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Indigenous Women and Traditional Paths to Healing

Lisa Mariano-Grise

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INDIGENOUS WOMEN AND TRADITIONAL PATHS TO HEALING

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Lisa Mariano-Grise

May 2023

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ABSTRACT

This study explored Indigenous women's perspectives about and applications of Traditional healing practices. As Indigenous women experience a disproportionate amount of trauma compared to other populations, this study sought to understand the preferred methods of healing among Indigenous women. Taking a qualitative approach, this study involved semi-structured interviews with five Indigenous women in California (N=5). Results from thematic analysis yielded five different themes: 1) Indigenous women use a variety of Traditional ceremonies and practices for healing, 2) Loss and grief are some of the motivational factors for Indigenous women to pursue healing through Traditional means, 3) Collective healing is important to Indigenous women, 4) Indigenous women sometimes use Western healing practices alongside their preferred Traditional healing methods, 5) Traditional healing ceremonies are passed on generationally. The implications of these findings for theory, research, and social work practice are discussed.

Keywords: Indigenous women, Traditional healing practices, qualitative research, thematic analysis, social work practice

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CHAPTER ONE: INTRODUCTION

Introduction

This research project examines the role of Traditional practices and ceremonies in healing for Indigenous women. Chapter 1 begins with the research statement focusing on the disproportionality of trauma among Indigenous women, the essential healing contributions of ceremonial and Traditional practices, and the importance of this topic. The research is viewed through the lens of the Constructivist paradigm. The theoretical orientations explored are empowerment theory, person-in environment theory, and the theory of Maslow's hierarchy of needs. The potential contributions this research has on how social workers interact within Tribal communities and the potential for macro policy changes to recognize and include Indigenous healing practices is described in its own section. This chapter concludes with a literature review which explores the prevalence of injury among Indigenous women, differences in worldviews and approaches to trauma and healing, and the essential role of Traditional, Indigenous healing practices.

Research Statement

This study is a constructivist examination of the role of Traditional practices and ceremonies that Indigenous women apply in the healing of trauma.

This can be on an individual and collective basis, as the focus of Indigenous communities is on interconnectedness, where healing effects are not limited to present day but are applicable to ancestral and future generations. This study will be driven by research participants' definitions of healing, Traditional practices, ceremonies, and wellness. This research statement is important because the exploration can strengthen social work skills which are transferable to any of the populations worked with. Morris (2013) suggests that social workers do their clients a disservice by not discussing their spirituality or religion as a resource for them. This study seeks to witness and honor Traditional healing ways and the wisdom and strength of Indigenous women.

This project invited the research participants to define and describe what wellness (in addition to healing and Traditional practices and ceremonies) looks like. In the National Association of Social Workers (NASW) Code of Ethics, the preamble recognizes that social workers are committed to enhancing peoples' and communities' sense of well-being (NASW, 2017). The NASW Ethical Standards assert that social workers promote self-determination (NASW, 2017). It is the intention of this researcher to implement the above NASW ethics and standards. The hope involved in this project centers around learning to decolonize social work mindsets and to strengthen social work skills to best be of service. This study is also important to learn more about intersectionality. Additionally, this project provides an opportunity to be mindful of white privilege and power dynamics and to hold both skillfully and respectfully.

Paradigm and Rationale for Chosen Paradigm

Constructivism is the chosen paradigm which nicely compliments this research project. Constructivism assumes the nature of reality to be subjective and that no separation exists between the observer and the observed (Morris, 2013). Constructivism also assumes a partnership between equals striving towards a collaborative reality (Morris, 2013). Constructivism utilizes qualitative data and the researcher's own understanding is incorporated into the pool of constructions (Morris, 2013).

The constructivism paradigm centers cultural humility. It invites respect for people's descriptions of their realities, whereas a positivist approach to this research would exaggerate power dynamics and render the research useless as the focus on separation and individualism is contrary to Indigenous thought, worldviews, and communities. The fluidity and spirit of collaboration inherent in the constructivist paradigm aligns well with Indigenous world views and spirituality. The constructivist approach, emphasizing listening, is also a positive match for a culture revolving around and valuing the art of storytelling.

Theoretical Orientation

There are several theoretical orientations of interest, including empowerment, person-in-environment, and Maslow's Hierarchy of Needs. Empowerment theory focuses on the development of individual, interpersonal,

and political power in order to take a proactive approach to improving self, circumstances, and/or community (Zastrow, et al., 2019). Joseph (2019) describes empowerment theory as having four inherent assumptions: individuals possess self-awareness and are authorities on their needs, all people have skills and strengths that can be expanded upon, the cultivation of empowerment is a lifelong process, and a person's insight and life experiences are profound coping tools. Empowerment theory comes to mind as Traditional practices and ceremonies are often a source of empowerment, self-expression, and sovereignty.

The person-in-environment theory can be considered foundational to social work as it emphasizes the dynamic, interconnected relationship between the individual and their environment (Zastrow et al., 2019). The person-in-environment theory is applicable as Traditional practices and ceremonies are inseparable from the earth – honoring the land, the elements, plants, stones, and the four directions are integral components of Indigenous ceremonies.

Abraham Maslow described a theory regarding a hierarchy of needs which propel human behavior and include physiological, safety, belongingness and love, self-esteem and self-actualization needs (Zastrow et al., 2019). In his later years, Maslow wrote about a 6th step in his hierarchy of needs which transcended self-actualization. His 6th step orientation was more spiritual and focused on intrinsic values (Koltko-Rivera, 2006). As such, it moves from self-interest to more of a holistic focus on the greater good, which is more congruent

with Indigenous perspectives. These theories form a solid framework for both the research and the application of the constructivist paradigm.

Potential Contribution of the Study to Social Work Practice

A curious part of this project was to find out if Indigenous women have benefitted from Western healing services offered to them? If so, would they have benefitted even more if such services were paired with or revolved around Traditional healing practices and ceremonies? These questions lead into even bigger questions, such as can CPS and the Juvenile Dependency Courts recognize Traditional practices as part of Court-ordered case plan services? Can Tribal Family Services sponsor Indigenous parents to attend Native parenting classes and then work in conjunction with the county to get these parents paid to teach Native parenting in their Tribal communities? Can counties have a list of Indigenous parenting education teachers that are paid by the county, like any other service provider? Can ceremonies such as sweat lodges be accepted by both CPS and the Courts as part of Traditional healing practice treatment plans that can be paid for and supported by the county in a way that expresses respect for Indigenous healers as well as cultural humility? Further, can such Traditional healing practices and ceremonies strengthen Indigenous families in ways that prevent CPS intervention entirely? These are potential contributions from this research that may benefit Indigenous women and their families. In an even bigger vision, this research could lead to Traditional healing practices being more

acknowledged, accessible, and covered by insurance. This would only be with the consent, interest, and blessing of Tribes and their healers. Allen et al., (2020) asserts that Indigenous-led health partnerships improve access to and compliance with care, acknowledging “culture as cure”. Respectfully, caution needs to be exercised if implementing the incorporation of Traditional practices and must be driven by Indigenous peoples’ interests, as the county paying for Traditional healing practices may lead to a sense of a commodification of Indigenous wisdom and healing.

Currently, some counties are exploring ways to incorporate Indigenous practices into social work contexts. For instance, CPS holds Child and Family Team (CFT)/Team-Decision Making (TDM) meetings. These meetings are typically facilitated by a social worker standing before Indigenous parents surrounded by other social workers and service providers. Recent brain-storming discussions revealed several positive ideas to make this process culturally congruent, including but not limited to having a Native elder open and close the meeting with a prayer, possibly having the meeting outdoors or, if indoors, in a circle formation, having the meeting co-facilitated by a Tribal member/Tribal social worker, and the potluck presence of food was noted as paramount. Such contributions can also evolve from this research where Traditional practices and ceremonies are not just incorporated into standard CPS practices or limiting Indigenous women to adhere to Western healing and recovery processes offered, but are offered as Traditional resources specific to and for Indigenous

families. It would also be interesting to have a list of Indigenous healers available for treatment as well as to facilitate and balance out county-bound practices involving Indigenous families. Another way that this could work is if the Indigenous parent has a healer, spiritual teacher, or family member present that they would like to participate in services such as CFTs/TDMs. Co-creating and co-facilitating action to push for policy changes that center Traditional healing practices is essential (again, with Tribes' interest and permission) and the effects may be far-reaching (Morris, 2013). Learning about Indigenous women's use of Traditional practices and ceremony to resolve trauma can benefit Indigenous women, families, Tribal communities, social workers, experts in the field of trauma healing, and service providers engaging with Indigenous populations.

Literature Review

Introduction

This literature review will explore the recurrent themes of the prevalence of trauma affecting Indigenous women, and the importance of Indigenous definitions of trauma and wellness, distinct from Western colonized theories and worldviews, and the essential role Traditional Indigenous practices and spirituality have in addressing and mitigating trauma, including but not limited to historical trauma.

The Prevalence of Trauma In Indigenous Women

Indigenous women are at higher risk of experiencing potentially traumatic events compared to other demographic groups. According to Leavitt et al., (2018), American Indian/Alaskan Natives' (AI/AN) suicide rates exceed, by approximately 3.5 times higher, those of any other racial/ethnic group in the United State. Risk factors for Indigenous women include contending with poverty, single parenthood, intimate partner violence, susceptibility to disproportionate rates of Missing and Murdered Indigenous Women (MMIW) and human trafficking, a lower life expectancy, higher probability of experiencing historical and/or intergenerational trauma, and discrimination. AI/AN women experienced the second highest rate of homicide in the United States, 4.3 per 100,00 population (Petrosky et al., 2017). During the collective trauma of a global pandemic, AI/AN communities are disproportionately affected by deaths resulting from COVID-19 at a rate of 3.5 times higher than white communities (Arrazola et al., 2020). The above disparities put Indigenous women at higher risk for severely compromised physical and mental health as well as the increased likelihood of processing profound and complex grief and loss. The above traumas can potentially be compounded by experiences of historical and intergenerational trauma. Also, the above traumas were selected as the focus as they all involve pernicious grief and loss, the mitigation of which can be the focus of several Traditional practices, especially since despite the disproportionately high rates of

traumatic events, culturally responsive approaches in Western treatment are lacking.

Differences in Approaches to Trauma and Healing

While there are not universal worldviews shared by all Indigenous peoples, there are distinct and impactful differences when compared to Western worldviews which then affect treatment and healing, each different in definition and approach. Indigenous peoples process their lives through their interconnectedness – through their relationships with all beings, present and ancestral, with land and elements (Barnard, 2007). Wilson (2003, p. 91) concurs: “To explore fully First Nations peoples’ health, one must recognize the complexity of the inter-relationships between health, identity, spirituality, and place that exist in everyday lives.”

In contrast, Western views value and focus on individualism and competition. In Western culture, an individual is accountable for their own actions (Barnard, 2007). In Indigenous cultures, an individual is accountable to ancestors, the Tribe, and future generations. Barnard (2007) adds another significant difference is the difference between spatial relationships compared to chronological events. Barnard (2007, p.34) adds, “Natives most often think about events in terms of spatial relationships and not as chronological events.” She notes that eliciting information chronologically with Native peoples could result in

underreporting of significant events as their worldview filters matters through the lens of interconnectedness to their entire environment.

The researcher has not been able to secure two distinct definitions of trauma from both Indigenous and Western perspectives. However, according to Schultz et al. (2016, p.44), there have been “genocidal federal policies” intended to disrupt social and familial structures that form the foundation of Native societies and are defined as historical trauma. Historical trauma is one of many forms of trauma and is usually coupled with intergenerational trauma, for example trauma passed on by parents who are survivors of boarding schools perpetuating their lived trauma onto their children. Browne (2016, p.2) notes that there are social inequities and structural violence, such as the “lack of affordable housing and the loss of community-based social and health services,” inherent in Western health services offered to Indigenous peoples which can compound trauma. She defines structural violence as suffering resulting from unjust structures, policies, and practices which perpetuate inequities. She asserts that historical trauma, ongoing colonialism, systemic racism, and discrimination in health care continue to negatively impact Indigenous communities. She advocates for culturally safe and contextually tailored care and cautions against a “trauma trend,” often used to pathologize Indigenous peoples and relegate and/or assume that all trauma is past. Such an assumption minimizes present day systemic racism and structural violence.

Lastly, Balestrery et al. (2020) asserts that a trauma-informed approach includes awareness of “system-oriented traumas,” which can incorporate re-traumatization of Indigenous peoples in care services as expressed by institutional policies, procedures, and staff. She suggests that healing will evolve through structural humility, when structural violence is addressed by collaborating with Indigenous peoples and defaulting to their resourcefulness and wisdom in combating structural violence.

Several studies recognize the difference in worldviews and approaches to treatment/healing between Western and Indigenous cultures. There is even a vital distinction between those two words (indicative of correlating approaches): treatment versus healing. Goodkind et al. (2015) urges exploration of and treatment steeped in meaningful Traditions and ceremonies for Indigenous peoples. She suggests ways in which Western and Indigenous healing ways may work in conjunction with each other. She warned that focusing on individual healing misses the point and energy should be directed to community healing through reclaiming and revitalizing culture and by directly addressing socioeconomic and political inequities. She adds that standard mental health treatments, focusing on being evidenced-based, evolved from a Western colonial lens meaning, consciously or not, they perpetuate subjugation. Indigenous peoples’ definitions of wellness and healing are often not even considered.

Brave Heart et al. (2003) suggests positive efficacy in mitigating the effects of cumulative trauma by implementing the Historical Trauma and Unresolved Grief Intervention (HTUG) developed by the Takini Network. It utilizes interventions which seek to restore connections to Lakota traditional values and practices. Marsh et al. (2015) recommends embracing “Two-Eyed Seeing,” which refers to seeing strengths of Indigenous wisdom and practices with one eye and the strengths of Western wisdom and practices with the other. Recognizing and honoring differences and the various forms of trauma (individual and collective, historical and present-day effects of historical and intergenerational trauma) with Traditional Indigenous practices in ways that attempt to heal the effects of genocide attempts (forced relocations and assimilation, multiple losses of language, tradition, family, culture, etc.) and the “soul wound” (Marsh et al., 2015) by reclaiming interconnectedness, land, culture, tradition, and individual and collective identities is a pathway to empowerment (Marsh et al., 2015) and has the potential to benefit all.

The Role of Traditional Indigenous Practices

Goodkind et al. (2015) cited several scholars linking Indigenous healing to place, space, and healing landscapes. Especially within the context of forced relocation and assimilation, certain sacred landscapes are recognized for enabling connection between human and spirit realms. Such places are essential for maintaining well-being in Indigenous culture. Gone (2008) notes that

Indigenous peoples' relationship to the land is reflective of their mindset of interconnectedness. Connection to and reverence for elders in Indigenous communities is also a traditional resource for healing. In research on Indigenous youth's use of mental health services and coping skills, one participant noted that "positive talk" was healing for her (Goodkind et al., 2015). Talking circles are healing resources in Indigenous communities. In contrast, the feeling in the context of mandated therapy, was that youth's experiences were dismissed and judged and therapy was a tool of control.

The strategies implored by genocide include severing peoples from their land, culture, traditions, family and identity. Several studies focus on the importance of reclamation of such necessities as essential ways of healing. Gray & Rose (2011) encourage the use of the Medicine Wheel, centralizing Indigenous spirituality which is surrounded by family, community, and the individual. Other forms of Indigenous healing ceremonies include sweat lodges, pipe ceremonies, bird singing along with traditional chants, prayers and blessings, vision quests, and cultivating local plants and herbs for making medicine and/or prayer ties. Preserving and sharing creation and historical stories and traditional teachings is also important and secures Indigenous women, often seen as the Protectors of and those responsible for passing on cultural tradition, solidly in their Wisdom and as Keepers of culture.

Brave Heart (2011) notes the importance of Indigenous women identifying as survivors rather than their identity being fused with trauma. There is also healing in being part of survivors of collective trauma. Braveheart emphasizes that transmuting trauma involves disengaging/disidentifying from the trauma response of survivor guilt. Brave Heart (2011, p. 283) also noted that survivor guilt may have had a positive connotation in driving the career choices and devotion to helping others with “wowaunsila” (compassion) and “wacante ognake” (generosity) being “traditional Lakota values and suggest that some trauma response features may be more of a culturally congruent manifestation of a traditional orientation.”

Summary

This literature review examines the prevalence of trauma impacting Indigenous women, the importance of differentiating between Indigenous and Western worldviews and approaches to healing, and the integral role of spirituality and Traditional practices in acknowledging and mending trauma. Historical and intergenerational trauma along with systemic racism and structural violence are causal factors in many disparities and statistical disproportionalities Indigenous peoples experience. White privilege and entitlement drove genocide attempts in the forms of forced relocation, assimilation attempts, boarding schools, and adoption projects which “scooped” up Indigenous children from their families and sold them to white families in an attempt to extinguish

cultures/peoples. All of the above historical and intergenerational trauma necessitate the need for Indigenous Traditional ways connecting people to land and its medicine and to sacred Traditions, particularly those interconnected with land. There are a multitude of Traditional Indigenous healing practices that include reclamation of Traditional ways that can continue an increasing knowledge of culture, a practice which promotes mental health and wellness, and can include youth, parents, and elders working collaboratively to promote positive intergenerational relationships which are foundations for healing (Goodkind et al., 2015).

CHAPTER TWO: ENGAGEMENT

Introduction

Engagement and relationship-building are quintessential components of the constructivist research. This chapter begins with describing collaboration and interviews as tools of engagement in this process. The importance of self-evaluation is discussed, as are issues and concerns regarding diversity, ethics, and politics. Technology's role in the constructivist paradigm is also examined. A summary concludes this installment by distilling the key points covered in this chapter.

Study Site

A variety of study sites were to be utilized, including CPS offices, Court, and legal and Tribal offices. However, due to COVID, the study site was relegated to Zoom. The county Child Protective Services (CPS) division provides support to families who have been identified as needing either voluntary or Court ordered services for children to either safely remain in or return to the home. The Juvenile Dependency Court assists in making such determinations regarding families. Juvenile Dependency Court assigns all parties attorneys and sets review hearings within statutory timelines. Both agencies work together to protect children and develop/re-establish safe homes for children. If Juvenile

Dependency Court is involved, parents are required to make lifestyle changes in order to have their children safely remain in/return to their care. CPS offers families services such as drug testing and substance use treatment, parenting education, intimate partner violence education, etc. California Indian Legal Services is an agency that offers a variety of legal services and often represents Tribal Council in Juvenile Dependency hearings. The region served spans (though is not limited to) Riverside and San Diego counties and includes several Tribal nations.

The clients served by the above listed gatekeepers are families facing trauma and distress to the extent that their children were removed from their care. Some of the clients may be mandated to participate in services in order to safely reunify with their children. The social worker is a county employee and their characteristics are as diverse as are social workers. Characteristics of CPS social workers include a blend of BSW and MSW students/graduates. Some CPS departments have an Indian Child Welfare Act (ICWA) Specialty Units which are comprised of social workers experienced in working with Tribal communities, while other departments have ICWA Specialists which are social workers given a predominantly ICWA caseload to build their specialty of working with Tribal communities.

Engagement Strategies for Gatekeepers

The researcher is a former CPS social worker, now employed within the same county, though as a Tribal Social Worker. Over the years, there have been numerous efforts to develop more positive, collaborative engagement between CPS and Tribal social workers. There are Tribal Star and Tribal Alliance meetings intended to bridge these gaps. The researcher has also initiated quarterly meetings with CPS higher ups (including but not limited to Deputy Directors and Regional Managers) and with Juvenile Dependency Court staff (Court Officers, County Counsel). As a result, the researcher presented the subject of this research at quarterly meetings and worked towards persuading the gatekeepers to consider incorporating Traditional healing practices into Court ordered services. The inclusion of Traditional healing practices, as initiated and perpetuated by Tribes, could go far in mending and bolstering relationships between CPS and Tribal nations. The strategy of strengthening relationships with gatekeepers and pointing out the benefits of a more united collaboration to best serve Native clients is in everyone's best interests, as is being congruent with the social work code of ethics valuing cultural diversity and self-sovereignty.

Lastly, the constructivist research paradigm was deliberately selected as it shares power and allows for co-ownership of the study. The gatekeepers were invited to participate in determining the goals of the research. They were also invited to offer input on how the data is interpreted and shared with others. These

inquiries of and invitations to gatekeepers for input were conducted through a combination of interviews and emails, though everything first went through the Indigenous participants of this study for their feedback, input, and editing.

Self-Preparation

Constructivist research relied heavily on interviews. As such, preparing for data collection included being mindful of the time needed to gather the information and planning accordingly. As the topics included both Traditional healing and ceremonies/practices, it was important to be sensitive to emotional floodgates that may be sparked during the conversation. In such a context and with such material, it was important to be as present, relaxed, and as focused as possible. It cannot be structured as a formal interview as that can highlight power dynamics typical in the interviewer/interviewee dynamic and, instead, be perceived by participants as more of an interrogation than an interview. The beauty of constructivist research is that engagement is a two-way street and reality/constructs are both being defined and subject to change during the course of the hermeneutic dialectic (Morris, 2013). Additional self-preparation included following, not leading, the collaboration and encouraging research participants to take the lead and steer the course.

Talking about Traditional healing ways on any level could have catalyzed past trauma so it was important to stay calm, practice attentive listening, be

present, and hold space with compassion, empathy, and understanding. It was also essential in supporting participants' leadership to respect their timing, if they wanted to stop talking abruptly or if an issue became too loaded and they wanted to change the course of the interview, that was honored. Self-preparation included being mindful of my own biases and of the power dynamics between a white woman making any inquiries about Indigenous women. The researcher must proceed from a place of cultural humility. Also, it was important to recognize the disparity between Western definitions of trauma and healing compared to Indigenous perspectives. Another part of self-preparation includes being sensitive to cultural practices and bringing some sort of offering (sage bundles and/or food) in exchange for requesting a person's time (Morris, 2013). Self-preparation involved being sensitive to how time consuming this process can be, honoring each person's pace, emphasizing confidentiality, and being respectful of time and location. The participant's anonymity and confidentiality were protected as their true names were not used nor were their status as a research participant mentioned. Both the identity of the participants and the content of their shares were anonymous and confidential and were not referenced outside of the confines of this project.

Diversity Issues

There are cultural and educational diversity issues involved in this project. The researcher is a graduate student, a white woman in a position of power in a

Tribal nation and coming from a background as a former CPS social worker, another position of power and one perceived negatively as well as inextricably linked to historical trauma. One strategy was to address and acknowledge my privilege and power and to invite research partners to share their feelings about this and the subsequent power imbalance. Further, the researcher also explicitly asked research partners to share any concerns about a non-Tribal member conducting this study. Another strategy when listening to definitions of trauma was to acknowledge historical trauma, listen, and with permission offer brief knowledge of historical trauma and its effects while deferring to participants to discuss and define Indigenous perspectives of trauma and Traditional healing. Finally, the researcher was certain to listen more than talk, follow rather than lead. Listening is an underrated skill that has the potential to upend inherent power imbalances.

Ethical Issues

One ethical issue was pursuing this research without creating feelings of obligations or favoritism. The researcher could not work with any Tribal members within the Tribal nation where employed. If a Tribal citizen became a research participant, and later, a CPS investigation emerged, the Tribal citizen could feel that the Tribal social worker was indebted in exchange for being a research participant and that the Tribal social worker owed the Tribal citizen preferential treatment during the investigation. Conversely, the Tribal social worker could

have participated in a CPS investigation that worked out favorably for a Tribal citizen and could expect that the Tribal citizen was obliged to participate as a research participant. The strategy to remedy these concerns is to strictly work with work colleagues from other Tribes as research participants.

Political Issues

Tribal Council could prohibit any interactions outside of the Indian Child Welfare Act (ICWA) with Tribal members. Tribal Council could politically be in a compromised situation if either of the above ethical examples actualized involving issues of favoritism/preferential treatment interfering with CPS investigations. The same strategy was employed as to ethical issues by remedying the situation and not involving Tribal citizens or Tribal Council from place of employment.

Further, CPS may have had political concerns as the researcher was a former employee and CPS might worry about being portrayed either negatively or in a polarizing (us against them) way. Similarly, Juvenile Dependency Court might have suspected expectations that outcomes from this project be automatically assimilated into policy and practice, without going through the proper channels, based on the strengths of the researcher's network of relationships. Both parties were invited to review the findings before the final draft

so they could offer feedback and editing suggestions in addition to voicing any concerns they may have regarding the study.

Lastly, the above agencies are steeped in systemic racism and white supremacy. As a white woman previously representative of such systems, white privilege could pose a barrier and prohibit Indigenous women from speaking candidly about topics still stifled by centralizing white experience in the mental health field and perpetuating definitions of both trauma and healing from a colonizer's lens. A strategy was to recognize and name such concerns in advance, encourage the centering of Indigenous constructs of trauma and healing and, as researcher, listen deeply and stay respectfully silent.

Technology

Technology played a pivotal role in the research project, especially due to the COVID-19 restrictions. Zoom meetings for interviews replaced in-person interviews. Technology is further used for calculating and tracking data, as well as for maintaining email correspondence and for scheduling purposes.

Summary

Engagement and rapport building are vital components of constructivist research. Self-preparation, particularly given how time-consuming constructivist research can be, is a service to both the researcher and the research

participants. Self-preparation can be considered on a spectrum, ranging from the most basic (silencing cell phone and minimizing distractions) to more complex considerations such as being mindful of how history (particularly historical trauma) impacts data collection (Morris, 2013). Mindfulness regarding differences in norms, assumptions, language, and perspectives were all part of self-preparation (Morris, 2013). There were diversity, ethical, and political considerations and strategies employed to mitigate such concerns. Technology offers a variety of tools to support research efforts, such as data collection and consistent communication. Technology has an active role in supporting engagement and in relationship-building and maintenance.

CHAPTER THREE: IMPLEMENTATION

Introduction

The research participants in this study were selected by networking within tribal communities, particularly through the tribal family services community of at least two different tribes. The gatekeepers were tribal family services directors and cps administrators. As this is a constructivist study, the research was qualitative. data was collected through interviews and observations of the research participants through purposive sampling. research participants' responses were written down.

Per Morris (2013), the researcher's own constructions of reality were added to the hermeneutic dialectic circle as an additional source of data. As constructivist research involves shared power and co-creation of constructs, it is important that the researcher reflected to research participants the content that was exchanged to ensure that the researcher has clear understanding and will accurately record the constructions shared by research participants. A "bottom up" approach to data analysis along with axial coding was applied and verified with research participants to achieve the goal of a conjoint construction of the reality and focus of the research (Morris, 2013). Thematic analysis was also utilized, in which the data was coded and analyzed, resulting in five different themes discussed more in depth in Chapter 4.

Study Participants

The first group of research partners were colleagues of the researcher introduced through the researcher's role as Tribal Social Worker. They were Indigenous women between 30-60 years of age who are employed and whose education spans from high school degrees thru advanced, graduate degrees. The participants were from either Riverside or San Diego County.

The second group of research partners were gatekeepers. The gatekeepers were Riverside Child Protective Services Administrators and Directors of Tribal Family Services programs. The researcher will only be interviewing women for this study, Indigenous and non-Native (gatekeepers). Similar to the research participants, the gatekeepers were employed and had graduate degrees. Their age range will be from 35-60 years of age. Also, the researcher adds her own constructs to this study, as is congruent with constructivism, contributing to the end goal of a joint construct.

Selection of Participants

Research participants were selected by purposive sampling, particularly using criterion and convenience sampling. Criterion sampling selectively chooses participants who have similar attributes, in this case, Indigenous women who likely already have an established spiritual practice (Morris, 2013). Convenience

sampling is a part of this study as well since it involves peers and members of this researcher's social network.

As to gatekeepers, CPS Administrators and Directors of Tribal Family Services programs, each develop and offer services to Indigenous women and families. Tribal Family Services programs are focused on offering services to mitigate trauma, historical and otherwise, to Indigenous women and families through both traditional and Western means. Sampling from the group of gatekeepers will be unnecessary as all the gatekeepers are included in the study.

Data Gathering

Hermeneutic dialect is the primary means of gathering data in a constructivist paradigm, with the end goal being collaboratively created findings. Watching, listening, and learning were integral components of these interviews (Morris, 2013). Morris (2013) notes that the constructivist interview can create itself, as differing constructs per research participant can create highly individual interviews. The research design is exploratory and qualitative. This researcher developed a research guide which was the same for each participant. The sampling method is the nonprobability sampling method of convenience to recruit participants. The sample is five Indigenous women in California (N = 5).

Phases of Data Collection

Qualitative data gathering began with obtaining informed consent, which included the researcher's acknowledgement of their positionality. Individual interviews were conducted with both gatekeepers and research participants and their constructions were identified. Prior to conducting interviews, the researcher directly asked research participants if there were any concerns with this study being conducted by a non-Native researcher. Any concerns were listened to and addressed. Interviews progressed through the following four stages: preparing for the interview, beginning the interview, maintaining the momentum of the interview, and concluding the interview (Morris, 2013).

Interviews with the gatekeepers occurred as individual interviews either over the phone or via email with their consent. Prior to these interviews, the issues were contextualized and shared understandings of the topic were explored.

The initial interviews with the research participants occurred over Zoom with the participants' consent. The intent of the study was made explicit and the structure and expectations were clearly communicated, such as the approximate length of the interviews and the acknowledgement that any question is optional. Questions asked were open-ended, with observations watching closely for the expression of feelings, values, and experiences. Both gatekeepers and research participants had the opportunity to review their constructs for accuracy. A member checking meeting was conducted, individually, after the interviews had

been analyzed to solidify a joint construct. At the conclusion of the interviews with research participants, the researcher thanked the participants for their time and thoughtful attention in addition to presenting them with a gift for participating, sage bundles including flowers and/or crystals.

Data Recording

Semi-structured interview questions were utilized and data recording during this study was done by the Zoom transcription feature and note taking. Emails or follow up Zoom calls to individual participants were used to verify data collected. Research journals were used both as a tool/outline to organize the research and record the researcher's perceptions and to document any questions, concerns, challenges, or deviations discovered within the study.

Protection of Human Subjects

Permission to conduct this study was provided by the Institutional Review Board (please refer to Appendix B). Additionally, research participants were provided with a consent form (please refer to Appendix C) to sign along with a debriefing statement (please refer to Appendix D). Further, all emails were sent to only one email address at a time to ensure confidentiality. Any transcription notes were destroyed.

Data Analysis

First, the researcher transcribed the interview using the Zoom transcription feature. Next, using a Word document, the researcher performed the initial coding of the participants' responses. Then the researcher analyzed the interview data by means of thematic analysis. As the name implies, thematic analysis is a method of data analysis well-suited for qualitative research (Labra et al., 2020). According to Labra et al. (2020), thematic analysis involves familiarization with the data, generating initial codes, searching for themes, reviewing themes, naming themes, and discussing results. The researcher completed those six steps of thematic analysis.

Communication of Findings and Dissemination Plan

Dissemination plans to communicate findings of research varied between at least two of the target audiences. As to the gatekeepers, the dissemination plan was a combination of academic and professional approaches. The academic approach utilized a poster presentation combining images, text, and graphs (as selected in conjunction with the research partners). The professional approach also included research participants' input regarding research and policy briefs. The latter addressed how the implementation of the research will be both beneficial and cost effective, with the aim of incorporating Traditional Indigenous practices as policy, only upon Tribal approval. As to the research partners, the

researcher and the research partners collaborated creatively to design the poster project.

Termination and Follow-Up Plan

Gentle reminders as goal completion approached and throughout the collaborative process were discussed on an ongoing basis. Research partners were encouraged throughout the process to explore and share their feelings surrounding the end of the project. The discussion included who will take ownership of the data and possibly continue the project without the presence of the researcher. The researcher will continue to work on the project from a distance and will invite any interested research partners to meet with county and Tribal Administrators to encourage incorporation of research data into policy. Above all, celebration will be an ongoing part of the process not limited to termination. Food equates with celebration and sharing food is an integral part of the celebration process. Feasts frequently follow Traditional practices. COVID protocols prevented such a feast from occurring though now that protocols are lifting, a celebratory potluck is in the process of being organized. Also, a purification process such as smudging with sage and/or sweet grass often accompanies completion of a project/ceremony. At this gathering, research partners will be asked if this or any other ceremonies are appropriate for the termination of the project and, if so, a research partner(s) will be respectfully requested to initiate the ceremony, such as smudging. A follow up email ensued

approximately two weeks after the termination of the study to ensure that there were no unresolved issues or concerns regarding the project.

Summary

Both research participants and gatekeepers were selected by networking within Tribal Family Services programs and Riverside County Child Protective Services. Purposeful sampling and nonprobability sampling methods of convenience occurred and qualitative data was obtained through individual interviews and observation. The researcher categorized and analyzed the data using thematic analysis in collaboration with research participants with the anticipation of creating a joint construct within the hermeneutic circle. The final steps of detailing the findings and the dissemination plan along with termination and follow-up were also completed.

CHAPTER FOUR:

RESULTS

Frequency Distribution

This study consisted of five participants from the State of California (N = 5). All of them identified as women. All of them also identified as Indigenous women.

Results

Table 1 exposes the themes that arose for the analysis of the data. As seen in Table 1, there are five different themes in this study: 1) Indigenous women use a variety of Traditional ceremonies and practices for healing, 2) Loss and grief are some of the motivational factors for Indigenous women to pursue healing through Traditional means, 3) Collective healing is important to Indigenous women, 4) Indigenous women sometimes use Western healing practices alongside their preferred Traditional healing methods, and 5) Traditional healing ceremonies are usually passed on generationally. Each of these themes will be described below.

Table 1

Study Themes

Themes	Description
Theme 1	Indigenous women use a variety of Traditional ceremonies and practices for healing.
Theme 2	Loss and grief are motivating factors for indigenous women to pursue healing through traditional means.
Theme 3	Collective healing is important to Indigenous women.
Theme 4	Indigenous women use western healing practices alongside their preferred Traditional methods.
Theme 5	Traditional healing ceremonies are passed on generationally.

Theme 1

Indigenous women use a variety of Traditional ceremonies and practices for healing. Based on the data, participants identified several ways that they utilized Traditional healing practices. Among them are bird singing, talking circles, sweat lodges, sun dance ceremonies, and fancy shawl dancing, smudging with cedar and sage, prayer, the Kuruk Mourning Ceremony, and talking with ancestors. Participant 1 elaborated about Traditional funerals and cremation: “Our Tribe believes cremation sends the deceased person on a journey to the next world. People will bring items for the journey such as clothing,

blankets to keep warm, jewelry to look nice and gifts for the ancestors they will meet and suitcases to carry the items in.”

Theme 2

Loss and grief can be motivating factors for Indigenous women to pursue healing through Traditional means. Some of the participants were descendants from survivors of boarding schools. Participant 1 noted: “My family learned about the practices from my grandfather; however, he did not begin teaching until I was approximately 10 years old. He and my paternal grandmother (who was from the Navajo Nation in Shiprock, NM, attended the residential schools. As a result, they were reluctant to speak about their culture and pass the knowledge to us. My grandfather realized the significance of doing so after I was born.” The participants spoke to grief and loss accumulated as a result of many factors, including intergenerational/historical trauma and racism/discrimination – such as the loss of language, culture, Traditions, childhood, family, connection, etc. However, it is important to recognize that Traditional healing and ceremonies are not limited to processing grief, loss, and/or trauma. Such Traditional practices often center celebration and empowerment – recognizing and strengthening recovery, honoring rites of passage, fortifying connections, etc.

Theme 3

Collective healing is important to Indigenous women. Participant 5 shared: “These songs, these dances are our ways, the language...This is how you’re going to be rich. This ceremony is going to take care of you. You come back and help, and you give back and it’s always going to take care of you the rest of your days. This is our culture. This is the way to being rich.” Participant 5 added in regard to Western counseling practices: “The dominant culture says no self-disclosure but it’s different for Indigenous people. We come from oral tradition. We come from telling our story to heal. I speak my truth to help other people.” The theme of interconnectedness and collective healing was pervasive throughout each interview, not limited to other Tribal members but to include the land, the earth, the ancestors, and reverence for their families, traditions, and elders as well.

Theme 4

Some of the research participants used Western healing practices alongside their preferred Traditional methods. Participant 3 talked about synthesizing both the preferred Traditional practices with Western methods: “Western practices can be helpful and complement Traditional practices. However, I think the effectiveness depends on your relationship with the service provider(s) or people in the group. I generally have preferred Traditional practices or non-Western practices over Western.”

Theme 5

Traditional healing ceremonies are passed on generationally. Unilaterally, all participants learned about Traditional healing ceremonies through family members and remained intent on passing on their knowledge to future generations through various ways such as by being leaders in their communities, through activism, through the manifestation of a dream of building an Indigenous-only healing center serving strictly Indigenous clients and powered by Indigenous staff, and through parenting/grandparenting/mentoring Indigenous youth.

CHAPTER FIVE: DISCUSSION

This study's purpose was to explore Indigenous women's perspectives about and applications of Traditional healing practices. Taking a qualitative approach, this study involved semi-structured interviews with five Indigenous women in California. Results from thematic analysis yielded five different themes: 1) Indigenous women use a variety of Traditional ceremonies and practices for healing, 2) Loss and grief are some of the motivational factors for Indigenous women to pursue healing through Traditional means, 3) Collective healing is important to Indigenous women, 4) Indigenous women sometimes use Western healing practices alongside their preferred Traditional healing methods, and 5) Traditional healing ceremonies are usually passed on generationally.

Consistency with Previous Research

Theme 1

Indigenous women use a variety of Traditional ceremonies and practices for healing is consistent with Wilson's (2003) findings. Wilson (2003) noted that Indigenous women draw upon various Traditional practices such as utilizing sweat lodge ceremonies (often including drumming, singing, and prayer – all which were referenced as using outside of the context of a lodge as well); using cedar, tobacco, sage, and other plant medicines; connection to the earth/land; and cultivating, maintaining, and celebrating relationships with spirits/ancestors.

Theme 2

Loss and grief are some of the motivational factors for Indigenous women to pursue healing through Traditional means is also partially consistent with findings, although it is essential to note that Traditional ways and ceremonies are important paths to honoring and celebrating rites of passage, acknowledging a season, etc.

Theme 3

Collective healing is important to Indigenous women, mirrors the findings of Barnard (2007) who describes Indigenous peoples' lens of interconnectedness as evidenced by their relationships with all beings, present and ancestral, with land, and with elements. These findings also mirror Wilson's (2003, p. 91) research lesson: "To explore fully First Nations peoples' health, one must recognize the complexity of the inter-relationships between health, identity, spirituality, and place that exist in everyday lives." Marsh et al., 2015 notes that by reclaiming such interconnectedness, land, culture, tradition, and individual and collective identities is a pathway to empowerment. While much of the literature examines the reality of collective trauma, the flipside of that suggests collective healing and the collective itself as its own healing medicine.

Theme 4

Indigenous women sometimes use Western healing practices alongside their preferred Traditional healing methods. This finding was also consistent throughout the research. Goodkind, et al., (2015) emphasizes that reclamation of

Traditional ways strengthens connection to culture which promotes mental health and wellness, is inclusive of children, parents and elders, and can perpetuate positive intergenerational relationships, which are foundational for healing.

Theme 5

Similarly, traditional healing ceremonies are usually passed on generationally is congruent with Goodkind et al.'s, (2015) research, which described how Native elders were eager to keep culture alive and share Traditional ways, ceremonies, and healing practices with Native youth. As a storytelling people, preserving and sharing narratives is a primary source of cultural transmission. Several of the participants spoke about passing their knowledge of Traditional ways and ceremonies on to future generations, including as part of furthering their own healing.

Implications of Findings

This study contributes to existing literature. There is little previous literature that captures theme 3) Collective healing is important to Indigenous women. There is often a focus on collective trauma and collective healing is implied, though there is nothing explicit centering collective healing, how it manifests, and directions for collective healing in the future. Motivations for pursuing Traditional healing and ceremonies can be expanded beyond grief and loss to highlight these Traditional healing ways as vital expressions of

celebration, connection, and honoring (the Tribe, elders, ancestors, welcoming and celebrating births, seasons, etc.).

Implications for Social Work Practice, Policy, and Procedure

This study supports honoring the wisdom, intuition, and power of Indigenous women in addition to their self-sovereignty. Social workers can best be of service by listening to and supporting Traditional ways of healing and ceremony. Social workers can educate themselves about historical and intergenerational trauma and its past and present-day impacts. Social workers can also approach Indigenous women and families with cultural humility, being mindful of privilege and power dynamics and working towards building equitable relationships while having the willingness to lean into potentially difficult, uncomfortable conversations. It is important for social workers to understand that their potential discomfort is theirs to tend to and to not look to Indigenous women to educate or absolve them.

Much could be done to accommodate Traditional ways of healing into child welfare and Juvenile Dependency Court policy if Native families want to incorporate ceremony and practices into Court-ordered case plans. All parties involved, however, need to be mindful that ceremonies are sacred and are not to be discussed and/or described in any detail. This is important to keep in mind to respect individual and collective privacy with respect to culture, ceremony, and some Traditional healing practices. Such ideas could stretch child welfare

agencies and Juvenile Dependency Courts to think outside of the box when being financially supportive of such practices as costs could include transportation of elder leading the sweat lodge, for instance, costs for the wood to build the lodge, a contribution to the feast that often accompanies the sweat lodge afterwards. This serves not only as to satisfying Court-ordered case plan requirements but also is a contribution towards assisting in revitalizing culture. Further, by being open to invite Traditional forms of healing and not strictly limiting healing to Western “treatment”, this could be a small step towards preserving and upholding ICWA as well as towards decolonizing social work.

Limitations

There are several limitations with this study. As this population is considered difficult to reach, the sample size is very small. Further, gender is limited to Indigenous women in the western part of the United States. As a result, the findings are not reflective of the views of all Tribes. As the sample method utilized was the sample of convenience, this could include bias as the research participants know this interviewer. Additionally, this study lacks diversity regarding gender and age. Finally, as the design of this study is qualitative research the design itself leaves more room for bias.

Directions for Future Research

Future research would benefit from a larger, more diverse sample size including a range of participants such as Two-Spirited/LGBTQ+ Indigenous people across the country. With regards to the qualitative research design, this researcher took precautions to mitigate the social desirability bias, which is good to know people's perceptions of things and such perceptions cannot be captured with quantitative research. Despite these limitations, this study makes a contribution to research particularly with the theme of the importance of collective healing, which seems to be a brand-new theme for future research to expand upon and develop.

APPENDIX A:
RESEARCH GUIDE

RESEARCH GUIDE

1. Have you used Traditional healing practices or ceremonies (such as bird singing, sweat lodge, pipe ceremony) to address grief and/or loss? If so, are you comfortable sharing which practices you used?
2. What motivated you to seek out Traditional healing practices/ceremonies?
 - What did you hope to gain from such practices?
 - Did you gain what you hoped to gain?
 - Were there any other outcomes from the practices that you would like to share?
3. How did you know to draw upon such practices?
4. Have you utilized Western healing practices? Grief counseling, 12-step meetings, etc. If so, how did you find them in comparison to Traditional healing practices/ceremonies?
5. Is there anything more you'd like to share about the role and/or the effects of Traditional healing in your life as an Indigenous woman?

APPENDIX B:
IRB APPROVAL LETTER

September 8, 2022

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2022-193

Caroline Lim Lisa Mariano-Grise
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Caroline Lim Lisa Mariano-Grise:

Your application to use human subjects, titled "Indigenous Women and Traditional Paths to Healing" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of

Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2022-193 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

King-To Yeung

King-To Yeung, Ph.D., IRB Chair
 CSUSB Institutional Review Board

KY/MGUniversity, San Bernardino after July 2023.

.....
 This is to certify that I read the above and I am 18 years or older

By typing X in the space below, you acknowledge that you have been informed and understand the nature and purpose of this study. You acknowledge that you are at least 18 years of age and freely consent to participate.

APPENDIX C:
INFORMED CONSENT

INFORMED CONSENT

Purpose

My name is Lisa Mariano-Grise. I am a student at the University of California, San Bernardino in the School of Social Work. I would like to invite you to take part in my research study. I am doing this study to understand more about Indigenous women's Traditional practices and ceremonies and the effects such practices have in promoting healing and well-being. This study has been approved by the Institutional Review Board, California State University, San Bernardino (IRB-FY20022-193).

Description

You will participate in an individual interview which includes questions about your definition of healing and any specific Traditional practices/ceremonies utilized in your healing process. The interview will be conducted via Zoom and will last approximately 45 minutes

Participation

Participation in this research is completely voluntary. You are free to decline to take part in the project. You can decline to answer any questions and you can stop taking part in the project at any time without negative consequences for doing so. Whether or not you choose to participate, to answer any particular question, or to continue participating in the project is entirely up to you. There will be no consequences for not answering questions or for discontinuing the interview. There will be no follow-up interviews.

Confidentiality, data storage, and future use of data

Some of the questions may ask about personal topics. You are free to refuse to answer any questions you don't wish to, or to stop participating at any time. The information you provide will be handled as confidentially as possible. As with all research, there is a chance that confidentiality could be compromised; however, I am taking precautions to minimize this risk. Your interview transcriptions will be stored in a locked cabinet in my office. Once transcribed, the Zoom audio recordings will be deleted. No names will be used in either the recordings or the transcriptions. The information will also be stored in an encrypted file on a password-protected computer, also in my office. If results of this study are published or presented, personally identifiable information will not be used. When

the study is over, I may save the transcribed data in a secure place at CSU San Bernardino for use in my future research.

Duration

The interview will last approximately 30-45 minutes.

Risks

Some of the questions pertaining to personal topics (inspiration for seeking Traditional healing) may make participants feel uncomfortable. To mitigate this risk, participants will be allowed to skip any questions they do not wish to answer and will be allowed to stop the interview at any time. They may also choose to withdraw their participation at any time. After the interview, the participant will be provided with a list of local counseling resources to contact should they need socio-emotional support.

Benefits

Although there is no direct benefit to you from taking part in this interview, I hope that the research will provide information that will encourage more organizations to recognize and incorporate Traditional Indigenous healing practices and ceremonies in order to support culturally relevant opportunities for healing and personal growth.

Questions

If you have any questions about this research, please don't hesitate to contact me. I can be reached at the following email address: 007073814@csusb.edu. If you have any questions about your rights or treatment as a participant in this study, please contact the University of California at San Bernardino's Committee for Protection of Human Subjects at (909) 537-5584, or Caroline.Lim@csusb.edu.

I agree to have this interview be audio recorded: _____ YES _____ NO

I agree to have this interview be video recorded: _____ YES _____ NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

Please initial this consent form: _____ and return it to me via email to: 007073814@csusb.edu

Consent

If you agree to participate in this study, please complete this consent form and return it in the sealed envelope. Completing and returning the form implies that you consent to participate in this study.

I have read the above information and agree to participate in your study

Participant's Name (please print)

Participant's Signature

Date

APPENDIX D:
DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

Indigenous Women and Traditional Paths to Healing

This study you have just completed was designed to explore how traditional Indigenous practices and ceremonies can heal. In this study, various traditional Indigenous practices and ceremonies were assessed in association with the healing of grief and loss. This researcher is particularly interested in assisting in the promotion of traditional practices and ceremonies as way of healing experienced by Indigenous women,

If you have any questions about the study, please feel free to contact Lisa Mariano-Grise at 007073814@csusb.edu and/or Dr. Caroline Lim at Caroline.Lim@csusb.edu. If you would like to obtain a copy of the group results of this study, please contact Dr. Caroline Lim at CarolineLim@csusb.edu by Summer, 2023.

As this study included sensitive and potentially distressing material, a list of resources is included below, tailored to your geographic areas.

- Suicide/Crisis Helpline 24/7 (951) 686-HELP (4357)
- Riverside County Walk-In/Call Emergency 24/7 Mental Health 9890 County Farm Road Building #2, Riverside, CA 92503 (951) 509-2499
- Rincon Indian Health Council 50100 Golsh Road, Valley Center, CA 92082 (760) 749-1410; M-F 8am-4:30pm
- Cahuilla Santa Rosa Indian Health 39100 Contreras Road #C Anza, ca 92539 (951) 763-4835 Monday-Thursday 8:00am-5:00pm; Friday 8:00am-2:00pm
- Soboba Indian Health Clinic 607 Donna Way, San Jacinto, CA 92583 (951) 654-0803 Monday, Tuesday, & Thursday 8:00am-5:00pm; Wednesday 8:00am-7:00pm; Friday 8:00am-2:00pm
- Wellbriety (877) 871-1495 M-F 8am-5pm MST; info@wellbriety.com
- Alcoholics Anonymous Hotline (800) 839-1686
- Narcotics Anonymous Hotline (800) 600-HOPE (4673)

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