfare, responsibility of the individual to the community, sacredness of language, and a concern for the environment. Examples of these themes include central characters such as the sun, the twin brothers who bring culture to the world, and powerful tricksters such as Coyote, Rabbit, and Spiderwoman. Common themes of communal welfare are especially suited to promoting overall wellness. These themes reflect a universal concern with fundamental issues of men and women and the world in which they live. They provide wonderful examples for teaching health promotion, screening, and disease prevention.

In selecting the stories, however, one must be aware of regional or tribal differences. For example, the same kind of animal plays very different roles in the myths of different tribes. The spider, usually very wise and helpful in Navajo stories, is crafty, cunning, and murderous in the stories of the Gros Ventre tribe. The owl may be wise or represent death. The stories will vary by region, so it is extremely important to choose a story that originated in the targeted area.

PILOTING THE STORIES

The Wellness Project's curriculum component began with a traditional Indian creation story. The story was chosen because it emphasized both genesis and change. In the beginning of the talking circles, participants are also able to reflect on tribal beginnings. The weekly stories focused on the following issues highlighted in the curriculum: community, cooperation, and help seeking. The stories were selected specifically to emphasize the value to health of traditional Indian life and to motivate healthy behavior. The last story in the curriculum reflected the continuation of knowledge and wisdom through tribal practices. It was emphasized that certain types of wisdom can be accessed if individuals are well enough to receive those gifts. Thus, individuals need to be healthy not only for themselves but for others in the community.

The curriculum consisted of 12 sessions based on the following health-related topics:

- defining wellness,
- preventing disease by self-examination and screening,
- understanding the major causes of death among American Indians,
- creating healthy relationships,
- understanding high-risk behaviors,
- learning about Native traditional foods and their nutritional value,
- keeping physically fit,
- developing mental wellness, and
- fostering community wellness.

Educational models, such as breast models for cancer self-breast exams, were made available, and general health educational displays were set out for participants to view. Printed materials were provided to participants as adjuncts to the curriculum. Health education material was provided through discussion with the facilitators during each session so that every participant had the opportunity for exposure to the health education materials.

regardless of literacy level. In addition, facilitators provided copies of the stories to participants so that they could keep the stories and share them with their families.

HOW THE STORIES WERE PRESENTED

Each of the project's facilitators was trained to be the storyteller for their site. This was a pivotal role that greatly added to the success of the project. The facilitator was the person who presented the stories to participants and assisted participants in understanding what they could do to improve their overall health. The facilitators were selected on the basis of leadership qualities, communication skills, tribal membership and prestige, and interest in the stories themselves as well as concern for the health and welfare of the community.

Because the facilitators would be setting the tone for the sessions, all participated in training that outlined recruitment, coordination, and the presentation of the sessions. Participants were guided through a process that started with an assessment of their own health and wellness in the first session and went on to creative discussion as to how to create healthy communities in the last session. Facilitators were trained to lead a total of 12 sessions, to provide the traditional story, to lead a discussion of the lessons learned, and to present the curriculum to the group.

A traditional story was presented at the beginning of each talking circle session. A wellness message discussion followed. This wellness message assisted the facilitator in generating a dialogue with participants about the particular session topic. The facilitator then introduced general materials and facts about the topic. The facilitator then proceeded to content-related questions regarding the educational information to let participants process the topic. Incentives (cups, T-shirts, and magnets) were provided to participants for their involvement in the session. Finally, the facilitator closed the session by summarizing the topic of the session and inviting participants to attend the next one.

PREPARATION AND SETTING FOR THE STORYTELLING

Storytelling typically takes place in a relaxed and nonthreatening environment. Customarily, the setting is a quiet place where everyone can comfortably sit. Traditionally, Indians would sit where everyone could see the storyteller so that all have the same opportunity to participate in the storytelling. Often people arrange themselves naturally in a circle or half circle because in a circle "no one is at the head" and all are "the same height." If individuals sit outside the circle, they feel excluded and the story loses its power.

To develop a relaxed environment, a number of considerations had to be addressed, including location and social environment. All the communities in which talking circles were held were rural. Thus, transportation needed to be assessed so that the participants could attend. All talking circles were held in tribal health clinics or in tribal buildings because these were locations accessible to the majority of tribal members. Facilitators coordinated efforts with other organizations to provide transportation, refreshments, and follow-up of health-related issues as requested by participants.

Traditionally, Native storytelling was an event that coincided with tribal community or family gatherings where refreshments were provided. Therefore, the project facilitator worked with the local community and other organizations to see that refreshments were served.

INVOLVEMENT AND INTERACTION OF THE GROUP

Many Native stories guide the way in which tribal members are to interact with one another. To foster respectful interaction between participants, the talking circle members were asked to make agreements as a group in the first talking circle session of the Wellness Project. These agreements would be in effect at every session. Each group was provided with a model of an agreement they could adopt. The groups were asked to include the following in their agreement: "Relationship," "Everything is sacred," "Respect," and "Responsibility." Through these agreements, participants would keep private health issues confidential. They agreed to value the views of others, not to interrupt or talk over each other, and to take responsibility in developing their own wellness. These agreements set the tone to help guide interactions between participants during the 3-month (12-session) period they would be together. In the event of an outside issue or a disagreement that became disruptive, the group could refer back to the initial agreement.

Another way in which the facilitators maintained interaction and dialogue was through the actual presentation of the story. The facilitator was cautioned not to look at the same person all the time during the story's narration. Rather, the stories were directed to all members of the group. The storyteller might ask questions that could be answered by someone who had heard the story. Sometimes a storyteller will emphasize pertinent points to a listener about to make an important decision in life or with some difficulty to resolve. The storyteller was instructed to memorize each story so as to tell it without written aids. In this way, facilitators could be animated, employ fluctuations in voice and tone, and use dramatic pauses to rivet the attention of the participants.

To promote discussion before or after a story, facilitators were provided with short introduction games from the area of cooperative learning. These games were devised to let participants stand and move. After, they could concentrate through an entire talking circle session. If it is difficult to begin the discussion of the story, a facilitator may play a game to get participants moving, then begin the discussion again.

SUMMARY

For centuries, American Indians successfully depended on their own cultural practices to achieve and maintain good health. Storytelling provides a most excellent tool to reclaim values of wellness in tribal communities.

At the turn of the last century (1900), heart disease and cancer were rare among American Indians. Within the past decades, however, these illnesses ceased being rarities and became the leading causes of death for American Indians. Lifestyle plays a major role in the risk factors for heart disease and cancer. As described, we used stories to promote an alteration of lifestyle, to motivate tribal members to once more adopt healthy lifestyles and practices traditionally part of their culture. Native stories are not only entertaining, they provide individuals with a forum for personal introspection. The individual needs this type of introspection to assess, understand, and change his or her behavior. Thus, storytelling becomes a powerful adjunct to health education.

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Biographies

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