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COMMENTARY

Learning How to Ask: Reflections on Engaging American Indian Research Participants

**FELICIA SCHANCHE HODGE, SALLY MALISKI,
MARY CADOGAN, TRACY L. ITTY, AND BRIANA CARDOZA**

INTRODUCTION

I grew up in a family of storytellers. We were poor and lived in an isolated area in Northern California. As the youngest child of a large family, I grew up listening to my mother's stories. We would walk the long lonely trails through the giant redwoods of the coast, her whispers and low voice echoing through the madrone, fern, and colorful flags. My imagination would soar, reliving the tales of the bobcat sightings along the trail, of forty-pound salmon caught in the Eel River, and of deer stalked and brought down by a single shot. The wind would catch my skirt as I ran ahead, hoping to seize the white "puff"

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of the make-a-wish weed. During these hours, I learned of my place in this world—where the Wailaki people came from, and how generations of uncles, brothers, and sisters were placed in the Federal Indian Boarding School. I learned how they survived and, thus I learned how to survive. I also became skilled at techniques to keep the stories alive, to keep the richness of the past vibrant. I learned how to ask—at the right time, a soft tone, a word, a glance, a murmur—so the tale would continue.

Communication patterns and explanatory processes are culturally specific and not often compatible with research data-gathering approaches. Particularly in areas of medical research and health and health-care behavioral research, indigenous educators and researchers note their frustration when Western paradigms, academic traditions, and medical protocols and terminology are forced upon minority populations.¹ Further, Linda Tuhiwai Smith points out that the term *research* is inextricably linked to European imperialism and colonialism.² Questioning the Western model of ethical inquiry, Denzin points out that the refusal to label indigenous peoples as subjects for the investigative methods of others is at the center of indigenous research.³ Further, it is recommended that researchers show respect by either demonstrating that they are listening, and to be careful and humble as well.⁴

This commentary shares the research experience of behavioral health Native researchers, describes processes, and recommends directions for Native and non-Native researchers in planning for and implementing research that gathers and analyzes stories from Native research participants. Detailed illustrations and processes can serve as a map for others to consider. The use of “standard” questions, scales, tools, and approaches that are not culturally sensitive or culturally appropriate can result in inaccurate and incomplete information. Questionnaires use predetermined questions that restrict the scope of the inquiry.⁵ Interviews are subject to researcher bias. Scales are often not culturally appropriate.⁶ For instance, although the Minnesota Multiphasic Personality Inventory (MMPI) is one of the most frequently used personality tests in mental health, it is not recommended for American Indian populations. The MMPI contains questions regarding visions, voices, and other examples of beliefs, experiences, and explanations that are common in American Indian cultures, but indicative of mental illness in the Western paradigm, thus resulting in reporting and interpretation errors. Because of historical trauma; social and economic conditions; and differing cultural values and beliefs, MMPI scores may reflect erroneous results.⁷ Researchers should seriously consider their interpretive points of reference, which may be influenced by dominant cultural beliefs and divergent worldviews.

Researchers working in indigenous populations are seeking better data-collection tools and methods that would provide the information (data) they desire and that would circumvent the biases and influences reported in traditional interviewing.⁸ One way of engaging American Indians in research is through the elicitation of stories. Storytelling is a long-held traditional practice employed by American Indians to impart educational and historical

information as well as for entertainment.⁹ Stories are an often overlooked source of data, and this method of communication can be an important source of understanding lived experiences and can serve as a better measure of such constructs as quality of life, illness beliefs, and barriers to better health care. For researchers working among American Indian communities, storytelling is becoming an important tool to collect data on topics for which we know very little, particularly with regard to areas in which Western approaches have failed.

For many ethnic groups, especially among American Indian populations, communication patterns and explanatory processes are culturally specific and not well understood by Western researchers. Even the form that stories take may be different among various cultural groups. Some groups use storytelling for entertainment, employing a skilled teller of myths and stories in order to entrance and entertain listeners. Other groups use storytellers as historians and educators to keep the past alive and to offer lessons. Still others employ storytelling as an explanatory process by which to memorialize or give explanation about important events. Given the opportunity to engage in a communication style that is comfortable, understandable, and culturally appropriate for American Indians, the researcher interested in learning more about American Indians may find that respondents participate fully and more openly during storytelling. Therefore, based upon knowledge gained by many years of research with American Indian populations, our reflections of successful approaches to engaging American Indian research participants are discussed in order to assist other researchers in working sensitively with American Indians.

UNDERSTANDING THE COMMUNICATION PROCESS

The communication process of eliciting, hearing, and appropriately responding to stories as a research data-gathering tool allows the researcher to gather rich data from which useful insights can be gained. This process can be described as follows.

Agreement on the Topic

The researcher and the respondent must agree on the topic for the storyteller. This topic must be clear and about material for which the respondent has adequate information or experience. In addition, the agreement may require extended family or tribal/community approval if it encroaches on topics of a sensitive or taboo nature. For example, information that is held sacred to the tribe/community, or that is harmful to members if disclosed, must undergo consideration and may require additional levels of approval from the individual, tribe, or community.

Agreement on the Storyteller

The identification of the respondent, or the storyteller, is a critical step in the process of storytelling. Some individuals are more “natural” orators than

others. Also, some storytellers have more experience or knowledge than others. Identifying a “good” storyteller has the potential of reaping a wealth of information and data (much like a key informant with important ties in his or her community); selection of a “poor” storyteller may result in little or no data. The researcher should discern who would be considered the best or most respected storyteller(s) for that subject group by asking several key figures in the community.

Telling the Story

The respondent often tells a story from an individual perspective, selecting the areas of emphasis and identifying the important variables from his or her point of view. The process does not include structuring the storytelling, nor does it include guiding the process in a linear manner toward some outcome measure, as with many Western stories. The story is often told in a circular pattern—as if traveling along a map and coming back to the start where one emphasizes the “lesson learned,” the point of the story, or the most important aspects of the story. Audience members may quietly come and go as needed, without interruption of the storyteller.

How to Ask Questions

The researcher has an important role in the storytelling process—one of enabler and facilitator. The researcher must learn to ask the questions, at the right time, in the right tone, with words that encourage the continuance of the story. For instance, the researcher may say to a respondent, “Could you say a few words about your illness, so that we could better understand it?” The researcher should never challenge the storyteller, interrupt continually, or argue with the flow of the story being told. For instance, the research should not state, “You never did talk about your illness—you have talked about everything else but your illness!” Instead, the researcher could ask for clarification with specific points of the story, or ask that the storyteller repeat an area, as it may ensure that elaboration of the story would take place. It is important for the researcher to listen carefully and see if the respondent is finished speaking before asking questions, as American Indian speakers may naturally speak slowly with frequent pauses. Because the researcher’s tone of voice may affect how the respondent reacts, the researcher’s voice must be consistently warm and clear. Using respectful language is critical. The researcher may better engage the storyteller by using encouraging glances, a slight smile, and a slight nod of the head.

Opportunities to Ask Questions

The questions are generally asked when the storyteller allows, encourages, and acknowledges the questions. The researcher must actively listen and be aware of these opportunities so that the questions can be asked and answered. The researcher may be the audience, along with family, friends, and community

members who may also be present, depending on the situation or story topic. Questions from these other groups may help the storyteller to elaborate on the story points.

Amount of Shared Information

The storyteller has the freedom and opportunity to control the amount and types of information divulged. For American Indian storytellers, time limits are not typically established and the story content is not restricted, which differs from Western expectations of how stories are told. Interruptions and distractions should be kept to a minimum. The researcher must take care not to press the storyteller into subject areas that appear to make the respondent too uncomfortable, as he or she may cease the sharing of additional information.

The value of the approach illustrated above rests in the purported outcome: to allow for the natural development of the story because this permits rich, in-depth information to be collected (recorded) and analyzed. The need for more information then guides the researcher to engage additional storytellers until the topic is saturated. One session or one storyteller may not be sufficient to gather the research data needed. Storytelling continues until saturated, when the data appears to be repeated with no new information, or until data is elicited from the stories.

The process of storytelling can be very meaningful and relevant to the experience of many American Indians diagnosed with a chronic illness such as cancer or diabetes. The opportunity to tell others about an illness experience through narratives about symptoms experienced, seeking care, obtaining treatment, and engaging the provider to listen to the body, mind, and spirit (all of these events lend themselves to storytelling) enables the storyteller to draw out an oral “map.” The story also gives the patient increased insight and understanding into his or her experience. It can provide an opportunity to the patient to attach a sense of meaning to the illness by telling the story and listening to others share their advice or their experiences. For example, through detailing a difficult bout with chemotherapy to a friend, the patient may come to believe the experience took place in order to allow personal or spiritual growth. The facts can be displayed, considered, observed, examined, and contemplated. The events can be told, retold, rebuilt, reexamined, and perhaps accepted. Decisions can be contemplated.

Sharing can occur back and forth between the storyteller and the audience, particularly in stories about illness. The audience is often given an opportunity to share, give advice, and learn important facts about symptoms, the management of illness, and the disease process. Through stories, the audience can learn of the process of engaging the health-care provider, how to communicate better, and how to understand the need for seeking out appropriate and timely care, all common barriers to health care for American Indians. Lessons can also be relayed about taboos, what—culturally—should not be discussed, and why events are believed to have happened. Lessons from stories are meant to educate; however, they can also serve as entertainment.

Laughter is not an uncommon reaction to stories, and tears are often also observed. By eliciting and listening to these stories, the researcher gains an understanding of meaningful and important aspects of health and illness among American Indians.

Although the content may differ, stories frequently have common elements that incorporate the identity and cultural expectations of the storyteller and the storyteller's community. The beginning of a story is often a self-introduction by the storyteller and how he or she came to know about the topic, thus setting the stage for the rest of the tale. To illustrate this point, the following narratives from American Indian cancer patients participating in a cancer-symptom management study provide rich examples of story beginnings the researcher may expect to hear from American Indian respondents.¹⁰

Introductions at the beginning of a story are important as they provide information on the narrator and place the storyteller within the context of the community, tribe, and the culture.

I am originally from Farmington on the Navajo reservation. I moved to Texas and then back to Mesa, Arizona mainly to get better health care. I got my kids into grade school here, and then I started to come to this hospital for treatment.

Although I am originally from the Navajo Rez, where my folks are, I have moved around a lot.

Another young man introduced his story by identifying his tribe, residence, and family, and he provided an explanation for his early absence from the reservation:

I am Navajo. But I live in (a different reservation). I used to be married to a (tribe name, used to refer to spouse's tribe) but you know they (my tribe and my spouse's tribe) just don't get along. Their love fades away. But I've been pretty smart, pretty fortunate in my days. I was up in Flagstaff. I was raised in California when I was five. My mom used to be a waitress in a little town, but the people who owned the restaurant decided to sell and to move back to California. I was only five years old, didn't speak English, didn't know anything, all of a sudden a car pulls up and I knew the lady because I'd go to the restaurant to get soda or hamburger, and they just took me—I mean where am I going. I started crying, there was a big ole rope laying there. That rope just dragged behind me, I just didn't know where I was going. After about a year . . . I lived with them about a year—over a year, somewhere I quit speaking Navajo, quit thinking Navajo, speaking English fluently.

The body of the story narrated by the storyteller can contain examples, questions, descriptors, and important constructs. The story also may circle around to the introduction again. The young man above continues his story to identify his explanation, or etiology, of his cancer diagnosis:

I used to rodeo quite a bit. I had a scholarship for rodeo. All the beatings I took when I ride—I thought it was that catching up with me. I was in so much pain. I am afraid of heights but from there to here they flew me in a chopper. I was over at (hospital) for about five weeks. Man, I just lost a lot of weight when I got out of there; I think I weighed 112 pounds.

Another storyteller narrates:

I decided I have to fight it (the cancer). After that I started praying. I never prayed so hard in my life—never. I would go to the closet and pray and pray. I don't know how long it took me, maybe a month praying day and night. I dreamed that a miracle happened and then the cancer was taken out, in my dream.

These narrations include information about the respondents' attitudes toward the illness and actions taken to seek treatment. This is valuable information for the researcher to capture. It is important to note that this content is discussed only after the respondent's identity and culture are shared by way of introduction, and that the disease and symptom information never ends the story. As illustrated in the following examples, the story ends with reference to the medicine man, a strong cultural reference. This story illustrates the known reluctance of American Indians to respond to the Western approach of a long string of direct questions about a diagnosis and symptoms without self-introduction or culturally appropriate closure.

Often the end of an American Indian respondent's story generally leads to a conclusion, results in a lesson learned, or allows for future resumption of the story:

I talk with a lot of ladies who go through the same thing and I tell them it has to be you that makes yourself strong. You have to think positive. I try to talk to them. Some I guess they listen and some don't.

I guess my mom didn't really agree, me talking like that, because us Native Americans they say we are not suppose to talk like that, say things that life will end.

Another storyteller ended his narration as follows:

Well, our medicine man gets his medicine from herbs. We're losing our culture, our traditions. Kids nowadays are out listening to stupid music and watching whatever they watch—they have no respect for their families. Well, first you have to have respect for yourself before you have respect for anybody else. That's the way I taught my kids and now they have good jobs and they have a head on their shoulders, and

I am proud of them. I used to brag about them and the (tribe), but you don't brag about your kids because it's a bad omen or somebody's going to do something.

This ending allows for the future resumption of the story and may be pertinent to the experiences of others with similar health issues. It provides valuable information to the researcher about appropriate American Indian behaviors and attitudes (that is, it is not right to brag), illness beliefs, taboos, and the importance of respect.

By way of circular storytelling, with a self-introduction, body, and culturally appropriate ending, the storyteller has the time to develop the story, in his or her own time, in his or her own words. To a researcher looking for sound bites or facts, this indirect, cyclical method can require more patience and time in the field. However, allowing and encouraging the storyteller to share a whole story will bring the topic of interest into a clearer context for the researcher. The story may be told in "chapters" or stages. A good comfort level will allow for the story to develop. The researcher can engage the storyteller by a slight nod, a quiet glance, or a small shifting of the body. Loud remarks or noises serve as major disruptions, particularly in American Indian communities.

SELECTING AND ENGAGING THE STORYTELLER

The storyteller's selection is an important step in the data-collection process. Much like a key informant, the storyteller has information that he or she can contribute to the research study. The steps to identify and recruit the storyteller into the study are to

- Seek out recommended "key informants" who would "tell their story" about the topic associated with the research. For instance, if the research topic were cancer-screening knowledge and practice, the researcher would recruit (perhaps through flyers and word of mouth) individuals who have experience as a cancer patient or survivor, or one who has participated in cancer screening.
- Seek out individuals who are comfortable talking and agreeable to participating in the study.
- Select more than one storyteller so that a broad range of information is gathered. Often one storyteller does not fully explain the cultural constructs of a topic like cancer or can speak only to the experience of a male or female cancer patient or survivor, or of a younger or elder patient.
- Obtain validation that the proposed storyteller is a member of the tribe or community from representatives of the tribe or community in which the individual resides. The process to follow is one of identification and validation in the recruitment process so that the selected storyteller is one who is from the community, is a member of a tribe, and would be willing to narrate the story of his or her experiences or beliefs. Without these

three criteria, the study may end up with individuals who are not who they purport to represent—and thus the study is flawed. Care must be taken to select the storyteller who can meet the study's criteria, has a story to tell, and would be willing to take the time to share the story.

The experience of storytelling is as important to the storyteller as it is to the audience. The process is one of give and take. The storyteller needs a respectful listener to hear the story—and the audience looks to the storyteller to provide the story. Stories use metaphors and illustrations to chart the explanatory process. The storytelling process can be much like following an atlas. Storytellers often roam around a “map” as they describe a situation, using examples and colorful descriptors to tell their story. To the untrained ear, the story may sound unfocused and certain comments may at first appear irrelevant, but to the storyteller, every part of the story is important. Patience allows for the storyteller to make stops along the way in order to provide examples, describe situations, or explain perceptions.

CHOOSING THE SETTING

The setting for storytelling is an important step in the process. Location adds to the ambiance, and it can set the stage for enriched storytelling. The storyteller and the audience must be in a location that is comfortable and familiar. Respondents who are placed in an uncomfortable or unfamiliar location may freeze and not be able to tell their story fully. The storyteller may not elaborate in a place perceived as foreign or cold. American Indian storytellers may say that the eyes must have a sense of place, the nose must find familiarity, and the senses must be grounded so that the story can be told. Storytelling relies on the cultural constructs of illness and events, which may feel personal or private to the respondent; therefore placing the respondent in a comfortable location is very important.

As a rule, storytellers will let the researcher know when they can meet, where they can meet, and other details of the meeting. If other researchers, family members, or individuals are to be in the audience, this information needs to be relayed to the storyteller for approval and in order to assure comfort. Guests and other members of the audience may introduce themselves, saying a few words about who they are and about their clan, tribe, or community. Patients may identify themselves (for example, as a cancer survivor), and researchers must be forthright with information regarding to their role in the research, study, or project.

THE RESEARCHER'S ROLE

As mentioned previously, the role of the researcher in the storytelling process is to be an enabler. The researcher provides the resources, guidance, and opportunity for the respondent to tell the story. The researcher has to engage the storyteller; he or she cannot influence the respondent's narrative. The researcher's role is not to obtain information to questions developed

and structured by collaborators. Instead, the researcher should provide the opportunity for the storyteller to engage, narrate at his or her own pace, and enter into myths and fables, jumping from past to present as descriptors of the world and the wonder of life are considered. The researcher sets the stage for the story to develop, so that important information can be harvested.

Particularly when working among American Indians, or other minority ethnic groups, the role of the researcher must not fall into the categories of enforcer, manipulator, or controller. The source of the storytelling is derived from the perspective of the respondent, not the researcher. Although the researcher can identify the research topic broadly (for example, the experience of cancer), the storyteller tells the story in the manner and pace of his or her choosing. The interviewer does not affect the respondent's perception of the question or answer; he or she simply allows the story to be told.

Body Language

The interaction between the storyteller and the researcher is not void of communication. Interactions between people can be verbal or nonverbal. Communication may proceed in many languages. Body language is one language that speaks volumes in American Indian communities. The researcher must stay alert and act accordingly so as not to appear bored, confused, sleepy, or distracted. Additionally, it is equally important that the researcher does not come across as powerful or authoritative.

A Glance or a Pause

Storytellers often provide opportunities for questions and comments. A pause during the story may be brief (do not interrupt) or it may be protracted (an opportunity to ask a question). The storyteller will generally recognize the questioner with a glance or a nod. If not, the question is ignored and the storyteller will go on with the story.

Nonverbal cues or movement of the body are important for the researcher to recognize in order to be engaged fully in the storytelling process; by actively listening and picking up on these cues, the researcher will know how and when to ask the questions.

How to Ask a Question

A question should be asked gently, softly, and with respect, regardless of relationship to the storyteller; a close family member or the researcher should behave similarly. The question should follow the course of the story, so that it does not disrupt the flow. The question cannot be challenging or full of research terminology that is outside of the understanding of the storyteller. A question may begin with "how does that work" or "can you explain." The question should never begin with "I disagree" or "I don't see how that can be."

How to Extend the Questioning

Often, a listener may extend the questioning by asking, “Can I continue to ask you...?” or “Can I ask you another question?” A respectful request can be met with an answer or a request to continue until the next opportunity for a pause in the story. Audience members should not overwhelm the storyteller with questions and should be considerate of other audience members.

In order to encourage the flow of information, the researcher must “feel the tale.” The researcher must possess or build a rapport with the storyteller, usually through trust and time. The researcher must be familiar enough with the storyteller’s perspective or background to be able to follow the story so that information can be identified as potential data sources. The researcher must understand that the respondent’s story may go in circles, but the story almost always returns to the main topic. Examples given along the way provide the descriptors for the data collectors. For instance, the story may describe how an “auntie” healed her headache, which was on the side of her head and painful like “lightning and thunder bolts.” Her headaches were daily and were experienced by all her sisters. The storyteller always got these early in the morning during the spring—so her tribe’s healing ceremonies began before the spring season. These examples provide the measures (pain), variables (when, severity, site, and other relatives), and context (seasonal) for the data.

Encouraging the flow of information takes much skill from the researcher. Probing during pauses in the story, just as a researcher might do during an interview, are critical moments to ask guiding questions and encourage the storyteller to expand upon the story, rather than shut down. Consider the following two scenarios:

Scenario #1:

Storyteller: “My mother passed on—cancer. We did not know that she died of cancer. We didn’t talk about it. She didn’t tell us.”

Researcher: “Oh my God, how awful. You must have felt terrible.”

Storyteller: “We miss her.”

Researcher: (Shaking of the head).

Now consider the following scenario in which the researcher follows the process suggested:

Scenario #2

Storyteller: “My mother passed on—cancer. We did not know that she died of cancer. We didn’t talk about it. She didn’t tell us.”

Researcher: “Hmmm.”

Storyteller: “She was a strong woman. She raised eight children and always had that pot of beans on the stove.”

Researcher: (Nodding of head).

Storyteller: “Yes, we miss her.”

Researcher: “Tell me about her.”

Although the storyteller provided initial information about his or her mother, in the first scenario the story was cut short by the researcher, who reacted in a shocked, emotional manner. This response stifled the storyteller, essentially cutting off the tale. In the second scenario, the researcher encouraged the flow of information by a soft murmur and a nod of the head. The researcher enabling the storyteller to continue conveys a nonverbal interaction, which can be described as a prompt. This encouragement is often used by researchers in many situations and may be used in many cultures, including American Indian culture. Nonverbal cues, such as body language (for example, nodding of the head, a smile, or a leading into the storyteller) can be important aspects of the data-collection process. By encouraging the flow of information as shown in the second scenario, the researcher obtains additional information about the mother, such as that she raised eight children, was strong, and always cooked beans. Additional information was allowed to flow with gentle encouragement.

Recommended steps to respond to the storyteller include using echoing techniques and/or questions to help the teller to elaborate or to move on. In order for the researcher to realize the goal to complete the interview or to saturate the data, the researcher can repeat (or echo) the teller's main points ("hmm, eight children"). Guiding the storytelling narrative by asking questions or otherwise encouraging responses furthers the dialogue.

DATA ANALYSIS OF NARRATIVE STORIES

The process we took for analyzing data obtained from the aforementioned narrative stories from American Indian cancer patients, survivors, and family members about their experiences followed the grounded theory methodology.¹¹ Audiotaping and researcher notes recorded the words and the observations during each storytelling event. Transcriptions of the audiotapes were merged with the research notes, which were used to clarify, emphasize, or make note of an event, interruption, or change in the storyteller's demeanor. These transcriptions and notes were examined to discover emerging themes. The themes are grounded in the words of the storyteller, which required validation of cultural meanings and definitions. It is recommended that at each stage of data analysis, during the process of examining notes, "memoing," and identifying themes, that the interpretation of the data undergoes validation by inviting the storyteller to review the memos and emerging themes for corroboration. Preselected or forced category classifications were not used because it was thought that this might introduce researcher bias. Rather, the analysis followed the words and the meanings of the storyteller, categorizing concepts into themes that hold an explanatory value. The data is used to illustrate emerging themes and concepts about the American Indian cancer experience, and the result is one or more concepts that hold a theme together, explaining the process or the experience told by the storyteller. As similar words and concepts were grouped together, notes were used to explain the concepts and themes further, and these themes underwent an additional validation. Obtaining permission to publish the results of the study is often

necessary, either by submitting a request to the tribal council, health advisory committee, tribal Institutional Review Board Protection for Human Subjects committee, and/or the storyteller.

EMPLOYING AMERICAN INDIAN STORIES AS INDIGENOUS METHODS, PROCESSES, AND COMMUNICATION

Employing storytelling to gather research data helps to build trust, expands the opportunity for participatory research, and utilizes an acceptable indigenous method in the process of research. Several reports of research misuse and abuse have created distrust of researchers in American Indian communities.¹² The use of narrative stories may help to counteract this, as storytelling is a traditional and culturally acceptable approach to learning and communication. Participation in storytelling is an honorable occasion, one in which the process of storytelling encourages the engagement of key informants. Stories are the vehicles for indigenous epistemologies and are referred to as “indigenous knowledge.” This knowledge is not only used as a communication method but can be a rich source of data for explanatory processes that serve to illustrate, define, and explain the experience and view of the research participant.

The opportunity for researchers to understand better the American Indian constructs of etiology, treatment expectations, and experiences formed by the storyteller’s words places the storyteller and the researcher in a unique situation. The storyteller is in control of the research process, in terms of areas of exploration, value of the terms or explanations offered, and the process of imparting information. The researcher has an obligation to report on the study findings in order to present worldviews, illness beliefs, domain structures, and the meanings of cultural practices that are not always obvious in the narrative. It is critical that the researcher understands and reports on the process and the information that has been provided within the unique social and historical contexts of these populations. For the storyteller tells more than just a story—the storyteller reports on the lived experiences, history, perceptions, and worldviews of a unique group of people.

Although the scope of the study reported upon in this publication focused on Southwest populations, it is our hope that some of the general processes of storytelling described in this commentary can be extrapolated and applied in other situations. More recent works on research in American Indian populations have been written and further explore the need for research that is culturally appropriate. A forward movement to explore and incorporate research methods that can capture the “lived experiences” of Native groups exists, and these methods may need to be revised based upon tribe, region, or country. Jo-Ann Archibald’s and Shawn Wilson’s work on storytelling as teaching tools and as ceremony prompts one to consider this indigenous knowledge as integral aspects of one’s life experiences.¹³ It is hoped that the details, recommendations, and examples given in this commentary can be of value to other researchers nationwide.

NOTES

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