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Health & Place

journal homepage: www.elsevier.com/locate/healthplace

“I’m stronger than I thought”: Native women reconnecting to body, health, and place



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ARTICLE INFO

Article history:

Received 11 September 2015

Received in revised form

9 January 2016

Accepted 1 May 2016

Keywords:

Wilderness

Experiential

Indigenous

American Indian

Historical trauma

ABSTRACT

This community-based research applied principles of wilderness experience programming and Indigenous knowledges in an exploratory intervention designed to address health disparities in a tribal community. Drawing on historical trauma frameworks, tribal members rewalked the Trail of Tears to consider its effect on contemporary tribal health. Qualitative data from tribal members suggest that engagement with place and experiential learning, particularly the physical and emotional challenge of the Trail, facilitated changes in health beliefs, attitudes, and behaviors. Deep engagement outside of traditional health service settings should be considered in interventions and may be particularly effective in promoting positive health behaviors in Native communities.

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Making connections between historically anchored traumatic events and current health inequities among American Indians and Alaska Natives (AIAN) has launched innovative research among AIAN communities and researchers. Historical trauma, a collective and cumulative intergenerational wounding resulting from traumatic events targeting a community (e. g., forced removal from homelands), has been posited by Native communities, health practitioners and researchers to have pernicious effects that may persist across generations through a myriad of mechanisms from biological to behavioral and from cell to society (Chae and Walters, 2009; Evans–Campbell, 2008; Walters et al., 2011a, 2011b). Indian removal from the Southeast through a sustained policy of forced removal and relocation had devastating impacts on the tribes involved and is now commonly referred to as the Trail of Tears. Choctaws of the Southeast were the first of the Five Civilized Tribes to be moved under the Indian Removal Act of 1830.¹ This

forced migration covered approximately 500 miles and took place in three waves (1831 – 1833). Perilous conditions on the Trail resulted from poor planning, inadequate supplies and funding, and harsh winter weather, leading to cholera, starvation, and death and decimation of the Tribe. More than 12,500 were removed from the Southeast with an estimated death toll ranging from 2500–6000 (Akers, 2004; DeRosier, 1970; Foreman, 1932; Wright, 1928). Recently, Native scholars have theorized the Trail of Tears as a major factor influencing enduring health issues in the lives of tribal members of those Nations affected by the Indian removal policy of the 1830s.

The *Treaty of Dancing Rabbit Creek*² stipulated that Choctaws could remain in Mississippi if they relinquished their sovereignty. Oklahoma Choctaws are the descendants of those willing to risk death through removal to remain as a sovereign People. Those who survived the arduous journey had a vision of health for future

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¹ The Indian Removal Act, signed into law by President Andrew Jackson on May 28, 1830, authorized the president to grant unsettled lands west of the Mississippi in exchange for Indian lands within existing state borders. The Act opened land inhabited by the Tribes in the Southeast to non-Indian settlement; many Tribes resisted this relocation policy but many also were forcibly relocated.

² The Treaty of Dancing Rabbit Creek was signed in 1830 between the Choctaw and United States governments. It was the first removal treaty under the Indian Removal Act and mandated that the Choctaw cede 11 million acres of tribal land and move to “Indian Territory”, now known as the state of Oklahoma, in exchange for keeping their status as a sovereign nation. The Choctaw who remained in Mississippi would be recognized as US citizens. This was the last major land cessation treaty signed by the Choctaw.

generations.³ To complement existing treatment efforts within the Choctaw Nation and to reconnect and recommit to an ancestral vision of health, Choctaw health leaders sought innovative, culturally-based solutions for health promotion and prevention efforts. This led to re-walking a portion of the Trail of Tears in 2012. Named Yappalli, a Choctaw word meaning to walk slowly and softly (Meshaya and Stroud, personal communication, 2012), this project emphasized experiential learning, personal challenges, and engagement with place to develop a culturally-grounded Choctaw health promotion model. Connected to similar initiatives across Indian country that aim to remember place-specific historically traumatic events in order to shape a better future,⁴ Yappalli retraced one of the southern 1831 removal routes (via Arkansas Post through Roc Roe to North Little Rock and then south and east into Eagletown, Oklahoma). The purpose of this paper is to examine how the outdoor, experiential aspects of walking the Trail can be understood in relation to wilderness experience programming (WEP) and culturally-specific health intervention designs.

1. Historical trauma and contemporary health

Researchers have examined how historically traumatic events affect the magnitude and distribution of health inequities within Native communities (Evans-Campbell, 2008; Walls and Whitbeck, 2012; Walters et al., 2011b). Scholarship on historical trauma focuses on traumatic events as causal agents for health disparities or as mechanisms for transmitting trauma, and historical trauma responses (e. g. high rates of AOD abuse, depression, anxiety, chronic preventable diseases) as health outcomes (Walters et al., 2011b). The study of embodiment seeks to identify the ways that social experience is physically integrated into the body and expressed (Krieger, 2005). Walters et al., (2011b), draw on embodiment in their examination of the ways in which historical trauma can be passed intergenerationally, suggesting social and biological mechanisms for explaining how an event like the Trail of Tears may continue to impact Choctaw wellness. Potential mechanisms for the transmission of historical trauma include cultural disruption to family, language, or spiritual practices, physical harm from changes in diet or sanctioned physical activity (e. g. walking, hunting, gathering, etc.), or epigenetic or neurobiological transmission of trauma (Yehuda, et al., 2005; Yehuda and Bierer, 2009). Despite historical, catastrophic upheaval brought on in part by removal policies, Choctaws of Oklahoma have prospered economically, building successful tribal infrastructure and social service programs.

2. Indigenous knowledges

Traditional ecological knowledge (TEK) emphasizes the interrelatedness of all creation; humans, animals, plants, the land and cosmos are all part of an intricately connected web of relationships

³ George Harkins, a Choctaw Chief during removal was quoted in an 1832 newspaper article, "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 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." (Harkins, 1995)

⁴ Many tribal nations that have experienced historically traumatic events create and participate in annual or regular memorial events. These events are described as healing or ceremonial as tribal members remember their ancestors and make offerings of physical struggle, time, energy, and resources as spiritual obligation to care for their tribes and future generations. For examples, see Dakota Commemorative March, Sand Creek Massacre Spiritual Healing Run and Walk, Yavapai-Apache Exodus Spiritual Run, or Navajo Journey for Existence.

(Pierotti and Wildcat, 2000). Though the notion of the "web of life" is part of many Native spiritual belief systems, Pierotti and Wildcat (2000) write that, much like physiological and biochemical science principles, "TEK is a practical recognition of the fact that all living things are literally connected to one another" (p. 1336). Acknowledging the interrelatedness of all things, TEK provides foundational knowledge for how to care for one's self, family, community, and the planet. Disruption to any aspect of the web essentially affects all other connected parts including biological, psychological, social, spiritual and cosmological systems.

Indigenous knowledges are imbued with a fundamental principle that nature and all beings have a purpose and relationship to each other (Cajete, 1994; Walters et al., 2011a; Wilson, 2003). Knowledge acquisition emphasizes participation and experiential learning within these relationships. Native science has been described as a metaphor for processes of "coming to know" that emphasize active engagement; "To gain a sense of Native science one must *participate* with the natural world" (Cajete, 2000, p. 2). Indigenous worldviews are rooted in "the experiential realm of human existence" (Wildcat, 2005, p. 435) and emerge from observation and interaction with biological and social environments (Getty, 2010). Incorporating a relational worldview in health interventions with a focus on observational and experiential learning suggest that a culturally-specific pathway to health is facilitated by getting out into the natural world. As original tribal practices may have been interrupted by historically traumatic events, revisiting tribally specific historically and culturally significant environments and places may provide powerful new insights to create innovative responses to contemporary health problems that are grounded in original cultural practices of place.

3. Indigenous place

For Indigenous peoples, the concept of place is deeply rooted in a profound relationship with the land; particularly original tribal lands that are part of ancestral knowledge, cultural memory and historical significance.⁵ This is in contrast to wilderness education or therapy programs that may be rooted in connecting with the outdoors in general, but are not tied to a specific place or history. Indigenous scholars suggest that the most effective space to share cultural knowledge is in the place in which that culture developed (Cajete, 1994; Lowan, 2009; Simpson, 2002). For Native people, engaging with the natural environment and gaining knowledge through observation, interaction and experience in places of historical and spiritual significance may be one way of reconnecting to traditional health knowledge and integrating this knowledge into new approaches to health promotion.

4. Wilderness experience programming

Programs utilizing experiential learning in natural environments are not unique to Indigenous communities. Miles and Priest (1999) describe four groups into which these programs can be categorized: recreational, educational, developmental or therapeutic. Friese et al. (1998) summarized over 700 wilderness experience programs in the United States and described three categories of intended outcomes: healing, education, and personal growth. Within WEP, treatment modalities based on outdoor experiences, experiential learning and adventure-based components

⁵ The vital importance of place in Indigenous worldviews and knowledge is a vast and rich literature and is explored more thoroughly in other works (Cajete, 2000; Deloria, 1994; LaDuke, 1999; Walters et al., 2011a).

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