Decolonizing to Indigenizing Research:
Building Indigenist Community Partnerships

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Research has just begun to incorporate a more holistic orientation to understanding health and wellness.

Focus on moving beyond “the absence of disease” model of wellness to defining and articulating the social, cultural, spiritual, mental, and more recently, environmental aspects (including geography and place) of well-being and health.

The interconnectedness of the mind, body, and spirit has gained acceptance, particularly in the fields of psychoneuroimmunology, epigenetics, as well as with particular psycho-physiological health outcomes including cardiovascular, inflammation disorders, and neuroendocrine and immune functions.
Indigenist Approaches to Research and Science

- **Preservation of the whole vision**
  
  “Traditional people preserve the whole vision, and scientists generally reduce the experience to its alleged constituent parts and inherent principles. These principles then become orthodoxy and stumbling blocks for future generations.”
  
  -- Vine Deloria

- **Acceptance of intuitive knowledge**
  
  Native science accepts intuitive knowledge and looks for holistic worldviews that integrates it with logically, rationally derived knowledge. Assuming science is non-intuitive or is not informed by ideas outside of contemporary scientific logic diminishes the reality in which science is developed and limits the range of possibilities available to contemporary scientists.

- **Relational approach**
  
  Relational thinking in science shifts the focus from a silo approach to an idea that all things are related. This includes notion that methods are tools… how you relate to them matters.
  
  Accountability to generations not just professional identity

- **Spatial orientation & cognitive flexibility**
  
  Comfort with ambiguity and “revelatory nature of the world”--Knowledge is earned when time is right

- **Knowledge is earned when time is right**
Indigenous Worldviews (continued)

- Experiential learning in place
- Ceremony and reciprocity
- Generosity
- Respect and care for living and deceased
- Settling of wrongdoings:
  - Restitution and restoration
Indigenous Response and Action

- Calls for centering indigenous/cultural worldviews to advance renewal of cultural epistemologies to guide the development of culturally-relevant research and interventions.

- Native communities link liberation and wellness to the reaffirmation, recovery, and growth of indigenous knowledge and practices.

- Recovery and growth of indigenous knowledge and development of innovative research methods not only improves behavioral science, it is also a vital link to improving the health and wellness of all of our communities.
“Research, like schooling, once the tool of colonization and oppression, is very gradually coming to be seen as a potential means to reclaim languages, histories, and knowledge, to find solutions to the negative impacts of colonialism and to give voice to an alternative way of knowing and of being.”

--Linda Tuhiwai Smith (2005)
Integrating Community Principles and Constructs in Research
CBPR Principles: The 8 R’s

- Reflection
- Respect
- Relevance
- Resilience
- Reciprocity
- Responsibility
- Retraditionalization
- Revolution

Building Healthy Partnerships

**Reflection**

True partnerships begin with reflection of the privileged statuses from which most partners operate and the emotionally difficult task of acknowledging the pain of Native communities and developing empathy.

**Respect**

Research partners must value and prioritize indigenous and cultural epistemologies, knowledge, cultural protocols, and healing practices.

**Relevance**

The community should contribute to defining problems and strategies, which should respond to their own self-identified needs and concerns.

**Resilience**

All aspects of the research process must acknowledge the community’s strengths and resilience.
Indigenist Stress-Coping Model

Artist: America Meredith

“to remake oneself”
Building Healthy Partnerships (cont.)

**Reciprocity**
The partnership should be collaborative and mutually respectful, with knowledge exchanged in both directions.

**Responsibility**
Research partners are obliged to enhance community capacity to conduct Indigenous and Western research, to disseminate research findings in culturally meaningful ways, and anticipate their implications.

**Retraditionalization**
Traditional knowledge and methods must be actively integrated into the formulation of the research questions and the process of scientific inquiry.

**Revolution**
Research partners and community members must actively seek to decolonize the research process to transform science as well as themselves, their communities, and the larger society for the betterment of all.
“Traditional” intellectual property = the indigenous cultural information, knowledge, uses, and practices unique to the Tribe’s ways of life maintained and established over tribal homelands and areas since time immemorial. This knowledge is a communal right held by the Tribe.

Examples:
- Details of cultural landscapes and particularly sites of cultural significance
- Records of contemporary events of historical and cultural significance
- Sacred property, including images, sounds, knowledge, material, culture or anything that is deemed sacred by the community;
- Knowledge of current use, previous use, and/or potential use of land,
Examples of Principles of Conduct

- **Principle of Mutual Respect**
  - Research partners must value and prioritize indigenous epistemologies, knowledge, cultural protocols, and healing practices. Indigenous expert knowledge already should be involved throughout the research partnership wherever and whenever appropriate.

- **Principle of Communication**
  - All parties must engage in respectful communication. External partners must respect the expected standards of communication when on or in tribal jurisdiction boundaries commensurate with community expectations and standards. Often differing communication styles—both verbal and nonverbal and all parties agree to address misunderstandings in styles in respectful ways.
How do these traumatic events become embodied in our physical and mental health as well as in our risk behaviors?
Embodiment Debate

- Debate: HT effects are negligible once lifetime rates of abuse are accounted for while others note the epigenetic evidence

- Amassing of evidence at cellular level that powerful stressful environmental conditions can leave an imprint or “mark” on the epigenome (cellular material) that can be carried into future generations with devastating consequences

- Evidence that neurobiological toll of stress on descendant generations’ health…
  - Maternal psychological and nutritional stress during pregnancy can lead to bio changes that predispose offspring to diabetes, CVD, hypertension and PTSD as adults

- Embodiment reminds us we cannot exclude social, historical, or cumulative experiences and impact on wellness—biological and psychological expressions of HT may, in part, produce health disparities in a wide spectrum of outcomes from diabetes to PTSD
## Historical Trauma Analyses controlling for lifetime physical and sexual violence (Longitudinal regressions)

<table>
<thead>
<tr>
<th>Event</th>
<th>PTSD (RE)</th>
<th>PTSD (AV)</th>
<th>PTSD (AR)</th>
<th>CESD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxious</td>
<td></td>
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### 1. Boarding school
- ✓

### 2. Adoption/foster care
- ✓

### 3. Prevention of cultural expression
- ✓

### 4. Exploitation of traditional homeland
- ✓

### 5. BIA relocation program
- ✓ ✓

### 6. Community massacre
- ○ ✓

### 7. Land allotments stolen
- ○

### 8. Medical procedures w/o proper consent
- ✓ ○

### 9. Forcible Relocation
- ○

### 10. Held hostage or experienced combat
- ○

### 11. Prevention of traditional healing
- ✓

### 12. Relative’s artifacts/remains stolen
- ✓ ✓

### 13. Relative’s artifacts/remains desecrated
- ✓ ✓

### Across all types of trauma (average total)
- ○ ✓

PTSD (1) = Re-experiencing symptoms PTSD (2) = Avoidance symptoms PTSD (3) = Arousal symptoms
Results: Substance Use

- After controlling for lifetime physical/sexual trauma exposure and military service history...
  - Greater historical trauma exposure in the great- and great-great-grandparents’ generation was associated with
    - Greater alcohol-related problems in the past year
    - Greater likelihood of using cocaine in the past year
    - Greater likelihood of other stimulant use in the past year
      - e.g., speed, “rush”, Dexadrine, Ritalin, diet pills
Results: Alcohol-related problems

All significant results follow this general pattern where flatter profiles (associated with chronic trauma through the generations) is associated with poorer mental health in the present generation.
Impact of Historical Trauma

- Colonial impact
  - Disruption in our ability to fulfill our original instructions
  - Disruption in our relational ways of being
  - Disruption in our spatial obligations and relationships
  - Break down boundaries: physical, mental, spiritual, land etc.
  - Create systems of dependency on colonial nation state

- Decolonizing Practices: Instructions, Restoration, Transformation
  - Original instructions as our foundation, teachings, and restoration
    - Starting from our OI/ Cha'スポ Ikhvnanchi
  - Relational restoration
    - Repair relational ways of being/boundaries; responsibilities to one another
  - Narrative transformation
    - Where did we learn this? Was this part of our OI or is this HT response?
Walking Slowly and Softly to Address Historical Trauma: Yappalli Project

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It is estimated that 1 out of 3 Choctaw children will have Type II diabetes by 2050.

Over 75% of Choctaws are overweight or obese.

We are in a generation where parents will outlive our children and grandchildren.

Our ancestors did not walk the trail of tears for this to be happening.
Oklahoma Choctaws descend from ancestors who walked and survived the Trail of Tears (1831-1833)

The *Treaty of Dancing Rabbit Creek*, which led to Choctaw removal, stipulated that Choctaws could remain in Mississippi if they relinquished their sovereignty as a People.

Oklahoma Choctaws are the descendants of those who refused this proposal and were willing to risk death (thousands perished) to remain as a People.

Those who survived the arduous journey had a vision for future generations, and their vision most certainly did not include current health conditions.

To complement existing treatment efforts within the Nation and to reconnect and recommit to the ancestral vision of Choctaw health, Choctaw health leaders sought innovative, culturally-based solutions to hasten a return to health.

This effort led to the development of *Yappalli: Choctaw Road to Health* intervention- an experiential, outdoor-based, 12-week health promotion intervention targeting adult Choctaw women at risk for obesity and AOD abuse.
"We as Choctaws rather chose to suffer and be free, than live under the degrading influence of laws, which our voice could not be heard in their formation...I could cheerfully hope, that those [Choctaws] of another age and generation may not feel the effects of those oppressive measures that have been so illiberally dealt out to us; and that peace and happiness may be their reward. Amid the gloom and horrors of the present separation, we are cheered with a hope that ere long we shall reach our destined land, and that nothing short of the basest acts of treachery will ever be able to wrest it from us, and that we may live free."
We have state of art clinics and we have done a great job of telling folks what to NOT do and What to do, but what is needed in between?

Cultural values and OI– change to health promotion focus – strengths and indigenous knowledge

For example, change focus from suicide prevention to teachings about value for life; from substance abuse to how to relate to medicines; from obesity prevention to how do we respect our bodies and relationships, and value our identities

Build also on cultural values related to reciprocity–what can we do to show our love and respect-tend to future generations

Not building just for services, but for human changes in our spirits and sustainable changes in community

Build also on cultural values related to reciprocity– asking ancestors but need to commit –what can we do to show our love and respect-tend to future generations
Understanding ancestral vision/intentions for our health

Translating these visions into health promotion practices for CN and future generations

Transforming relationships to health – bringing in OI and moving from disease model to one of wellness

Transforming relationships to trauma and trail itself-not the drama of the trauma but the love for us

Creating interventions based on core cultural values
Decolonizing research methodologies
Culture central to research
CBPR involved in research process
7 Choctaw women/children/allies/18 total
Experiential, Outdoor behavioral intervention
AODA and obesity prevention
Leadership and health promotion
10-day trail of tears walk
Pre and post interviews/focus groups/ digital stories
Thematic analysis
Qualitative data gathering—many methods
GIS and blogging
Focus Groups and Individual Interviews (pre and post)
Journaling
Digital Storytelling

Participants given pedometers, journals, cameras

Followed curriculum developed for each day along with daily reflections on major themes and Choctaw words to incorporate throughout the trail route (10 days)

13 Choctaw walkers, 5 Native allies, 3 non-Native allies

Of the Choctaw participants:
4 parent-youth pairs
3 raised outside of CN (2 urban/1 rural)
10 were Choctaw women (including one youth)
4 youth ages ranging 12-20
1. aiokpanchi (welcome/gratitude)
2. holitobli (honor)
3. haklo (listening)
4. chuⁿkash aka (humility)
5. vlhtoba (reciprocity)
6. anukchito (confidentiality)
7. Sa-anukfilli (self-reflection)
Importance of experiential – process of hardship / earning knowledge

Transforming the trauma - hope and resilience and LOVE
Laughter as medicine
“I heal others when I keep or make myself healthy”
Deepening responsibility to future generations

Relational healing and Reconnecting - diaspora to family to individual connection to tribe, land, place; body; naming

Narrative Transformations - Choctaw - specific understandings of health emerged -- Shilombish and PTSD
Trail of Tears 1831-1833
Arkansas Post and Grand Prairie
Explore The Trail of Tears
Along the Memphis to Little Rock Military Road
Microaggressions

Returning Suffering to Sacred

Medicines
Laughter as Medicine
Next Steps:
Developing Community Health Leaders

150 Choctaw women from tribal districts (30 per 5 districts)

Health Leadership Model to Facilitate individual and community-level changes

2 month preparation/curriculum before 10-day walk

Ancient iksa to guide health change model and steps toward healing

Naming ceremony and initiation into “societies” for health within all districts

Start with women to restore balance and health-traditional and family oriented
1. What kind of ancestor did my ancestors envision me to be?

2. What kind of ancestor do I want to be?

3. What kind of ancestor do I want or envision future generations to be?
New Parts of Trail
Mentorship
Future Directions Summary

- Moving from adapting to creating interventions from ground up
- Incorporating OI and Relational Restoration
- Healing Disruptions in Relational Ways of Being
- Moving from Services focus to Sustainability in Community focus
- Generating New theories, models, measures, and methods (e.g., Indigenist Stress Coping model)
Our diversity is our strength
Let’s have a giveaway
Let’s be potent
We are the researchers we have been waiting for
Turtle, Turkey, Rabbit Story

- Power and privilege
- Forgiveness and compassion
- Collective action
- Restitution and repair
- Indigenous Knowledges
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