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The infant caring process among Cherokee mothers

Nichols, Lee Anne, Ph.D.

The University of Arizona, 1994

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THE INFANT CARING PROCESS AMONG
CHEROKEE MOTHERS

by

Lee Anne Nichols

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A Dissertation Submitted to the Faculty of the

COLLEGE OF NURSING

In Partial Fulfillment of the Requirements
For the Degree of

Doctor of Philosophy

In the Graduate College

THE UNIVERSITY OF ARIZONA

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THE UNIVERSITY OF ARIZONA
GRADUATE COLLEGE

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12/10/93

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SIGNED: Lee Anne Nichols

ACKNOWLEDGEMENTS

"Given the proper incentive, no mountain, it seems, is too high to climb, no current too swift to swim, if one is a Cherokee."

Grace Steel Woodward

I want to say thank you to my dissertation committee members, Pamela Reed, Margarita Kay, Joan Haase, Elaine Jones, George Domino, and Gary Schwartz. Each member deserves a special thank you for their patience and encouragement, but I would like to express a sincere note of gratitude to Pamela Reed and Margarita Kay for being my mentors.

A special thank you goes to the American Nurses Association Ethnic Minority Fellowship Programs for their support during my doctoral education. Thank you to Hattie Bessent and especially to Carla Serlin for their guidance and direction.

Special acknowledgements of gratitude go to the American Nurses Foundation and the Summer Research Program, 1990, for their financial support of this research project.

A very special note of gratitude goes to my grandmother, Lillie Ghormley, and my brothers and sisters, particularly to Rhinda Kesselring for the drawings she did for this dissertation.

Thank you to Sandra Marshall and Cherie Moure for listening to me and supporting me during the last several years.

Thank you to Wynema Smith for her help with this study.

Lastly, I would like to acknowledge a person who cared about me during a challenging period of my life. Thank you for your care, E.W., may you never lose the capacity to care for and heal others.

DEDICATION

This dissertation is about Cherokee mothers and how they care for their children. This dissertation is dedicated to Indian mothers everywhere for the devoted care they provide to their infants and children. My personal dedication is to my own mother, Marilyn Nichols. Like mothers in all cultures, she provided me with strength and encouragement during my doctoral studies in the loving way that only a mother can do. She provided me with the intuitive Indian knowledge about mothering that was needed to complete this dissertation.

Gu-ge-yu-a uji.

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ABSTRACT

The purpose of this study was to identify the process of providing care to infants among Oklahoma Cherokee mothers. American Indian infants are one of the most vulnerable populations in the United States, thus making them more vulnerable to the care they receive. American Indian mothers have cultural differences that influence the care they provide to their infants. Given the dearth of knowledge about this process and its significance to the health and well-being of American Indian children and perhaps other children, a qualitative grounded theory method was used to build scientific knowledge in this area. Northeastern Oklahoma Cherokee mothers who had an infant less than two years of age comprised the sample pool. Informants were selected according to the process of "theoretical sampling." Nineteen informants were interviewed over a three month time period. Data were also obtained through participant observation. These interviews and observations provided the data for analysis. The audio-taped interviews were transcribed, and then analyzed using the technique of "constant comparative analysis," consistent with grounded theory. A social process of Indian infant care among Cherokee mothers was identified. Eight concepts emerged from data analysis. The first and principal concept, Being a Cherokee Mother, described the functions of being an Indian mother in Cherokee society. The seven other concepts describe the patterns of cultural care the mothers provided to their infants. These concepts were: Accommodating Everyday Infant Care, Accommodating Health Perspectives, Building a Care-Providing Consortium, Living Spiritually, Merging the Infant into Indian

Culture, Using Non-Coercive Discipline Techniques, and Vigilantly Watching for the Natural Unfolding of the Infant. Trustworthiness and credibility of the findings were established. Knowledge gained from this study may enable nursing professionals to become culturally competent in providing care that promotes the health practices of Cherokee mothers as they then provide care for their infants. Culturally sensitive nursing care provided to Cherokee families will be enhanced.

CHAPTER I

STATEMENT OF THE PROBLEM

Care is a basic aspect of human existence. Humans care for each other and are cared for by other humans. Family members provide the majority of care humans give to each other. The human experience of being cared for is fundamental to human life in infancy as well as during other life stages. Human infants require an enormous amount of care from family members, thus making them the most vulnerable members of the family. Without care from other humans, the infant will become sick or die. However, when care is provided, the infant can grow and develop into a productive member of the family. Nursing professionals can maintain and promote the health of American Indian infants* by understanding the unique caring process among American Indian mothers, thus providing family members with service and knowledge about taking care of their infants.

American Indian philosophy offers nurse researchers an alternative unique view of care. These Indian beliefs include ideas about the relationship between the earth, the Indians' doctrine of spirituality, and the living and non-living things on earth. French (1987) described this philosophy as the strength of the Indian harmony ethos. He stated that all Americans could benefit from this unique perception of the

* The terms, either "American Indian" or "Native American," can be used to describe the native people of North America. The investigator will use the term "American Indian" because the informants (mothers) used the word "Indian" to characterize themselves as native people.

individual and his or her link to nature. The universe provides the spiritual, emotional, physical, social, and biological means for human existence. The original American Indians felt the universe about them and dedicated themselves to keeping the human's world in balance with the cosmos. All of them loved the earth and held her body and her children sacred. American Indians today maintain a spiritual association with nature and the world surrounding them. By caring for the earth, the people assure that the earth will provide for the Indian tribes and their children (Hurdy, 1970).

This unique caring process continues to be passed from one generation of American Indians to the next. Children, especially infants, are of utmost importance for they represent the renewal of life (Ho, 1987) and infants are believed to belong not just to family members but to the universe as well. The infant is symbolic of new life of humans and earth and the need for a renewal of a harmonious relationship with nature (Stone, 1990). Infants are cared for with support, sustenance, and nurturing to ensure the continuity of existence (Goodluck & Short, 1980). The caring of infants insures the preservation of tribal beliefs and traditions. American Indian infants represent continued hope for the rebirth of the earth and for the rebirth of the Indian way of life (Stone, 1990).

Purpose of Study

American Indian mothers have cultural patterns that are distinct from the Western philosophy of family care predominantly found in the United States. These

cultural patterns influence the care Indian mothers provide to their infants. There is a lack of knowledge about the infant caring process among American Indian mothers. Thus, the overall goal of this research study is to provide the discipline of nursing with theory that explains the process of providing care to infants among American Indian mothers. Specifically, the purpose is through grounded theory methodology, to systematically identify the infant caring process among American Indian mothers and to identify cultural patterns of care American Indian mothers provide to their infants. The infant caring process is defined as the attention, behaviors and attitudes of a person who is concerned with the welfare and safety of a member of their family, the human being less than two years of age.

Significance and Background of the Problem

The Vulnerable American Indian Infant

The American Indian infant is described as probably the most neglected human in the U.S. population (Backup, 1980). While the neonatal death rate (0 to 27 days) among American Indian infants is actually lower than the non-Indian infants, the postneonatal mortality (death in the 28-day to 1-year period) among Indian infants remains greater than in the non-Indian population (Honigfeld & Kaplan, 1987; Indian Health Services (IHS), 1992, 1993). The postneonatal mortality remains greater for Indian infants, both males and females (Honigfeld & Kaplan, 1987). Indian infants are twice as likely to die in their first year of life than non-Indian infants. The death rate for infants is even higher in some Indian nations.

American Indian infants are at higher risks for health problems than non-Indian infants (Backup, 1980; Honigfeld & Kaplan, 1987; Rhoades, Hammond, Welty, Handler & Amler, 1987). Rates for birth trauma and asphyxiation-at-birth are two and a half times the U.S. population of non-Indian babies (Rhoades et al., 1987; IHS, 1992, 1993). Fetal alcohol syndrome occurs up to six times more frequently among Indian babies than non-Indian babies (Rhoades et al., 1987). The leading causes of death among Indian infants can be attributed to respiratory illnesses, intestinal infections, injuries, and poisonings (Backup, 1980; Honigfeld & Kaplan, 1987; Rhoades et al., 1987). With regard to injuries, the Indian accident rate for children younger than one year of age is twice the U.S. non-Indian rate (Honigfeld & Kaplan, 1987; IHS, 1992, 1993). Sudden infant death syndrome is almost twice as common among American Indians as in the U.S. population (IHS, 1992, 1993; Rhoades et al., 1987). Physical abuse and neglect is likely common among the American Indian population but has been difficult to prove. The number of cases of child abuse and neglect are expected to be as high among American Indians as among non-Indian population (Honigfeld & Kaplan, 1987), thus making American Indian children vulnerable to these health risk problems. Lastly, Indian infants are often in home environments that reflect poor sanitation and living conditions which may contribute to health problems (Honigfeld & Kaplan, 1987; Rhoades et al., 1987).

In summary, infant mortality for Indian babies is twice the national average and in some tribes infant mortality is even higher, thus showing Indian babies to be

vulnerable to the care they receive. Also, Indian babies are often at higher risk for health problems than non-Indian infants, making them even more vulnerable to the care they receive.

The Disharmonious Environment of American Indian Mothering

American Indian infants are being raised in environments that are not congruent with the American Indian philosophy of harmony nor congruent with basic elements of health. Mothers often must try to provide care for their infants in environments that foster disharmony.

A large part of American Indian infants are cared for in families where the family's choices for optimal quality of living cannot be coordinated with the disharmonious environment they live in. Indian families live in conditions that are harsher than conditions of the average American family (Rhoades et al., 1987). Many Indian families live in environments different from and far below the average American standards of living. This disharmonious environment and the Indian family cannot change together so that the family can live a quality of life capable of providing for their needs as a family. Living under such conditions, Indian mothers may make decisions that reduces with their quality of living rather than enhancing it. Therefore, choices about the care given to their infants could be reflected in the mothers' inability to improve their infants' quality of living.

American Indian tribes live with environmental conditions that are not suitable for Indian mothers to care for their infants. The Indian mother interacting with this

kind of environment may not be able to change and improve the care she provides to her baby. American Indian populations have been described as a "culture of poverty" (Bushy and Rohr, 1990). These kinds of families tend to have higher rates of fertility, unemployment, domestic violence, chemical abuse (including cigarette smoking), poor nutrition, inadequate housing, and stress. The families generally have fewer years of formal education and less access to preventative health care services than the general population (Bushy and Rohr, 1990).

Indian babies are raised in families that have several children. The birthrate remains high among American Indian women (Haraldson, 1988; IHS, 1993). The birth rate for the American Indians was two times the rate for all non-Indian populations. Forty-five percent of Indian mothers serviced by IHS were under age 20 (years) when they had their first child (IHS, 1992). The birth rate among Indian teenagers has doubled in recent years.

A large part of American Indian infants are raised in families that live below the federally established poverty index. The average income for an American Indian family was \$2300 in 1980 as compared to a national average of \$10,000 per family (Haraldson, 1988). In 1990, the average income for Indians was \$ 19,865 compared to the average income of non-Indian populations of \$30,056. Thirty-one percent of Indians residing in states serviced by the IHS (reservation states) were below the poverty line (IHS, 1993). Indian families live on half the income of non-Indian families (Honigfeld & Kaplan, 1987). Almost one quarter of all Indian families are

reported to be earning below the poverty level compared with only seven percent of non-Indian families (Honigfeld & Kaplan, 1987). The unemployment rates for Indians living on the reservations range from 25 percent to 85 percent, depriving families of needed income (Honigfeld & Kaplan, 1987).

Many Indian family members are not well educated (Carpenter, 1980; Haroldson, 1988; IHS, 1993). Many adults do not graduate from high school. The high school drop out rate is at 50 percent or almost double the national average.

The housing conditions of an American Indian family is below the housing standards of an average American family (Backup, 1980; Carpenter, 1980; Honigfeld & Kaplan, 1987). Moreover, Indian families live more frequently in households of six or more people than non-Indian families (Honigfeld & Kaplan, 1987).

Alcoholism as a health problem affects many American Indian families (Honigfeld & Kaplan, 1987; IHS, 1992, 1993). Alcoholism has contributed to many health problems such as accidents, suicide, homicide, liver diseases and cirrhosis (Rhoades et al., 1987). In addition, alcoholism has caused family problems of abuse and neglect. Fetal alcohol syndrome is a major health problem afflicting children. More than half of all mothers bearing affected children will produce more than one child with the syndrome (Honigfeld & Kaplan, 1987).

Another major health problem is suicide. The suicide rate for American Indians in 1988 was 96 percent higher than the nation average (IHS, 1993; Travis, 1983). Suicide has become an acute social problem among American Indian families,

particularly the teenagers (Davenport & Davenport, 1987). Suicide is the ultimate self-destructive act and has been associated with alienation, loss of family, low income, alcohol abuse, high unemployment, and higher education (Travis, 1983).

There are problems in the family system of the American Indians. In several tribes family relationships have eroded (Farris & Farris, 1981; Wilkinson, 1980). Whereas, the role and function of the extended family traditionally had been one of support and self-sufficiency, it has become increasingly disorganized due in part to non-Indian influences of the dominant culture.

The role of the Indian woman has changed (Hanson, 1980). Once the role of the Indian woman emphasized taking care of the family and teaching traditional ways to her children. Now, Indian women must adjust to the dominant culture as being part of her environment, and the dominant culture does things differently from the Indian family (Hanson, 1980). Fathers often are not around (Bataille & Sand, 1984; Farris & Farris, 1981) and many Indian mothers are not married, thus leaving most of the child care to them. Extended family is not always available for support to mothers. Child abuse and neglect among American Indian families are indicators that the family system of American Indians is in trouble and that increasing numbers of Indian mothers are having problems taking care of their children (Fischler, 1985). This high risk group of children especially the infants are vulnerable to the care they receive from their mothers.

Many experts have suggested that most of the health problems of the vulnerable Indian infant population are related to the socioeconomic environment in which the mothers care for their infants. Wilkinson (1980) stated that the Indian community is a whole system. Indians do not relate to various aspects of the community but have a relationship with all of the community at once.

Historically, researchers have examined only the environmental aspect to explain the poor health status of the American Indian infant. However, a discordant environment may not be understood by non-Indian people and there may actually be harmony in the "disharmonious environment," unobservable to others. People are capable of thinking about the relationship between self and environment and imaging improvements in life (Sarter, 1988). Indian mothers are capable of imaging a fulfilling life for themselves and their infants.

Indian mothers are continually changing and evolving. Roger's nursing model (1970), for example, provides a way to consider knowledge about how persons and environment interact continuously with one another, not just selected areas of the environment such as poor housing conditions, or lack accessibility to biomedical facilities. While these conditions may contribute to the care Indian mothers provide, these mothers organize themselves into a pattern of living that is reflected into observable human behavior. The mothers knowingly make choices of care for their infants. Some of these choices are not necessarily wise ones but mothers knowingly participate in changes that characterize their lives and the lives of their infants.

There is a lack of literature that examines how Indian mothers take care of their infants. Indians have a different philosophy about life than that of the dominant American culture. Thus, the care Indian mothers provide to their infants may be different but has not yet been observed by nurse researchers.

Lack of Research

There are several reasons for the lack of research that explores the infant caring process among American Indian mothers. The American Indian plays an important part in the history of America, yet there has been a tremendous misunderstanding of the American Indian's approach to life. The American Indian has a worldview different from the dominant non-Indian American culture found in the United States. As part of their heritage, American Indian mothers share these beliefs and these beliefs are reflected in the care they provide to their infants.

Many areas such as psychology, sociology, and social work have admitted to misunderstanding the American Indian culture and worldview. Lewis & Ho (1975) identified these areas as problems: 1) lack of understanding of the American Indian culture; 2) retention of stereotyped images of American Indians; 3) use of standard techniques and approaches. These same problem areas can be applied to nursing and be reasons for why there is a lack of research concerning the infant caring process of American Indian mothers.

Lack of understanding of the American Indian culture. To gain an understanding of Indian culture, nurses need to appreciate American Indian values

and Indian ways. Western paradigms need to be translated in such a way as to interface with the Indian way of thinking and knowing. The Indian way is based on a sense of harmony and wholeness. Western ideas are based on a sense of individual components and control. Indian knowledge springs from accepting rather than dominating the flow of life and growth (Hoffman, 1981).

Retention of stereotyped images of American Indians. Many terms can be found in the literature describing American Indians. These terms are a reflection of the non-Indian's beliefs about the American Indian. Words such as stoic, self-containment, aloofness, lazy, unproductive (Ho, 1987), noncompetitive, poor self concept, weak ego, passive, resistant, noninvolvement (Everett, Proctor, Cartmell, 1983), reserved, controlled, self sufficient, unemotional, and little hope for the future (Edwards and Edwards, 1980) all appear biased against the true meaning of American Indian beliefs.

Backup (1980) described three beliefs and images that the American society has about Indians: 1) one image is of the Indian on a horse wearing buckskin clothes and feathered war bonnets; or 2) another image is as a drunken Indian, a suicidal Indian, or a defeated Indian; and lastly 3) the image of a granite-faced grunting redskin with no feelings or sense of humor.

Nurses share with the American public many of the ideas about mistaken stereotypes concerning American Indians. Until these images are challenged, misunderstandings will continue to exist between American Indian clients and nursing

professionals. Nurses can improve their knowledge about American Indians by investigating the truth concerning Indians and their way of life.

Use of standard techniques and approaches. The majority of nurses in the biomedical health care system are Anglo-Americans (Kluckhohn, 1976). The philosophy of biomedical health care differs from that of the American Indian. Indians think differently, in a contextual view. Anglo-Americans are future-oriented, belong to doing-oriented professions, and are individualistic in decision making (Kluckhohn, 1976). American Indians tend to be present-time oriented, believe in harmony with the universe, and believe in working as a group and getting along (Attneave, 1982; Ho, 1987). These different philosophies can lead to conflict for both the nursing professionals and the American Indian clients.

The aim of nursing is to maintain and promote health by accepting differences and assisting people to develop patterns of living coordinate with environmental changes rather than in conflict with them (Rogers, 1970). Nursing professionals need to recognize that clients may have other approaches to life and different ways of interacting with the universe. Nurses can facilitate the interactions of these clients with their environment by acknowledging the patterning of these humans and promoting the integrity of their human fields (Rogers, 1970).

Philosophical Perspectives

The conceptual orientation of this study includes concepts from Rogers' Nursing Science of Unitary Human Beings (1970) and from American Indian

philosophy. In addition, a key element of the conceptual orientation is the investigator's preliminary theory of how Indian harmonize with their environment to provide care for themselves and others.

Martha Rogers' Nursing Model of Unitary Human Beings

In 1970, Martha Rogers presented a model of unitary human beings to the nursing profession. The model was clearly different from all the other nursing theories in use at that time, and remains so today (Sarter, 1988). Rogers' model is suitable for understanding the Indian world view and is compatible with the ideas of how American Indians relate with their universe (Nichols, 1986).

Rogers' model allows nurse researchers to view American Indians in another perspective rather than the older view of humans merely adjusting to environmental changes (Rogers, 1970). Researchers have completed investigations that have examined how American Indians adapted to the lower socioeconomic environmental forces in their lives. However according to Rogers (1970), humans and their environment interact continuously, thus mutual interaction and mutual change occurs.

Human beings cannot be reduced to parts; the integrity of the whole must be examined. Human beings and environment cannot be treated separately, for the two are open systems that constantly interact and change together (Rogers, 1970). There are four postulates fundamental to Martha Rogers' theory: 1) energy fields, 2) pattern, 3) openness, and 4) pan-dimensionality. These postulates provide the basic assumptions for her theory.

Energy field. Energy field refers to the fundamental unit of both the living and nonliving (Rogers, 1970, 1980). Rogers' model is concerned with two energy fields 1) the human energy field, and 2) the environmental field (Rogers, 1970, 1980, 1990). Human beings and environment are energy fields, they do not have energy fields (Rogers, 1990). Field is a unifying concept, forcing one to consider the whole being rather than the traditional "parts" or "systems." Energy signifies the dynamic nature of the field. Energy fields are in constant motion. As energy fields extend into infinity, so to the human field extends beyond the human body form (Rogers, 1970). Human beings have no real boundaries (Rogers, 1980). A human field has meaning only in its entirety. The human energy field is indivisible (Rogers, 1970, 1980, 1990).

Pattern. The second Rogerian postulate is pattern. Pattern identifies humans and reflects their wholeness. Pattern is continuously changing (Rogers, 1980). Pattern is a unifying concept and is the observable property of all there is. Patterning is a dynamic process. The patterning that identifies human beings undergoes continuous revisions (Rogers, 1970). Patterning is described as non-repeating rhythmicities. Patterns do not repeat themselves, but similarities in successive waves allow for continuity of the field to be maintained. (Sarter, 1988). Pattern is ever changing and reveals itself through various manifestations. Manifestations of patterning emerge out of the human/environment mutual process and are

continuously innovative. The evolutionary process is characterized by increasing complexification of energy and increasingly diverse (Rogers, 1990).

Openness. Rogers (1970) describes human beings as open systems, which characteristically constantly exchange matter and energy with the environment in an ongoing process. Rogers rejects the closed-system perspective of human beings as seeking equilibrium and adaptation (Sarter, 1988). Equilibrium and stability imply a steady state instead of the constant change characterized by patterning that occurs in the human-environment interaction (Rogers, 1970). The openness of energy fields implies two distinct characteristics (Rogers, 1970). First the human and environmental fields are in continual and simultaneous interaction with each other, in a noncausal relationship. Second, open systems are negentropic, they are always in a process of transformation into "increasing heterogeneity, differentiation, diversity, complexity of pattern." The universe as a whole is also negentropic, contradictory to the old entropic model of a universe running into homogeneity.

Pan-dimensionality. The fourth postulate is pan-dimensionality. Rogers (1991) replaced the original terms "four-dimensional" and multi-dimensionality with pan-dimensionality. Pan-dimensionality is a nonlinear domain without spatial or temporal attributes. This term describes the human field as occupying space-time, extending itself in all directions and integrating past and future into a relatively present. The field projects into the future as well as into the past. The creativity of life emerges out of the human-environment interaction along life continuum. The human field is

continually adding new dimensions of growing complexity (Rogers, 1970). Events along the continuum are unique. Events do not come again or repeat themselves. Similarity between events cannot be construed as repetitions of events. Human behavior does not revert back to earlier stages -- the path of life is unidirectional (Rogers, 1970). Each person's relative present is different from that of another person.

Rogers (Sarter, 1988) emphasizes that all four of these constructs must be synthesized to form the basis of her science of unitary human beings. Out of this synthesis emerge the principles of hemodynamics.

Principles of Hemodynamics

Rogers originally identified four principles of hemodynamics (1970) but currently considers three to be essential to describe the nature, direction, and character of change in energy fields (Sarter, 1988). The three principles include: resonancy, helicy, and integrality. These principles postulate the way the life process changes and predicts the nature of its evolving (Rogers, 1970).

Resonancy. Resonancy is defined as continuous change from lower to higher frequency wave patterns in human and environmental fields (Rogers, 1970, 1980, 1990). Higher frequency refers to the acceleration in the rate of change in patterning that is occurring. An ordered arrangement of rhythms characterizes both the human field and environmental field and undergoes continuous dynamic change in the human-environment interaction process (Rogers, 1970). Wave and frequency

denote the action of non-repeating rhythmicities and accelerating wave patterns. The higher-frequency wave patterns signify an acceleration in the rate of change of the field. Higher-frequency wave patterns and more complex forms change more rapidly. Accelerating human field rhythms are coordinate with higher-frequency environmental field patterns (Sarter, 1988).

Helicy. The principle of helicy postulates that evolution is a continuous innovate, unpredictable, increasing diversity of human and environmental field patterns characterized by non-repeating rhythmicities (Rogers, 1990; Sarter, 1988). Change is always innovative. There is no going back, no repetition. Change is non-causal. Humans evolve from lesser to greater diversity and from longer to shorter rhythms. Rogers (Sarter, 1988) explained that these changes are "experienced as" by the individual. For example, less diverse field patterning would mean the individual experiences time as passing slowly, whereas more diverse patterning would manifest time as racing or as seeming continuous. Less diverse field patterning is experienced as pragmatic, material or manifesting sleep; more diverse is experienced as visionary, ethereal, or beyond waking (Sarter, 1988).

Integrality. Rogers stated that human and environmental energy fields constantly exchange matter and energy (Rogers, 1970). The exchange of energy occurs because human and environmental fields are coextensive and are integrally related (Rogers, 1970, 1980, 1990). The mutuality of the human-environment interaction process specifies that human and environment are to be simultaneous

(Rogers, 1970). These are reciprocal systems in which molding and being molded are taking place in both systems at the same time. The human field and the environmental field are continuously repatterned. With each new repatterning, subsequent interaction is revised and new patterning in both human and environment emerges.

In keeping with these principles, then, Rogers (1970) originally explained that professional practice in nursing seeks to promote the symphonic interaction between human and environment, to strengthen the coherence and integrity of the human field, and to direct and redirect patterning of the human and environmental fields for realization of maximum health potential (Rogers, 1970).

American Indian Philosophy

American Indian philosophy is different from Western ideas and beliefs. Just as Rogers' model has been described as unique, so too have American Indians been described as different in their worldview. The following sections will discuss the parallels between Rogers' nursing theory and the American Indian approach to life. This conceptual orientation will provide insight into the patterning of the American Indian and their environment.

There are many American Indian philosophies and their expressions are so varied that it is difficult to generalize upon all Indian philosophies (Hultkrantz, 1987). Nevertheless, despite the distinctive differences of individual tribes, some general features are found among the Indian nations. There are four prominent features of

the North American Indian tribes that include: 1) a similar worldview; 2) a shared notion of cosmic harmony; 3) emphasis on experiencing directly powers and visions, and 4) a common view of the cycle of life and death (Hultkrantz, 1987). In addition, Kluckhohn (1976) describes four cultural values of American Indians that differ from the dominant Western beliefs. These values include: harmony with nature; present-time orientation; collateral relationship with others; and being-in-becoming mode of activity.

Parallels Between Rogers' Model and American Indian Philosophy

Rogers (1970) states that a human field is a unified whole possessing his or her own integrity and manifesting characteristics that are more than and different from the sums of his or her parts. The American Indian shares a similar philosophy in a broader family context or universal approach to living. Indians believe in collateral relationships with each other and nature (Attneave, 1982; Ho, 1987). Although the Indians believe in an individual's autonomy, the individual is a part of the extended family. Family bonding is the greater achievement. In addition, American Indians believe that humans are but a part of the greater whole, the universe (Attneave, 1982; Ho, 1987). The universe is the ultimate whole and that all living and non-living things have significance in the world.

According to American Indian philosophy, silence can convey the dynamic process of the energy field as described by Rogers. American Indians believe in creating a sense of unity when interacting with another human being (Dubray, 1985;

Edwards & Edwards, 1980; Everett et al., 1983; Ho, 1987). American Indians believe people should be able to understand each other without words. Silence is used to communicate this sense of oneness. Not only should humans be able to share spiritually with one another but humans should understand that animals, plants, rocks, mountains and bodies of water exist as vehicles of expression or spiritual forces (Attneave, 1982). Among the tribes of North America there is a pantheistic and animistic belief in a primal world force and its embodiment in all the elements (Highwater, 1977). The name of this fundamental "power" is generally designated as orenda, from the Iroquois name of the supernatural energy, inherent in everything in nature. Although Rogers (1990) does not describe spiritual forces, she does express that each element in the universe has an energy field. The energy field is the fundamental unit of living and non-living things. Furthermore, she states energy fields are open. The human and environmental field are in continual and simultaneous interaction with each other (Sarter, 1988). Both Rogers and the American Indian, though in different perspectives, share the belief that humans have an intrinsic quality of life to them and each thing in the universe shares in this quality.

American Indian religion portrays life as a flowing circle, from birth to death to rebirth. Life is a circle of energy (Sun Bear, Wabun & Nimimosha, 1988). The Earth is also viewed as a circle of energy and a living being with her own vision to follow and destiny to pursue. Indians saw humans as receivers and transmitters of energy, much like the trees. They know humans could give their energy to the Earth

and so help the Earth continue to prosper. Similarly, Rogers (1970) explains that human and environment are energy fields and interact continuously.

Rogers' (1970, 1980) concept of pattern, as that which identifies humans, is similar to a concept in Navajo philosophy called Nitch'i or Holy Wind (McNeley, 1981). Holy Wind gives life, thought, speech, and the power of motion to all living things and serves as the means of communication between all elements of the living world. Navajo belief is that every person has a Wind Soul within him or her that is autonomous with respect to the person, entering at birth, giving the individual the capacity for thought and action throughout his or her life and then departing at death.

American Indians accept children for what they are. Indians have faith that each child has the potential to free one's inner self (Everett et al., 1983; Ho, 1987). "Becoming" is a whole process that is never static or achieved as a goal. An Indian child is encouraged to develop and become the essence of his spirit. According to Rogers (1970), becoming is an identifiable orderly process. Life's becoming is a continuous expression of negentropic change growing out of human/environment interaction.

Repatterning (Sarter, 1988) is the evolutionary emergence of new patterns that allows for the actualization of the rich potentialities for self-transcendence inherent in all energy fields. Human field repatterning occurs in the mutual field human/environment process. Indians believe that nature teaches humans about life

(Lewis & Ho, 1975) and as Indians learn about life, they change because of the new knowledge nature has provided them. Nature is the American Indian's school, and he or she is taught to endure all natural happenings that she or he will encounter during his or her life. Indians believe to obtain maturity -- which is learning to live with life its evil as well as its good -- she or he must face genuine suffering. The Indian has "the courage to be" despite what nature provides.

Rogers' concept of openness is paralleled in American Indian Philosophy in a number of ways. There are many attributes of the Indian way of life that can be described as open. Family structures are open. Extended families includes households in close geographic proximity or can extend over broad geographic regions and assume interstate dimension (Red Horse, 1980b). Family membership usually is not restricted to boundaries; blood relatives as well as non-kin can be included in the extended family (Red Horse, 1980b). The relationship of Indians with nature assumes a quality of openness. Indians believe in harmony with nature (Dubray, 1985). Indians are a part of nature -- there is no real separation of man, nature, and supernature -- one is simply an extension of the other.

Several of the Indian beliefs reflect some of the characteristics of Rogers' (1990) concept of pan-dimensionality. Pan-dimensionality has proven to be the most difficult concept for readers to understand in Rogers' model (Sarter, 1988), just as non-Indians have had a difficult time understanding the Indian's sense of time (Everett et al., 1983). In pan-dimensionality, reality is nonlinear, nontemporal,

nonspatial (Sarter, 1988). Nonlinearity means that reality "spreads all over;" it represents an infinite, transcendent domain. Nonspatial means it "cannot be bound in spatial geometry." Nontemporal refers to relativity of time and to the "relative present" for a given individual (Sarter, 1988). Some of the Indian beliefs similar to Rogers' concept of pan-dimensionality include the following: Indians share the time orientation of Rogers (Attneave, 1982; Everett et al., 1983; Ho, 1987). Time is not linear and is not limited to the minute or hour. Time may encompass days or years; and it is a rhythmic process.

Another belief is that Indians have an extended family not limited by dimensions. The family relational field is defined as three generational, structurally open and includes significant individuals as well. Relatives are represented vertically and horizontally within the extended family. In addition, American Indians believe "being" today is the foundation of tomorrow. Accepting life as it is now is the way of being.

The Hopi language contains no reference to "time" either explicit or implicit (Whorf, 1975). At the same time, the Hopi language is capable of accounting for and describing correctly all observable phenomena of the universe. Like Rogers' concept of pan-dimensionality, the Hopis have a description of the universe that does not contain Western familiar contrasts of time and space.

Rogers' principle of resonancy, defined as rhythmical waves that signify changes in the energy field, is manifested in American Indian Philosophy. American

Indians believe in rhythmic changes of life (Attneave, 1982; Everett et al., 1983; Ho, 1987). Time has already been mentioned as a cyclic pattern. Life style becomes cyclic also. The day by day present is organized around personal bodily patterns -- sleep and waking, eating and secretion, work and relaxation, social times and times of aloneness. Larger patterns of rhythms establish times appropriate for varying activities -- seasonal variations in weather decide when to move to the summer home. The American Indian uses the rhythm of seasonal changes to provide them with wisdom that could be used for future preparation -- storing food for the winter (Attneave, 1982). Both, American Indians and Rogers accept that the life process evolves unidirectionally and is exhibited by patterns and organization.

In a Rogerian perspective, humans and environment are continuously exchanging matter and energy with one another. Human and environment are coextensive with the universe (Rogers, 1970). However, in her later writings Rogers (1990) modified her beliefs: humans and the environment are integral parts of each other. Humans are not unique or higher than those of other life forms. Neither do the American Indians consider themselves the center of the universe (Highwater, 1977). The American Indians believe in living with nature including inanimate materials and living things that exist in the universe (Attneave, 1982; Dubray, 1985; Highwater, 1977; Ho, 1987).

Indian values illustrate the principle of integrality in other respects. Indians value non-interference. Non-interference is defined as the belief that every person

has the right to choose what type of behavior he or she want to exhibit as long as it does not interfere with the goals of the tribe (Wax & Thomas, 1961). Non-interference is compared with the Western practice of coercion. Coercion can be viewed as trying to cause change or force change in the environment, whereas non-interference is voluntary cooperation. Change is a cooperative effort between Indian and environment.

Group consensus among Indians also demonstrates integrality of the group and the individual, particularly in decision making matters (Edwards & Edwards, 1980). The group works towards consensus but each individual's opinion is heard. The group and individuals are reciprocal systems in which molding and being molded are taking place simultaneously (Rogers, 1970). Individual selfhood and family mental health are indistinguishable and integral (Red Horse, 1980a).

While Rogers' model is compatible with American Indian philosophy, concepts about health and spirituality are not addressed in Rogers model. These are important concepts to American Indians. Spirituality and health are concepts that are considered equivalent in many tribal nations. Rogers' model also concentrates on the individual human whereas American Indian idea of self includes the family and tribe. The following sections will address those concepts.

Conceptual Framework: Passive Forbearance

The researcher investigated the literature for theoretical frameworks that provide for some explanation of how American Indian mothers care for their infants.

No theoretical references could be found that are culturally significant for American Indians and help explain the infant caring process among American Indian mothers. The investigator for this study has provided her own potential theory about how Indians interact in their environment (Nichols, 1988b). This theory resulted from conducting a theory synthesis (Walker and Avant, 1983). The purpose of theory syntheses is to represent a phenomenon through an interrelated set of concepts and statements. A major concept of this theory synthesis was passive forbearance (Strong, 1984). The model (Illustration 1) represents the theory of how the American Indians interact within their environment.

The conditional determinants refer to factors that indicate cultural identity. Tribal affiliation and family life-style pattern are concepts that can vary among different members of different tribes at different times. The degree with which an Indian (mother) identifies with his or her tribe influences his or her basic identity and self image (Hanson, 1980). The stronger her or his identity with the tribe, the more likely she or he will adhere to the values, beliefs, and parenting practices of the tribe.

In the Indian culture there is the idea of self-nonsel, which is less individualistic and more fluid than the Western idea of individual self (Sampson, 1977; Sampson, 1988). An Indian's definition of self includes the family, community and tribe.

The family life-style pattern determines family characteristics therefore influences the "Indianness" an individual may feel. Extended family networks

represent a universal pattern among American Indian nations (Red Horse, Lewis, Feit & Decker, 1978). There are three family life-style patterns observed in Indian families. The first is the traditional group which adheres to culturally defined styles of living. The second style is a nontraditional or bicultural group which appears to have adopted many aspects of non-American Indian styles of living. Finally the last style is the pantraditional group which overtly struggles to redefine and reconfirm previously lost cultural styles of living.

Spirituality is the essence of being "Indian," the energy field. French (1987) describes this essence as the Indian harmony ethos. Spirituality is the basis of how Indians interact in their environments. Indian religions vary in their teachings and beliefs but the idea that religion and health are inseparable is a prevalent theme among all Indian religions (Heinerman, 1989; Hultkrantz, 1987; Whorf, 1975). For example, Navajos believe being in harmony with supernatural forces is a necessary dimension of spiritual and physical health (Sobralake, 1985). Spirituality determines how the Indian interacts in the environment.

Passive forbearance or non-interference is the term used to describe the interaction pattern of the American Indian in her or his environment (Good Tracks, 1973; Wax & Thomas, 1961). Non-interference can be defined as the innate potential of each person as the personality unfolds and the right of that person to chose whatever type of behavior he or she might wish to exhibit. Another individual is not allowed to intervene (or expected to intervene), even to the point that self-

The Pattern of American Indians: Harmony Ethos

Illustration 1.

destructive behavior is exhibited. In addition, neither can the goal of the group be opposed by the person. The spiritual doctrine of American Indians is about establishing and maintaining harmony with the earth and nature. Thus, the Indian interacts with the environment in a non-interfering manner.

Indians believe that health reflects living in total harmony with nature and having the ability to survive under exceedingly difficult circumstances (Sobralске, 1985). The values, attitudes, and beliefs of health are reflected in the behaviors of the Indian. Four concepts--indirect communication, time, individual development, and interdependence--are behaviors that are valued by the Indian in promoting harmony with family, environment, supernatural forces, inanimate and living objects, and community (Attneave, 1982; Edwards & Edwards, 1980; Ho, 1987; Red Horse et al., 1978). These behaviors of the Indian/environment interaction pattern promote the balance of health sought by the Indian. The interactions can promote changes in others in the environment. For example, if the Indian does not communicate with the other person directly, then the other person may respond to that behavior in a way acceptable or unacceptable to the Indian. When the behavior is considered acceptable to the Indian then this interaction reinforces the belief system of the Indian and thus promotes the harmony sought by the Indian.

When a person is not familiar with the Indian culture then discordance in the environment can occur from misunderstanding of Indian behavior. Tribal nations can close the community to non-Indians, therefore limiting the influence outsiders have

in the family systems that are part of the community (Edwards & Edwards, 1980; Everett et al., 1983; Good Tracks, 1973; Goodluck & Short, 1980).

To American Indians, the harmony ethos pattern of living is a part of life embedded deep into the culture and history of their heritage. It is an essential part of the way Indians care for themselves and each other. Indian mothers may care for their babies using this pattern of living. Indians may not truly be able to identify or translate the meaning of harmony ethos just as Americans can not truly explain what freedom and liberty mean to them. Research is needed to understand the dynamics of how Indian mothers harmonize with their environment to provide care for their babies.

Significance to Nursing

Cultural diversity exists all over the world. Nursing has a responsibility to support and understand the human patterning of all the different cultures for which nurses provide care. American Indians have been misunderstood in situations concerning health care matters. The patterning of American Indians can be described as "different" from the Western culture in the United States. Therefore, nurses need to be especially aware of the Indian cultural patterning, particularly concerning the care provided to the infant population.

By being aware and observing how Indian mothers take care of their infants, nurses can understand and improve the care of Indian infants, especially those concerning health matters. Cultural awareness of differences between American

Indian mothers and Western culture provides nurses with some comprehension about how Indian mothers live and take care of their babies. Nurses need research that identifies the infant caring process. The culture and heritage of Indian mothers is an essential part of the way Indian mothers care for their infants and nurses need knowledge about the cultural practices concerning the infant caring process.

Summary

The purpose of this study is to identify the infant caring process among American Indian mothers and to identify cultural differences of care American Indian mothers provide to their infants. There is a need to investigate the infant caring process among American Indian mothers. The American Indian infant has been described as a neglected population. Indian infants are vulnerable to the care they receive from their mothers. American Indian mothers have cultural differences that are distinct from the Western philosophy of family care predominantly found in the United States. These cultural differences influence the care Indian mothers provide to their infants.

American Indian populations have been described as a "culture of poverty." Environmental conditions exist among Indian people that makes living a quality life difficult for the mothers as they provide care to their infants.

Rogers' model offers an alternative view of how Indian mothers while caring for their infants interact with their environment. A conceptual framework was developed from Rogers' nursing model, American Indian philosophy, and the

investigator's potential theory generated from theory synthesis. Potential questions for data collection were generated from the conceptual framework.

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CHAPTER II

LITERATURE REVIEW

The chapter presents a review of the research relevant to the study of the infant caring process among American Indian mothers. Areas addressed include: 1) Indian mothers with newborn infants; 2) parenting among American Indians; 3) primary support persons; 4) elders; 5) development of the extended family; 6) family care extending across distances; 7) misunderstandings of Indian care; 8) the American Indian woman in today's society; and 9) passive forbearance as an Indian way of caring.

Research Relevant to the Infant Caring Process Among American Indian Mothers

The infant caring process among American Indian mothers is an unexplored area. The research on the topic is sparse. The research relevant to the topic are qualitative studies that provided examples of the Indian way of care. Case studies relevant to the American Indian infant caring process which are not empirically-based will be included.

Indian Mothers with Newborn Infants: Preliminary Studies

Nichols (1988a) observed three American Indian mothers of newborn infants while making home visits to them on a Southwest Indian reservation. These observations were recorded and descriptive case studies written. The care the Indian mothers provided to their infants was different from non-Indian mothers. The Indian mothers were not aggressive about the care they provided to their infants (non-

interference). It was found that the Indian mothers combined Traditional medicine with biomedical health care when seeking health care for their infants. A "Blessing Ceremony" was performed by the medicine man to insure the Indian mother's baby maintained good health throughout life. The medicine man would encourage the mothers to see the biomedical physicians as well as to come see him. One mother explained "when the children get sick, we take them to the medicine man and he tells us to also go to the (Indian Health) clinic." During their pregnancies, the Indian mothers described how they took care not to eat certain foods such as strawberries because strawberries would leave a mark on the baby, or not to watch certain programs on television that were violent because the violence could cause congenital defects. These mothers delivered in a hospital. Both biomedical health care and Traditional medicine appeared important in the care mothers provide to their babies before the birth and after the baby was born.

Another observation about the care Indian women provided to their infants was that family members participated in every aspect of the baby's care. One Indian mother whose infant was two weeks old decided to go up North to a basketball tournament and her family decided that the infant should stay at home with them (Nichols, 1988a). When asked further about leaving the baby, she replied, "They don't think I should take her away from them." When asked about how she felt about leaving her she said, "I'll miss her but her grandmothers will take care of her." Another Indian woman described how her aunts and uncles wanted to keep her

young baby over the weekend, "to get to know her (the baby)." Another mother who was returning to work explained "my sisters, mothers, and grandmothers are going to take care of her (the baby) while I am at work." When asked about specific arrangements, the Indian mother replied, "Oh, they'll take care of her." Thus, family members provide an important part in the care of the baby, and the mothers seemed unconcerned about being separated from their babies as long as a family member was involved with the care.

Parenting Among American Indians

Parenting among American Indian families is different from the Western nuclear, independent family systems found in the United States. The caring attitudes which American Indian mothers hold toward their children are reflected in the parenting behaviors they use. It is a non-coercive style of parenting, it is a cooperative effort between the mother and her child.

A qualitative study of Oklahoma Indian parenting portrayed the experiences of urban American Indians from the perspective of being parented and parenting one's own children (Haase, Seideman, Primeaux, & Burns, 1990). Eight Indian mothers and one Indian father were interviewed about their experiences. Identified themes were: traditional Indian family structure, the good parent and good child, ways of learning, discipline and affection. Informants described an interdependent network that encouraged childrearing as an integrated part of the community life, the traditional Indian family structure. Grandparents assumed an active role in child care

responsibilities and taught Indian traditions to the children. The parents were perceived primarily as providers. Child care was shared by both parents and grandparents to provide the children with a sense of security.

Being a good parent was described as one whose energy is focused toward ensuring that the child receives the proper amount and kinds of things they need, including physical needs, guidance, and supervision. A good child was one that is respectfully watching and listening. A good child was viewed favorably by others in the community, "is on the honor roll," "is always polite."

The Indian way of learning depicted three teaching approaches used in Indian families: listen and watch, freedom to explore and try things on one's own, and subtle and indirect. Simply watching and listening was considered the way a child learned best, "The child is there (at the dance), quiet, watching and listening." Children were allowed to explore on their own, "Let them do whatever they want to, without hurting themselves." One indirect approach to teach children to be good was storytelling. Stories about the "Little People" were told. The Little People occasionally come and take children away. These stories discouraged "bad" behavior among the children.

Discipline was considered the responsibility of all adults. Children were expected to accept such discipline without questioning the elder's right to discipline. Other examples of discipline strategies were: using stories to convey misbehavior; isolating in another room; distracting; and pointing out the good behavior of others

in comparison to the child's misbehavior. Indian ways of discipline were primarily non-coercive and reflected a basic Indian philosophy of non-interference and expected cooperation.

Affection was conveyed by parents primarily by showing the child how important he or she was. Affection was communicated in subtle and indirect ways, not in outward demonstrations of affection. One informant said, "Mother worked hard, but you knew you were loved." Affection was also provided through "special relationships" where children were selected for special attention by a certain relative. Children who are named for another person, namesakes, are an example of a "special relationship."

Primary Support Persons

Much of the research on mothers caring for their newborns has been conducted with Anglo-American women (Rees, 1980; Mercer, 1985). One of the significant factors that influences the care an Anglo-American mother provides to her infant is the support she receives from her husband, who is perceived as the main support person by the mother (Mercer, 1986). American Indian mothers indicated that their mothers and extended family (relatives) were the main support persons (Nichols, 1988a; Bushy & Rohr, 1990; Haase et al., 1990). Indian mothers would go to great lengths to be with family members, travel long distances, and move in with relatives in another town for a period of time.

Elders: Unifiers of Indian Families

Elders are an important part of any American Indian mother's family. Elders assume family responsibilities and obligations. Elders are part of the caring process of American Indian children (Haase et al., 1990; Nichols, 1988a; Red Horse, 1980a). Red Horse (1980a) provides a case illustration of how elders caring for Indian children can be misunderstood. The South Dakota Department of Public Welfare petitioned a State court to terminate the rights of a Sisseton-Wahpeton Sioux mother to one of her two children on the grounds that he was sometimes left with his 69 year old great-grandmother. In response to questioning by the attorney who represented the mother, the social worker admitted that four-year-old J. was well cared for, but added that the great-grandmother "is worried at times."

Haase et al. (1990) in their study described the Indian elder's role in parenting as a "given" for the grandparents, not something that was forced upon them or something that they took without the parents' permission or approval. Grandparents provided the affection, the sense of believing in self and the sense of "being"--being wanted and important in the world for the children. One informant stated, " My father's retired and he takes care of my daughter. And when my kids are sick, they stay home with my mother and my father. And if something happens, my parents are usually the ones that go and take care of it with my kids."

Development of the Extended Family

Extended Indian family systems foster interdependence of family members, whereas Western family systems encourage independence of family members (Red Horse, 1980b). Indian family behavior stresses collateral relationships in which family involvement, approval, and pride are highlighted.

Red Horse (1980b) describes how the extended Indian family develops through three major life-span phases: 1) being cared for, 2) preparing to care for, and 3) assuming care for. Life span phases are not necessarily controlled according to age, but according to family or cultural role. "Care" identifies comprehensive family strengthening roles throughout the life span.

Phase one, "being cared for," is illustrated through naming ceremonies (Red Horse, 1980b). Namesakes create a special bond between the child and the adult selected as the namesake. Grandparents, aunts, uncles, or family friends are selected for this role (Haase et al., 1990). Namesakes assume major childrearing responsibilities (Red Horse, 1980b). Personal contact between namesakes and children is expected to occur on a regular basis. One Indian mother described the naming ceremony, "we get to pick it (name) out, and it's giving honor to somebody. And they're (the child) actually supposed to be that person. So it's kind of like carrying on the tradition within the family through the generations. And it's a family name (Haase et al., 1990)."

Phase two, "preparing to care for," is described as a period which introduces considerable self-reliance and personal decision making. These features accompany family relational obligations. One Chippewa woman (Red Horse, 1980b) provided a case illustration of this phase. The woman drifted from one household of a family member to the next and gave birth to her children while residing in three different homes. During this period, she was gainfully employed and contributed to each of the households. She had a strong preference to be near her family. Finally, she rented an apartment away from her mother (independence); however she reported that she moved "next door to her mother (interdependence)." They continued to see each other daily and her mother continued to take of the woman's children.

The last phase, "assuming care for," captures the essence of respect and wisdom. The role the elders play taking care of family members demonstrates how a person "assumes care for" others. Elders will take care of grandchildren and teach them the traditional way of life. They make family decisions about the health care of family members and adopt another Indian into their family if that person has lost someone to a death. Elders are important in the community for they represent wisdom and knowledge. Elders insure that the Indian way of life is passed on to the future generations. Grandparents were described by one informant, "They (grandparents) were like my parents, because we were kind of raised with my grandparents too, because we all lived together in the house. Our grandparents just talked to us about old stories a long time ago (Haase et al., 1990)."

Family Care Extending Across Distances

Strengthening mutual interdependence through relation bonding is a life long task of the extended Indian family system (Red Horse, 1980b). Distance is not a barrier to developing and strengthening family ties. Despite the distance, family members visit each other routinely bi-monthly or monthly. Informants from the study conducted by Haase et al. (1990) discussed these trips to relatives. One informant explains, " We were raised in the city, normal everyday kids. And then on the weekends we would always go to the reservation and stay with grandma and see our cousins. On Saturday night, at my grandmother's on my dad's side, and then Sunday we'd get to go to my grandmothers's on my mom's side, Granny." Visiting across state lines did not prevent the informant from seeing her grandparents, "When I lived in D.C., I was back three times in one year to see them."

Misunderstandings of Indian Care

Indian family care has been misunderstood by the human service and health care professionals. Because of these misunderstandings, Indian children have been wrongly removed from their homes and health care of children has been adversely affected by misunderstandings between health care professionals and Indian family members (Fischler, 1985).

The extended family plays a large part in the care of children. When a human service professional misunderstands the role of extended family, the family behavior can appear bizarre. Red Horse et al. (1978) provided two case studies to

demonstrate these misunderstandings. A young probationer was under court supervision and had strict orders to remain with responsible adults. The teenage boy was staying with "different young women" every night and appeared to be in violation of his probation. The counselor thought the youth was either a pimp or a pusher. An Indian counselor investigated the situation further and discovered that the "different young women" were cousins who were there to supervise and care for the teenage boy.

The second example involved an eighteen-year old mother identified as mentally retarded and epileptic by the department of welfare officials. The welfare department assumed control and custody of the woman's infant. The grandparents of the infant insisted that the extended family was available for assistance. The grandparents had just finished caring for three other young and active grandchildren, who appeared to be well adjusted. The welfare officials ignored the grandparents request and the infant was placed in a foster home.

Health care workers have also misunderstood the care Indian family members provide. Two examples of misunderstandings will be discussed concerning the nursing care of an Indian baby in a neonatal intensive care unit (NICU) and the relationship of the nursing staff with the parents. Case studies about these misunderstandings were recorded (Nichols, 1990).

One infant was transported from an Indian reservation to the hospital several hundred miles away. The father came down from up North and stayed with the baby

in the NICU. The father was not necessarily interested in the "medical facts" of his son's condition which disturbed the nursing staff. On the third day, he returned to the Indian hospital on the reservation in order to bring his wife to see their baby in the NICU. While traveling up North, the father stopped and called every one to two hours to inquire about the baby. The nurses were annoyed by the constant phone calls but the phone calls were meant as a way to stay in touch spiritually with his son until the father could return with the baby's mother.

In another case, preparations for discharge of a baby with congenital anomalies were being made. The infant girl had a tracheostomy airway and gastrostomy tube. The prognosis for the baby was poor. The Indian mother had come from the reservation and brought her other two daughters, age fourteen and fifteen, with her. The family was staying in a room available for parents whose babies were in the NICU.

The mother would sit and rock the irritable baby and chant while her daughters would also sit and chant with her. The constant chanting annoyed some of the nurses and they asked the mother to "please be quiet for awhile." When the mother was asked what the chanting meant, "nothing, my mother sang it to me and I sang it to my other girls (similar to a lullaby in the non-Indian tradition)." The mother explained of the two girls presence, "The girls are going to help me take care of C. when she comes home." The young girls tried to participate in the care of the baby as much as possible, however the some of the nursing staff refused to let them participate except with the simple procedures such as changing the baby's diaper.

The nurses reminded the three family members that only two people could be at the bedside at once. The nurses misunderstood the Indian mother's behaviors. The baby died before her discharge date.

Primeaux and Henderson (1981) provided a case history of a grandmother who brought her two month old grandson from the Indian clinic on the reservation to a specialized pediatric hospital in a large medical center in the city. The hospital staff were puzzled as to why the grandmother brought the baby in instead of the parents. Once the infant was admitted, he was removed from his grandmother's care and "routine hospital" care was given. The baby's leather band was removed for sanitation reasons and the baby's head shaved for an IV site. The grandmother was upset about the breaking of Indian tradition by removing the leather band and shaving the infant's head. She feared the baby would die. The family was denied visitation to the baby. Traditional medicine rituals were not permitted and the grandmother's care of the baby was ignored. Eventually, the grandmother took the infant out of the hospital against medical advice and the infant died later of complications from his illness.

Misunderstandings of child-rearing practices of American Indian families has lead to mislabeling of particular practices as child neglect (Fischler, 1985). One Indian practice is living among relatives. Children are often raised by family members (Primeaux, & Henderson, 1981; Red Horse, 1980b; Haase et al., 1990); each contributes to the care of the child, with the effect that the child feels at home

within the extended family (Fischler, 1985). Another practice among American Indians is sibling caretaking (Fischler, 1985). Indian children, seven to nine years of age, are taught to care for younger siblings for brief periods with adults not far away. Haase et al. (1990) also described this practice in their study. Children are encouraged to care for each other when they are young. This pattern promotes interdependence and responsibility of family members for each other. Caretakers outside the family were not trusted, thus it was considered better to have children caring for younger children than an unknown person.

When an Indian mother does not comply with a biomedical treatment that was prescribed by a health care professional, it may be that cultural differences were not considered by the biomedical health care worker. The incidence of Sudden Infant Death Syndrome (SIDS) is high among American Indian infants. American Indian mothers may not understand the importance of complying with biomedical care unless the health care professionals understand the "Indian way of care." Bushy and Rohr (1990) surveyed sixteen American Indian mothers whose infants required monitoring for apnea. With compliance behavior defined as placing the apnea monitor on the infant whenever the infant slept, eleven women were compliant and five were non-compliant. The non-compliant women had a higher number of infants that died of SIDS. The Indian elders stated the infants had died because the mothers did not carry the children in the Traditional way (papoose style) but instead had left them

in a playpen or crib like the "white man." Mothers may have feared reprisal for non-compliance when responding to the survey.

These cases demonstrate that cultural differences of care between the biomedical staff and the Indian family members created problems in the care given to the Indian infants. These cultural misunderstandings of the biomedical professionals compromised the quality of care given to the Indian infants and their families.

The American Indian Woman in Today's Society

The Indian woman living away from the reservation still depends on her tribal affiliation for her basic identity. Hanson (1980) provided five case studies that illustrated how Indian women live in today's society. The five women were reared on reservations and migrated to urban areas in search of a better life. The women were able to work successfully, usually while the children were in school. If the woman was married she remained submissive to her husband's leadership in the home. If the woman was single she trained her children to prepare meals and function in her absence. The children were also taught to think and make decisions independently. The women tried to maintain ties with their culture by returning to the reservation to visit relatives, attend powwows, and participate in events culturally relevant to their Indian heritage. Children were taken to all of these events to insure Traditional ways were part of their children's lives as well. These women demonstrated an ability to adapt in the Indian world and the Western world.

Passive Forbearance as an Indian Way of Caring

Passive forbearance or noninterference is a cultural interaction pattern of American Indians (Wax & Thomas, 1961) that can be observed in family caregiving and in behavior at health care facilities. American Indians providing care to family members, including infants, or receiving care from other persons do not believe they should try to influence others or to "interfere." Thus caregiving of American Indians is different from Western beliefs of control and cure (La Fargue, 1985). The case study presented by Primeaux and Henderson (1981) of the grandmother and her grandson illustrates non-interference. The grandmother was willing to let the biomedical doctors and nurses care for her grandson in their own way (non-interference) but the biomedical doctors and nurses wouldn't allow the grandmother to practice Traditional medicine (control).

Strong (1984) explored how families who care for their elderly relatives view their caretaking situations. Ten Indian caretakers and ten "white" caretakers of ill elderly persons were interviewed in a semi-structured format. Comparisons between the two groups were made. Strong describes how the American Indian caregiver was different from the "white" caretaker. Indian caretakers used the stress management strategy of the passive forbearance type. Indian caretakers believed they had little or no control over the caretaking situation. The Indian caretakers did not express anger over the situation either, while the "white" caretakers talked about feeling angry or frustrated and directed their anger towards the elder, at another person, or

sometimes at the general situation. The Indian caretakers discussed loss not only in terms of the future loss of the elder but also the loss of traditions or family ties when the elder dies.

Fifty American Indian women from Southwestern Indian tribes were observed at a prenatal clinic at an Indian Health facility in Southern Arizona (Nichols, 1988a). Their behaviors were recorded and descriptive case studies developed. The women in the prenatal clinic interacted non-intrusively with the staff so that everyone was able to get to her scheduled appointments for the day. An "outsider" would have described the interactions of the Indian women as "passive," however the women intended to cooperate.

Several behaviors of the Indian women at the clinic were observed. The women talked very little while waiting for their morning appointments. The eye contact between the nurses and the women was kept to a minimum even during the diabetic teaching sessions. Questions concerning their pregnancies were not asked by the Indian women. One young non-Indian woman, eligible for prenatal care because she was married to an Indian man, was also at the clinic. The behavior of this non-Indian woman contrasted sharply with the behavior of the Indian women. The non-Indian woman complained about the long wait to see the physician. She was very talkative between appointments. She voiced objections about having to participate in the childbirth classes. On the other hand, the Indian women never complained or objected to the numerous appointments they had to attend at the

clinic. They waited and accepted instructions given to them without comment. These behaviors may or may not facilitate healthy infant care-giving.

The Essence of "Being Indian"

Indian people have been described as aloof and distant. The person raised in an Indian society remains "Indian" despite years of education, distance from the reservation or family, and influences from the Western culture.

DuBray (1985) investigated value orientation differences between thirty-six American Indian and thirty-six Anglo-American professional female social workers. The American Indian social workers showed differences in relationship to the Anglo-American group: being in activity orientation, collateral in relational orientation, present time orientation, and harmony with nature in man/nature orientation. The Indian social workers preferred the core values of their heritage despite six years of professional education. Most Indians have continued their desire to maintain their tribal and community organizations by accepting only those aspects of the dominant culture that they have found useful.

Summary

Care among American Indians mothers is an unexplored area. Research relevant to the infant caring process among American Indian mothers has been presented, the nature of which was predominately qualitative studies that provided examples of the Indian way of care. Case studies relevant to the American Indian infant caring process which are not empirically-based were also included. It was

concluded that major gaps in the literature on knowledge about the American Indian infant caring process exist.

CHAPTER III

METHODOLOGY

This study was designed to investigate the infant caring process among American Indian mothers and identify cultural patterns of care. Given the dearth of knowledge about this process and its significance to the health and well-being of American Indian infants, a qualitative grounded theory methodology was the approach to building scientific knowledge in this area.

Grounded Theory

Stern (1980) described grounded theory as a research method used to search out factors or to identify and describe related factors that pertain to the research problem at hand. Grounded theory differs from other qualitative methods in that it involves an inductive and deductive approach to theory construction. It is inductive because concepts are grounded in data and deductive since hypotheses are tested as they arise (Stern, 1980; Field & Morse, 1985). Grounded theory is derived from symbolic interaction in the theory of sociology. Grounded theory research is aimed at understanding how a group of people define, via cultural interactions, their reality (Munhall & Oiler, 1986). Symbolic interaction is concerned with the inner aspects of human behavior, specifically, how people define events and how they act in relation to their beliefs. Meaning guides behavior and situations are deliberated prior to action (Chenitz & Swanson, 1986).

Theoretical frameworks and an empirical base about the infant caring process among American Indian mothers is lacking in the literature. Therefore, grounded theory research is appropriate. For grounded theory, concepts are linked in such a way that the investigator is able to present an integrated theory to explain the problem under study.

Sample and Setting

Nineteen informants selected to participate in this study were American Indian mothers with an infant less than two years of age. The informants were considered the experts, providing the data for analysis, the investigator, the learner in the situation (Field & Morse, 1985). Informants were selected because they could provide rich and meaningful data. The purpose of qualitative research is to discover meaning rather than distribution of attributes within a population (Field & Morse, 1985). Selecting informants in grounded theory is based on theoretical sampling. Theoretical sampling refers to the selection of informants who will most facilitate the development of emerging theory. Such informants have specific characteristics or knowledge which will add to, support, or refute the theory, thus enhancing the investigator's understanding of the setting (Field & Morse, 1985). Initial selection of informants was based upon several factors such as living in a rural area, degree of identification with their Indian Tribe, and living close to their Indian clan or far away from them. This process of data collection is controlled by the emerging theory (Glaser & Strauss, 1967). The number of informants to be interviewed is not

important, rather the completeness of the data. Informants are interviewed until no more categories merge.

Access to the informants was through contacts in the community. Some of the informants were selected from a convenience sample. The contacts selected some of the informants, instead of the investigator selecting the informants using theoretical sampling. However, all informants were selected according to the subject criteria for this study.

Specific cultural knowledge merged from the data that needed further clarification. The informants were not always able to provide the necessary data. Therefore, three Cherokee elders in the community were also interviewed to clarify cultural aspects of data that had developed.

This particular Indian population was selected because of the ease of access, given that the investigator is a member of the Cherokee Nation and from Northeastern Oklahoma. The pool of potential informants were selected based on these criteria:

1. Member of the Cherokee Nation.
2. Have an infant less than two years of age.
3. Are 18 years of age or older.
4. Are 1/2 blood quantum or greater.
5. Live in Oklahoma.
6. Able to speak English.

The setting for this study was in Northeastern Oklahoma in the counties designated as the Cherokee Nation. The capitol of the Cherokee Nation is located in Northeastern Oklahoma. The Cherokee Nation is not a reservation but the largest concentration of Cherokees live in Northeastern Oklahoma. There are 147,911 tribal members enrolled in Cherokee Nation (L. Fleming, personal communication, Sept. 1, 1993). Cherokee Nation is the second largest Indian tribe in the United States (Utter, 1993).

The Procedure

Human Subjects Issues

The human rights of the informants were protected according to the guidelines set by the University of Arizona Human Subjects Committee (Appendix B). The study was explained to all the informants by the investigator including the purpose, procedure, time, risks, benefits, and cost of the study. The voluntary participation of the informants for this study was explained as well as their right to withdraw from the study at any time. All informants were encouraged to ask any questions prior to, throughout, and during the data collection process. The confidentiality of the informants was also assured at this time by assigning a code number to each informant. All informants were given a written disclaimer form explaining the above information (Appendix A).

Accessing Potential Informants

Formal access to informants was gained through the preschool programs of the Cherokee Nation located in different parts of Northeastern Oklahoma and a local community church. The investigator received a letter of support from the Principal Chief of the Cherokee Nation of Oklahoma, Wilma Mankiller (Appendix C). Informal access to informants was gained through a social worker, who is Cherokee and is familiar with the Indian people in the community. She was able to get the support of members from the local community to participate in recruiting informants for the study (Appendix C). Informal access to Indian informants occurs more readily when the investigator is a familiar person in the Indian community and is introduced to the informants by someone who is familiar to the Indian clans.

American Indian clans are often closed to outsiders and distrustful of providing information to outsiders (Bushnell, 1981). Gaining access to subjects and gaining their confidence can be difficult for some investigators. Bushnell's study (1981) is an example of a research study where Indian women did not wish to participate in the study fearing that their remarks would be twisted, then put in the newspapers to make them look bad. However, for this study the investigator's Indian background and familiarity with the region facilitated access to the informants.

The names of the potential study informants were obtained in four ways: 1) from the director of the preschool programs; 2) from the Cherokee social worker; 3) from a person at the community church; and 4) other community leaders in the

Northeastern Oklahoma. All the contacts utilized in this study were given criteria for informant participation in the study. The director of the preschool program arranged for the investigator to meet potential subjects. The social worker introduced the investigator to subjects who agreed to consider participation in the study before meeting the investigator because they knew the social worker. The person from the community church arranged for the investigator to meet potential subjects at the church. Several members of the community provided the investigator with the names and phone numbers of potential subjects. The investigator then called the subjects at home to inquire if they would like to participate in the study. The investigator identified herself as an Indian registered nurse who worked with babies, and was now a doctoral student.

Arrangements were made to interview the informants either at their home or a place selected by them. The informants willing to participate received a written disclaimer form at the time of the interview explaining the study and affirming their anonymity and voluntary participation.

The informants who were asked to participate in this study live in a rural community. Indians move around from one household to another in the interdependent family system (clan) (Ho, 1987). Thus, locating the informants to be interviewed proved challenging. Several stages are involved in locating and interviewing Indian mothers: 1) identifying the informants whereabouts; 3) talking to the family members to find out the informant's location 2) locating the informant's

home; 3) visiting with the client; 4) departure of the investigator; and 5) setting another appointment on "Indian time" (Nichols, 1988a).

Data Collection: The Interview

Several questions concerning the infant caring process among American Indian mothers were generated from the conceptual framework. Spiritual beliefs are a significant part of the Indian way of life. How do Indian mothers integrate Traditional medicine and biomedical health care interventions when taking care of health problems of their infants? Do the mothers balance the two practices or do they defer to one kind of health care? Family and community are important to American Indian mothers. How do family members participate in the care of the infant? Are Indian mothers the primary caretakers of their infants? Do they make the decisions concerning the care of their infants? When Indian mothers are in a "disharmonious environment" how do they care for their babies? Do they believe that the harsh conditions are significant to the way they provide care to their infant or do they find other aspects in the environment that balance the "bad" aspects of a discordant environment? These questions guided the investigator in the initial phases of data collection.

The investigator was required to take special considerations when interviewing American Indian informants. American Indians communicate with others in a manner different from non-Indian people (Ho, 1987). Ho (1987) describes two modes of communication that American Indians use: 1) the American Indian's use

of silence because silence creates a oneness of spirit before a meaningful conversation or relationship can occur; 2) the use of indirectness to convey respect for another person because Indians' interactions with others is collateral in nature.

American Indians are not comfortable with providing information that results from direct questioning for information (Everett et al., 1983). Instead the American Indian may be more comfortable if the investigator shares some of herself (Everett et al., 1983). The main purpose of the interview is to collect credible, trustworthy, and authentic data. Self disclosure on the part of the investigator can elicit disclosure by the informant (Pareek & Roa, 1980).

Pareek and Roa (1980) described other factors that the investigator must take into consideration. The investigator needs to establish rapport with the informants at the beginning of the interview. As mentioned earlier, Indians are distrustful with outsiders but are more comfortable with people familiar to them. Self disclosure on the part of the investigator improves rapport between the informant and the investigator. The rapport-building may take a large portion of the interview, even requiring the investigator to return for another appointment (Nichols, 1988a).

Sequencing of interview questions was another important matter for the investigator to consider (Pareek & Roa, 1980). Questions which are likely to pose some threat to the informants should not be asked at the beginning of the interview. Sensitive questions should be postponed and asked only after rapport has been established. During the interview, American Indians may want to discuss other family

matters or discuss the investigator's family before questioning can begin or continue (Nichols, 1988a). The investigator needs to be sensitive to the Indian informant's own subtle sequencing of the interview, otherwise the informant may not cooperate (Everett et al., 1983).

Structuring the questions also requires attention (Pareek & Roa, 1980). The interview schedule should be prepared in stages with the communication style of the Indian informant kept in mind. Structuring the questions may also involve obtaining information which concerns the length of the interview, the sequencing of questions, the reaction of the informant, and the way rapport is established with the informants.

The interviews were audio-tape recorded and field notes were written after the interviews. The interviews lasted approximately one to two hours. The informants were given ten dollars compensation at the end of the interview. These interviews provided the data for analysis.

Data were obtained through participant observation in settings that included the informants' homes, a church room, and environments outside the home such as a dancing class. Participant observation provided data that verified the informants' reported behavior during the interview and the actual behavior that occurred in the setting (Field & Morse, 1985).

After rapport was established, the interview began with a general question called the "grand tour question" (Glaser, 1978; Glaser & Strauss, 1967), for example, "Tell me about your baby." However, some of the informants did not understand

what the investigator required. She added examples about some of the ways her sisters and friends cared for their infants (self-disclosure). The informants needed a more structured and concrete question to answer in the beginning. Continual clarification of terms and meanings used by the informants were sought by the investigator. However, the investigator did not ask questions about certain cultural meanings due to the sensitivity of the subject, for example conjuring. Meaning of terms, particularly cultural terms, were not presumed or assumed by the investigator. As the interviews continued, progression was made from general questions to questions seeking specific information from the informants' provided statements. Questions were asked in such a way that they were not confrontational to the informants. For example, the investigator might talk about Indians she worked with who used Traditional medicine and then, wait to see if the informant responded to the example. If the informant proceeded to talk about Traditional medicine then the investigator would proceed with additional questions. All questions concerning Indian traditions were asked with great regard and respect for the informants' beliefs. This specific information provided the investigator with the data needed for theory development.

Analysis of Data

Constant comparative analysis was the method used to generate theory from the data collected in the interviews. Conditions exist that could influence data

analysis. Field and Morse (1985) describe several stages of data analysis for grounded theory.

Conditions Influencing Data Analysis

Several conditions exist that influence data analysis, those related to the researcher and those related to the research process (Chenitz & Swanson, 1986). The conditions related to the researcher include (Chenitz & Swanson, 1986): The type of theory that evolves from the data varies with the level of skill the investigator has with grounded theory methodology. The more extensive the training the researcher has, the more integrated and refined the theory will be. The experience level of the researcher provides the investigator with more knowledge and insight into detailed analysis needed for grounded theory methodology. The investigator must have confidence in her ability to interpret what is seen in the data and in the end believe in the findings. The researcher needs to be tolerant of the ambiguity in data analysis, particularly during the early phases of data analysis.

There are several conditions related to the research process that influence data analysis (Chenitz & Swanson, 1986). The perspective of the researcher to the research study, for example the researcher may come from a developmental background. The methodology for collecting the data and the amount of data collected affects the data analysis. The inductive-deductive process of data analysis used in grounded theory is repeated again and again as hypotheses are added or discarded and until the theory emerges. The theory must be built on concepts of

abstraction of ideas and not on the ideas themselves. The analysis of the data is detailed and careful records of observations and interviews are made, ideas in the form of memos are recorded, and data are analyzed, first line by line, then paragraph by paragraph, especially in the early phases of data analysis.

Data Transcription

The first stage of analysis begins with the transcription of the data from paper/tapes to typed words. Tapes were transcribed using a word processing program and transcriber. Data were cross-referenced and categorized using the Ethnograph qualitative data software package.

Category Development and Category Saturation

All the data were analyzed, even those which appeared meaningless and unimportant. Each piece of data was compared to other pieces of data. The data were coded by common themes and divided into categories which shared the same meaning (category development) (Chenitz & Swanson, 1986). This strategy is referred to as constant comparison of data pieces. Glaser and Strauss (1967) stated that the data must be examined closely for all instances of phenomena that seem to be similar to determine whether or not there is a fit with the developing category. With each interview, data were collected, transcribed and coded into categories until no more interviews were necessary because no more new information appears. This is called saturation of the categories. A category is said to be saturated when no new

information on the characteristics of the category is forthcoming (Field & Morse, 1985).

Formulating Abstract Definitions

When the process of establishing and saturating a category has been achieved the researcher must formulate a definition based on the properties inherent in the category. These definitions act as a guide for further data gathering and should stimulate theoretical reflection on the part of the researcher (Field & Morse, 1985). This stage is called concept formation whereby a conceptual framework develops out of the data (Stern, 1980).

Properties of categories were identified and the ones with common themes were merged into a central theme. The investigator continued to reflect on and contemplate the properties inherent in the categories. The investigator attempted to link the categories which she believed to reflect the American Indian infant caring process. Interviewing continued as the concepts emerged.

The researcher contemplated at this point whether the emergent categories bear resemblance to other known work that has been carried out in the field (Field & Morse, 1985). Glaser and Strauss (1967) suggest that the researcher have a sound knowledge of the general theory in the field of study, but this is for comparative purposes, not for the purpose of forming a framework prior to data analysis.

Using Definitions and Exploiting Categories

Once initial categories have been formed, the investigator must continue to search for additional categories. Categories need to be reduced, making them more specific or more general in nature (Field & Morse, 1985). Categories are merged into concepts or core categories (Glaser, 1978).

The investigator identified the parts of the framework from the data that informants provided and the categories that emerged. The investigator compared several of the categories and rejected some of them when the categories did not fit the main theme that was emerging. During data analysis, the investigator must also search for negative instances that contradicts or does not fit the criteria that have been identified for the category (Field & Morse, 1985). Informants were selected and interviews focused to obtain additional specific data to further develop the emerging theory. Informants were asked specific questions for further clarification of themes. Reducing the categories into a concept is necessary to make them more specific for concept development. This reduction process was a constant ongoing comparison until the data collection emerges as a central theme or theory (Stern, 1980).

Linking Categories and Testing Links

Links between core categories were noted, described and developed. This is where the initial generation of hypotheses relating to the links occurs (Field & Morse, 1985).

Two processes were involved with this stage, theoretical coding and memo writing (Stern, 1980). Links between categories can be accomplished by theoretical coding. Properties and links were generated by using coding families which concentrate on the causes, contexts, contingencies, consequences, co-variances and conditions of the emerging concept (Glaser, 1978). Any insights that occurred during data collection were written down in memo form. These memos are used in conjunction with the information obtained from the additional questions in identifying properties of the categories. As categories became saturated, propositions were developed and organized, forming the theoretical structure. Theoretical coding is the presentation of data in a schematic diagram that helped the investigator blend the data into an integrated theoretical framework (Stern, 1980).

Connect with Existing Theory

The final step in the grounded theory approach was to examine the literature available on the topic and use this to support the theory that emerged (Field & Morse, 1985). The investigator selected literature that focused on Cherokee way of knowing to support her theory. This stage connects existing theory to the theory developed and validates the concepts as being sound.

Trustworthiness and Credibility

The terms reliability and validity are not as relevant for qualitative research (Chenitz & Swanson, 1986). Major problems using reliability and validity in addressing these areas in grounded theory are noted, for example, the lack of a

language that describes the analysis of qualitative data using grounded theory and the reliance of often confusing quantitative terms to describe the analytic steps, such as coding and theoretical sampling. Lincoln and Guba (1985) use the terms trustworthiness and credibility, which refer to the level of confidence in the truth of the findings, the degree to which the findings are applicable in other contexts, and the consistency of the findings. The following techniques were used to establish trustworthiness and credibility of the data.

The first is prolonged engagement at the site where the data were collected. Prolonged engagement is the investment of sufficient time to achieve certain purposes: learning the "culture," testing for misinformation introduced by distortions either of the self or of the informants, and building trust. The researcher grew up in the area and was familiar with the setting. The investigator moved to the area of the Cherokee Nation and lived there twelve weeks among the Indians. Trust between the informants and the investigator was increased by her presence and availability in the area. She returned to the area for several visits for further investigational work. The investigator was able to observe cultural patterns of infant care among the Indian mothers when invited to informants' homes.

The technique of persistent observation was used to identify those characteristics and elements in the situation that are most relevant to the problem being pursued and focusing on them in detail. The investigator was able to observe Indian mothers as they provided care to their babies in their homes and in the

community. The investigator attended Indian events and observed Indian mothers caring for their infants and children. Field notes about these observations were recorded. These observations validated emerging concepts and theory with observational data.

Member checks were made by sharing the data, including emerging definitions, concepts, categories, and theory, with the informants. The member checks were done informally and formally. This strategy increases the clarity and relevance of the data. Many opportunities for member checks arose daily during the course of the investigation. Member checks occurred in the following ways: 1) when elders in the Cherokee community were interviewed to expand on the cultural data provided by the informants; 2) when the investigator shared the data with the Cherokee informants during data analysis.

Peer debriefing is a process of the investigator exposing herself to disinterested peers in a manner paralleling an analytic session and for the purpose of exploring aspects of the study that might otherwise remain only implicit within the investigator's mind (Lincoln & Guba, 1985). The investigator met with her dissertation committee members periodically throughout data collection to share ideas about the emerging theory. In addition, she met with fellow doctoral candidates to discuss category reduction and concepts labelling. The investigator's biases were probed, meanings explored, the basis for interpretations clarified (Lincoln & Guba, 1985). Peer debriefing with non-Indian committee members also provides the investigator with

an "outsiders" or etic perspective of the problem, therefore providing the investigator with another perspective.

The researcher also obtained an emic or "insiders" perspective from Indian nursing colleagues. When the investigator attended some Indian nursing conferences, she shared the data with her Indian nursing colleagues to enhance the credibility and trustworthiness of the study. The investigator had a full-blood Cherokee nurse read the data for clarification of cultural and nursing meaning.

Negative case analysis is the process of continuously refining a hypothesis until it accounts for all known cases without exception (Lincoln & Guba, 1985). Interviewing two informants from different tribes but living in the Cherokee community provided the investigator with data from contrasting populations. Also interviewing informants who were less than 1/2 Cherokee provided the investigator with data about the relationship of blood quantum and Indian caring behaviors. She was able to further refine generated hypotheses of the emerging theory.

The audit trail is a residue of records stemming from the study. The audit trail helps to systematize, relate, cross-reference, and attach priorities to data that might otherwise have remained undifferentiated until the final preparation of the study (Lincoln & Guba, 1985). All of the following records were maintained and made available to dissertation committee members for auditing: 1) the raw data, the audio-tape recorded interviews, and written field notes; 2) data reduction and analysis products such as the computer printouts from the Ethnograph program and memos

written; 3) data reconstruction and synthesis products such as structuring of categories, and diagrams and notes written about the schematic arrangement of the theory; 4) the final report with connections to existing literature and an integration of concepts, relationships, and interpretations; and 5) process notes such as methodological notes, trustworthiness notes, and audit trail notes.

Pareek and Roa (1980) address the issue of the authenticity of the interview. Authenticity refers to the authentic or genuine response provided by the informant during the interview. The informants were able to provide frank and valid answers and their genuine answers were uninhibited. Several factors affect the interview authenticity: 1) the investigator's background is Cherokee and she grew up near the Cherokee Nation; 2) the researcher tried to use interview techniques that made the informants comfortable and in a setting comfortable for them; 3) the informants' backgrounds were Indian or Cherokee and they lived in an Indian community; and 4) the informants have an Indian cultural background and are familiar with Indian traditions.

Summary

An exploratory research design was used to develop a grounded theory of American Indian infant care. Informants consisted of Oklahoma American Indian mothers with an infants less than two years of age. Data were elicited through informal interviews at the clinic, in the homes of informants or a place selected by

them. The constant comparative method was used for data analysis. Trustworthiness and credibility of the generated theory was evaluated through multiple measures.

CHAPTER IV

RESULTS

This chapter will focus on the results of the grounded theory of American Indian mothers' infant caring process.* The characteristics of the sample population, descriptions of the interviews, and theoretical sampling will be presented first. A discussion on initial discovery of the categories, using memos and diagrams will follow. Sections on linking the categories, identifying the core categories, and refinement of the theory will then be addressed. In the final section the middle-range theory and linkages to existing knowledge and literature will be presented.

Characteristics of the Sample

The informants for this research study were selected according to the study criteria at locations in Northeastern Oklahoma. Nineteen Cherokee mothers were interviewed during a three month period of data collection. The mothers were interviewed either in their homes or at a place selected by them, at times convenient for them. Table 1 presents information concerning age of the mother, age of the infant, number of children per family, marital status, blood quantum, tribal membership, occupations, language capabilities, sex of the infant, tribal membership of the father and family living arrangements.

*For the presentation of this chapter, specifically in the section named 'presentation of the theory,' the Cherokee mother will be referred to as "she" and the infant will be referred to as "he" except in the demonstration of specific data examples when the informants are talking about their sons and daughters.

Table 1. Characteristics of the Sample

Age of Mother	Age of Infant	Number of Children	Marital Status	Blood Quantum/ Tribal Affiliation	Occupations	Language	Gender of Infant	Tribal Membership of Father	Living Distance From Extended Family
1=19 years	1=3 months	2=1 (#)	13=married	7=(4/4) Cherokee	11=homemakers	2=mothers bilingual	11=girls	15=Indian	1=out of town
1=22	2=5	3=2	6=single	1=(3/4) Cherokee-	2=students	in Cherokee	10=boys	(13=Cherokee)	6=same town
3=23	1=7	6=3		Choctaw	3=teaching	1=mother bilingual		5=non-Indian	5=neighbors
1=24	1=8	3=4		2=(15/16) Cherokee	assistants	in Choctaw			7=same household
2=26	2=9	1=5		1=(3/4) Cherokee-	1=nurse	3=fathers bilingual			
1=27	1=10	1=6		Creek	1=teacher	in Cherokee			
1=29	2=11			1=(19/16) Cherokee	1=cook	12=sets of grand-			
6=30	2=13			2=(1/2) Cherokee		parents bilingual			
1=31	1=14			1=(1/2) Winnebago		in Cherokee			
1=35	2=16			2=(1/4) Cherokee					
1=36	4=18			1=(1/4) Sioux-Ponca					
	1=20			1=(1/16) Cherokee					
	1=21								
$\bar{X}=27 \frac{1}{2}$	$\bar{X}=12$	$\bar{X}=3$							

The characteristics of the sample included: 1) The average age of the mothers was 27 1/2 years old. The youngest one was nineteen and the oldest one was 36. 2) The average number of children was three per family. The smallest family had one child and the largest family had six children. Two mothers were nine months pregnant at the time of the study. 3) The average age of the infant was 12 months, with the youngest being three months old and the oldest infant being twenty-one months old. There were eleven girls and ten boys. Two mothers each had two infants under two years of age. 4) Thirteen mothers were married (or had a permanent relationship with the father) and six were single. 5) Occupations included eleven homemakers, two students, three teaching assistants, one nurse, one teacher, and one cook. Some of the mothers occasionally worked outside the home at local businesses.

Seven mothers were full-blooded (4/4) Cherokee. One mother was 1/2 Choctaw and 1/2 Cherokee. Two were fifteen-sixteenths (15/16) Cherokee. One mother was three-fourths (3/4) Cherokee and Creek. One mother was nine-sixteenths (9/16) Cherokee. Two were one-half Cherokee and one was one-half (1/2) Winnebago. Two were one-quarter (1/4) Cherokee and one was one-quarter (1/4) Sioux and Ponca. One was one-sixteenth (1/16) Cherokee. The tribes represented in the study were Creek, Choctaw, Cherokee, Sioux, Ponca, and Winnebago. Fifteen of the fathers were members of an Indian Tribe and five were not members of a tribe.

Two mothers were bilingual in the Cherokee language. One mother was bilingual in Choctaw. Five mothers stated they could speak and understand some of the Cherokee language. Three fathers were bilingual in Cherokee (others may have been, also, but the mothers did not reveal this information). Twelve sets of grandparents were bilingual in Cherokee. Many of the mothers stated that they had several elder relatives that were bilingual in Cherokee, Creek, or Choctaw. The two mothers who were not of Cherokee heritage were married to full blood Cherokee husbands. Their children were being raised in the Cherokee community.

Specific questions about income were not asked due to the cultural sensitivity surrounding this topic but many of the mothers did not need federal assistance and several mothers qualified for federal programs aimed at assisting children. The majority of mothers had some high school education and several obtained post-high school education either through a local trade school or college. One mother had her master's degree.

Description of the Interviews and Theoretical Sampling

Theoretical sampling is the process of data collection for generating theory whereby the investigator jointly collects, codes and analyzes her data and decides what data to collect next and where to find them, in order to develop her theory as it emerges. This process is controlled by the emerging theory, whether substantive or formal (Glaser, 1978). Grounded theory is inductive research; the theory is induced or emerged after data collection starts (Glaser, 1978). This means that a

researcher moves on to the next population or site for gathering data on the basis of the evolving theory (Chenitz & Swanson, 1986).

A researcher enters the investigation with a sampling group in mind based upon knowledge or experience in the area as one would with any other research method (Chenitz & Swanson, 1986). The investigator for this study decided that she wanted to study the infant caring process among Cherokee mothers. The informants were initially selected based on the study criteria. The site chosen for the study was in an area of Oklahoma where the Cherokee Tribe is located. These characteristics defined the boundaries of the sample at the beginning of the research study (Chenitz & Swanson, 1986). During the selection process, the researcher relied upon other people, contacts, to gain access and introduction to informants. However, the researcher explained to the contacts what kind of subjects she required, based upon theoretical rationale. The investigator was required at times to chose some of her informants from a convenience sample.

The initial informant was a neighbor to one of the contacts. This informant was only 1/4 Cherokee but was willing to talk to the investigator. The investigator selected her because she was married to a "white" man. As the interview progressed, the researcher discovered she grew up in a traditional household and identified very strongly with the Indian culture. However, her husband was "white" and they were living in his parents' home, away from her Indian family. Yet, the informant distinguished between her "Indian" self and her "white" self. The investigator

wondered whether the blood quantum of Cherokee heritage is a good measure of "Indianness" and if blood quantum is a factor in the infant caring process. Initial categories were developed from the interview.

The researcher had an opportunity to interview two informants next who were 1/16 Cherokee and 3/4 Cherokee and Creek. The investigator chose to interview the informant with 1/16 blood quantum because she wanted to compare a Cherokee mother who had less blood quantum with other Cherokee mothers who were 1/2 or greater blood quantum to see if any differences existed. This informant identified with the Cherokee tribe. She stated she still had elders who were full-blood Cherokee and spoke the Cherokee language. This informant provided valuable insight into the selection process when we discussed how her Indian culture influences her childrearing practices. "I think anybody who lives in this part of the country knows Indian traditions. You know what I mean? I think that is just a way of life. Everybody around here is Cherokee." Just living in a Indian community may influence the infant caring process. One contrast noted between the first interview and the second one is the first informant spoke less frequently to her infant and never in "baby talk" while the second one did talk frequently to her infant in "baby talk."

The third informant selected for this study was 3/4 Cherokee and Creek. The reason she was chosen is because she was more than half Cherokee and lived in a neighborhood where her relatives resided. Her home was located in an area

recognized as more "Cherokee." She lived in a traditional Indian home setting and spoke the Cherokee language. Her interactions with her infant were quiet and she had more eye contact than verbal interactions. The setting of the home influenced the caring process. There were grandmothers, grandfathers, aunts, uncles, and great-grandmothers available to advise and help care for her infant.

The next four informants were selected from a convenience sample. One of the contacts arranged for the investigator to interview these subjects. These informants were all greater than 1/2 Cherokee, worked outside the home, and met the selection criteria. The fourth informant was raised in traditional Indian manner. She said she had lost some of her heritage and was trying to recapture some of her Indian culture by participating in Indian activities. In whatever Indian activities she participated, she included her infant and children. The fifth informant was traditional Cherokee and married to an Indian man who was not traditional Indian. She discussed the differences between her and her husband's Indian infant caring practices. The sixth informant was a full-blood Cherokee but her own mother died when she was small and she lived away from her family. She stated that not having a role model or family nearby influence her infant caring practices. The seventh informant was 4/4 Cherokee and did not talk to the investigator openly. However, she lived in a family community that provided some important data about how other female relatives assume child care.

The next informants interviewed were chosen either for their contact in the Indian community or relationship and proximity to family. Family and Indian identity with their tribe contributed to the infant caring process. At this point, the investigator decided to design a sampling plan based on the knowledge that would support the emerging categories and discover new categories, thus enhancing the researcher's understanding of the setting (Field & Morse, 1985). Sampling was limited to those factors that proved to be of major relevance to the developing theory (Chenitz & Swanson, 1986).

Discovering the Initial Categories

Categories are abstractions of phenomena observed in the data. They form the major unit of analysis in the Grounded Theory methodology. The theory that evolves by this means consists of categories that have been linked together and arranged in a hierarchical fashion. The major task of a investigator is to code the data into categories and then to define, develop and integrate them (Chenitz & Swanson, 1986).

The data were ordered, recorded and stored in a manner that made them retrievable and usable. The methods chosen were coding data, writing memos and diagramming. The amount of data collected was tremendous so the investigator took added steps to organize and analyze the data. The qualitative computer program called "The Ethnograph" was used to assist in the organization and storage of the

data. The first step taken was coding the data and writing memos (Chenitz & Swanson, 1986).

The investigator typed the audio-tape recorded interview into the computer using the Ethnograph program. A printed copy of the interview was made wherein the interview is typed on left hand side half of the paper and the right side is blank (Table 2, p. 96). The researcher codes data in the margins of the interview, rather than coding on a separate piece of paper. The incidents and facts (codes) are marked in some way, either underscoring or circling, and are rewritten in an abstracted form (as a concept) in the margins (Chenitz & Swanson, 1986). The underline phrase in Table 2 is the incident or fact and the abstracted form is represented by the phrase written in capital letters. A theoretical note is written which explains some of the thoughts and questions the researcher had during the process.

Chenitz & Swanson (1986) describe three ways to discover initial categories. The investigator must ask questions of the data. Questions begin with the inception of the research project and continue until the final project is completed. Questions are generated from different sources, the data itself, clinical or personal experiences, from the literature, or from previous research. Constant comparison analysis is done with the data. Each bit and piece of data represents an incident or fact. The data are broken down line by line and paragraph by paragraph, looking for incidents and facts. Each one is then coded as a concept or abstraction of the data. Making

TABLE 2. SAMPLE OF TRANSCRIBED INTERVIEW WITH RECORDED
CODES AND THEORETICAL NOTES (INTERVIEW F)

LAN Is it hard leaving her with a baby-sitter?	PLANNING ADJUSTMENTS OF OF INFANT TO BABY-SITTER
GR No, not now. It was at first. <u>During the summer I took her once a week to the baby-sitter to get her used to it. She cried the first day but you know after that she was all right.</u>	Planning adjustments to new experiences like babysitter so not so different. Improvement in response from crying to not crying. Watch for infant's cues that indicate whether mothering activities need altering.
LAN Now you have her like in-home?	
GR Private. Yeah, she takes care of two children, mine and a two year old boy. And the other kids come in after school.	
LAN So they get most of the attention? During the day? Are you pretty comfortable with that?	Consistency of baby-sitter over time positive, increases mother's sense of being. Differences in discipline approaches acceptable, since baby-sitter spends so much time with baby.
GR <u>Yeah, she has had it since she was seven weeks old. There's no problem there at all. She is really good with her. My husband said she spoils her, but still yet she's there with her all day.</u>	PLANNING ADJUSTMENTS OF INFANT TO BABYSITTER
LAN Does your husband like to help take care of her?	
GR <u>He doesn't really take care of her like that. He will come in from work--if he is working--he will come in and hold her you know. But as far as taking care of her, no he doesn't. You know if I go shopping or something, he doesn't take care of her.</u>	FATHER'S INTERACTIONS Father will give attention to infant--different than taking care of infant.
LAN It's up to you?	DIFFERENCES IN PARENT ROLE Father might assist in caretaking if were having problems but otherwise father involvement not expected.
GR Yeah, yeah. <u>If I had a problem, he might; I don't resent it or anything.</u>	

comparisons among the initial categories is important for building categories. Making comparisons means comparing two or more incidents or categories and looking for similarities and differences between them.

After each interview constant comparative analysis was done. The data were coded and divided into categories that shared the same meaning. The researcher recorded the codes and theoretical notes in the manner described earlier. In addition, the investigator met with a dissertation committee member every two weeks during initial data analysis to discuss and share ideas about the emerging data.

The researcher placed smaller categories, sub-categories, that shared the same property under the label of a broader or major category. The investigator used these major category labels to represent a quality or hunch she has about the possible different patterns of care emerging from the data, for example, caring for a sick infant. Major categories were used to help organize the data. Initially, categories need to be as broad as possible without overlapping. An investigator can usually work with only ten to twelve category labels successfully. As more information was compiled on the data, data pieces were sorted into smaller categories or sub-categories and placed under the broader, major category label that shared similar meaning. The data remained more manageable, and permitted sub-categories to be derived from the larger categories (Field & Morse, 1985). Initially, the major category label was not a refined category at the beginning of data analysis. The major category could develop or not develop into a cluster of categories as the

developing data guided the investigator. After developing categories, the researcher could identify sixteen major categories emerging. However, in the beginning she only used these major categories as a guide in organizing the data and emerging sub-categories.

The infant caring process was described differently across informants. After analyzing all nineteen interviews for categories, over two-hundred-fifty sub-categories evolved from the data. Due to the large number of sub-categories that developed, the investigator divided the interviews into five sections, placed the sub-categories under the major category labels derived and made tables for each section (Appendix D): Table D1 comprises the categories from the interviews A, B, C; Table D2 contains the categories from interviews D, E, F, G; Table D3 includes the categories from interviews H, I, J, K; Table D4 consists of the categories from interviews L, M, N, O; and Table D5 contains the categories of interviews P, Q, R, S.

Initial 16 Major Categories

The initial sub-categories were divided and clustered under major categories (Table 3). The major categories were used to organize the initial sub-categories (Appendix E). Data from the mothers' descriptions of their experiences in taking care of their infants generated 16 major categories. These were: accommodating Traditional Indian and dominant society everyday infant care, encouraging and being concerned about developmental tasks, encouraging infant exploration, fostering religious beliefs, identifying special attributes of the infant, including family members

in the care of their infants, providing care during an illness, reflecting on the meaning of the mother-infant relationship, reinforcing Indian traditions, selecting health care for the infant, selecting suitable caretakers, socializing the infant, speaking Cherokee, teaching the infant, and using non-coercive discipline techniques. Sub-categories that did not fit into any of these major categories were placed under the label of miscellaneous. Brief descriptions of these 16 categories follow here.

1. Accommodating Traditional Indian and Dominant Society Everyday Infant Care

Every day activities of infant care such as eating, sleeping and playing were described by the mothers. Twenty sub-categories (20) were placed under this major category (Appendix E1). The mothers portrayed the modern way of providing infant care and also how they used Traditional Indian infant care. Initially, mothers would breast feed their infants but switch to bottle feeding later on. They used both cloth diapers and plastic diapers. Mothers acknowledged their babies cried when needing something, but perceived their infants generally as quiet babies, crying only for a reason such as discomfort. Mothers enjoyed play activities such as drawing, playing with toys, and going places, but playing outside with their infants and children was the activity preferred the most by the mothers. One mother (Informant A) felt she liked being outdoors the best because she was Indian. Mothers would follow their infants' own inherent schedule when providing care for their infants instead of placing them on a routine. The infants let their mothers know when they wanted to eat.

TABLE 3. INITIAL 16 MAJOR CATEGORY LABELS

Accommodating Traditional Indian and Dominant Society Everyday Infant Care
Encouraging and Being Concerned about Developmental Tasks
Encouraging Infant Exploration
Fostering Religious Beliefs
Identifying Special Attributes of the Infant
Including Family Members in the Care of the Infant
Providing Care During an Illness
Reflecting on the Meaning of the Mother-Infant Relationship
Selecting Health Care for the Infant
Selecting Suitable Caretakers
Socializing the Infant
Speaking Cherokee
Teaching the Infant About Indian Traditions
Teaching the Infant by Example
Using Non-Coercive Discipline Techniques
Miscellaneous

Mothers prepared meals whenever they thought the infant was hungry and offered food frequently to their infant. The mothers let infants go to sleep when they wanted or fed them before bedtime to help them sleep all night. Babies slept with their mothers even when there was a crib. Mothers obtained cribs but never used them for the babies. They perceived that their babies felt safer with them.

2. Encouraging and Being Concerned about Developmental Tasks

Sub-categories concerning the major category of 'encouraging and being concerned about developmental tasks' unfolded from the data. Fourteen (14) sub-categories compromised this major category (Appendix E2). Mothers placed emphasis on the physical development as the milestones for their infants' developmental maturity. Mothers described their uneasiness when their infants did not mature at a rate they thought was "normal" for an infant. Mothers described how advanced their infants were in developmental tasks such as walking, sitting up, or talking. Mothers discussed the modern ways they provided opportunities to encourage their infant's development either through family members or devices like a walker or a box. When infants did not mature as rapidly as the mothers thought they should, mothers would use Traditional remedies to enhance development, such as Indian remedies (herbal or rain water) to help the progress of their infants.

3. Encouraging Infant Exploration

The major category identified as 'encouraging infant exploration' had five (5) sub-categories placed under it (Appendix E3). Infants were encouraged to explore

their environments freely. Infants were allowed to explore their environments to the point that an outsider might perceive the situation as threatening. Mothers waited to see if their infants' environment needed altering instead of always altering the environment before hand to provide protection. One mother let her thirteen-month baby climb to the top of the bleachers in a high school auditorium (Informant E). The baby, pleased with himself, sat at the top of the bleachers and clapped his hands. The people on the court below clapped with the baby and watched him climb down. By evaluating the environment and holding back on using protective interventions, mothers appreciated and promoted the learning process of their infants. However, mothers were vigilant in watching the environments of their infants for any risks that the mothers themselves perceived as threatening.

4. Fostering Religious Beliefs

The mothers took their infants to different kinds of spiritual settings and talked about how their babies should know about Indian religion and Christian religion (Appendix E4). Mothers described the stomp dance as the Indian religion used by them. The stomp dance is a celebration attended by Cherokees and family members. Rituals exist that prohibit women from participating in the stomp dance at certain life cycles, for instance, during their menstrual cycle.

5. Identifying Special Attributes of the Infant

Mothers told about different aspects of their infant's behavior and qualities that they found amusing or special. This major category was labeled 'identifying

special attributes of the infant.' Twenty-two (22) sub-categories clustered under this major category (Appendix E5). Mothers described their infants as energetic, curious, meddling, 'being a handful,' and independent.

6. Including Family Members in the Care of The Infant

Family members were mentioned by mothers repeatedly, and the ways that they provided care for their infants. The major category labeled 'including family members in the care of their infants' described the extensive family involvement. Twenty-nine (29) sub-categories clustered under this major category (Appendix E6). The family members of the mothers were concerned about the mothers and their infants. The mothers promoted these family behaviors. Mothers conveyed feelings of acceptance about the advice the infants' grandmothers offered in raising the infants. Grandparents assumed the role of 'parent' when caring for their grandchildren. Mothers identified specific infants and children in the family as indulged and pampered. Usually, the grandparents were the ones who did the "spoiling." Grandparents formed "special" bonds with these infants and children. The brothers and sisters of the infants were encouraged by the mothers to participate in caring for their siblings and assume the care of the infants. Factors existed that inhibited the development of family bonding.

7. Providing Care During an Illness

Mothers talked about the care they provided to their infants when they were sick. The major category titled 'providing care during an illness' portrayed how

mothers provide care to their infants when their health status changed and described the mothers' concept of health and sickness. This major category comprised twenty-six (26) sub-categories (Appendix E7). The mothers described several kinds of illnesses but stated that their infants were hardly ever sick. One major illness did not constitute a sickly infant. In addition to ordinary childhood illnesses, the mothers described how cold air and nightmares make infants sick. Various signs of illnesses cued mothers into when treatments were needed for their babies. Mothers described different feelings associated with their infants' illnesses. Diverse beliefs about health care influenced the mothers' choice of health care for their babies. Mothers who believed in Indian home remedies or Traditional medicine used these alternatives in treating their infants' health problems, in addition to using biomedical treatment. When a family member had knowledge about Indian remedies, these people were utilized by the mothers as an alternative in seeking biomedical help for minor ailments.

8. Reflecting on the Meaning of the Mother-Infant Relationship

Infant and mother interaction were observed during the interview process. Mothers treated their infants with love and respect and attended to their infants' needs. However, mothers seldom said "I love my baby," but they talked about their affection in other ways, for example statements about the affection a mother feels for her infant or the desire to be a good mother to her baby. A major category termed

‘reflecting on the meaning of the mother-infant relationship’ evolved from the data. Fifteen (15) sub-categories clustered under this major category (Appendix E8).

9. Selecting Health Care for the Infant

A major category labeled ‘choosing health care for the infant’ emerged from the sub-categories clustered under this major category. The mothers had several choices of treatment available to them such as family advice, medical treatments, treatments for minor illnesses, Indian home remedies and Traditional medicine. The process of choosing health care was discussed by the mothers. The mothers had their own guidelines which were influenced by medical personnel, family, or personal experience. Family members, particularly the grandmothers, were consulted about health care and even told the mothers when their infants were sick and to which health care providers to take them for treatment. When mothers chose not to treat their infants at the biomedical facilities, they often turned to using Indian home remedies depending on the state of the illness and family counsel. When grandmothers advised, mothers used Traditional medicine and went specifically to a medicine man for specific medical, spiritual, or promotional health assistance. The major category ‘choices of health care for the infant’ consisted of nine (9) sub-categories (Appendix E9).

10. Selecting Suitable Caretakers

The label of this major category was named ‘selecting suitable caretakers.’ Seventeen (17) sub-categories were clustered under this major category label

(Appendix E10). This major category described the hierarchy of how mothers selected different persons to care for her infant. First, the mothers always preferred to have their infants with them, then extended family members as caretakers and finally non-family Indians as caretakers. Day care was selected as a last choice when no other appropriate caretakers could be found. The mothers also described conditions for leaving their infant (football games), reasons why they did not leave their infant, and plans to make the infant more comfortable when left alone with a caretaker.

11. Socializing the Infant

The major category designated as 'socializing the infant' formed from the observations made between the mother and the infant at different interviews and how the infants' participation was encouraged during "adult" conversation. Mothers talked to their infants especially when the infants made sounds or words. The mothers would talk to the babies in a different softer tone and in smaller sentences, in "baby talk." Infants were included in the activities in which the parents participated, including "adult" conversation and dancing classes for adults. The major category of 'socializing the infant' contained two (2) sub-categories (Appendix E11).

12. Speaking Cherokee

Mothers said having the ability to speak their own language was important and they wanted their infants to be able to speak Cherokee. The major category titled 'speaking Cherokee' developed from data concerning how mothers taught Cherokee

to their infants or had another family member, such as the father or grandparents, teach the language to the infant. Mothers needed a role model to teach the language and the importance of speaking the language. Eight (8) sub-categories comprised the major category of 'speaking Cherokee' (Appendix E12).

13. Teaching the Infant About Indian Traditions

The major category titled 'teaching the infant about Indian traditions' developed from the cultural descriptions of the mothers' Indian heritage and how these traditions influenced the care they provided their infants. Twenty-one (21) sub-categories were clustered to form this major category (Appendix E13). Mothers made observations about their infants' responses after attending Indian functions, like a pow-wow. Infants were described as being especially sensitive to the beat of the drum and the older infants were observed by their mothers as dancing when they heard the beat of the drum. Mothers included their infants in all the Indian activities in which they participated in the community, and they dressed their infants in Traditional Indian clothing.

The degree to which mothers identified themselves and their families as Indian influenced how much they participated in Indian activities. Some mothers discussed how they did not participate in most Indian traditions because they were not raised in Indian society or did not have role models.

14. Teaching the Infant by Example

The major category identified as 'teaching the infant by example' labeled the aspirations of the mothers to show their infant different skills or to tell their infants about various abilities. Opportunities to acquire a new skill were provided by the mothers to their infants through example. Mothers offered their infants new experiences by mimicking their sounds and encouraging their language development. Mothers wanted their babies to be taught different activities like reading, art, or rodeo riding. Mothers were optimistic about their babies' potential for learning. This major category had twelve (12) categories placed under it (Appendix E14).

15. Using Non-Coercive Discipline Techniques

The major category identified as 'using non-coercive discipline techniques' described the methods mothers used to correct the misbehavior of their infants. Thirty-five (35) sub- categories clustered under this major category (Appendix E15). The age of the infant influenced which discipline practices the mothers used. Young infants' misbehavior was ignored. Mothers used non-coercive methods to get the older infants to behave, such as removing the infant, changing her tone of voice, distracting the infant, or waiting until the infant was bored with misbehaving. Mothers described how their infants learned what 'no' implies and how 'no' was used as a discipline technique which stopped the infant from misbehaving. Physical punishment was seldom used on the infants. However, some mothers seemed unaware of the developmental maturity of their infants and used physical punishment,

raised voices, and verbal threats to get the infant to behave in a manner older than their age. Infants were expected to be well behaved when out in public. A misbehaving infant brings shame onto the family.

16. Miscellaneous

The investigator identified twenty-seven (27) sub-categories that were not placed under any major category labels that described a possible pattern of care (Appendix E16). These sub-categories were placed under the label of 'miscellaneous' until further category development could be refined. The investigator did find similarities in some of the sub-categories concerned with parenting and mothering roles. Some of the mothers felt more hesitant about their ability to parent than other mothers did. One of these miscellaneous sub-categories was labeled Passing Clan Membership to the Infant. The investigator felt this sub-category was a meaningful category that had special significance to Indian mothers. She felt additional data needed to be placed under it before it could be identified as a major category.

Memoing and Diagraming

Memos are the investigator's written records of the research process. Memos can be written during all stages of theory development. Memos are the record and order of the results. They allow the researcher to know where she has been. It is in the memos that relationships are recorded, compared, verified, modified, or changed as new data come in. Memos encourage the questions that the investigator is always asking of the data (Chenitz & Swanson, 1986).

Diagrams are visual representations of the investigator's developing theory in whole or in part. They are useful to the researcher at any stage of the analysis. Like the memos, the diagrams grow in depth and integration as the theory emerges and they allow the investigator to obtain an overview of the theory. Diagrams are a visual representation of the categories and how they link together (Chenitz & Swanson, 1986).

Constructing diagrams is not difficult but requires some work if they are to serve a purpose. Since they are overviews and do not contain a lot of detail, for the most part they may be constructed from the data in the researcher's head. After they have been constructed, the investigator can use her memos to determine if any categories of significance have been overlooked (Chenitz & Swanson, 1986).

The large number of sub-categories that evolved from the data required that the investigator keep a visual tab on the placement of the sub-categories that were merging and the major categories that were used to organize the data. During the first stages of data analysis, the investigator took pieces of blank paper and started writing down possible placements of the categories. When she had an idea about a label for a major category or pattern of care, she then labeled that piece of paper a 'block of categories' under that major category label and added new sub-categories to different blocks of paper as they evolved from the data. The pieces of paper were glued together to produce a large visual aid that the researcher used to keep track of the placement of the various categories. In addition, the investigator wrote down

memos at the bottom of the different blocks as ideas for placing the sub-categories under different major categories labels that evolved. This diagram procedure was done for each section of interviews and were typed into the tables presented in Appendix D.

As both kinds of categories were reduced, the researcher developed new diagrams to track the various categories. Memos were written on the diagrams as to why one category was merged with another or appeared dissimilar to the other categories in the group. The diagrams of the reduced categories were typed into the tables represented in Appendix E. This diagram procedure continued throughout the data analysis process and helped the researcher keep a visual track of the theory developing from the two-hundred-fifty-plus sub-categories that originated.

Linking the Categories

Making linkages among the categories is a means of putting conceptual order on the mass of data that has been accumulating during the research study. Making links begins to a lesser degree during the later stages of data analysis but becomes the focus when most of the categories have emerged, are developed, and refined. Making linkages should not begin too soon because this tends to foreclose on category emergence and development. Early disclosure can lead to a theory with weak concepts based on categories poorly developed (Chenitz & Swanson, 1986).

The investigator used three approaches to link categories (Chenitz & Swanson, 1986). The first was to ask questions of the data about the relationships between the

categories. The second was to move one category from a lower level of abstraction to a higher level of abstraction. Finally, Glaser (1978) recommends using a family of theoretical codes--consequences, causes, conditions, context, contingencies, covariance--to help conceptualize how categories relate to each other. The investigator continued to meet with a dissertation committee member every two weeks to one month to help develop and identify links among the different categories emerging.

Constant comparative analysis continued as the investigator started linking sub-categories. Additional sub-categories emerged from the data. Several other sub-categories were collapsed into other sub-categories making them more specific in nature. Instances that contradicted or did not fit the criteria identified for specific sub-categories were compared to establish links between sub-categories. Due to the large volume of sub-categories developed, the investigator will present the 41 refined and reduced merged sub-categories in the following sections. As sub-categories were reduced, the major category labels used earlier to organize the data were utilized again. The investigator continued to employ major category labels as a guide in organizing the data; however, the major categories were used to test the relationships among the various sub-categories and helped the researcher ask questions of the data.

Category Reduction: From 16 to 12

The labels of the major categories were changed and were reduced in number to twelve. These 12 major categories were accommodating Traditional Indian and

dominant society everyday infant care, encouraging and being concerned about developmental tasks, having children is important, including family members in the care of their infants, living spiritually, occupying roles that affect how the infant is cared for, passing clan membership onto the infant, providing care during an illness, reinforcing Indian traditions, spreading care of infant to other family members, using different parenting styles, and using non-coercive discipline techniques (Table 4). The sub-categories under the label of miscellaneous were refined and clustered under other major category labels. The sub-category of Passing Clan Membership onto the Infant was developed into a major category.

The investigator interviewed three elders in the community to expand on the cultural data provided by the mothers. The information the elders provided added to and clarified the cultural data in some of the categories. The younger generations of Indian tribes are not expected to have knowledge about all the cultural meanings behind different Indian traditions. They learn about their heritage as they grow older. Therefore, the elders in the Cherokee community were interviewed to enhance the meaning of the cultural data provided by the mothers. When a mother could not explain the purpose behind some of the Indian rituals, the investigator asked an elder to supply additional information. This information was meant to enrich the data. This data from the elders was included in the major categories of 'passing clan membership onto the infant,' 'providing care during an illness,' and 'teaching the infant about Indian traditions.'

TABLE 4. REDUCING MAJOR CATEGORY
LABELS FROM 16 TO 12

Initial 16 Major Category Labels	12 Retained and New Major Category Labels
Accommodating Traditional Indian and Dominant Society Everyday Infant Care	Accommodating Traditional Indian and Dominant Society Everyday Infant Care
Encouraging and Being Concerned about Developmental Tasks	Encouraging and Being Concerned about Developmental Tasks
Encouraging Infant Exploration	
Socializing the Infant	
Teaching the Infant by Example	
Identifying Special Attributes of the Infant	Having Children is Important
Reflecting on the Meaning of the Mother-Infant Relationship	
Including Family Members in the Care of the Infant	Including Family Members in the Care of the Infant
Selecting Suitable Caretakers	

TABLE 4. REDUCING MAJOR CATEGORY
LABELS FROM 16 TO 12 - Continued

Fostering Religious Beliefs	Living Spiritually
Providing Care During an Illness	Providing Care During an Illness
Selecting Health Care for the Infant	
Teaching the Infant About Indian Traditions	Teaching the Infant About Indian Traditions
Speaking Cherokee	
Using Non-Coercive Discipline Techniques	Using Non-Coercive Discipline Techniques
Miscellaneous	Occupying Roles That Affect How the Infant is Cared For
	Passing Clan Membership onto the Infant
	Spreading Care of the Infant to Other Family Members
	Using Different Parenting Styles

The following sections will describe how the 41 refined sub-categories emerged and were placed under 12 reduced major category labels. These refined categories were identified under similar major category labels as described under the section titled ‘initial major categories.’ Some of the major labels from that section were retained and some labels were changed to another major category label that further clarified the meaning of the major category (Table 4, p. 114).

1. Accommodating Traditional Indian and Dominant Society Everyday Infant Care

The major category labeled ‘accommodating Traditional Indian and dominant society everyday infant care’ reflected how mothers used Traditional Indian techniques of care and dominant society techniques of infant care. This label was retained from the section called ‘initial major categories.’ Four sub-categories that shared the same property were added to the major category. All of the sub-categories were refined into five new sub-categories and remained under this major category label. Usually, mothers used a combination of the two approaches. Mothers attempted to integrate both Traditional Indian and dominant society care into everyday needs of their infants. These sub-categories included Comforting, Meeting Daily Needs of the Infant, Meeting Infant’s Needs at Mealtimes, Meeting Infant’s Sleeping Needs, and Treating Infant Ailments (Table 5).

The sub-category of Comforting described how the mothers felt about their babies crying and the things they did to comfort them. The sub-category of Comforting was added to this major category because it shared the same quality as

the other sub-categories. Mothers perceived their infants as "never crying." Quiet babies were admired by mothers. While mothers used modern devices such as music boxes to quiet babies, they also tried to teach their infants to calm themselves. Two data pieces included:

"We don't let him cry that much. I don't think he cries (Informant I)."

"Not if I am busy cooking and she is crying around, I tell her 'go get your bottle.' And she will. I won't pick her up because she knows that I am busy and after while she will quit crying and go get her bottle and lay down (Informant F)."

The Meeting Daily Needs of the Infant sub-category described common, everyday, caring needs of the infant, things like diaper and clothing changes, bathing, and playing together. The sub-category of Placing or Not Placing the Infant on a Schedule was added to this subcategory. Infants were recognized as having their own set times for eating, sleeping, or playing. Most of the mothers followed their infants' inherent schedule. Most of the mothers used modern techniques when attending to the everyday needs of their infants. The play activity mothers enjoyed most with their infants was being outside. The mothers felt their infants and children, especially the older children, needed to learn how to enjoy playing outside and learn how to do outdoor activities, such as camping and fishing. Older children were taught how to fish and hunt by elders and relatives. A Cherokee elder explained that by learning to survive in the outdoors, children learn how to survive in the world and appreciate the earth and take care of the earth.

TABLE 5. LINKING OF SUB-CATEGORIES PLACED UNDER THE
MAJOR CATEGORY LABELED 'ACCOMMODATING TRADITIONAL AND
DOMINANT SOCIETY EVERYDAY INFANT CARE'

Comforting

Assessing a Crying Baby
Calming Infant
Encouraging Infant to Comfort His/Herself

Meeting Daily Needs of the Infant

Bathing Rituals
Clothing Changes
Diapering
Observing Infants Playing Together
Placing or Not Placing the Infant on a Schedule
Taking Part in Play Activities

Meeting Infant's Needs at Mealtimes

Avoiding Bad/Forbidden Foods
Feeding by Bottle
Feeding by Breast
Observing Eating Patterns
Serving Foods to Infant

Meeting Infant's Sleeping Needs

Identifying Infant's Need to Sleep with Someone
Making Sleeping Arrangements
Observing Bedtime Routines
Observing Sleeping Patterns

Treating Infant Ailments

Colic
Formula Difficulties
Immunizations
Spitting Problems
Teething Discomforts

"She (21-month old) loves the outside. Any chance she gets to go outside, she is gone (Informant G)." "(She's) not on a schedule, just whenever she wants something (Informant R)."

The sub-category of Meeting Infant's Needs at Mealtimes described how mothers tried to prepare food that their infants wanted and at the times they wanted to eat. Cooking food was perceived as a more caring way of preparing the food and mothers introduced solid foods early. Prepared baby food was used by the mothers usually as snacks. Mothers preferred to cook meals and give their infants table food. Two data pieces were:

"And that was usually what I depended on for his snack, his baby food, till I got supper ready (Informant H) ."

"Just mashed up and grinded (food) real good for her (5-month old), so she can digest it. I give her some of the baby food from the jars, from the Gerber jars when I don't have time enough to cook her something (Informant R)."

The Meeting Infant's Sleeping Needs sub-category developed from how the mothers felt about sleeping with their infants, their reasons for the sleeping arrangements, and the importance that their baby sleep all night. Mothers perceived their infants as sleeping all night. When a baby didn't sleep all night, they would feed them before bedtime or avoid letting the baby nap in the day. Babies who slept all night were valued. Instead of being put in a crib, infants sleep with their mothers because mothers felt babies need someone to sleep with them. When a child becomes older he is weaned to a bed at his own pace. Examples of data included:

"I never did think about buying a crib. Well she had one when she was (first born) (Informant M)"

"She doesn't have no one to sleep with her because she still kind of stays with us (Informant S)."

A new sub-category of Treating Infant Ailments was developed to describe how mothers used different techniques to provide relief for common, every day infants' maladies. Four sub-categories from other major categories were added to this sub-category. Mothers talked about the problems associated with formulas, colic, teething, and immunizations and how they used different kinds of remedies to provide relief for their infants' discomforts. Mothers used both conventional methods, like teething rings or changing formulas and Traditional methods. Onion tea was used by one mother (Informant D) to relieve her infant's colic; another mother (Informant I) used rabbit juices to relieve her son's gums. Data included:

"She should be wearing a necklace (made by the medicine man, used for teething) but we can't find those roots yet (to make the necklace) (Informant R)."

"I do rub my kids, his gums, we rubbed (them) with a rabbit grain to keep them from hurting (Informant I)."

2. Encouraging or Being Concerned about Developmental Tasks: Expanding the Category

The major category label, 'encouraging or being concerned about developmental tasks,' was retained. Three major categories, 'encouraging infant exploration,' 'socializing the infant' and 'teaching the infant by example' were subsumed under this new major category. These major categories were made into sub-categories. The sub-categories that were originally placed under the major category label of 'encouraging or being concerned about developmental tasks' used in the section on 'discovering initial categories' were placed under a new sub-category

designated as Observing Infant Development. Thus, new sub-categories, Encouraging Infant Exploration, Observing Infant Development, Socializing the Infant, and Teaching the Infant by Example were included under this new major category (Table 6).

The sub-category termed Encouraging Infant Exploration described how mothers provided their infants with opportunities to explore. Mothers were aware that it was necessary for their infants to explore and learn about their environments, often holding back on protecting them from perceived dangers to let the babies have added experiences in exploring. Although the mothers watched for signs of danger for their infants, sometimes they allowed their infants to take more risks than the investigator felt comfortable with. For instance, one mother talked about how her infant wandered around the house and she would find her in the dryer or a tub filled with water meant for other family members (Informant H). Infants were allowed much freedom to explore. Data encompassed:

"She goes to a cabinet where she knows she has got things to play with there. And digs out all the cans and stacks the cans and entertains herself that way. By letting them explore that is how they learn, if she makes a mess, just clean it up (Informant F)."

"She crawls all through the house. She does a lot of exploring. She will go from one room to the next room, but she just goes here and there (Informant F)."

The sub-category of Observing Infant Development was generated from the data about infant maturation. Mothers were aware of the developmental stages of their infants. Their Indian infants were depicted as performing developmental tasks

TABLE 6. LINKING OF SUB-CATEGORIES PLACED UNDER THE MAJOR CATEGORY LABELED 'ENCOURAGING AND BEING CONCERNED ABOUT DEVELOPMENTAL TASKS'

Encouraging Infant Exploration

Assessing Infant's Behavior to Assure Safety In the Environment
 Providing a Safe Environment for Infant
 Providing Infant Opportunities to Explore that Provide Infant With Satisfaction
 Providing Infant Opportunities to Explore Using Tactile and Visual Stimulation
 Providing Opportunities to Explore

Observing Infant Development

Assessing Infant's Likeness to the Other Children in Development Gains
 Being Aware of Infant's Attention Span
 Being Optimistic About Potential Growth and Development
 Doing Activities Together that Encourage Opportunity for Development
 Encouraging Gains in Development
 Getting Family to Work Hard At Improving Infant's Progress
 Having Developmental Concerns
 Involving Family to Work On Infant's Development
 Observing Developmental Gains
 Observing Physical Growth and Development
 Resetting the Developmental Milestones for Her Infant
 Seeking Professional Verification on Infant's Development
 Using Devices to Encourage Development
 Using Home Remedies to Enhance Development

Socializing the Infant

Including the Infant in Activities
 Interacting Verbally with the Infant

Teaching the Infant by Example

Aspiring to Teach Infant Things
 Being Optimistic About Potential Abilities of Infant to Learn
 Describing Infant's Skills
 Getting to Show Infant Things
 Imitating the Infant
 Making Opportunities to Teach Infant
 Providing Infant Opportunity to Learn About Objects/Self in Environment
 Reading to Infant
 Reinforcing Teaching
 Teaching Infant New Things Should Be Stimulating
 Teaching Infant New Words
 Using Different Tools for Teaching

early and when they didn't, mothers became concerned. Mothers used Traditional medicines to help encourage their infants' physical development. The investigator witnessed many of these infants achieving these tasks. For example, four babies under eleven months were already walking. Because mothers were so aware of the development of their infants, they did whatever was necessary to encourage their growth. An example of data:

"I don't think kids are supposed to walk like (until) close to a year old, but C. started walking when he was ten months old. That was because at nine months old, my grandfather took grass (for medicine) you can get. Take it and boil it in water. Then you take the water and you put that on the baby when you give him a bath, that's what you rinse him off with. Grandpa says to go from like here down (pointing from waist to legs), especially the legs (Informant E)."

The sub-category of Socializing the Infant developed from two sub-categories and the observations of mothers and their infants. The data pieces for this sub-category differed from the many observations made later on during data collection. This sub-category emerged from the data after the first two interviews of mothers, who were 1/4 and 1/16 Cherokee respectfully and living in the Anglo culture, were conducted. The other mothers were of greater blood quantum of Cherokee, 15/16 and 4/4 Cherokee, and lived in communities recognized as more "Indian." These mother interacted more quietly with their infants. When listening to the tapes and reviewing the data, very little direct conversation between mother and infant was heard. Usually mothers addressed their infants in more adult tones and statements. Just one mother (Informant B) used "baby talk" to her infant, for example:

"I wonder sometimes what he (9-month old infant) is thinking like 'weird mother!.' Cause we will be driving by and see cows, I (tell him) 'There's a moo cow!.' So I turn to (the baby and say) 'moo-moo' (Informant B)."

Due to the differences noted between the less Traditional Indian mothers and the more Traditional mothers, it appears that the socialization of the infant occurred differently depending upon how enmeshed the mother was her Indian culture.

The Teaching the Infant by Example sub-category labeled the behaviors of mothers as they tried to instruct their infants in different developmental, playful, or useful tasks about which they wanted the infants to have knowledge. Teaching was done by example, mimicking the infant's gestures, encouraging word development by reading to the infant, and using developmental tools. Mothers particularly wanted their infants to learn artistic skills, especially Indian arts (Illustration 2). Relatives who made Indian paintings or carvings were asked to work with the infants. Most mothers read to their infants and children to encourage their vocabulary. Two data pieces were:

"I don't know if he (13-month old infant) is going to have that ability or not. We are going to have his grandmother work with him and see what she can do because I think that would be neat (Informant E)."

"I just try to read to her. She has stacks of books already and we got book shelves and book shelves of books. We started reading to my oldest son when he was probably just out of the hospital and he started talking at six months (Informant D)."

Illustration 2: Cherokee Crafts

3. Having Children is Important: New Category Label

The major category of 'reflecting on the meaning of the mother-infant relationship' was renamed 'having children is important' (Table 7). Mothers talked about how the infants and children were significant parts of their lives. Data included:

"They are my whole life (Informant A)." "After I had him it seemed like everything just fit into place. He is my whole life (Informant B)."

The 'Identifying special attributes of the infant' major category was changed to a sub-category and renamed Describing Special Attributes of the Infant. However, the data did not contain one statement made by the mothers about loving their infants but rather it demonstrated the mothers' love of their infants indirectly. This sub-category depicted the traits mothers found appealing about their babies. Amusing stories were told about their infants that reflected the mothers' enjoyment of their babies. Data pieces were:

"Then there is W.--she's the sassy one (Informant H)."

"He's one of those typical Indians, he won't give you eye contact. You know, most of those little Indian kids I teach will not give you eye contact (laughs) (Informant I)."

4. Including Family Members in the Care of the Infant

The major category of 'including family members in the care of the infant' was retained. This major category described how mothers thoughtfully enveloped their family members, especially grandparents and siblings, in the care of their infants. The sub-categories of Describing Grandparent Roles And Activities That Are

TABLE 7. LINKING OF SUB-CATEGORIES
PLACED UNDER THE MAJOR CATEGORY LABELED 'HAVING
CHILDREN IS IMPORTANT'

Having Children is Important

Describing the Special Attributes of the Infant

Associated With Child Care, Distinguishing Infants Who Are Being Spoiled by Family Members, Encouraging the Relationships Between the Siblings and Infant, Having Infants and Children Raised by Grandparents, Identifying Factors That Influence Family Involvement, Identifying Factors That Inhibit Family Involvement, Listening to Family Advice On Infant Care, and Selecting Suitable Caretakers were subsumed (Table 8). The major category named 'selecting suitable caretakers' was changed into a sub-category and subsumed under this major category and reflected the preferences of the mothers.

Several mothers lived in households with extended families where all adults provided care to all the children in the household. One mother (Informant G) lived with her two sisters and their children. Two sisters worked outside the home while the other sister took care of the children at home. Another household (Informant N) consisted of the grandmother, the mother and her family and another family, a total of twelve people. The grandchild lived near the grandparents and spent extended periods of time with them. Two mothers had children who had lived with their grandparents since they were babies. Grandparents provided additional hands in raising the children.

A special relationship existed between some of the grandchildren and grandparents. Family involvement was encouraged by the mothers to promote inter-generational supports. Mothers encouraged siblings and other family members'

TABLE 8. LINKING OF SUB-CATEGORIES PLACED UNDER THE
MAJOR CATEGORY LABELED 'INCLUDING FAMILY MEMBERS IN THE
CARE OF THE INFANT'

Describing Grandparent Roles And Activities That Are Associated With Child Care

Discipline of Infant or Child is Seldom Done While in Grandparents' Care
Having Grandparents Available to Teach Indian Heritage
Having Grandparents Teach Children Useful Activities

Distinguishing Infants Who Are Being Spoiled By Family Members

Creating Equal Time for Children
Describing the Conditions for Spoiling
Describing Which Infant is Spoiled
Encouraging Infant's Special Relationships With Family Member
Holding Infant Frequently
Not Having Any Favorite Children

Encouraging the Relationship Between the Siblings and Infant

Encouraging Siblings to Play With Infant
Encouraging Siblings to Provide Care
Setting Limits With Sibling in Care of Infant

Having Infants and Children Raised By Grandparents

Having Infant or Child Visit Grandparents for Extended Time
Letting Infant or Child Be Raised By Grandparents
Letting Infant or Child Live with Grandparents
Raising Extended Families Together

Identifying Factors That Influence Family Involvement

Being Married
Being Together as a Family
Living Close as a Family
Getting to Know Family
Having Family Members that Participate in Family Activities
Involving Extended Family
Observing Father's Interaction with the Infant
Staying With Extended Family

TABLE 8. LINKING OF SUB-CATEGORIES PLACED UNDER THE
MAJOR CATEGORY LABELED 'INCLUDING FAMILY MEMBERS IN THE
CARE OF THE INFANT' - Continued

Identifying Factors That Inhibit Family Involvement

Identifying Problems in Relationship With Father
Living Long Distance Away From Family Affects How Mother Provides Care to
Family Members
Not Having Family Available To Provide Care
Not Having Family Involved With Infant
Not Using Siblings As Babysitters

Listening to Family Advice On Infant Care

Family Advising on Child Rearing
Listening to Grandma's Advice on Childrearing
Learning About Child Rearing
Seeking Family Advice

Selecting Suitable Caretakers

Choosing Caretakers for Infant
Having Caretaker Who Provides Care For Any Number of Children
Having Exceptions to Leaving Infant with Someone Else
Never Leaving the Infant with Others
Planning\Evaluating Adjustments of Infant to Environment With Temporary
Caretaker\Relative

children to take care of the infants and each other. Family members, usually the grandmother, offered advice on childrearing. Situations, for example, distance from family, influenced family involvement. Mothers tried to coordinate the care of their infants with the involvement of family members.

The Describing Grandparent Roles And Activities That Are Associated With Child Care sub-category illustrated the responsibilities that grandparents assume when providing infant or child care. Some of these responsibilities were teaching about the Indian heritage and practical activities like sewing or cooking. Data contained:

"She (grandmother) teaches the things like sewing and cooking and ABCs (Informant H)."

The sub-category of Distinguishing Infants Who Are Being Spoiled by Family Members described a special process that the mothers made note of happening, the spoiling of certain infants and children by certain family members. Mothers usually felt they treated all of their children the same. Grandparents were described as having special relationships with infants and children and indulging them by doing everything the child ask. Infants were "spoiled" by being held all the time. Examples of data enclosed:

"They (grandparents) just do anything she says, they buy whatever she wants (Informant O)."

"The spoiling (done by the grandparents) is mostly that he (infant) has to be held. She (grandmother) just sits and holds the nine-month old all day long (Informant H)."

The Encouraging the Relationships Between Siblings and Infant sub-category illustrated how the siblings participated in the responsibilities and activities of infant care through play, baby-sitting, and watching over the infants. The mothers wanted the siblings to share in the raising of the infants. Data in this category comprised:

"M. acts like she is playing school with him (baby)...acts like she is reading from some little books she has (Informant K)."

"My oldest (8 year old) keeps her (21-month old) away from the road (Informant H)."

Grandparents provided physical care of some of the infants of the mothers. The infants and children lived with grandparents, went to visit grandparents for extended visits, or parents lived with the grandparents. The sub-category was labeled Having Infants and Children Raised by Grandparents. Four sub-categories were subsumed under this sub-category. The data encompassed:

"They are all like brothers and sisters (three generation household with five children)."

"I take him (11-month old baby) over there sometimes on weekends and my mom keeps him from Friday to Sunday at noon, so they can get to see him because they live so far. I leave him over there (Informant Q)."

"My second to the youngest daughter lives with my mom (Informant O)."

The sub-category of Identifying Factors That Influence Family Involvement described the components mothers felt achieved family closeness. Family members provided support, help, places to stay, and opportunities for children to know family members. Data consisted of:

"My grandmother lives right beside my mother, and my mom's sister lives right across the road, so all my family lives real close. And it's important for me to go to all of them (Informant C)."

"Their grandma, and there is four of us, and their dad's sister and her kids live here. About twelve people live here (Informant N)."

Mothers described situations in their families that compromised the relationships between them and their family members. Some of these factors included physical location of the mothers, family members not available to help care for infants, or disinterest of family members. This sub-category was named Identifying Factors That Inhibit Family Involvement. Data included:

"I'm not married to either one of them (fathers) (Informant M)."

"Most of our family lives in M. (out of town) (Informant K)."

Grandmothers and other family members offered their knowledge and experience with raising children. Listening to elders is how mothers learned about child care. Mothers expected the grandmothers to offer advice and when it wasn't offered, the mothers felt like the grandmothers were not interested in their infants. The sub-category was designated as Listening to Family Advice On Infant Care. The sub-category contained data that entailed:

"You have to listen to them (grandparents), though, 'cause they know what they are talking about (Informant R)."

"In some ways I may take it (advice), but I always listen to them (grandparents or elders) (Informant B)."

The Selecting Suitable Caretakers sub-category reflected how mothers chose certain people to provide for their babies when the mothers left the infants in someone else's care. Preference of choice was given to family members and last

choice was given to day care personnel, Considerations were made in the best interest of the infants. Data examples included:

"I didn't know any of the people who had day care. But this one--my mom went to school with the lady who owns it. And, I mean, she is just really, really great. No, I don't worry about him (Informant B)."

"Our sister, she baby-sits for us. She watched all of them (ten children including four under the age of five years old) (Informant J)."

5. Living Spiritually: New Category Label

The major category of 'living spiritually' evolved from the major category labeled 'fostering religious beliefs.' The major category of 'fostering religious beliefs' was reduced to a sub-category and renamed Having Different Kinds of Religious Beliefs. Mothers were reluctant to discuss their beliefs on spirituality. The sub-category of Attending the Stomp Dance was moved to this major category and subsumed under the new major category of 'living spiritually'. These two sub-categories were clustered under this major category (Table 9). Mothers provided some insight into the meaning of the stomp dance and "Indian religion." The investigator felt that this important major category should remain separate from the others. Data included:

"I'm not quite sure how they (do the stomp dance)--okay they build a fire and there are four arbors for the Four Mother Societies and then they have a medicine man and then they have leaders who go out and sing a song. While singing a song, they have other leaders behind them and shell shakers (people with rattlers). And while they are singing, the shell shakers are shaking, and they sing a song and that's all it is, all night long, but a different leader, but the same song. It's (stomp dance) one of those religious ceremonies where, if you are having your period, you are not allowed inside the circle, or you are not allowed to cook anything. You pretty much just stay in the car. I don't

really go on out there and participate in anything like that. I'm into this (Christian church)--not anything. I end up at the other side (Christian church) and he (husband) can handle that side (Indian religion). But they (children) experienced the songs, G. is learning the songs, B. wants to shake shells, you know whatever really they choose, I'll let them go with (that choice). You know I can't force mine (religion) on them. My mom was Pentecostal and that was how I was raised, but if they (children) don't want to go my way (religion), they want to go his (Indian religion). I can't say his is wrong and he better not say mine is (Informant H)."

6. Occupying Roles That Affect How the Infant is Cared For: New Category

Mothers occupied different roles in the study. The major category named 'occupying roles that affect the how the infant is cared for' described how mothers came to be in their particular roles and how these roles influenced the care they provided to their infants. This major category emerged from comparing different sub-categories from other major categories with other sub-categories, particularly the ones under the 'miscellaneous' major category, until the investigator identified the various roles mothers held. Three sub-categories, Having a New Baby, Staying Home with the Infant, and Working Outside the Home, were subsumed under this major category (Table 10).

Having a new baby was described as a role to which the mothers had to adjust with each new baby. This sub-category was titled Having a New Baby and four sub-categories were clustered under this sub-category for further category reduction. A new baby, whether the mothers were brand new or had another child(ren), required extra care. Mothers discussed their experiences about the labor and delivery of the

TABLE 9. LINKING OF SUB-CATEGORIES PLACED UNDER THE
MAJOR CATEGORY LABELED 'LIVING SPIRITUALLY'

Living Spiritually

Attending the Stomp Dance
Having Different Kinds of Religious Beliefs

TABLE 10. LINKING OF SUB-CATEGORIES PLACED UNDER THE
MAJOR CATEGORY LABELED 'OCCUPYING DIFFERENT ROLES THAT
AFFECT HOW INFANT IS CARED FOR'

Having a New Baby

Having Difficulty Remembering Newborn Days
Having a Healthy Baby
Having a New Baby
Starting Over with New Infant

Staying Home with the Infant

Staying Home with Infant
Using Time When Not Caring for Infant

Working Outside the Home

Having Relative/Caretaker Assume Household Responsibility While Mother Works
Providing Income/Home and Partaking Less Daily Care

new baby, starting over with a new baby and the limited amount of time they had now with a new baby.

"There's no difference (between children) except there's five years difference (in age). That's a big difference. We're so independent; we're starting over again (with new baby) (Informant I)."

The stay-at-home mother either chose to be at home with her infant or was not able to find work outside the home. This sub-category was named Staying Home with the Infant. Two sub-categories and observations made about the mothers were contained under this sub-category. Eleven mothers stayed at home and seven were either students or held jobs outside the home. The eleven homemakers provided reasons of why they elected to stay home. One mother (Informant R) attended school, quit when she had her baby and said she wanted to stay at home with her "kids when they were small." (Small was defined by the mothers as being under a year old.) Another mother (Informant N) quit school because her daughter had become ill with the flu and needed her. Several mothers stayed at home because their husbands preferred that they were with the children. One mother (Informant P) said "he likes it that way (her at home)."

The sub-category of Working Outside the Home described mothers who chose to work outside the home and how they provided care to their infants. The mothers working outside the home felt sad about leaving their infants in care of others but economic reasons required them to work. The care of their infants was transferred

to a trusted caregiver. However, some stated if the need arose they would leave their jobs to care for their children. A data piece was:

"When I am home, during the day on my day off, it's where I have to run and pay bills, run and run and pick the kids up, make sure I get this done, you know, so our breakfast, when I am home, is McDonald's (as compared to the children's babysitter, their aunt, who would cook their breakfast) (Informant H)."

7. Passing Clan Membership onto the Infant: New Category

Mothers mentioned being a member of a clan and some Cherokees are members of a clan. One mother explained "I asked my cousin and he said we are in the bird clan and I told my boys (Informant D). The investigator felt this sub-category should be developed into a major category, especially after talking to Cherokee elders in the community. Clarification of the data on the clan system developed from conversations with the elders. Membership into a clan is passed from mother to daughter, providing Cherokee mothers with a unique Indian mothering function. This major category defined the membership of the Indian family but the Indian mothers did not know much about their clans and the function of the clan. The elders interviewed supplemented the data the Cherokee mothers contributed.

A Cherokee elder described the names of the clans in Cherokee as "the Cherokee way of saying it." She felt that the English translation of the names did not capture the significance of the clan name. An Indian mother may know which clan

she is in but be unsure as to the details of how she knows or which one she belongs to. This elder went further and explained how the system worked.

"I don't really know how they ever started (the clan system). I've tried to in books, in reading books to see if I can find how it ever got started but I know the Keetoowah (Cherokee clan system) now. When they were first come on earth they said that God spoke to them and told them that 'You all are going to be Keetoowah Indian.' They said that (the name) Cherokee is what the white man decided that they (Indians) ought to be called Cherokee but really if you go back they are Keetoowah. Instead of saying you're a Cherokee, (you should say) you're a Keetoowah."

The clan system is so private that often Cherokee mothers did not now how it worked or what clan they were a member of. The Cherokee elder said, "they (elders) just don't hand it down you know." Elder Cherokee women in the tribe choose the time when it is appropriate to reveal the information. The elder stated that the clan is passed from mother to daughter and that it is important to teach the daughters what clan they are in. The reasons she gave were:

"Because they really don't marry in their same clan because it seems that their children will be, (pause) have some kind of deformity, or something like that. They don't want that because you're in the same clan, you are family."

However, if a woman is of mixed blood, such as half Cherokee and half white (or non-Cherokee), and her mother was white, the woman would not be a member of a clan. The clan ends. The Indian elder described the clan line as "being lost" then because the clan is passed from Cherokee mother to daughter.

The man can inherit a clan from his mother but his children cannot take that clan. The man must marry a Cherokee woman who is a member of a clan for his

children to be a member of the Cherokee society. Even though some Cherokees may not be members of a clan, they are recognized in the community and may attend and participate in certain aspects of the stomp dances (religious ceremonies) but they can not be a member of the Keetoowah society. The Keetoowah Indian society represents the Cherokee clan system as a whole and provides Cherokees with religion, traditions, and customs to live by.

8. Providing Care During an Illness

The major category labeled 'providing care during an illness' was retained. The major category of 'selecting health care for the infant' was subsumed under this major category. This major category reflected how mothers cared for their infants when their health was altered. Mothers did not talk about their feelings when their infants were not well. Choosing health care for their infants was a complex process. Choices varied with the kind of malady the mothers perceived their infants to have, the family member available to guide the mothers, and their feelings and beliefs about the illnesses. Mothers tried to integrate their choices of health care for their infants, believing that if one health care treatment didn't work then the other would. By using a combination of Traditional medicine as well as biomedical health care, the Indian mothers were providing their infants with both kinds of medicine and giving their infants the advantages of all the health care choices available to them. The sub-categories for this major category consisted of Defining Health and Major Illnesses,

Having Intrinsic Feelings of Concern, Identifying Factors that Influence Health Care Choices, and Selecting Health Care for the Infant (Table 11).

The sub-category of Defining Health and Major Illnesses included the mothers' description of their infants' general well-being and major kinds of illnesses. Some of the sub-categories describing infant discomforts were placed under another sub-category called Treating Infant Ailments. Infants were perceived as healthy or "never sick." Any alterations in their well-being were viewed as temporary until the infants could be treated. Mothers described certain illnesses their infants had as more threatening to their well-being than other infant illnesses. In addition, mothers described how they had to take their infants to the medicine man for some maladies and to the biomedical physician for "white sicknesses." One Indian mother (Informant R) described how cold air can make a baby sick and how the mother needs to expose the baby slowly to cold air so the infant can build up a tolerance to the cold air. Two data pieces were:

"It went on for like fifteen days, but there was nothing they (physicians) could do about it. They couldn't believe she wasn't dehydrated because she had vomiting and diarrhea, vomiting and diarrhea (Informant D)."

"They're too healthy for me to worry about (Informant A)."

The Having Intrinsic Feelings of Concern sub-category depicted the feelings of the mothers when their infants were sick. The Indian mothers did not talk openly about their feelings when their infants were not well. Some Indian mothers stated

TABLE 11. LINKING OF SUB-CATEGORIES PLACED UNDER THE
MAJOR CATEGORY LABELED 'PROVIDING CARE DURING AN
ILLNESS'

Defining Health and Major Illnesses

Describing Major Illnesses
Perceiving Infant as "Never Sick"

Having Intrinsic Feelings of Concern

Feeling Capable of Caring for Infant After His Illness
Feeling Concerned for Her Infant's Well Being
Feeling Relieved Infant Doing Better After Illness
Feeling Uncomfortable Seeing Infant in Discomfort
Feeling Worried
Identifying Need of Infant to Be Held

Identifying Factors that Influence Health Care Choices

Believing in Traditional Medicine
Identifying Advantages to "White" Medicine
Identifying Disadvantages to Biomedical Treatment
Limiting Use of Indian Medicine

Selecting Health Care for the Infant

Knowing a Person Who Knows How to Use Indian Home Remedies
Looking for Signs of an Illness
Observing the Secrecy Used with Indian Medicine
Seeking Family Advice Concerning Illness/Health
Treating Minor Illnesses
Using Indian Home Remedies
Using Traditional Medicine
Using "White" Medicine

that they were worried but no other deep feelings were discussed. An example from the data involved:

"We finally got to bring him home (infant hospitalized). They (hospital staff) called me and said they would teach me how to take care of him. I thought I already know how to take care of him (Informant Q)."

The advantages and disadvantages of biomedical care were discussed by the mothers as well as their beliefs about using Traditional medicine. Various factors persuaded mothers to pick different health care treatments. Most of the Indian mothers used a combination of both or treated infants at home with the help of someone who knew about Indian medicines. Mothers wanted their infants to have the best of both kinds of health care. If one medicine didn't work, they utilized the other kind. The sub-category was titled Identifying Factors that Influence Health Care Choices. Two pieces of data contained:

"They (medicine men) don't have no medicine for that (illness). I guess the Indian ways they have medicine in the woods, so we go out and get it (roots or plants). If you care for somebody, I say I'll do anything. I'll go get it (roots) wherever it is at, to have it. I'll do it. I have to boil it (roots) (Informant Q)."

"There's a lot of those herbs and stuff that really works with that (illness), that you can't really knock there. I don't know what was in the tea that I drank for my kidneys but (I) do know that I haven't had any kidney infections for three years now. But there is something to (herbal medicine). There is something psychological about it (Traditional medicine) (Informant I)."

The sub-category of Selecting Health Care for the Infant described the process of choosing health care that mothers made when looking for treatments for their infants. Mothers distinguished between those illnesses they could treat at home

themselves or with the advice and help of a family member (minor illnesses) from those illnesses that required treatment from a biomedical doctor or a medicine man (major illnesses). Nine sub-categories represented the kinds of choices of health care the mothers made for their infant. These choices were represented as using Indian home remedies, treating minor illnesses at home with over-the-counter treatments (vaporizer), using biomedical health care, and using Traditional Medicine. Family members who knew Indian medicines helped mothers provide health care for their infants. Traditional medicine was a private matter and mothers were reluctant to talk about it. One example of a datum consisted of:

"They (medicine men) don't just openly practice (medicine) (Informant D)."

Family members who knew how to treat physical illnesses using Indian home remedies helped mothers treat their infants or they would tell the mothers when to seek the aid of the medicine man (or sometimes the biomedical doctor). Fifteen mothers mentioned other family members who either treated them or their children and infants with Indian home remedies. These family members included grandfathers, grandmothers, great-grandmothers, great-aunts, brothers, and sisters. Family members who were the most knowledgeable about Indian home remedies were grandparents. Some mothers said they used family members more often than biomedical facilities to treat their children's and infants' minor illnesses. They cited reasons such as convenience of having a family member available to treat their infant, the family member being someone they trusted and who they felt was knowledgeable

about Indian home remedies, and not wanting to wait for long periods with a sick baby at the Indian Health Services.

Some the home remedies included onion tea for colic or stomach upsets, cherry leaves brewed into a tea for coughs and fever (makes the person sweat), herbs for burns, sunburns, or scratches, cigarette tobacco for bee stings or rashes, different herbs for kidney infections, ears smoked for ear infections, and herbal medicine taken during pregnancy to prevent birth defects. The mothers didn't know all the herbs used for treating their infants' illnesses; they even said their family members would not tell them what was being used when the mothers asked them directly. One mother said:

"She (grandmother) uses what they call cherry leaves. You boil it and you make the tea. It makes them sweat a whole lot but after about two or three hours of sweating, then they're fine. They're just different (home remedies). I don't know what the other stuff is. They fix it up and put it in the baby's jar and it's black. For like a burn or a skin tear or a scratch, you put that on it and the next day it's gone (Informant H)."

A Cherokee elder said that the cherry bark can be used for some home remedies, for example cough syrup. The cherry leaves can be used for other remedies.

Fifteen mothers used the medicine man. Some had a family member who was a medicine man. The medicine man treated the spiritual side of a human as well as the physical ailments. Mothers said the practice of the medicine man is very private. Even the person seeking his service doesn't always get to see how the treatment or

ceremony is being done. An elder in the Cherokee community explained that using Indian home remedies is different from using a medicine man.

"It's just that like he (person who knows Indian home medicine) has learned from his parents that this (root or plant) is good for this (illness). And then, but your medicine men are different, that's all that they do (medicine) and get deeper into it (changes in a person's well-being). These others will be just home remedies or something they've (family members) learned. Maybe some of their family has told them you use this kind of herb for this kind of illness. That's just kind of memorized it." -

Some of the reasons mothers used the medicine man included when family members could not treat the infant's symptoms, when the infant's spirit was affected, if the mother or a family member believed a spell had been placed upon the infant, or for promoting the health of the infant. One mother (Informant S) took her infant to the medicine man when the baby was having nightmares. Another mother (Informant H) said the children's grandmother took them to the medicine man for "doctoring" right after they were born. Another mother (Informant R) took her son to the medicine man to have his burned arm "cooled off." Several mothers described how they needed a necklace made by the medicine man for their infants to promote their infant's health.

One mother (Informant R) said she needed to collect black root for her infant to take to the medicine man. A Cherokee elder added that a mother might take her infant or child to the medicine man when they have lost a close loved one and the child is having a hard time sleeping, when the child "has his dreams taken" away (and is having nightmares).

A Cherokee elder provided some additional information about the customs involved when using the medicine man. Mothers talked about needing to find black root for the medicine man and about a special teething necklace prepared by the medicine man.

"Oh there's two sizes of it (black root). One of them's real little and the other is about four feet and it has black beans on the top on the stalk. There'll be several black beans and they (mothers) use that for their babies. They try to get the (black root) just as soon as they can. (They ask) the medicine man to use that root (to make the medicine). (The medicine man) holds (the medicine) in his mouth and sprays it on that baby about four times and that makes them not easy to faint or pass out or they don't ever get the epilepsy."

The elder explained what the necklace for teething was and how it was used to promote the health of the infant.

"They (medicine man) used the mole and they'll cut (the mole's) little paw (off). They'll take that (paw to make the necklace). (The medicine man covers the paw with a cloth so it doesn't show.) They'll (infants) chew on it, but they just wear it around the neck during the teething time. (The necklace prevents the infant from getting) measles and stuff that's going around."

One of the mothers described a special tobacco that her children's grandmother used when her children were ill or injured. The grandmother would not tell the mother anything about the tobacco except that it came from the medicine man. An elder in the Cherokee community explained the unique significance and power of this tobacco. A specific medicine man from each clan, seven all together, makes a special tobacco that is used for many purposes such as treatment of illnesses or for smoking the pipe at the stomp dance. They meet the fourth Saturday of each month to make the tobacco.

Cherokees have the tobacco in their homes for medicinal purposes. The tobacco is used for ear aches and tooth aches, sleeping disturbances, or feelings of uneasiness. The tobacco is very special and can be used for many purposes. The seven clan medicine men make the tobacco. Each medicine man has different ideas about how the tobacco is to be made. The medicine men fast, dance and meditate all night. They meditate. How to make the tobacco comes to the medicine men in a vision. In the vision, each one of them learns which herbs that they are supposed to get that month for the tobacco. Then, they put it in "one big ole pot" and brew it. The tobacco is considered holy by the Cherokee.

The mothers said their elders instructed them when to take the children to the medicine man. A Cherokee elder explained why the elders are the ones to say when an infant or child needs to see the medicine man. She said that "young parents" do not recognize when an infant or child is sick or "behaving like they are having problems." Grandparents know what to observe when an infant or child "is not behaving right." The grandparents tell the "young people" what signs to watch for in the child and this process teaches the parents how to take care of their infant and children.

Usually, the medicine man does not charge for his services but the mother gives him something. One mother (Informant P) stated the children's grandmother visited a medicine man who charged a large amount of money. The family did not

know this medicine man. The grandmother didn't get better after the treatment. An elder illustrated how payment was made to the medicine man.

"They don't exactly say you that you're going to have to pay \$10.00. You're supposed to know to give them something. He's never going to charge you anything. You say, 'well I want you to have this' and give him \$10.00 or \$5.00. They'll take it, but they won't say ('pay me'). They're not supposed to. It weakens their medicine if they do. That's not really truly, (the Indian way). (The medicine man is) there for the people. They just want to be there when you need their help. Then you appreciate it and you want to give them a little something and so that's the way they do it."

9. Spreading Care of Infants to Other Family Members: New Category

'Spreading care of infants to other family members' was identified as a major category (Table 12). While the Indian mothers talked specifically about being a mother, the care they provided to their infants was shared with other family members, particularly the grandmothers and aunts. Grandmothers were often second parents to the grandchildren, assuming the parent role themselves, even the children thought of the grandmothers as their mothers.

The definition of mother by the Cherokee was different from the definition of mother in the dominant culture. Differences in mothering had to do with how mothers stated they never left their infants with others but a large portion of data contradicted these statements because the mothers made statements about their choices of who was an acceptable caretaker, usually a grandmother or aunt, indicating they do leave their babies with others. "What was the definition of others?" the researcher asked of the data. As she continued to analyze the data, the sub-category

of Sharing Care of Infant with Multiple Caretakers developed. This sub-category described an important process of caretaking among the mothers interviewed. Caretaking for their infants is shared among several people, often the grandparents. These caretakers were not viewed as "others." Another sub-category, Letting Grandparents Serve/Assume Parent Role, portrayed how grandparents, especially the grandmother, took on a majority of the infant care. The investigator recognized that caring behaviors are spread among other caretakers, like the grandmother. Here, the researcher felt the boundaries of caring for the infant were not limited to the mothers themselves but shared by others in the family. Data pieces entailed:

"Well, the big ones call her grandma, but the little ones call her mama. W. does. I guess she pretty much helped me raise them if not doing most of the job herself (Informant H)."

10. Teaching the Infant about Indian Traditions

The major category of 'teaching the infant about Indian traditions' described how mothers included their infants in Indian functions, encouraged them to learn the Cherokee language, and outfitted them with Traditional wear. The major category of 'speaking Cherokee' was subsumed under the major category of 'Indian traditions' and changed to a sub-category named Learning About the Cherokee Heritage Through Language. The sub-category of Identifying Factors That Inhibit the Passing on of Indian Traditions accounts for some of factors when mothers did not participate in Indian traditions or were not familiar with Indian traditions. On the other hand, many of the mothers identified greatly with their cultures and lived

TABLE 12. LINKING OF SUB-CATEGORIES PLACED UNDER THE
MAJOR CATEGORY LABELED 'SPREADING CARE OF INFANT TO
OTHER FAMILY MEMBERS'

Spreading Care of Infant to Other Family Members

Sharing Care of Infant with Multiple Caretakers
Letting Grandparents Serve/Assume Parent Role

accordingly. Mothers tried to promote their Indian heritage while living in the dominant culture. These sub-categories were subsumed, Identifying Factors That Inhibit the Passing on of Indian Traditions, Identifying the Traditions of Indian Living, Integrating the Infant into Indian Society, Learning About the Cherokee Heritage Through Language, and Living the Indian Way of Life (Table 13).

Some elements interfered with the process of learning Cherokee culture. Some of these elements were: 1.) mothers had no role models to learn the culture, 2.) did not participate in Indian traditions, 3.) did not feel the language was important to learn, and 4.) had no family nearby to teach them about their heritage. The sub-category was designated as Identifying Factors That Inhibit the Passing on of Indian Traditions. Data contained:

"I don't necessarily want to be involved in the stomp dance. In the process--go every weekend and things like that (Informant D)."

"My mom, she was white, and I guess I was kind of raised a mixture of whites and Indians, I guess. More white, I guess (Informant P)."

The sub-category of Identifying Traditions of Indian Living portrayed the things that mothers associated with the Indian society, such as Indian activities, Cherokee dress and naming the infant. Infants and children played a significant part of all the activities and customs of the Indian nation. Data generated from this category contained:

"My husband does (pow-wow) because they are Pawnee. We go to pow-wows all the time, as many as we can to and I take him (13-month old) to stomp

dances because that was what I was raised with. He's (13-month old) been to both and he still does both (Informant E)."

"She (infant) is named after my grandma. My mom (grandmother) gave her a name (Informant M)."

"We call him C. For Cherokee and boy (Informant O)."

Mothers described traditional Cherokee clothes they made for their infants and children. An elder in the Cherokee community (who had once lived up north) explained that shawls are worn by the Indian females when they dance at a pow-wow. Shawls originated with the northern Indians (for example the Sioux) and were not part of historical Cherokee tradition. The shawl represents the butterfly, a symbol of eternal life because it dies as a caterpillar and is reborn a butterfly. Some of the shawls are works of art and have elaborate designs, symbolic representations of Indian traditions (Illustration 3). One mother (Informant D) described the shawl she was going to make for her daughter (16-month old).

"We are going to make her a new one this year. They made her a little bitty shawl. It just goes around her shoulder; it is hard for her to hang on (to when dancing) but she will dance while some one chants for her. B. (friend) is going to applique a bird (clan name) on it and she is making the fringe like the four colors of the universe--now she knows all that stuff and I don't know what the four colors of the universe are and what they represent, but she does." (An elder said the four colors of the universe are red, black, blue, and yellow. The four colors represent different human races--red for Indians, black for African-Americans, blue for "whites," yellow for Asians--all living together in harmony.)

The tear dress is the traditional dress worn by Cherokee women (Illustration 3). The tear dress is a recent tradition, originating when the Cherokees were

TABLE 13. LINKING OF SUB-CATEGORIES PLACED UNDER THE
MAJOR CATEGORY LABELED 'TEACHING THE INFANT ABOUT
INDIAN TRADITIONS'

Identifying Factors That Inhibit the Passing On of Indian Traditions

Being Away from Indian Traditions
Feeling Indian Language Not Important
Feeling Indian Traditions Unimportant
Having No Role Model to Learn Indian Heritage/Language
Not Having Grandparents Available to Teach Indian Heritage
Not Having Indian Relatives Available to Teach Indian Heritage

Identifying the Traditions of Indian Living

Describing the "Little People"
Going to the Pow-Wow
Making a Shawl
Naming the Infant
Telling Indian Stories
Wearing a Tear Dress
Describing other Indian Traditions

Integrating the Infant into Indian Society

Assessing Infant's Response to Indian Environment
Exposing Infant to Indian Traditions
Including Infant in Dances According to Developmental Age
Teaching Children to Honor Elders

Learning About the Cherokee Heritage Through Language

Feeling Cherokee Language Important
Having Grandparents Teach Cherokee Language
Living in a Bilingual Family
Losing and Learning the Cherokee Language
Speaking Cherokee Language
Speaking Cherokee to Infant
Teaching Method

Living the Indian Way of Life

Being Aware of Cultural Differences
"Being Indian"
Describing Indian Influences
Identifying with Indian Tribe
Living the Indian Way

Illustration 3. Cherokee Girl in a Tear Dress with a Shawl

relocated from North Carolina to Oklahoma in the early 1800s. One mother said, "Grandma made tear dresses for the girls (Informant H)." An elder said:

"The tear dress is like the early frontier dress in the 1800s. The Cherokee women did not have scissors, so they torn the material into pieces and sewed the pieces together to make a dress. That is how they (dresses) became known as 'tear dresses.'"

The ribbon shirt is worn by Cherokee men and can be found in other Indian tribes known as the Five Civilized Tribes in Oklahoma (Illustration 4). An elder explained that the ribbon shirt is not originally Cherokee but originated from the frontier days in Oklahoma. The shirt looks like a western shirt and is decorated with ribbons that look like streamers. In some tribes, the colors and designs of the shirt denote clan membership, although this is not true for the Cherokee tribe. One mother remarked:

"I don't put him down, I carry him and let him dance with me during the stomp dance and let him wear like a ribbon shirt (Informant E)."

Ribbon shirts, tear dresses and shawls are worn to Cherokee celebrations and to pow-wows (Illustration 5). Indian women wear the shawl to dance in the pow-wows but don't necessarily wear it at a stomp dance. Pow-wows are festivities where Indians from all different kinds of tribes get together and dance. The stomp dance of the Cherokees is a religious ceremony that usually only tribal members attend. Regular clothes were worn at the stomp dance, one mother remarked "you just wear like jeans (Informant E)." One mother (Informant D) explained the differences between the stomp dance and the pow-wow.

Illustration 4. Cherokee Boy in a Ribbon Shirt

DS&YD

Illustration 5. Cherokee Women and Girl at the Pow-wow

"Like if you took Christmas and compared it to the pow-wows, the pow-wows would be the Santa Claus part of Christmas because it is kind of commercial and it is nice to have and everybody can join in. And the stomp dance is like the Christ child and the birth of the Christ child. It is real of a religious--like a true believer."

An elder said pow-wows have fancy costumes and fancy whirling dances whereas the stomp dance consisted of dancers in a line, a more sedate dance. The pow-wows are for social exchanges among tribes. One mother (Informant I) said Cherokees do not "pow-wow" and the elder confirmed that historically the Cherokee did not pow-wow. Now, Cherokees participate in the pow-wows for social interchanges and exchanging information with other Indian tribes.

The Cherokee naming of the infant is an important tradition. Several of the mothers mentioned their infants having Cherokee names. Often, female elders chose the names for the infants. One mother said she didn't know how the name was chosen. Mothers talked about who gave their children their Cherokee names but didn't provide any information of how the selection was made. An elder in the Cherokee community was able to identify how some the infants received their Cherokee names. She said usually the infant's grandmother or aunt gives the baby his Cherokee name.

"A lot of times (the name) may be just the way the day was when that child was born. There is some (babies) that's named January in Cherokee. I mean you say it in Cherokee and he (infant) was probably born in the month of January. It just depends on whatever that mother might have been (doing) or how the day (was) and that just is kind of how they name them in Cherokee. And a lot of time if the mother has not had some kind of feeling (about) the name she's picked or she may have two or three names that she not really

settled on. Then she goes to the medicine man and he checks it out to see what name that child should really have. And that's how lots of times they distinguish what the name ought to be."

Sometimes an infant can be taken out into nature and he is given the name of the first object the infant sees, like a tree limb. The tree limb is strong so the infant will be strong. Infants are also named after elders in the family who have died, to honor those relatives. Usually, there is no hurry to name the infant a Cherokee name. Cherokee infants are also given "white" names by the mother. Baby showers are given by the grandmother or aunt with all the female relatives and some close family friends invited. The grandmother or aunt buys the baby a special outfit. The shower is held after the baby is born. It is considered "bad luck" to have the shower before the baby is born. The baby might be stillborn or disabled.

Cherokee mothers are taught about the "Little People" (Illustration 6). The Little People are small Indian humans that live in the woods. They don't wear clothes. They protect nature and Indians when they are in the woods. One mother (Informant D) said:

"We were told that if you were in need, the Little People would help you, they would bring you what you needed if you believed about it."

Mothers told stories that involved the Little People. Sometimes they used stories about the Little People to discipline their own children, telling the children "if you aren't good the Little People will come and get you." A Cherokee elder explained more about the Little People and their purpose for existing. She said that

Illustration 6: The Little People

some Indian people are close to the Little People while others have just heard talk about the Little People. The Little People live in the bluffs or lofty places. She said her husband could hear them but he never saw them. Another elder said if a person saw the Little People and told about seeing them, then that person could become sick or die. Her aunt had died after seeing them and telling about seeing the Little People. The elder whose husband listened for them said:

"You can kind of hear voices if you were really listening. But I never was really into them that much that I listened for them. And it might have been that way if I had, but now he did (her husband). He really listened."

On some of the trails, the elder was told not to eat certain berries in the woods because the Little People ate those kinds of berries. If she asked permission first from the Little People, then it was all right to eat the berries. The Little People live on wild berries and nuts. The Little People play tricks on people but they are not mean or violent.

The Little People were used to explain the unexplainable by the mothers and the elders. Cherokees left food on the table at night after supper for the Little People. One mother said if you listened you could hear the door squeak when they came in. A elder explained a story her husband had told her and how the Little People helped him.

"One day he (her husband) had laid so many blocks but he hadn't laid half of them. For that day he wanted to lay like 1100 or something and he hadn't. He had just laid about 400 of them and he thought 'I better lay the rest of those in the afternoon but now I'm really going to have to work at getting them all laid in.' So he said (to the Little People), 'I'm really going to need

your help this afternoon. I know every time I pick up a block, you all hang on to it 'till I get it laid up there. It's too much extra weight for me. It's harder for me. You all could lift them up there for me."

The mothers did not know very much about the Little People. This elder explained the reason as being that the "young people" spend all their time on the highways or in town. The "young people" do not know how to listen for the Little People. She thought the Cherokees were the only tribe that had talked about the Little People.

Having family meals together was an important aspect of building family ties with other family members. Big Indian ceremonies were celebrated by having family groups (clans) bring dishes of food for a feast. One of the food traditions mentioned by a mother (Informant I) was a hog fry. She said they had hog frys at the school she taught. This mother (who lived in the country) mentioned that many of the Cherokees around her community raised hogs on their farms. She said hog frys were large dinner gatherings where meat from the hog was fried and served to everyone. An elder said hog frys are given at special stomp dances, family birthdays, or special occasions. On July 19th, at one of the stomp dances, the Cherokees (Keetoowahs) celebrate a famous Cherokee's birthday, Redbird Smith, and have a hog fry. Individuals or people at public gatherings may give hog frys. Pork may be furnished by someone who owns pork or may be purchased at a modern store. Hog meat is fried in a pan with grease and flour.

There were several famous Cherokees from history that mothers claimed relationship. Mothers told their children about being a descendant of Sequoyah (Informant H) and being related to one of the former chiefs of the Cherokees (Informant I). Sequoyah developed the Cherokee syllabary in the 1800s, giving the Cherokees a written language as well as having a verbal language. Mothers were conscious of these special family relationships and expressed this awareness about their family history to their children.

"He (father) pretty much talks to them a lot about who they are and where they came from and he is real proud of the fact that Sequoyah is kin to them somehow or other (Informant H)."

Two mothers talked openly about conjuring (pronounced "cunjer" by the mothers) and other beliefs they had about bad spells being cast upon people.

"I have mixed emotions about it (conjuring), like conjuring. Part of me wants to believe, 'Yea, its true' because I have seen some things that are hard to explain and then the part of me that was raised Christian in a church, thinks 'no, no that's not how it is.'"

While not all mothers believed exactly in spells being cast by one person upon another, they tended to believe that the spirit of a person could become ill and that person could suffer from nightmares, physical illnesses, or other maladies. One mother (Informant S) felt her child's nightmares were from an illness affecting the child's spirit and the family felt the medicine man needed to purge the child of the nightmares. One of the elders said that children do not have spells cast upon them, that usually it's the parents who have done the wrongdoing to another person and they

are the ones to get the spell placed upon them. Another elder said that conjuring is used to "set" a spell on someone, usually an evil spell. The person pays a medicine man to "set" the spell on another Indian. "Medicine men come in all kinds, some are good and some are bad," the elder related. The investigator did not ask questions of the mothers about this subject due to cultural sensitivity of topic but only used the data that was offered freely. She was able to gather that mothers felt sometimes their children and infants suffered from maladies that affected their spirits or well-beings but could not be explained or treated by biomedical health care so they had to seek out the medicine man.

Five mothers stated they or elders tell their children "Indian stories" about their family history. Indian stories included stories about snakes or animals, ghost stories, family events or happenings, myths, or beliefs. These stories usually taught the children a lesson about life, for example stories about nature provided children with knowledge about plants, trees and animals and the importance of respecting every animal or object's place in the world. Stories were also told to explain why certain events or animals are the way they are, for instance, why rabbits have cotton tails. Family stories involved stories about significant family happenings. One case involved the story of the relocation of the Cherokee tribe in 1839 from North Carolina to Oklahoma. Data included:

"The boys live to hear those kind of stories and they can remember (them). My middle son is always saying 'Grandma, tell me about the snake, tell me about the snake (Informant D).'"

"I tell them stories I have heard, things that have been passed down for years and years, legends, beliefs, things like that I've told them (Informant F)."

A Cherokee elder confirmed that stories are told to teach the (grand)children about life experiences but were also are a way to pass on the Cherokee heritage to the children. Elders "have some kind of experience" that "they always tell the youngsters and that's teaching (the children)." This elder explained how telling stories is passed from one generation of children to the next. She said 'telling stories' is a way of teaching children about life. Elders tell children about their life experiences.

The Integrating of the Infant into Indian Society sub-category described how mothers start exposing their infant to the Indian culture. The sub-category of Teaching Children to Honor Elders is a way of showing infants and children a part of their heritage by respecting elders for their knowledge. Mothers respect their elders so children are taught to respect their elders for their ages and their knowledge they have about life experiences.

"He (grandfather) knows something (about child care) and he has had ten kids (of his own), he did something right (Informant E)."

"They (elders) have so much to tell. That is one thing I try to teach my sons that is honor them (elders) and show them respect and listen to what they say because if they tell you something then you have something to learn (Informant D)."

Another way mothers integrated their infants and children into the Indian society was to provide opportunities to participate in Indian activities. Infants learning to dance to the drum and responding to the drum beat indicated to mothers

that their infants were being integrated into the Indian society (Illustration 7). Data in this category comprised:

"She (16-month old) did the little pow-wow dance. Well, she had this little doll made of yarn or something and she said 'Baby dance!.' And she stood in the kitchen and she said, 'Daddy, daddy!' and she pointed at him and he wouldn't do anything. And she said, 'Mama, Daddy!.' She wanted me to make him sing--chant--for her, and she danced and jumped around there and danced, so she is really aware (Informant D)."

The mothers took their babies at a very young age to the pow-wows where they heard the drum. One mother described her son's (13-month) reaction this way:

"When he would hear the music, there is that one commercial on TV now that has that drum, when he hears that drum, he will stop anything he is doing and watch TV. If he hears it on a tape, he will stop and he will listen. He starts bouncing up and down because he has seen people do that and when he was starting to want to stand on his own, he would stand there and he would bounce up and down with the music. So, he likes it real well. He knows the drums since he was little (Informant E)."

An elder felt that learning the drum is an important aspect of Indian tradition. She said children learn about the drum by growing up with it.

"You have the kids take part. You take them (to pow-wows) and they hear that (beat) over and over and they will recognize it. If they heard a drum, they'll stop. They recognize that (sound) and it's just something about the beat of the drum that you're going to know. I don't know. You just have to be brought up in it (Indian society) to know the feeling that it is to hear that drum."

Illustration 7. Cherokee Elder with a Drum

Another sub-category was identified as Learning About the Cherokee Heritage Through Language. Culture is passed implicitly through the language. Data included:

"Children should learn their own language. Today they are taught English more than their own language, their language. I teach my kids how to talk their own language. They (grandparents) try to teach them their language especially how to talk it and...because language is (important)--I don't know how to say it (Informant N)."

Only a couple of the mothers were able to speak the Cherokee language fluently. Some of the mothers knew phrases and words in Cherokee but they felt they could understand the language more than they could speak it. Barriers to learning the language or teaching their children the language were: 1) the mothers' own parents did not know the language or did know the language but did not teach the mothers; 2) the mothers were starting at an older age, two years or more, to teach them the Cherokee language, believing that introducing babies to the language too soon would confuse them; 3) mothers said the children preferred English especially when the children started attending (non-Indian) school. Mothers had relatives who spoke the Cherokee language teach their children and infants the language.

One of the elders interviewed offered some additional insight into the importance of learning the Cherokee language and why the mothers felt it important for their infants to learn the language.

"They (Cherokee parents) see that it's really important, the need to learn it (Cherokee). Like if they're members of the Keetoowah Society, like at the stomp dance, then you've got to be able to speak it to give your testimony (preaching) in Cherokee."

"Of course, there's just so much that you can express and say in Cherokee that you can't very well say in English. And then it seems like in just a few words you can get it said in Cherokee and in English it takes quite a bit to explain even what you've just said in Cherokee. So it's just a different feeling there when you can speak to your people."

This elder identified how some infants and children learn the Cherokee language but also how they lose the opportunity to learn the language.

"The grandmother speaks to them in Cherokee. They're the ones that are baby-sitting with them, but a lot of them (babies) that had to go to day care or somewhere else, well, then they don't get to learn it (Cherokee). It's just natural for your elderlys to want the kids to be able to speak (the language). They teach it."

The sub-category of Living the Indian Way of Life expressed how the mothers identified with certain inherent aspects of the Indian way of life and lived with some of the traditions. Data consisted of:

"I don't like water I can't see through. I am only like that because of the little fishes in it. I am Indian, but I don't like that kind of stuff. I like the swimming pool myself (Informant A) ."

11. Using Different Parenting Styles: New Category

The 'using different parenting styles' major category delineated the various parenting methods of mothers and fathers. The sub-categories of Assuming Responsibility for Certain Caring Tasks, Being a Parent Can Be Hectic, Being a Protective Parent, Being a Secure Parent, and Being an Insecure Parent were subsumed under this major category (Table 14). Sub-categories were compared and

reduced from the other major categories described, particularly sub-categories under the major category label of 'miscellaneous.' Four parenting methods emerged from the data, the secure parent, the protective parent, the responsible-for-certain-caring-tasks parent, and the insecure parent. The sub-category of Being a Parent Can Be Hectic is an attribute of the major category of 'using different parent styles' because having children required the mothers to use different skills to care for children in an effective and organized manner.

The sub-category of Assuming Responsibility for Certain Caring Tasks described how mothers take on certain caring tasks and the mothers' descriptions of the caring tasks the fathers assumed. Usually, the mothers provided most of the care for their infants. The fathers provided some care, usually in the form of income provider and in some cases, the teacher of Indian heritage. One mother (Informant F) didn't even expect her husband to watch her baby while she went to the grocery store. Some of the fathers did not discipline the children in the manner mothers felt appropriate and the mothers ended up doing most of the discipline themselves. When the parents were from different tribes, the mothers practiced some of their own beliefs but also assumed the Indian practices of the fathers. The two mothers interviewed who were not Cherokee with husbands who were full-blooded Cherokee, were raising their children in the Cherokee society. Differences in parenting was a process that usually ended in compromise between the mothers and fathers. A data piece included:

"But W. (father) does not spank them. He won't spank them, actually. And if (his) talking to them didn't do any good, (then) I spank them, if spanking doesn't do--and you know they haven't been spanked that much (Informant H)."

Mothers were protective of their infants. This sub-category was named Being a Protective Parent. Mothers described several situations where they would defend their infants and children at any cost. One mother (Informant H) was upset because the Sunday school teacher had frightened her child with stories of hell. The child had nightmares, couldn't sleep and was afraid he was going to hell. The mother was angry and said, "I would die for my kids." Another mother (Informant I) worried about the state of the world and the cleanliness of others, particularly health care workers. She was vigilant about making sure that the biomedical physicians and dentists treating her children scrubbed and gloved before examining her children. She also worried about the school system for children, particularly her infant because the school systems might get worse. She had thought about removing them and teaching them at home. Data included:

"Mine are very sheltered compared to other little children. It is not to say that they are not exposed to it (illnesses and social problems) either, but they are sheltered, I sheltered them from it as much as I can (Informant I)."

"I hate to leave her (baby) with anybody, nowadays you don't know who to leave them with (Informant R)."

The sub-category named Being a Secure Parent developed from four sub-categories and observations of mothers and their children. This sub-category described how mothers were comfortable in caring for their infants and children. The

researcher observed mothers in situations where the children were playing and very noisy. Mothers were observed as remaining calm with their children throughout the interview process, even when children (including the baby) were loud and boisterous. Sometimes the mothers had as many as seven children in the home. The investigator sometimes felt concerned about the noise from the children, but the mothers remained calm, intervening only when the children appeared to be rough with the infant or made her cry. The calmness of the mothers impressed the investigator about how secure they felt in their abilities to allow the children to play with minimal supervision but provided the appearance of being in control of the situation.

Mothers talked about being uncertain in their parenting skills. The sub-category of Being an Insecure Parent represented how mothers felt inadequate in some of their caring techniques and needed family support to reassure them about their decisions of providing care. Fathers provided some information but generally left the mothers up to their own means when they needed help or information. Grandmothers were cited as being knowledgeable about child rearing. Mothers turned to them frequently for advice on treatments of illnesses or verification of mothering tasks. One mother who had four children repeatedly cited examples of how she needed to go to her mother-in-laws for help, despite being a health care worker and seasoned mother.

The sub-category of Being a Parent Can be Hectic described how having a family proved to be challenging to mothers. Learning to take

TABLE 14. LINKING OF SUB-CATEGORIES PLACED UNDER THE
MAJOR CATEGORY LABELED 'USING DIFFERENT PARENTING
STYLES'

Assuming Responsible for Certain Caring Tasks

Dividing Family Responsibilities
Identifying Differences in Parenting Between Mother and Father
Parenting Different With Each Infant

Being a Parent Can Be Hectic

Having Children at Home Difficult Sometimes

Being a Protective Parent

Being a Secure Parent

Being a Relaxed Parent
Following Their Own Parenting Ideas.
Identifying Her Baby Needs by Comparing to Her Own Needs
Identifying Parental Strengths

Being an Insecure Parent

care of infants and children required mothers to make adjustments in their caring behaviors. A data piece included:

"We all go (out) at the same time which turns out to be a headache sometimes. Because we have the two older ones back there fighting and W. (21-month old) will say 'Shop! Shop!' You know it turns out sometimes kind of hectic but we do okay (Informant G)."

12. Using Non-Coercive Discipline Techniques

Four types of discipline developed from the data. This major category was named 'using non-coercive discipline techniques.' The original 35 sub-categories were re-conceptualized and reduced to four new sub-categories of Ignoring Misbehavior/Using Gentle Discipline, Resorting to Harsh Discipline, Teaching "No" Important To Promote Good Behavior and Avoid Using Physical Punishment, and Using Firm Discipline Without Physical Punishment (Table 15). Mothers balanced their knowledge about infant maturity with the their application of using non-coercive discipline techniques. These discipline approaches are different from the dominant culture of disciplining children. A quote from a letter in 'Dear Abby' (Van Buren, 1993, May 19) demonstrated how some of the people in the dominant culture discipline their children:

"Look at the children of today. They need more discipline than just a good 'talking to.' I'm not saying kids should get hit every day in the week, but when they deserve it, they should get it--but good!"

Indian mothers varied in the discipline approaches they used with the age of the infant and their knowledge of developmental maturity. A hierarchy of discipline

TABLE 15. LINKING OF SUB-CATEGORIES PLACED UNDER THE
MAJOR CATEGORY LABELED 'USING NON-COERCIVE DISCIPLINE
TECHNIQUES'

Ignoring Misbehavior/Using Gentle Discipline

Being Lenient
Believing Children Are Not Bad
Comforting Infant When Distraught
Dismissing Infant's Misbehavior
Distracting Infant away From Objects\Situations
"Giving In" Instead of Punishing Infant
Ignoring Infant's Misbehavior
Indulging Infant's Behavior
Removing Infant and/or Objects

Resorting to Harsh Discipline

Disciplining Other Family Members' Children
Getting Disobedient Children to Mind
Not Caring About Their Children
Observing Misbehaving Children
Raising Voice in Anger
Raising Voice in Verbal Threats
Using Physical Punishment
Spanking Infant
Telling Infant and Children to Stop Interrupting

Teaching "No" Important To Promote Good Behavior and Avoid Using Physical Punishment

Enforcing Behavior With Phrase "Good Girl"
Expecting Good Behavior
Explaining Changes in Infant's Behavior
Having a Good Baby
Teaching Infant to Be Polite
Teaching Infant to Obey
Teaching "No" to Infant

TABLE 15. LINKING OF SUB-CATEGORIES PLACED UNDER THE
MAJOR CATEGORY LABELED 'USING NON-COERCIVE DISCIPLINE
TECHNIQUES' - Continued

Using Firm Discipline Without Physical Punishment

Delegating Tasks
Delivering Safe/Thoughtful Discipline
Not Using Physical Punishment
Noting Differences Between Her Childhood Discipline and How She Disciplines her
Children
Part of Caring is Discipling Infant
Providing Examples of Misdeeds Done by Other Children
Restricting Infant's Activities
Requesting Infant to Stop Behavior
Setting Limits With Infant
Speaking with Authority
Talking to Infant to Encourage Good Behavior
Using Tone of Voice

techniques evolved, from ignoring misbehavior to applying firm techniques to using physical punishment for misbehavior. Contributing factors were also whether the parents disciplined their infants or did not discipline them and the environment when the infant was perceived to be needing discipline. Public places or the presence of strangers was not an acceptable time to discipline infants, no matter what the misbehavior was. Well-behaved infants were valued, otherwise shame was brought onto the parents for their misbehavior.

The Ignoring Misbehavior/Using Gentle Discipline sub-category labeled how the mothers used discipline approaches to correct the misbehavior of babies, particularly the young babies. Young babies were identified as not being able to understand when they misbehaved and mothers used techniques such as ignoring behavior, distracting the infant, giving in to their fussing, or removing the baby or object to correct misconduct.

"See, I probably shouldn't let him (9-month old) do things like that (mess up the living room) but I do (Informant B)." "When he gets into something, if he is trying to pull something off the shelf or something, I say not to do that. I move it out of the way, later, if he goes back to it, I just do the same thing. Finally he loses interest it or finally he goes to do something else. Or I just move everything out of the way before I put him in his walker (Informant C)."

The sub-category of Resorting to Harsh Discipline portrayed the discipline practices of mothers who yelled at their babies or used physical punishment on their infants. One mother (Informant O) yelled at her infant and children for misconduct while the investigator interviewed her. During the other interviews, none of the other

informants even raised their voices at their children and babies when they misbehaved. The investigator recognized the startling contrast between the quiet discipline techniques of most of the mothers and the loud interventions of this other mother. Mothers raising their voices to the infants and children was not a common technique used in disciplining their children, particularly infants, but when the one mother did raise her voice it seemed harsh. Her infant and his sister were teasing a cat, the mother yelled repeatedly at the children instead of removing the cat. The infant finally got hurt in the process. Other mothers wanted their infants to behave in certain ways or perform tasks beyond their developmental age and used physical punishment to get their infants to comply. Misbehaving children and infants who were not disciplined by their parents were disciplined by other family members. Data comprised:

"If she doesn't (obey) the first time I tell her I'll spank her, the second time I tell her, she usually does it (Informant H)."

"(Child screams loudly). S. you behave! You better hush! You are going to get a good spanking. You watch! Quit it! Quit it!! S.!! (Informant O)"

Good public behavior exhibited by their infants was important to the mothers. Many mothers provided explanations for their infants misbehaviors but did not and would not discipline them in front of the investigator. Mothers emphasized that infants needed to learn "no" then mothers didn't have to use physical punishment to get them to obey. Seven sub-categories clustered under this new sub-category called

Teaching "No" important To Promote Good Behavior and Avoid Physical

Punishment. A data piece from the analysis consisted of:

"It wouldn't be nice if we went to a public place or to someone's house and I said 'no' to him, it would be better if he understood the word 'no' instead of throwing a big fit right in front of everybody (Informant C)."

Infants who misbehaved concerned their mothers. Discipline techniques used to correct misbehavior were applied with decisiveness but not with physical punishment. The sub-category was designated as Using Firm Discipline Without Physical Punishment. A data example contained:

"I don't believe in that (spanking) and I won't let anyone else doing it. Grandmas don't do it. I tell them if I am not going to do it, you are not going to do it, even if he is your grandson (Informant F)."

Identifying the Core Categories

When the categories have been developed and linked, the researcher needs to pull the theory together around a central or core category(ies) (Chenitz & Swanson, 1986). Core categories are theoretical constructs. They account for the a certain amount of behavioral variation among the informants. Constant comparative analysis is continued, yielding groups of categories (constructs) that encompass smaller categories thus major processes are revealed. Constant comparative analysis continues until saturation has been reached, in other words until no further new categories are identified. Core categories contribute theoretical meaning and scope to the theory (Munhall & Oiler, 1986).

The investigator used different techniques to extract core categories (Chenitz & Swanson, 1986). The investigator asked questions of the data, "What is the main theme that keeps happening over and over again?" The researcher tried to arrange the categories in an order that demonstrated how they related to each other, using a diagram. The researcher continued to use memos as a way to identify relationships among the categories. For instance, in some of the major categories and sub-categories the Indian mothers were integrating Indian child care with dominant society child care. An example was mothers used baby food for "snacks" but preferred to cook their infants "real food." The last technique involved looking for the social process itself, how the mothers took care of their infants.

The sub-categories and major categories were clusters of categories that were merged into refined categories, core categories (Table 16). Some of the major categories themselves were clustered into a core category while other major categories were renamed and changed into a core category to reflect a quality or meaning that had developed from the refinement and reduction process. Some of the sub-categories placed under former major categories labels were linked in such a way to reflect a more reduced cluster of categories, and then the sub-categories were merged into a core category (concept) and the old major category label was renamed to reflect the meaning and quality of the core category.

When trying to identify core categories, the investigator met with a colleague and discussed the data in detail. The colleague provided valuable insight into

TABLE 16. LABELLING THE 8 CORE CATEGORIES

12 Retained and New Major Category Labels	8 Core Category Labels
Accommodating Traditional Indian and Dominant Society Everyday Infant Care	Accommodating Everyday Infant Care
Providing Care During an Illness	Accommodating Health Perspectives
Having Children is Important	Being a Cherokee Mother
Passing Clan Membership onto the Infant	
Occupying Roles That Affect How the Infant is Cared For	
Spreading Care of the Infant to Other Family Members	
Using Different Parenting Styles	
Including Family Members in the Care of the Infant	Building a Care-Providing Consortium
Living Spiritually	Living Spiritually

TABLE 16. LABELLING THE 8 CORE CATEGORIES - Continued

Teaching the Infant About Indian Traditions	Merging the Infant into Indian Culture
Using Non-Coercive Discipline Techniques	Using Non-Coercive Discipline Techniques
Encouraging and Being Concerned about Developmental Tasks	Vigilantly Watching for the Natural Unfolding of the Infant

organizing the categories into more specific clusters of categories. The investigator agreed with her colleague's assessment. Memos about the meeting were written for later reference in the data analysis. The investigator continued to meet with dissertation committee members to discuss the development of the core categories.

Eight categories were identified as core categories (Table 17). These categories included **Accommodating Everyday Infant Care**, **Accommodating Health Perspectives**, **Being a Cherokee Mother**, **Building a Care-Providing Consortium**, **Living Spiritually**, **Merging the Infant into Indian Culture**, **Using Non-Coercive Discipline Techniques**, and **Vigilantly Watching for the Natural Unfolding of the Infant**. The following sections discuss the development of the core categories.

Accommodating Everyday Infant Care

Indian mothers live in two cultures, the Indian society and the dominant society. The child care mothers provided to their infants reflected infant care perspectives from the two different societies. Mothers ordered their care to include what they thought was the best care from the two different cultures. However, they often persisted in using Indian child care practices. The core category named **Accommodating Everyday Infant Care** illustrated how mothers surveyed which dominant society caring techniques were best for their infants but continued to use Indian caring techniques for their babies even when practicing dominant society child care. In addition, Indian mothers provided child care when their infants wanted or needed something, not when the mothers felt their babies ought to be needing

TABLE 17. EMERGING CATEGORIES INTO CORE CATEGORIES

Accommodating Everyday Infant Care

Comforting
 Meeting Daily Needs of the Infant
 Meeting Infant's Needs at Mealtimes
 Meeting Infant's Sleeping Needs
 Treating Infant Ailments

Accommodating Health Perspectives

Defining Health and Major Illnesses
 Having Intrinsic Feelings of Concern
 Identifying Factors that Influence Health Care Choices
 Selecting Health Care for the Infant

Being a Cherokee Mother

Having Children is Important
 Occupying Roles That Affects How the Infant is Cared For
 Passing Clan Membership onto the Infant
 Spreading the Care of Infant to Other Family Members
 Using Different Parenting Styles

Building a Care-Providing Consortium

Describing Grandparent Roles And Activities That Are
 Associated With Child Care
 Distinguishing Infants Who Are Being Spoiled By Family Members
 Encouraging the Relationship Between the Siblings and Infant
 Having Infants and Children Raised By Grandparents
 Identifying Factors That Influence Family Involvement
 Identifying Factors That Inhibit Family Involvement
 Listening to Family Advice On Infant Care
 Selecting Suitable Caretakers

TABLE 17. EMERGING CATEGORIES INTO CORE CATEGORIES
Continued

Living Spiritually

Merging the Infant into Indian Culture

Identifying Factors That Inhibit the Passing On of Indian Traditions
Identifying the Traditions of Indian Living
Integrating Infant into Indian Society
Learning About the Cherokee Heritage Through Language
Living the Indian Way of Life

Using Non-Coercive Discipline Techniques

Ignoring Misbehavior/Using Gentle Discipline
Resorting to Harsh Discipline
Teaching "No" Important To Promote Good Behavior and Avoid Physical
Punishment
Using Firm Discipline Without Physical Punishment

Vigilantly Watching for the Natural Unfolding of the Infant

Encouraging Infant Exploration
Observing Infant Development
Socializing the Infant
Teaching the Infant By Example

something. The categories of Comforting, Meeting Daily Needs of the Infant, Meeting Infant's Needs at Mealtimes, Meeting Infant's Sleeping Needs, and Treating Infant Ailments were contained under the core category of **Accommodating Everyday Infant Care**. Even when an Indian mother had knowledge about dominant society's child care practices that might be more beneficial to her infant, she continued to employ Indian child care practices or used child care techniques from both perspectives to provide her infant with the best from both societies, following her infant's innate schedule.

The following data demonstrated how one mother used prepared baby food because she read that it was more nutritious than table food but continued to give her infant table food. Another mother gave her baby Tylenol after the baby got her immunization shots, but the mother also provided her own home remedy to ease her baby's discomfort.

"I give her (11-month old) them jars (baby food). The other ones (children) I didn't, I just gave them table food. But this one I kind of did different. This one I didn't give table food. Well, she likes green beans and she eats green beans, but I don't know about corn yet. I'm afraid she might not be able to swallow that corn real good. I don't know what it was (why I gave her baby food). Well, I was reading stories about nutrition that (table foods are) not really that good enough, that baby foods are better, something like that. More nutrition or something. But, I give her--I chop meat up when were having meat and I give her little pieces and she will eat that (Informant S)."

"I give them Tylenol but if you (shake them). They (children) would have their shots and the best way to do it (provide comfort) is to keep their legs shaking, keep them moving all day long when they got their (immunization) shots. It keeps it (medicine) moving, it gets circulated real good, instead of when they (babies) sit still. It (medicine) just sits right there and when you keep them shaking, that medicine moves around. I just set them on my lap all day after

they get their shots. It keeps their legs moving like they are active or something and that medicine won't stay there to make a big knot (Informant R)."

Accommodating Health Perspectives

The core category of **Accommodating Health Perspectives** contained the categories of Defining Health and Major Illnesses, Having Intrinsic Feelings of Concern, Identifying Factors that Influence Health Care Choices, Selecting Health Care for the Infant. Mothers accommodated their health perspectives, Indian medicine and biomedical health care, in several ways to achieve a consolidation between the two. Mothers had to adjust their health care beliefs to the different kinds of health care systems available to them, Indian medicine or biomedical care. Mothers had different definitions of health and illnesses, reflecting an Indian perspective as well as a "white" perspective. Health was viewed as a ongoing state that could be altered temporarily by occasional illnesses. Health could be promoted with certain Indian medicines and ceremonies. Illnesses were considered minor or major. Some illnesses were considered "Indian" health maladies and some were considered "white" illnesses. Minor illnesses could be treated at home by over-the-counter medicine or by a family member who was familiar with Indian home remedies. Major illnesses needed to be treated by a physician or a medicine man. Major illnesses were problems like a skull fracture but so are other maladies like nightmares, and where additional treatment was needed from the medicine man. After considering the health need for their infants, mothers selected the appropriate

health care for the malady with which they felt their infants were inflicted. Depending upon the malady and whether one health care choice worked or didn't work, the mothers chose either biomedical health care or Traditional health care. Family members were also consulted or instructed mothers in which health care system to utilize. Mothers were not overly demonstrative about their feelings when describing incidents when their infants' health was altered.

The following data demonstrated some of the ways mothers accommodated their health perspectives. One mother used Indian home remedies to treat her infant's illnesses. Another mother explained her reasons that even though she couldn't visit her son in the hospital, she still felt bad about not being able to be there with him. Another mother discussed the way she defined what kind of illness her son had and how she treated him using both Traditional and biomedical health care.

"That's what I use mostly (brother who knows Indian home remedies) instead of going to the hospital (Indian Health Services) (Informant L)."

"That's what we tried and tried (to do, was visit their baby in the hospital but were unable to). It made me feel bad. I tried to call--they (hospital staff) gave me a number to call over there and I did that. I called everyday. And I told them that we might come up there on Saturdays. If the weather was good. When we got ready to leave, it snows (Informant Q)."

"If he has a runny nose, we don't worry about it, just try to keep his nose clean and suction it with a suction bottle (syringe) and if we think he needs Dimetap or something like that, we give that to him for his nose. But normally, if he is throwing up sick or has a temperature, I take his temperature if I think he's got one. If he has a temperature, I take him to the emergency room because I get real scared with him being my first. I don't want anything to happen to him. So I usually take him to the emergency room. Same thing if he is throwing up. But if it is something else, like we

thought he had chicken pox a couple weeks ago. I called my mom and my mom's got a medical dictionary 'cause she took nursing classes. She looks up chicken pox and tells me symptoms and looks up measles and tells me symptoms. I try to relate how C. is acting and things like that. My grandpa, he is full blood and he uses Indian medicine. If my grandpa can't help him, then he tells me which medicine man to go see (Informant E)."

Being a Cherokee Mother

Five major categories 'Having Children is Important,' 'Occupying Roles That Affect How the Infant is Cared For,' 'Passing Clan Membership onto the Infant,' 'Spreading Care of Infant to Other Family Members,' and 'Using Different Parenting Styles' were combined to develop a more refined core category labeled **Being a Cherokee Mother** (Illustration 8). These categories described the functions of being a mother. Three of the categories, Having Children is Important, Occupying Roles That Affect How the Infant is Cared For, and Using Different Parenting Styles described the universal functions that many mothers from different backgrounds have in common. Children are essential for a society to survive; mothers are involved in different kinds of positions in society that affect how they care for their offspring; and mothers (and fathers) use various types of parenting skills to care for their young. Cherokee mothers have additional functions as a mother in their society, passing the Cherokee heritage onto their daughters (and sons) through clan membership and extending the care of their infants to other family members to increase the numbers of caregivers for their infants and children and to promote family bonding. The categories of Passing Clan Membership onto the Infant and Spreading Care of Infant

Illustration 8. Cherokee Mother and Infant

to Other Family Members demonstrated the Indian functions of mothers in the Cherokee culture.

The following data piece illustrated how one mother (Informant C) who lived in her parents' home expanded or spread the care of her 8-month old baby to other family members. Grandparents take added responsibility in caring for grandchildren but other family members do also. When the interview took place, a sister to the mother automatically took the baby from the mother, without the mother asking the sister, and watched the baby while the mother talked to the investigator.

"When she (grandmother) comes home, my dad (grandfather) too, they always spend a lot of time with him (infant or grandchild) because they missed him during the day. They always say, 'I wish he could walk, so he could go do this with us.' And (have the baby do) what they can do, they take him along. Or they play with him as much as they can. They take him outside if they are watering the plants, or something, they take him with them. Or when Dad (grandfather) is working on his truck, he will set him out there and let him (baby) watch (Informant C)."

Building a Care-Providing Consortium

The core category of **Building a Care-Providing Consortium** depicted how mothers unobtrusively constructed a coalition among family members to help them provide care for their babies. The categories of Describing Grandparent Roles And Activities That Are Associated With Child Care, Distinguishing Infants Who Are Being Spoiled By Family Members, Encouraging the Relationship Between the Siblings and Infant, Having Infants and Children Raised By Grandparents, Identifying Factors That Influence Family Involvement, Identifying Factors That Inhibit Family

Involvement, Listening to Family Advice On Infant Care, and Selecting Suitable Caretakers were merged under the core category labeled **Building a Care-Providing Consortium**. Mothers created this caring coalition in several ways. Siblings were taught from early childhood to take care of each other as well as cousins or other children. Elements in the family helped mothers achieve the caring closeness they wanted for their infants with their extended family members, elements like providing infants with opportunities to know their grandparents, aunts, and uncles and driving long distances to have their infants near family. Mothers especially created a caring consortium with grandparents. Grandparents were in close contact with grandchildren, either by raising the grandchildren themselves or having the parents and grandchildren live with the grandparents. Mothers also arranged for grandparents to have their infants visit them for extended periods. This proximity to the grandparents gave mothers the opportunity to learn about childrearing directly from their elders, strengthening the caring coalition in another way. Grandparents taught their grandchildren survival skills, sewing, cooking, fishing, and hunting. Since grandparents were raising the grandchildren as well as the mothers raising their children, some of the grandparents developed very special bonds with some of their grandchildren. Some of these children were taught the art of Indian medicine or other Indian traditions. Grandchildren in turn learn to take care of their elders, doing the heavy work for their elders. This care-providing consortium became a reciprocal process among the different family members who became a part of it.

Mothers arranged for their infants to be around their family through the ways just described and let the relationship between their infants and family develop so that the caring family coalition could be built. However, some mothers were not able to build a care-providing consortium because family members were not interested or distance from family was too great to overcome. The category of Identifying Factors That Inhibit Family Involvement is a qualifier for the core category of **Building a Care-Providing Consortium** because some mothers were not able to construct a caring family coalition due to components that inhibited the process. The following data demonstrated a couple of the ways mothers created their family caring coalition, by listening to family advice and learning about childrearing and identifying "special" relationships between their infants and family members.

"My dad (grandfather) said it is healthier for them (infants) (to eat table food). He said in the olden days they (elder parents) didn't have all this formula when they had kids. So they had to feed them (infants) regular food, gravy and all that (Informant R)."

"She (16-month old) ran over to his truck. He (grandfather) set out this little teddy bear chair. And it was low down, just about her size. She was smiling the whole way. She knew it was for her. He made her a little-bitty table and chairs (Informant D)."

Living Spiritually

The core category of **Living Spiritually** merged from the major category of 'living spiritually.' This core category demonstrated the quality of how Indian mothers tried to live by a certain philosophy, their beliefs about a higher power greater than themselves. While many of the mothers went to Christian church, fourteen of the

mothers attended the stomp dance and called this their "Indian religion." Indian religion was important to them both as a devout way of life and a way to preserve their cultural heritage. Much of the mothers' Indian culture was preserved and renewed through participation in the stomp dance. Infants and children attended and participated in the stomp dance as well the adults. Indians hesitate to talk about the private ceremony of the stomp dance. The investigator tried to be especially respectful to the mothers and elders who shared their knowledge about the stomp dance.

Different kinds of stomp dances exist for different tribes, therefore, there are different Indian belief systems. The mothers described two different locations or stomp grounds where they had attended the stomp dances and the investigator noted some variations in the descriptions of the two stomp grounds. For example at one of the stomp grounds, a mother (Informant H) mentioned there were four arbors (tables with coverings) where Indian people and children sit. These four arbors represent the Four Mother Societies but she could not elaborate on what the Four Mother Societies were. Another mother (Informant Q) mentioned there were seven arbors at the stomp grounds and these arbors represented the seven clans. She did not know all the rituals involved with the stomp dances. An elder said that the stomp grounds with the seven arbors, located near a specific local town, were the Stoke Smith stomp grounds and run by the "Nighthawk Keetoowahs." Just as there are distinct Christian religions, there are also different kinds of stomp dances or "Indian

religions." The stomp grounds are considered holy like a church. The Cherokee elder who provided the most information about the Smith stomp grounds could not tell the investigator about the stomp grounds with the four arbors but she did explain about the Stoke Smith stomp grounds.

The investigator did not ask mothers which stomp grounds they frequented. One mother (Informant E) said that there were not drums at the stomp dances she attended while this Cherokee elder described a drum that was used at one of the stomp grounds. The following sections describe one type of stomp dance that was attended by some of the mothers but the other mothers may have gone to other stomp grounds.

As stated under the section named 'passing clan membership onto the infant,' a Cherokee elder explained that a Cherokee mother and her infant have to be members of a clan so they can sit at the arbors to attend the stomp dance. If they do not have a clan they can sit outside the arbors or in their cars. The Cherokees without a clan can participate in the stomp dance activities but they may not serve in any position of importance (such as shaking the shells). The Cherokee elder was not specific about the participation of non-clan Cherokees in certain roles performed during the stomp dance, like a shell shaker or singer. Usually, these roles are meant for members of the Keetoowah society. Infant and children learn about these roles through participation and observing other clan members. The clan members that attend the Stoke Smith stomp grounds are members of the Keetoowah society but

there are other Indian clans that attend other stomp dances at other stomp grounds.

There are seven arbors in a circle on the stomp grounds. Members of the seven clans meet at the arbors or "benches" (as one elder called it) for the stomp dance. A different Cherokee elder said that clans meet at the "benches" while a clan member in charge of the clan meeting place calls family members names out as they arrive. The elder who provided the most of the information about the Stoke Smith stomp grounds described some of the ceremony involved with the stomp dance.

"That's the way their (Cherokee) council house was built (shows investigator a picture), like this. Seven sided and that's where they had their meetings and the council men (met). The (number) seven is important because of the seven clans and four is important because of the four directions. Like your east, west, south, and north and like when you go to the stomp ground, they've (medicine men) got it mound up where they build their fire and their logs will lay this way, east, and west, and south, and north. And what each of them represents is east for red, and west is for black, and the blue is for north, and yellow is for south. And then when they interpret that...they say we (Cherokees) want to live to an be an example to all races of people. So that reddish or Indian people. The blue is the white people. Black, of course is black. Yellow is like your foreigners, Japanese (Asian)."

Infants and children are taught about the stomp dance by clan medicine men. There are seven medicine men, one from each clan, appointed by the council. These medicine men are held in higher regard than the other medicine men. These medicine men get together the fourth Saturday of each month to make their medicines and (holy) tobacco. Another medicine man is appointed to take care of the fire during the day time on the day of the stomp dance. The stomp dance starts in the evening time on Saturday and ends the next morning on Sunday. The

medicine man attending to the fire is called the fire keeper or firemaker. The logs at the fire are placed to face in the four directions (Illustration 9). The logs are never burned, they're pulled away from the fire because they are the symbols of the human races. The elder said the following about the fire.

"The firemaker takes care of the fire and he feeds it and its suppose to be fresh, raw meat that they put in the fire to feed it and he's the one who goes and rekindles it like today and if they're (clans) to have their dance (that) night. (The firemaker) goes and rekindles it and starts it up that day. Of course they say (the fire), it's always there. The way he takes care of it is he just covers it up and then in case he needs a little spark to get it going, there is some type of mushroom that he gets and he uses that on there, but they never are allowed to use a match. They have to use flint and that mushroom to start it, if it goes out and they need to start it (again)."

Everyone brings food to the stomp dance. Children can help in the food preparation. Infants eat the same foods as the adults. Hogs are cooked at some of the stomp dances, like the celebration of Redbird Smith's birthday. A feast is prepared for the evening meal. The elder said that the young women can not dance or help prepare any of the food used for the stomp dance if they are having their menstrual cycle or are pregnant. She said that the ceremony has to be kept "clean." Women who are pregnant or menstruating cannot get inside the arbors, they have to sit in a lawn chair outside the circle.

"They (Keetoowah) always have their monthly meetings on the fourth Saturday each month. (Another different elder said the stomp dance meetings were held the second and fourth Saturdays of each month.) He (Redbird Smith) was the one that mainly kept them (clans) together. You know they (Cherokees) didn't lose that tradition (stomp dance) and he kept it going and then his birthday was July 19th. So then they (Cherokees or Keetoowahs) said, 'Why don't we celebrate his birthday.' They (Keetoowahs) have the

Illustration 9. Arbor and Sacred Fire at the Stomp Dance

dinner and then they dance all night long. They (medicine men and Keetoowahs) do a lot of their preaching and interpreting to the youngsters, what everything (their heritage) means that they're doing, that they (children) need to learn."

The children and infants participate in the stomp dance just like the adults. Some of the children were introduced early to the roles involved with the stomp dance and learned the songs sung at the stomp dance. The elder described how the children participated in the stomp dance and how the evening begins.

"They (parents) let them (babies) sit around the arbors and play around. They'll just set those babies down and those kids and they'll throw the dust up and that's fine. Just clean them up later, but those kids they take part in it. They smoke the peace pipe, (during) the first half of the night and they let youngsters smoke it too if they want to. And there again that's where the chief (of the Keetoowahs), he decides (when to smoke the pipe) and then they'll puff four times and then the way you turn that (pipe) and hand it to the next person is always the same way as you hand it to the next one. It just goes down, but there'll be a whole ring of people that's smokes it (pipe), all on the same peace pipe." (The holy tobacco prepared by the appointed medicine men is used for the peace pipe.)

The stomp dance is a slower pace dance than observed at pow-wows. There is only one basic step involved and it resembles "stomping," thus the name stomp dance. Children are encouraged to dance and mothers or family members carry the infants while they dance. The song leader sings the first song of the night and the shell shaker is only used with that first song. The elder said, "It's on a stick and it's one of those turtles (shells) and it's called a rattle." A small wooden drum is also used for the dance. Deer hide is stretched over it and the drum has a handle used to hold on to it. That is the only drum used in the stomp dance according to this

elder. The medicine men appoint the song leader, a man believed worthy of the position. The elder described how the dance starts.

"Whenever they start dancing the chief (of the Keetoowahs) will get up there and he'll tell them, 'you youngsters, you always get in the back. Don't interfere with the adults.' It starts out with the song leader is first and then there'll be seven (men) behind him. The (men) sing with him. Of course, anybody else can join in (and sing) that wants to, but that's usually the seven (men) that they start out with (the song leader). Then the shackle wearers get behind the leader and then another behind him until your shackle wearers are all in. They put man, woman, man, woman (wearing shackles), then all the shackle wearers are in. They're dancing and then anyone can join in. You know the women without the shackles. And then right at the end they tell the youngsters, 'That's your place (last).'"

The "shackle wearers" wear a shell shaker that is made from a turtle shell (Illustration 10). The hollow shell of the turtle is filled with particles and sealed so that the shell shakes. They wear the turtle shackles on their calves when they dance. The "shackle wearers" make the turtle shells shake according to the song sung by the song leader. Children who show an interest in the shell shakers are taught how to use them. The people dance and follow the leader in a line. They dance counter-clock wise, to honor the past, their ancestors. They turn around when the song leader indicates. Then the group of dancers turns around. Everyone dances all night long and stays up all the next day. Staying up all the next day shows one's courage. Even the children are expected to stay up all night.

Then every Sunday or every other Sunday the clans play "stick ball." Mothers and their infants watch the game. They play seven games for seven Sundays and then they have a big feast called the "Soup Drinking." The clan member (including the

Illustration 10. Dancer with Shell Shakers

children) is expected to fast that day until the feast. The food served is squirrel, hominies, and several varieties of corn dishes. Everyone brings food and the food is put out on a table and everyone eats from that table. The first bite that the clan member eats is spit out and returned to the mother earth. The clan members pay respect and thank the mother earth.

Some months have special events, for example Redbird Smith's birthday is celebrated in July and the dance is held during the day time. Another Cherokee elder said that on Redbird Smith's birthday over two hundred families, including the infants and children, camp on the twenty acres of the Smith stomp grounds. The chief (of the Keetoowahs) arranges for hogs to be butchered and has the meat distributed among the families who are camping. Another example of special events is when the Wampum Belts are brought out (Illustration 11). The elder who provided the most information about the stomp dances described the significance and holiness of this event when the Wampum Belts are brought out. Children learn about the Wampum Belts when they listen to the elders at the stomp dance.

"In September they (medicine men) get the Wampum Belts out and each one of them (belts) is just like a Bible. It tells them how they're (Cherokees or Keetoowahs) are supposed to live and they've (medicine men) got seven, seven belts and they're beaded. I guess at the time they (ancestors) didn't have a way of writing it. They didn't have their own language, you know, or alphabet then. So that's the only way they could (write). They did it with some beads. They (belts) are very old. They'll spread them out on a table and the chief (of the Keetoowahs), he'll very carefully pick one up and let you see it. And he tells you what this means (the bead symbols on the belts) and this is how you're supposed to live and they got laws and its about the same as your Bible. And if you're there (at the stomp dance), it is, I don't know,

DLJADA

Illustration 11. Cherokee Woman and Sacred Belts

just the atmosphere of what the people, the spirit, you just feel it. Something real special. Especially when they bring the beads out. (A different Cherokee elder said when a person touches the belts, he or she is risking their life and the Wampum Belts are brought out only at special stomp dances.)"

One medicine man is appointed to look after the Wampum Belts for a period time. When it is time to give the Wampum Belts to another clan medicine man, the holder of the Sacred Belts brings them to one of the arbors. Cherokees go visiting from one arbor to the next. Since there are so many people coming and going from arbor to arbor, the clan medicine man with the Sacred Belts goes to one of the arbors. Another clan medicine man will go to the same arbor and take the Wampum Belts when no one is observing him. No one knows which clan medicine man takes the Wampum Belts. That medicine man becomes the keeper of the belts for the next year. The holder of the Sacred Belts transfers the belts to another clan medicine man in this way to protect the belts from outsiders and from theft. No one knows where the Sacred Belts are except the holder of them. The elder said that the medicine men warn the young people and children about selling the Wampum Belts for money.

"They (medicine men) preach to them and tell them (young people). 'Don't you ever, you young people, young men, ever get so greedy that you want to reveal where those wampums are just to get money. Because that's all the things (customs and beliefs) that we have to live by. If we ever lose that then...(we) don't have nothing to live by.'"

Merging the Indian into Indian Culture

Incorporating the infant into Indian Society was perhaps one of the most important cultural caring techniques. The core category designated as **Merging the Indian into Indian Culture** portrayed the different ways mothers exposed their infants to the Cherokee culture. The categories of Identifying Factors That Inhibit the Passing On of Indian Traditions, Identifying the Traditions of Indian Living, Integrating Infant into Indian Society, Learning About the Cherokee Heritage Through Language, and Living the Indian Way of Life were placed under the core category of **Merging the Infant into Indian Culture**. The procedures mothers used to integrate their infants into the culture were low-profile and straightforward. Mothers learned about the traditions, beliefs, customs, and ceremonies of their culture, and were often learning about their culture and included their infants in this learning process. Infants and children, more than just observing events in their heritage, live their culture. Infants were brought to Indian ceremonies, dressed in Cherokee clothing, participated in Cherokee traditions, taught the Cherokee language, and taught by family members and other Indians to inherently live as an Indian. By having infants and children learn about their heritage from birth, mothers were providing their infants with examples of how to live in Indian society. Mothers set up life situations where their infants and children would become interested in and want to learn about the Cherokee way of life. They did not automatically sign them up for lessons in Indian culture but generated that interest from infancy.

The category of Identifying Factors That Inhibit the Passing On of Indian Traditions is a qualifier for the core category because some mothers were not knowledgeable about their Indian culture because of lack of interest, role models, or family to teach them. They did not teach their infants about Indian traditions or taught them only about some aspects of the Indian culture.

The following data expressed different ways mothers immersed their infants in Indian culture. The first mother said she wanted her son to learn where he came from and about his culture. The second mother indicated how her infant and children were learning the Cherokee language from their grandmother but she also wanted to teach them Choctaw. A language conveys inherent messages about a culture. The third mother knew her family members would teach her son about the Traditional Indian culture. The fourth mother took her son to the pow-wows to get him interested in an aspect of the Cherokee culture. Her baby responding to the music by dancing showed his young interest in learning about the pow-wow. When he is older, the mother plans to make him a native outfit that he can dance in at the pow-wows.

"I would like for him (8-month old) to be interested (in Indian traditions). I would like him to know where he comes from. That he is Cherokee and what the cultures are. I would like for him to understand that. I wouldn't want for him to grow up one day and somebody asks him something about his culture and him not know. I want him to get involved when he gets a little older to understand it (Informant C)."

"Their grandma is trying to teach them the Cherokee alphabet and how to read Cherokee and how to speak Cherokee. I thought about trying to teach

them Choctaw but I thought that would be too much for them. I'd like to teach them Choctaw (Informant H)."

"They (Cherokee men relatives) know a lot about the Indian ways. I think they believe in the Little People. When they get out in the forest (to hunt), they will take him (3-month old) out. I know they will because they already talk about it when he gets bigger, hunting. So I figure they will be teaching him that (Traditional) part of the culture, that (part) I don't know (Informant I)."

"That is what he is doing when he is bouncing up and down. that's what he does. And sometimes he will move his feet. He will just bounce them up and down real fast. He has an outfit in the making to start dancing like next year. We think he will be old enough. Right now we take him and we dance with him and he doesn't have an outfit yet, but it is in the process (of being made) (Informant E)."

Mothers had help in teaching their children about their Indian culture from a program called Head Start. Several mothers were recruited through the Head Start program offered through the Cherokee Nation. The tribal program has fifteen Head Start centers and ten home base projects that serves about four-hundred children (Head Start Eases, 1992, November 3). The older children of these mothers attended Head Start. When Head Start first emerged, the tribes of the Indian Nations were concerned about their Indian children being taught the "white man's way" and the children losing part of their heritage. However, one of the goals of the Head Start program is to introduce and expand on the cultural background of the child, helping to integrate that child into their culture through learning experiences that promote intellectual, social, emotional growth, and physical growth (Walker, 1992, May).

The Cherokee Head Start program introduces the three and four year old children to the Cherokee traditions. A learning center depicting the culture is set up in each classroom and contains items that are associated with the Cherokee tribe. The Cherokee language is taught, phrases, numbers, and names of animals. The children are taught about the Cherokee government, who the chief is, who the vice-chief is, and how the council works. The children are taught Cherokee dances and music. Cherokee games are taught to the children. Occasionally, Traditional Cherokee food is served at special events. The children perform in dramas wearing Traditional Cherokee dress. The teachers hired are Indian, mostly Cherokee, but may be from different tribes. Preference is given to Indian teachers when hiring teachers for the Head Start programs. Teachers read to the children from books that are about Cherokee or Indian culture. The books are illustrated with the use of flannel boards. Everything taught to the children is "concrete", that is, learning is taught with the use of objects, rather than with abstract ideas. The child must be able to experience the learning; for example, a field trip may be to the buildings where Cherokee Nation is housed and the children can see where the chief has his or her office. Finally, the children plant gardens that may have some of the Traditional Cherokee plants (foods) in them. Gardens were part of the survival skills of the Cherokees who were removed from North Carolina to Oklahoma in 1839.

Using Non-Coercive Discipline Techniques

The core category labeled **Using Non-Coercive Discipline Techniques** described the hierarchy of discipline techniques mothers used with their infants. The categories of Ignoring Misbehavior/Using Gentle Discipline, Resorting to Harsh Discipline, Teaching "No" Important To Promote Good Behavior and Avoid Physical Punishment, and Using Firm Discipline Without Physical Punishment were placed under the core category of **Using Non-Coercive Discipline Techniques**. The developmental age of the infant determined the kind of discipline the mothers used with their infants. Most mothers respected the developmental maturity of young babies and older infants who did not always understand when their behavior was inappropriate or dangerous. Mothers used discipline techniques that restructured their infants' behaviors without force, but still respectful of their infants' individual autonomy. They accomplished this restructuring without having to use physical punishment. Babies were gently steered in another path when they tried to get into something or do something unsafe. Some mothers who did not understand about the developmental maturity of their infants used verbal threats, raised voices and physical punishment to get their babies to mind them. In the next two data examples, one mother explained that by using physical punishment on babies, they learn to be afraid of investigating things on their own, while the other mother tried to avoid situations where her infant might get into trouble. She felt that innately children are good and do not mean to be disobedient.

"They (other people) believe in slapping the hands and stuff, but I don't think so because it seems like they (babies) are going to get scared or they won't be wanting to do anything because they are afraid you will slap them on the hand or whatever, so I just usually tell him (son) that is no good (Informant C)."

"I don't like to think kids are bad. Sometimes she (baby daughter) gets cranky. I really think she is probably too young to be disobedient. She still wants to be what she wants to be. I do a lot of redirecting, and like I tell the boys. 'If you don't want her to play with it, put it up.' Because I don't want her to get in trouble for playing with something that they should have put up in the first place. So, we try to do a lot of that, fix it before it happens (Informant D)."

Vigilantly Watching for the Natural Unfolding of the Infant

The core concept of **Vigilantly Watching for the Natural Unfolding of the Infant** described the unobtrusive encouragement of mothers to promote and support the innate maturation of their infants. It contained the categories of Encouraging Infant Exploration, Observing Infant Development, Socializing the Infant, and Teaching the Infant By Example. Mothers furthered their infants' development by limiting their direct interventions with their infants' progress. Mothers let their infants explore with minimal adult supervision to promote learning, for instance never putting infants in play pens. The growth milestones of the infants were attentively watched by the mothers. When a perceived delay in development occurred, the mothers would use Traditional and dominant society remedies to promote those milestones, for example washing the baby in herbal medicine to foster walking at ten months but not forcing infants to do tasks before they were ready to do them. Mothers socialized quietly with their infants and talked to them in a more adult manner instead of "baby talk" or did not remove the infant and children out of the

room when "adult" conversations took place. Finally, mothers taught their infants by example, believing that when an infant is shown how to do something eventually they will learn by example (or by observation, or by listening). Mothers were aware of the developmental age of their infants and intervened when they felt their infants were in perceived danger.

The following data illustrated how mothers watched for the natural unfolding of their infants and unobtrusively guided their infants' growth and development. One mother did not interfere with her infant and children exploring all over the house. She even laughed when the infant and children removed all the labels from the cans in kitchen cabinets. Another did not remove a plant from her son's grasp until she found the leaves in his mouth, then removed the plant. This mother gave an example of how infants learn or are taught by example, if she took the baby boy out every day then he would learn to expect to go out every day. Another mother said she only intervened when her daughter was trying new things if her daughter appeared to want her help.

"I've never had to lock the cabinets or anything like that. I know they (babies) take the paper off the canned food. (Laughter). Both of them (babies) did that (tore can labels off the cans) (Informant R)."

"The thing he is really most interested in, it is over there now, that plant right there. It was really bushy. It was sitting over there (points to corner of room). It's my mother's plant. And he was over there constantly in his little walker. And he pulled the leaves off and he just totaled them. I told my mama, 'You better move that plant out of the way or he is going to have every one of them leaves off there.' She said 'No, that's okay.' So finally, we found one in his mouth and two in his hands and so we had to move that (plant) (Informant C)."

"I really don't like taking him out unless it is really important or I think he can go out. Because, I don't want him to be ready to go somewhere everyday.

Because he might get into a habit of that (going out every day) (Informant C)."

"I've tried not to smother her (16-month old). If she wants to climb steps, I try just to stand back and give her some support. I reach for her if I think she is going to fall, help her when she turns around and looks at me, and wants the help or when she is climbing on the furniture. I let her climb on the furniture. If she thinks she wants to (do) something herself, I let her try and that is basically it (Informant D)."

Refining the Theory

Refining the theory involves discovering, building, and refining categories (Chenitz & Swanson, 1986). The investigator continues to collapse categories together into a category of a higher level of abstraction. Memos help the researcher identify categories at different levels of abstraction. This makes the remaining categories more refined and more fully developed. The investigator continues to use diagrams to visualize the theory for poorly developed categories, missed relationships, or incorrect relationships.

At this point of the data analysis, core categories merged and a theory was beginning to form in the investigator's mind. The core categories connected but the researcher was at a loss as to how to identify the relationships. She consulted with several colleagues about the relationships. The researcher had divided the core categories into functions of being a mother and cultural behaviors of care but did not know how to connect the core categories.

The researcher used several diagrams to identify relationships among the core categories (concepts). The investigator laid the concepts out on a piece of paper with

boxes drawn around them, however she could feel that there was not a hierarchical arrangement of the concepts but they tended to revolve around together. She then tried the concepts in a model consisting of circles. She drew five circles (functions of being a mother) that connected in the middle and then one large circle (cultural behaviors of infant care) around the five connecting circles. The investigator didn't like the middle five circles in the center of the outer circle. They seemed to indicate a separation of the five concepts from each other and from the outer circle. The outer circle appeared to satisfy the researcher more in how these concepts (cultural behaviors) related to each other. The circles seemed to represent the harmony the mothers were attempting to achieve when providing care to their infants. The circles connected the concepts in a way that represented them without one concept being of greater importance than another. The idea of 'harmony' proved to be crucial as the investigator developed the emerging theory.

The researcher continued to diagram her ideas and wrote down many memos on the diagrams like "the circle is continuous," "harmony is the thread to cultural patterns of care." After clarifying her ideas about the relationships of the concepts with her colleagues, the investigator went to the literature to find support for merged concepts and the linkages (hypotheses) proposed between the identified concepts in this research study. The next section will present the conceptual model and proposed linkages of concepts as developed from the theoretical coding of the data.

Presentation of the Theory

The following sections will describe the components of the Indian infant caring theory that emerged from the data. This theory is named "Cherokee Mothers' Circles of Infant Care: Promoting Harmony When Providing Care Through Passive Forbearance." Illustration 12 represents the conceptual model developed from the data. The model diagrams the care American Indian mothers provided to their infants. Eight core categories evolved from data analysis and were arranged in a diagram according to their relationships to each other. The outer circles of Illustration 12 represents the ways a Cherokee mother cares for her infant. These circles are called, 'manifesting cultural patterns of infant care.' There are seven components that form these circles: **Accommodating Everyday Infant Care, Accommodating Health Perspectives, Building a Care-Providing Consortium, Living Spiritually, Merging the Infant into Indian Culture, Using Non-Coercive Discipline Techniques, and Vigilantly Watching for the Natural Unfolding of the Infant.** The circles represent how the seven core concepts relate to each other. Each concept is interdependent with the other.

The investigator went to the literature to help identify the linkage of the concepts (core categories) to each other. The core concept of **Being a Cherokee Mother** described the functions of motherhood while the other seven core categories, **Accommodating Everyday Infant Care, Accommodating Health Perspectives, Building a Care-Providing Consortium, Living Spiritually, Merging the Infant into Indian**

Cherokee Mothers' Circles of Infant Care: Promoting Harmony When Providing Care Through Passive Forbearance

Illustration 12.

Culture, Using Non-Coercive Discipline Techniques, and Vigilantly Watching for the Natural Unfolding of the Infant, described how mothers took care of their infants.

Literature Links and Indian Ways of Knowing

Establishing linkages of the proposed theory, "Cherokee Mothers' Circles of Infant Care: Promoting Harmony When Providing Care Through Passive Forbearance," to existing literature in the field strengthens the proposed theory (Field & Morse, 1985; Chenitz & Swanson, 1986). However, one of the challenges of this study was to find literature with a Cherokee (Indian) perspective to support the proposed relationships. American Indians did not record their history and culture with written words. A quote from a Ojibwa elder demonstrates an Indian way of knowing, "We (Indians) have to learn through the oral (way) and remember through memory (Wall, 1993, p. 108)." Indians chose and still choose to preserve their heritage in other ways, through pictures, stories, wampum belts, totems, smoke, sign language, symbols, and color (Daugherty and Jeffords, 1976). An example of what early Indians thought about writing in English was provided in a newspaper article. "The English language was thought to hold (such) potential for treachery that the Seminole (Nation) had a taboo on learning to read and write the language lasting into the 19th century (Bezdek, 1993, July 25)." Indians became suspicious of written documents because of the treaties they signed with the "white man" that had cost them their lands (Bezdek, 1993, July 25). Much of what is known about American

Indians and their customs has come from artists who were aware of their opportunities to record a passing of life and changing people (Dentzel, 1973, June).

Wisdom is derived from different ways of knowing (Carper, 1978). Nursing depends on the scientific knowledge of human behavior in health and in illness as well as the esthetic perception of significant human experiences. Therefore, the investigator chose a variety of literature sources that captured some of the "Indian way of knowing" to support the relationships in the proposed theory. Some of these sources were from research as well as nursing theory but included other sources: 1) newspaper articles (Tahlequah Daily Press or The Tulsa World) that had quotes from Indian people or supplied information from people who worked with American Indians or articles from the Cherokee Advocate; 2) books from the local library near the Cherokee Nation that discussed the cultural history; 3) some of the artistic work from local Cherokee or Indian artists; 4) books and information from the Cherokee Nation and Cherokee Heritage Center in Tahlequah, Oklahoma; 5) historical literature that influenced the Cherokee culture of today; and 6) information from magazines like Arizona Highways or Oklahoma Today, magazines from states that have large concentrations of Indians.

The investigator also used her own research and knowledge about American Indians. The conceptual model from Chapter 1, Illustration 1, page 44, was used to help identify the relationships between the seven concepts, **Accommodating Everyday Infant Care, Accommodating Health Perspectives, Building a Care-Providing**

Consortium, Living Spiritually, Merging the Infant into Indian Culture, Using Non-Coercive Discipline Techniques, and Vigilantly Watching for the Natural Unfolding of the Infant.

Being a Cherokee Mother

The circle of 'Being a Cherokee Mother' is in the center of the outer circles of 'Manifesting Cultural Patterns of Care' (Illustration 12, page 216). The functions of being a mother vary from culture to culture. Universal functions exist across cultural societies. Children and infants are important to all societies. The Cherokee mother has specific functions of being a mother in her society. The following sections describe the literature that supports the unique functions of being a Cherokee mother.

Having Cherokee children is important. Having children is important so the clan membership can be passed on. Being a mother and rearing healthy children are important functions of Indian women (Hanson, 1980). Like the earth, who replenishes herself over the seasons, the Cherokee mother bears the children and perpetuates the clan (Higgins, 1983, January). To quote a Sioux elder, "Indian children were considered the most precious and prized possession of the family in Traditional (Indian) culture. They are a gift from the 'Great Spirit' to be cherished and nourished" (Floden, 1989, September-October).

Passing clan membership onto the infant. Being a mother is a central function of a Cherokee woman. An important aspect of being a Cherokee mother is passing

clan membership onto her sons and daughters. Clan membership is inherited from mother to daughter. The Cherokee heritage is passed through the clan system. Thus, the daughter has the responsibility of passing clan membership onto her son and daughter. The clan system makes the function of being a Cherokee mother in the Indian society very important.

In the Cherokee clan system, there are seven clans: Ani-Tsiskwa, Bird People, Ani-Kawi, Deer People, Ani-wayá, Wolf People, Ani-Wadi, Paint People, Ani-Sahini, Blue People, and Ani-Gilahi, Long Hair People (Brown, 1938; Sharpe, 1970). Sharpe (1970) described the seventh clan as being the Wild Potato People but Brown (1938) described the seventh clan as Ani-Gatu-ge-u-e, Kituwah People. An elder in the Oklahoma Cherokee community said the seventh clan was the Wild Potato. Clan membership is retained for life. Historically, each Cherokee person has a close relationship with four of the seven clans: the mother's clan (of which the person is a member), the father's clan, the paternal grandfather's clan, and the maternal grandfather's clan. The Cherokee is expected to marry into one of the latter two of these four clans (Sharpe, 1970).

Historical functions of the clan. In pre-location of the Cherokees, the clan membership of Cherokee had a different function but part of the culture of the clan can be observed in today's society. Each clan was regarded as the descendants of one family, and a distinctive head-dress indicated the clan membership. Intermarriage within the clan of the father or mother was forbidden. Each clan

member owed unswerving loyalty to each other. Should a Cherokee be killed, the members of his clan were required to exact blood for blood, regardless of the circumstances of the killing (Brown, 1938). The clans were kept a secret because of fear of conjuration (casting spells). The effect of the "bad" spell was more effective if the clan of the individual was the focus to the medicine man (Hendrix, 1983).

Function of authority as a clan mother. The clan system gives women in Cherokee society an important function of authority as well. The Indian woman has the power in the family because she raises the children and runs the family (Rosenblum, 1980). Extraordinary respect was paid to womankind. In the times before the relocation of the Cherokees in 1839, when a Cherokee man married, he took residence with the clan of his wife. His children were the property of the mother, and were members of her clan (Brown, 1938).

From a historical perspective, a Cherokee woman was given power and positions of power in the clan system. She was given a voice in the daily council, and the deciding vote for chieftainships. The women of each clan selected a leader. These leaders constituted the Women's Council, which did not hesitate to override the authority of the chiefs when it was thought that the welfare of the tribe demanded it. The head of the Women's Council was the Beloved Woman of the tribe, whose voice was considered that of the "Great Spirit," speaking through her (Brown, 1938; Perdue & Porter, 1989). The present chief of the Cherokees is a woman, Wilma Mankiller. Her election as chief has brought her and the Cherokee

Nation national recognition. Recently, the Cherokee Tribe honored Cherokee women in positions of power (Tribe Honors Career, 1993, March 28).

Function of the non-clan Cherokee mother. There are Cherokee women who have lost their clan membership because their father married a non-Cherokee. Intertribal marriages or marriages to Anglos diluted the blood line so that the children from these marriages may have lost their membership in either one or both of their parents' tribes (Farris & Farris, 1981). The Cherokee Nation federally recognizes non-clan Indians as Cherokees, however some members from the Keetoowah society may not recognize them as Keetoowah because they do not have a clan. To the conservative Cherokees in Oklahoma, being a member of the Keetoowah society still has the meaning of Traditional full-blood Cherokee. One of the functions of the clan system is allowing an individual to participate in the stomp dance. According to a Cherokee elder, non-clan Cherokees can attend the stomp dance but they have to sit outside the arbors because they do not have a clan. The non-clan Cherokee may dance at the stomp dance. Mothers who are not Traditional Cherokee lose part of their function of being a mother in Cherokee society but the prestige of being a Cherokee mother is passed on through the cultural membership. The non-clan Cherokee mother still lives according to her Indian or Cherokee Heritage (Hanson, 1980).

Spreading the care of children to other family members. A Cherokee mother has the function of spreading the care of her infant to other family members. Part

of the ways she actually carries out this function will be discussed under the concept of **Building a Care-Providing Consortium**. The investigator (Lillian Tom-Orem, personal communication, April 2, 1993) attended a conference about Indian nursing education. One of the speakers, a member of the Navajo Nation, said that she teaches her children that their aunts are their mothers and their grandmothers are their mothers. Being a mother is not an exclusive concept. Biology only alone does not create a mother. This statement supported the report of the mothers from this study spreading the care of their infants to family members, particularly grandmothers. These are the infants' and children's "other mothers."

Sampson (1988) described a concept of ensembled individualism. He stated most cultures draw a line between a region defined as belonging intrinsically to the self and a region defined as extrinsic or outside the self and hence belonging to "the non-self other," where that line is drawn. However, in some cultures the self-non-self is not sharply drawn and is more fluid. The issue of where the person ends and the world begins is less clearly a central feature of these cultures. Nursing is concerned with a human being's concept of the person/environment interaction process so they can foster health promoting behaviors that are culturally derived. The Cherokee mother includes other family members in her definition of self, so being a Cherokee mother involves having "other mothers" for her infant and spreading the care of the infant to these "other mothers." While letting these other family members care for

her infant, the mother considers them an extension of herself, therefore views a part of herself caring for her infant.

A Cherokee mother is continually changing and unfolding (Sarter, 1988; Sun Bear et al., 1988). Like a circle, being a Cherokee mother is continuous, that there is no beginning or ending (Sun Bear et al., 1988) and being a Cherokee mother occurs in an orderly process (Sarter, 1988). Functions of being a Cherokee mother involves the past (clan membership is old), the present (spreading care of the infant to "other mothers") and the future (mother to daughter inheritance of clan membership) so like the circle being a Cherokee mother is continuous.

In summary, being a Cherokee mother is a central function of the Cherokee (Indian) tribe, thus, the circle of 'Being a Cherokee Mother' is in the center of the circles of 'Manifesting Cultural Patterns of Care.' Rearing healthy children, passing clan membership onto children, and being given the Indian authority to raise the children are the specific Indian functions of being a Cherokee mother. These functions are expressed through culturally generated caring behaviors (the remaining seven core categories). A Cherokee mother demonstrates characteristics and behaviors of care that are culturally generated to carry out the functions of being a mother (Sarter, 1988). These culturally generated patterns of care are continually developing and changing as the functions of being a Cherokee mother changes in dominant society as well as Indian society (Sarter, 1988).

Manifesting Cultural Patterns of Infant Care

The investigator developed a matrix to help identify the relationships between the core concepts and the principles/factors in the framework of unitary human beings (Table 18). The investigator used the Rogers/Nichols' conceptual framework to help develop the proposed model for this study and examine the matrix entries. Each core concept consists of the energy field, the interaction pattern and behaviors that promote harmonious living (Rogers, 1970).

Energy Field. Spirituality or harmony ethos (French, 1987) is the essence of being "Indian," the energy field. The energy field is the basic unit of living things (Rogers, 1970). An aspect of the energy field is culture. The essence of the energy field is culturally defined. Understanding the essence of a human being or her or his energy field provides nursing with knowledge about the whole human being so nursing care can be provided that enhances the whole human field integrity.

French (1987) stated that men and women are not supreme beings but rather nature is. Humans must realize their limitations and come to respect and accept nature and to co-exist with other things in the universe. The American Indian is one with the universe and her responsibility is to share co-existence with all objects in order to promote the natural rhythm in the universe. The individual is not separated from the environment but is part of it and attempting to control the environment is not part of the individual's responsibility. Health and spirituality are the same in

Table 18. Identifying the Relationships Between Core Categories Using the Rogers/Nichols' Conceptual Framework

Core Concept	Promoting Harmony or Natural Rhythm of Life (Energy Field)	Non-interference or Passive Forbearance (Interaction Pattern)	Examples of Behaviors that Promotes Harmonious Living
Accommodating Everyday Infant Care	Selecting infant care from either Indian or dominant societies or both.	Providing infant care according to infant's innate needs using largely Indian child care practices.	<ol style="list-style-type: none"> 1. Teach infant self-comfort. 2. Respect infant's intrinsic self-schedule. 3. Cook infant hot meals when infant is hungry versus meals obtained from baby food jars. 4. Have infant sleep in mother's bed versus putting infant in a crib so infant has someone to sleep with. 5. Enjoy being outside with infant as a favorite play activity versus playing indoors. 6. Use Indian remedies to treat infant ailments.
Accommodating Health Perspectives	Promoting infant's health.	Using either Indian or Biomedical medicine or both to provide the best health care for the infant.	<ol style="list-style-type: none"> 1. Define health and illness. 2. Use Indian health-promoting remedies or ceremonies. 3. Select Indian or Biomedical medicines. 4. Use family resources, particularly family members familiar with Indian home remedies, to provide health care. 5. Express indirect feelings of concern.
Building a Care-Providing Consortium	Promoting group solidarity.	Using non-obtrusive behaviors to construct a care-providing consortium among family members.	<ol style="list-style-type: none"> 1. Teach siblings and children to care for each other. 2. Promote infant-grandparent relationships. 3. Listen to family advice. 4. Select family caretakers. 5. Encourage "special bonds" between infant and family members.
Living Spiritually	Living a respectful life in the world.	Creating infant's interest in the stomp dance but letting infant or child choose whether he or she wants to participate in the stomp dance as the child grows older.	<ol style="list-style-type: none"> 1. Take infant to stomp dance. 2. Dance with the infant. 3. Encourage infant's or child's interest in stomp dance activities or ceremonies. 4. Teach culture to infant and children--"Sacred Belts." 5. Respect infant's spiritual choices as he or she grows older.

Table 18. Identifying the Relationships Between Core Categories Using the Rogers/Nichols' Conceptual Framework (Continued)

Merging the Infant into Indian Culture	Living in Indian society while residing in the dominant society.	Providing infant with examples of how to live in Indian society.	<ol style="list-style-type: none"> 1. Learn Indian customs and teach to infant. 2. Include infant in Indian traditions--pow-wows. 3. Teach infant Cherokee language. 4. Let family teach infant Indian ways--Indian stories. 5. Teach infant and children to respect elders.
Using Non-Coercive Discipline Techniques	Teaching infant self-reliance so infant learns how to get along with others.	Respecting the infant's self-reliance without using strict discipline or physical techniques.	<ol style="list-style-type: none"> 1. Ignore misbehavior of infant. 2. Teach "no" to infant to avoid using physical punishment. 3. Use firm discipline without using physical punishment.
Vigilantly Watching for the Natural Unfolding of the Infant	Encouraging the infant to grow, achieve, and become.	Limiting direct adult interventions as infant develops and matures.	<ol style="list-style-type: none"> 1. Encourage infant exploration. 2. Observe infant milestones and promote perceived delays in development. 3. Encourage quiet/adult socialization--respect infant. 4. Teach by example--reading to the infant.

many Indian tribes (Heinerman, 1989). The Cherokee mother promotes the natural rhythm of her infant's spirituality (energy field).

Interaction Pattern. The interaction pattern for the American Indian is described as non-interference or passive forbearance. The interaction pattern identifies a human being and reflects her or his wholeness (Rogers, 1970). Nurses with knowledge about the interaction pattern of humans can direct and redirect their behavior for maximum health potential. Passive forbearance can be defined as the innate potential of each person as the personality unfolds and the right of that person to choose whatever type of behavior he or she might want to exhibit. Another individual is not allowed to intervene (or expected to intervene), even to the point that self-destructive behavior is exhibited. In addition, neither can the goal of the group be opposed by the person. Thus, the mother is going to interact with her infant in such a way that she believes will encourage the infant's innate potential. Harmony of care is achieved by allowing the infant to live life to her or his fullest potential with minimal supervision from the Cherokee mother. Infants, due to their developmental maturity, need more guidance than older children, but are taught how to live by examples as much as possible as they mature.

Circles of Care. The Circles of Care (Illustration 12, p. 216) represent how each concept is connected to each other and how they inter-relate to one another. A common thread of harmony among the concepts can be identified in the matrix (Table 18). A Cherokee mother tries to promote harmony or the natural rhythm of

her infant's spirituality when providing care for her infant. Indians believe that life is a circle of energy (Sun Bear et al., 1988), in constant interaction with the earth, taking and receiving from the earth (Rogers, 1970). No individual concept has greater significance than another core concept in the circles. Each concept is important to the care (circles) the mother provides to promote the natural rhythm of her infant's well-being.

There are two outer circles (representing patterns of infant care) around the center circle of **Being a Cherokee Mother** (Illustration 12, p. 216). The concepts of **Building a Care-Providing Consortium, Living Spiritually, Using Non-Coercive Discipline Techniques, and Vigilantly Watching for the Natural Unfolding of the Infant** are on the first outer circle. The concepts of **Accommodating Everyday Infant Care, Accommodating Health Perspectives, and Merging the Infant into Indian Culture** are on the second outer circle.

The lines pointing in the four directions represent the integration process of a Cherokee mother with the dominant culture (Illustration 12, p. 216). As the line is followed outward from the center of the circles, the Cherokee mother integrates more infant caring practices from the dominant culture with the infant caring behaviors from the Cherokee society. The first outer circle represents how the Cherokee mother uses patterns of infant care that are more Cherokee and integrates less with the patterns of infant care from the dominant culture. The Cherokee mother uses patterns of infant care that are Indian, for example building extended

family relationships to help take care of her infant instead of concentrating on just nuclear family ties. The second outer circle represents how the Cherokee mother integrates more of the dominant culture's patterns of infant care with Cherokee patterns of infant care. The Cherokee mother selects patterns of infant care that are from the dominant society as well as from the Cherokee culture to achieve the best care for the infant, for example using Traditional Medicine and biomedical health care for her infant's health needs.

Each circle flows together in perfect harmony (natural rhythm) (Sun Bear et al., 1988). The Indian mother is in continuous interaction with her environment (Sarter, 1988). The mother and environment change together (Sarter, 1988). Anything done to one part of each circle eventually affects every other part (Sun Bear et al., 1988). When the infant's natural rhythm becomes altered or changed, the Cherokee mother changes how she cares for her infant. Therefore, the mother changes the patterns of care she provides to her infant to promote the harmony of care (circles). Promoting the harmony of the circles does not imply the circles stay the same but means changing the care as the need arises to promote the health (natural rhythm) of her infant. When a mother moves in harmony with the universe, then she develops a oneness with all things. This state is described as healthy (Sun Bear et al., 1988), and she provides the same state of health for her infant.

The patterns of care are the characteristics and behaviors that a caring mother demonstrates. As the mother and environment change together, so do the

manifestations of care the mother provides to her infant. The mother organizes herself in such a way as to promote the harmony when providing infant care. These behaviors and characteristics are ‘manifestations of cultural patterns of care.’

Manifesting Cultural Patterns of Care: The First Outer Circle

The following sections present how the concepts placed on the first outer circle relate to one another. These concepts represent how the Cherokee mother uses Cherokee patterns of infant care. In this circle, the Cherokee mother integrates fewer infant care patterns from the dominant culture with Cherokee patterns of infant care.

Building a Care-Providing Consortium

Human energy field: Spirituality. A part of Indian spirituality is living as a group member of a greater whole. An Indian is not just a member of the family but of the clan and the human race. Indians believe that humans are part of the earth and everything on the earth has a purpose. As a human being, an Indian respects being a member of the earth (McLuhan, 1972). The Indian lives life in such a way that fosters group living for everything on earth, rocks, birds, trees, and humans.

Indian clans demonstrate this group living quality. Fawcett (1975) describes the family system as an energy field, consistent with Rogers’ (1970) nursing theory. The family system is not a simple set of parts, a group of individuals. It is a system of relationships, a system that is new, emergent, different from the individuals which comprise the relationships. The characteristics of the family system cannot be

predicted from those of the individual family members. The Cherokee mother and her family are an energy field. As a open system, the family grows, develops, evolves. While an Indian family cannot be reduced to component parts, sometimes it is convenient to deal with the system in separate parts (Fawcett, 1975).

Interaction pattern: Passive forbearance. The way a Cherokee mother constructs a care-providing consortium for her infant is through non-obtrusive behaviors to promote her family energy field. The mother is able to make choices about the care she provides (Sarter, 1988). Her goal is to enhance the natural rhythm of group coalition and include her baby in the group. This natural rhythm of group cohesiveness is found among Indian families. The mother's infant is born into her family but the mother selects caring behaviors that strengthen the bonds between the infant and the clan. However, she does it in such a way that family members do not feel forced (Good Tracks, 1973; Wax & Thomas, 1961). The mother selects behaviors that are active but indirect in building family ties. She will enhance family situations that promote family caring for her infant, for instance living near her family or driving long distances to see her family. Having her infant and children near their relatives gives everyone an opportunity to get to know one another. When a family member asks to "visit" with the mother's infant, she will oblige in a manner comfortable for her, either leaving the infant with the family member for a weekend or eating dinner with her family. Family members usually volunteer their time and energy with the infant and the mother cooperates by

encouraging her family's care of the baby (Good Tracks, 1973; Wax & Thomas, 1961). By interacting with the her family this way, the mother is showing the infant through example how to build a family consortium.

Harmonious living. **Building a Care-Providing Consortium** is an important caring behavior the Cherokee mother provides for her infant. The harmony of care the Cherokee mother creates for her infant is a oneness with her family. Part of the circles of care she provides for her infant is creating family ties for her baby. She promotes group solidarity. Extended Indian family systems foster interdependence of family members whereas Western family systems encourages independence of family members (Red Horse, 1980b).

Behaviors that promote harmonious living: Building a care-providing consortium. There are several ways a Cherokee mother creates a coalition of family care for her infant. The following example will discuss one of the ways a Cherokee mother builds her care-providing consortium. Appendix F1 provides other examples of behaviors that promote harmonious living.

Encouraging "special bonds" between the infant and family members. In the phases of the life-span care (Red Horse, 1980b), 'being cared for' is depicted as phase one. The naming ceremony illustrates how infants are named after a relative and then that relative assumes major childrearing responsibilities for that child. The "spoiling" of an infant or child creates that same relationship, where a family member takes over most of the child care of the infant or child that the family member has

"spoiled." The Cherokee mother promotes the special bond that develops between a grandchild and a grandparent or elder. The Cherokee mother describes this bond as "spoiling" done by the grandparent or elder. Spoiling involves holding the infant all the time or giving an older child anything he wants or doing "everything" the child says. One elder said "My father used to say that all parents and grandparents 'spoil' their children but they were spoiled in the adults' way so to the adult, the child did not appear to be spoiled, because he (or she) behaved in ways compatible to the adult."

Living Spiritually

Human energy field: Spirituality. Indians believe everything in nature has a spirit including the elements and forces in nature--lightning and frost (Nerburn, 1993) and therefore can be spiritual to some degree. The Indian concept of a Higher Power interrelates everything in nature, so all objects living and non-living have a place in the universe and each object should respect the right of another object to exist (Wall & Arden, 1993, p. 5). "White" terms like God, Creator, and Great Spirit do not capture the Indian concept of a Higher Power. Indians do not try to understand everything in nature, for instance the concept of a Higher Power, instead they accept things as there are. Indians regard acceptance as more important than understanding. The Indian concept of a Higher Power encompasses the philosophy that all things are interrelated and equal part of the whole. Indians are like drops of rain which will one day return to the ocean (Wall & Arden, 1993, p. 5).

Human behavior reflects the merging of physical, biological, psychological, social, cultural, and spiritual attributes into an indivisible whole--a whole in which the parts are not distinguishable (Rogers, 1970, p. 41). Human existence is a unified phenomenon. The distinctive properties of humans come into view only as the parts lose their identity. The spiritual care a mother provides to her infant is the way she teaches her baby or child to live a respectful life in the world. Without the cultural heritage offered through the stomp dance, a Cherokee infant can lose a part of his Cherokee heritage.

Interaction pattern: Passive forbearance. The Cherokee mother has different choices of spiritual philosophies available to her, Christian views and Indian views. Cherokees believe a person can choose either the "White" (good) Path or the "Red" (bad) Path in life (Hendrix, 1983). The White Path involves respecting the Higher Power and following the path of righteousness and peace. The Sacred Fire at the stomp dance represents the Higher Power and the smoke carries the Cherokees' messages (prayers) to heaven and other places in the world (Hendrix, 1983). The Sacred Fire and smoke can be used for good and evil depending upon the way the fire is built and the way it is used. The Sacred Fire of the Keetoowah Society is used for good purposes (Hendrix, 1983).

Instead of choosing her infant's spiritual preference or selected path in life, the Cherokee mother provides her infant with opportunities to learn about a variety of philosophies, either Indian or Christian. However, she does try to set an example by

taking her infant to the stomp dance (Primeaux, 1977). She gains her child's cooperation in attending the stomp dance as he gets older instead of making him attend the dance (Wax & Thomas, 1961). The stomp dance is a sacred religious ceremony among the Cherokee tribe. The stomp dance is part of the Cherokee culture and illustrates how to live a good life in Cherokee society. The ceremony communicates to the infant and children which path in life to follow, in a way that the mother may not be able to express to them. As the Cherokee child grows older, the mother lets the infant (child) select how he wants to live. One mother (Informant R) said, "Then there's the stomp dance, which is another religion. I take them (children) to stomp grounds. You know, that is what God gave us (Cherokees)."

Harmonious living. Living a respectful existence is significant to the Cherokee way of life. Living a spiritual existence is the ultimate way to live in harmony with the universe and from the beginning the Cherokee mother offers this way of life to her infant. An aspect of the circles of care a Cherokee mother provides is promoting the spirituality and spiritualness of her infant. A quote by Charles Alexander Eastman, an Ohiyesa Indian, demonstrates the importance of living spiritually. He said, "We have a religion which has been given to our forefathers, and has been handed down to us their children. It teaches us to be thankful, to be united, and to love one another! (Nerburn, 1993, p. xvii)."

Behaviors that promote harmonious living: Living spiritually. The mother provides the infant with examples of how to live as a spiritual Cherokee. Some of

the examples include is: teaching the infant how to dance, singing the songs, shaking the rattlers, listening to the stories, learning about the rituals, and learning the teachings from the Sacred Belts. Another example the mother provides is learning about the Cherokee spiritual history from the stories told about the history of the Cherokee people and the stomp ground (Green, 1992). Appendix F2 provides other examples of behaviors that promote harmonious living. Three examples of behaviors to promote harmonious living will be presented.

Teaching Cherokee culture through the Stomp Dance. The Stomp Dance is an important part of spiritual living that Cherokee mother provides for her infant. Today, the Cherokee people are working to regain their identity and cultural ways before all is lost (Shoup, 1992b, November 15). A Cherokee man named Wildcat (cited in Eversole, 1993, April 18) stated that the true culture is the Stomp Dances, the medicines, and the dreams Cherokees live by. The true culture is taught to the children. The children are taught the beliefs so that the Cherokee customs will not be lost. Skeeter (Creek Indian) said (cited in Shoup, 1992b, November 15):

"(We) are not trying to go back and live like that (early prehistoric Indian society) but (we are) picking up the spirituality of what we (Indians) lost through the years of becoming 'civilized.'"

Teaching about the Wampum Belts, the White Path, and the Sacred Fire. At the Stomp Dance, the elders tell the infant and children about the teachings from the Wampum Belts, the White Path, and the Sacred Fire. The three symbols of the Nativistic Revival were the White Path, the Sacred Fire, and the Wampum belts

(Hendrix, 1983). The "White Path" is the path of peace. The White Path was spiritual and a matter of choice. It was the peaceful way, the way of love and passive resistance. If the Cherokee people lost these things, then they would be like the ordinary inhabitants of the earth, like everyone else and no longer a special people.

Celebrating Special Events. The weekend of Redbird Smith's birthday is celebrated by Cherokee families including their children and infants. Redbird Smith's birthday, July 19th, is celebrated today by the members of the Keetoowah society. They get together at the stomp grounds. In 1992, the Cherokee Nation dedicated the Redbird Smith Health Center in honor of Smith for his revival of the Nighthawk Keetoowah Society. He is renowned for being one of the great spiritual leaders of the Cherokee Tribe (Tribe Dedicates Clinic, 1992, September).

Using Non-Coercive Discipline Techniques

Human energy field: Spirituality. When an energy field is assigned its arbitrary boundary, it must be taken as an irreducible whole, with characteristics relating to the whole rather than to any of its parts (Rogers, 1980, p. 61). Sometimes, the energy field for the sake of discussion has to be talked about in parts. A human being has the capacity to maintain the self while undergoing continuous change but due to the developmental age of an infant, he requires some guidance by his caretaker. This capacity is referred to as the human being's self-regulating ability (Rogers, 1970, p. 63). Self-regulation is directed toward fulfilling the potentialities of life (Rogers, 1970, p. 65).

Indian spirituality involves living in co-existence with others. Sun Bear et al. (1988) stated a time would come when Indians and non-Indians would learn to live together as brothers and sisters, and come to respect the Earth mother again. He called this self-reliance. Humans must learn self-reliance because a human is a part of all things and the universe. A human must show respect for all things (Sun Bear et al., 1988).

Self-regulation or self reliance is an integral part of the energy field of the infant. Since an infant does require some guidance in learning about self-regulation or self-reliance, the Cherokee mother and infant as a group energy field learn about self-reliance as they interact with their environmental field. As the mother learns about self-reliance, she guides her infant so that he learns to live to his fullest potential. Self-regulation is continuous so like the circle it continues to develop through out a human being life time.

Interaction pattern: Passive forbearance. The Cherokee mother respects her infant's self-reliance without using strict discipline techniques. Indian parents are described as being lenient with their children (Perdue & Porter, 1989). The "white" infant is taught to demand the attention of its parents, however Indian parents do not respond to "interfering" demands. Indian children are taught consideration through the example of their elders, for Indian adults consistently treat children with the same respect they expect for themselves (Shoup, 1993, August 17; Wax & Thomas, 1961).

Indian adults instill the sense that each person is innately an individual whose potential is to be fostered and not forced (Attneave, 1982).

Indians believe in voluntary cooperation (Attneave, 1982) instead of forcing an individual to comply. Indians teach their children about group cooperation instead of individualism. In the dominant culture, Adlerians have observed that adults by nature of their larger size and wider repertoires of knowledge, skills, and experience, have historically disciplined their children by forcing them into compliance. Adlerians feel adults need to understand what they can and cannot do with children in times of conflict. Since external force becomes ineffective, parents have to learn approaches which encourage an inner motivation toward cooperation, effective functioning, respect for social order, and fulfillment of the requirements of social living (Thomas & Marchant, 1983). A quote from a Seneca Indian woman elder demonstrates how Indian adults interact with children when they are acting up (Wall, 1993, p. 148). She said:

"We can teach the children just so much, and the rest is up to them. You can't expect kids to be perfect all their lives. I think they stray once in a while. I guess they wouldn't be kids if they didn't."

Harmonious living. The Cherokee mother teaches her infant self-reliance so he learns how to get along with others and the world. Teaching an infant self-reliance enables the infant to live in harmony with others. The Cherokee mother disciplines her infant in such a way that the infant is respected but taught to respect others, also. Adlerians state in a well-functioning family, all members work to the

best of their ability so that all family members may enjoy maximum pleasure, comfort, satisfaction and happiness and a minimum of pain, discomfort, dissatisfaction, and unhappiness. Everyone fully respects everyone else and does not allow anyone to be treated disrespectfully (Thomas and Marchant, 1983). The infant learns to interact with his environment so that he is considerate of the world he lives in. The Indian society values living in harmony with the world (Attneave, 1982; Dubray, 1985; Ho, 1987). Sun Bear et al. (1988) states this about self-reliance:

The result of assuming responsibility and dropping expectations is freedom--not having to be led, nor lead others. When we have achieved this, we will have achieved self-reliance, and we will be able to live in harmony.

Behaviors that promote harmonious living: Using non-coercive techniques.

Discipline is the ability to set certain limits. The infant lacks the developmental maturity for self discipline (Sun Bear et al., 1988). The Cherokee mother has the responsibility of teaching her infant self-regulating behavior. The caring mother disciplines her baby according to developmental age. Infant behavior is observed as a whole not by individual incidents. The Cherokee mother must provide appropriate discipline as her infant changes to maintain harmony, because forcing limits on the infant who is not ready upsets the harmony of care. Appendix F3 provides examples of behaviors that promote harmonious living. The Cherokee Nation teaches Cherokees about behaviors to promote harmonious using Traditional Indian disciplines techniques.

Using firm discipline without using physical punishment. The Cherokee mother can learn about the Traditional Indian ways to teach her infant about discipline through parenting classes at the Cherokee Nation. The Cherokee Nation has a program called "The Even Start Family Literacy Program." The program combines early childhood education, parenting education and adult education in an effort to break the cycle of illiteracy and expand opportunities for children and their parents. The program is aimed at families with a child under the age of seven (Program Designed, 1993, July). One of the items they teach in the program is that the American Indian way of discipline is teaching by example. The program tries to teach that the cultural Indian way of disciplining is not through spanking. The director of the Even Start Program, Kight (Shoup, 1993, August 17) was quoted as saying:

"I advocate all cultures to give up physical punishment in rearing children and to adopt a more positive, creative way. It helps me to say your (Indian) ancestors didn't do this (spanking), they had better ways. Physical punishment was once unknown in Indian family life. Most tribes didn't even have a word for spank. But after being exposed to the European culture for several hundred years, Indian people began using spanking to discipline."

Vigilantly Watching for the Natural Unfolding of the Infant

Human energy field: Spirituality. A human being is characterized by the capacity for abstraction and imagery, language and thought, sensation and emotion (Rogers, 1970, p. 73). These capacities enable a person to expand his awareness of the world and are aspects of the person's energy field. Coming into awareness

represents a person's expanding thoughts about the world (Rogers, 1970, p. 93). Coming into awareness is postulated to represent new levels of complexity which correlate in the ongoing development of cognition and feelings. The capacity to experience one's self and the world and to make sense out of one's experience is an emergent (Rogers, 1980, p. 65).

The Cherokee mother promotes her infant's awareness of his world by encouraging the infant to grow, achieve, and become. An infant accomplishes developmental tasks (autonomy) through his experiences with the world. The Cherokee mother's does not try to shape and mold her infant but instead tries to free the inner self of the baby in order that he can become what he is destined to be (Attneave, 1982). The Cherokee mother's goal for her infant's well-being is concerned with the baby's actualization or realization of his potentials (Rogers, 1990).

Interaction pattern: Passive forbearance. The Cherokee mother does not interfere with the natural development of the baby. She does not force her infant into accomplishing developmental milestones early. She limits her adult interventions as the infant develops and matures. She lets him examine the world in his own way. A good mother, like a good teacher, is one who makes herself dispensable to children. She finds satisfaction in relationships that lead children to make their own choices and to use their own beliefs in their capacity to make wise choices for themselves (Ginott, 1965). Indians respect the development of individual autonomy as long as it does not threaten the group cohesiveness of the family (Attneave, 1982).

An Indian is expected to contribute individually to the group, for example elders who have Indian knowledge can enrich the family with their wisdom (Attneave, 1982).

Harmonious living. The Cherokee mother vigilantly watches for the natural unfolding of the infant. By respecting the infant's innate potential, the mother has shown to her infant how to respect another individual's autonomy through example. Like the circle, the respect will come back to the mother and the infant (Wall, 1993). The mother respects the innate potential of her infant and the natural unfolding of her baby's personality. Harmony is maintained by providing care that encourages the infant natural maturation (Attneave, 1982). This harmony is achieved by fostering the natural unfolding of the infant. The infant evolves unidirectionally and this evolving is perceived as growth in the infant. The Cherokee mother promotes this evolution (Rogers, 1970, p. 57). The ideal Indian person is one who is always in harmony as a living being but who is also becoming, achieving, and growing (Attneave, 1982).

Behaviors that promote harmonious living: Vigilantly watching for the natural unfolding of the infant. As the infant is becoming aware of his world, the Cherokee mother limits her interventions as the infant learns. Instead, she observes her infant's development, socializes the infant through quiet interaction, teaches the infant by example, and encourages infant exploration. Two examples of behaviors to promote harmonious living are presented next. Appendix F4 provides other examples of behaviors that promote harmonious living.

Teaching the infant by example. The Cherokee mother provides the infant with opportunities to learn through example. The mother may teach the infant to talk by reading to him or encouraging the infant to demonstrate a new skill he has learned. The American Indian way is to teach by example. Indians are not very verbal. They watch and learn (Shoup, 1993, August 17). Indians believe that an infant or child learns about life through example as demonstrated in a quote from a Tewa-Tesuque Pueblo Indian woman (Wall, 1993, p. 19). She said "just being an example by the way we (Indians) live. Be an example so (the children) can see with their eyes." Brown (1938) stated in prehistoric Cherokee society children were taught by precept and example. A Cherokee mother provides opportunities for the infant to learn about himself through objects in the environment.

"I...just with her toys and teach her where her eyes--pointing out her eyes and the little dog's eyes and things like that (Informant F)."

Socializing the infant. The Cherokee mother socializes her infant through quiet interaction instead of engaging in "baby talk." Cherokee children learn from their adult role models (Shoup, 1993, August 17). The American Indian's use of silence conveys a "passive response" (Edwards and Edwards, 1980; Everett et al., 1983; Ho, 1987). American Indians prefer other modes of communication over verbal interaction. American Indians use silence as a customary practice. Silence is considered the absolute poise or harmony of body, mind and spirit (Nerburn, 1993). They feel no need to jump into conversation that may be offensive to the other

person. There is something about time and silence among Indians that creates a oneness of spirit that must take place before a meaningful conversation or relationship can occur. Indians respect each individual and allow the other person time to define the nature of relationship instead of implicitly struggling for power over the situation. The infant is taught to be social by his mother. Socializing the infant is accomplished by including him in adult conversation and instructing the infant in things to say such as "thank you" and "please," but foremost by quiet interaction. Reciprocal positive reinforcement occurs between the infant and mother, further promoting the socialization of her infant.

Manifesting Cultural Patterns of Care: The Second Outer Circle

The following sections present how the concepts placed on the second outer circle relate to one another. These concepts represent how the Cherokee mother uses Cherokee patterns of infant care and patterns of care from the dominant culture. In this circle, the Cherokee mother integrates more infant care patterns from the dominant culture with Cherokee patterns of infant care to achieve the best infant care possible.

Accommodating Everyday Infant Care

Human energy field: Spirituality. A human being has a set of needs. Maslowe (1970) described a hierarchy of human needs including the basic physiologic needs such as air, food, water, and sleep. He said that physiologic needs must be met before the higher ones of safety and security, love and belonging, self-esteem, and

self-actualization can be met. Indian infants share these same needs but perhaps in a different order. These kinds of needs are aspects of the human being's self-regulation ability, a characteristic of the human energy field (Rogers, 1970, p. 63). The Cherokee mother recognizes her own needs and expands her energy field to include her infant, thus recognizing his needs also. A Cherokee mother said:

"You can tell when they (babies) are hungry, when they want water. You know after the dinner, (you think to yourself) I'm thirsty, I want some water. You have to be thinking they want water. My back is itching, maybe her (daughter) back is itching. They (babies) get tired of laying on their backs like we do. If they get up cranky, you know they slept on their neck too hard (Informant R)."

The Cherokee mother promotes her infant's well being by providing care that fulfills her infant's daily needs according to the infant's inherent needs (Phillips, 1990, p. 16). The human energy field develops in an orderly fashion amidst constant change (Rogers, 1970, p. 63). Change includes how the Cherokee mother takes care of her Cherokee infant in the dominant society. The Cherokee mother selects infant care from either Indian or dominant society to promote the well-being of the baby. As her infant's needs change so does the mother change her care to meet his needs. Indians believe in living in harmony with the world and this is a facet of Indian spirituality. Thus, the mother promotes the spirituality of her infant's energy field by meeting his everyday needs with either Indian infant care practices or dominant society infant care customs.

Interaction pattern: Passive forbearance. The infant has an innate schedule that is respected by the mother. Indians prefer present-time orientation (Attneave, 1982; Dubray, 1985; Ho, 1987). The American Indian is very much grounded in what is happening in her life at the moment, rather than making specific plans. Indians do not rely on the clock like the "white" society does but instead focuses on the natural rhythms of the day and night changes. The Cherokee mother recognizes that her infant has a natural rhythm of needs. Instead of trying to control her infant's needs, she respects his innate rhythm. There are times when the Cherokee mother must integrate her everyday infant care into the dominant culture, so she will change her care to accommodate the dominant society while providing Indian infant care.

Harmonious living. The mother maintains harmony by respecting her infant's needs. When disharmony occurs, the mother remedies the situation to see that the infant's needs are met. The Cherokee mother is able to make choices of care for her infant that he cannot do (Rogers, 1970). Because of his developmental immaturity, an infant cannot always regulate his basic physiologic needs, so the Cherokee mother selects the best care from his environment that is directed toward fulfilling his basic needs. The mother usually selects Indian infant care to promote the human/environmental interaction of her infant and the Cherokee/dominant society. However, a Cherokee mother learns from other cultures about infant customs and integrates the learned customs with her own care. She provides the best care for her infant. An Indian man who is half Shone-Bannock explained, "Navajos have always

been willing to learn from other people in order vitalize their own culture. Indian cultures evolve, grow, and continually try to renew themselves (Trahant, 1993. pp 60-61)."

Behaviors that promote harmonious living: Accommodating everyday infant care. **Accommodating Everyday Infant Care** are the endeavors in which the Cherokee mother participates in to see that her infant's needs are fulfilled. The baby eats, sleeps, and plays when he wants and the mother provides care according to his needs. Appendix F5 provides other examples of behaviors that promote harmonious living. One example is presented next.

Meeting the infant's needs at meal time. The Cherokee mother recognizes her infant wants to eat when he is hungry. The Indian child does not ask permission to do ordinary things of normal daily living. He eats when he is hungry and sleeps when he is tired. There is no rigid schedule for these activities (Primeaux, 1977).

The Cherokee mother serves her infant cooked meals instead of prepared foods. The Cherokee mother who serves Traditional Cherokee food is introducing their infant and children to a diet that is considered healthy. Traditional Cherokee diet is high fiber and carbohydrate and low in fat and salt (Andrews, 1992, May). Corn and beans were two of the most important crops raised by Cherokee ancestors and the mainstay of their diet.

At a time when the wisdom of our Cherokee heritage is being rediscovered, our ancestors have much to teach us about healthy eating. The point is not to replicate the traditional eating habits of the Principal People, but to draw

from the Ancient Ones some important lessons about how we can improve the way we eat today (Andrews, 1992, May).

Accommodating Health Perspectives

Human energy field: Spirituality. Health is the rhythmic consistency of the human energy field. Health strengthens the coherence and integrity of the human field (Rogers, 1970, pp. 122-123). Health and spirituality are the same in many Indian tribes (Heinerman, 1989). The Cherokee mother promotes the health or natural rhythm of her infant. When the baby's health or well-being is altered, she provides care to foster his well-being. Knowing that changes do occur that may change the well-being of her infant, the mother is able to expect them, prepare for them, and accept alterations in health (Sun Bear et al., 1988).

Interaction pattern: Passive forbearance. Cultural beliefs are an integral part of a human energy field (Rogers, 1970). The Cherokee mother has some cultural ideas about alterations in her infant's health. Some Cherokees believe alterations in person's health can occur when the spirit of the person is affected as well as physical ailments (Mooney, 1982). Health promotion for the person may require help from someone who knows about treating "Indian sicknesses." Indian tribes integrate customs from other cultures to revitalize their own culture (Trahant, 1993). Cherokee recognize that "white illnesses" may need to be treated by "white doctors" (Mail, McKay, and Katz, 1989). Instead of trying control or limit her health care resources available to her and her infant, the Cherokee mother harmonizes with the

environment and selects health care from both Traditional Medicine and biomedical health care (Nichols, 1988b). The Cherokee mother integrates both health care systems, Traditional and biomedical health care, to provide the best and most appropriate care for the alterations that occur in her infant's well being.

Harmonious living. Health is conceived as open and whole; there are no boundaries (Sarter, 1988). Health includes every aspect of the infant's well being, physical, spiritual, and emotional. Being in harmony with supernatural forces is a necessary dimension of spiritual health. As a group human energy field, the Cherokee mother selects health care for her infant. The Cherokee mother teaches her infant patterns of health care so that he can learn to live coordinately with alterations in well-being rather than in conflict with them (Rogers, 1970, p. 123). She chooses health care, Indian or biomedical, that will strengthen the coherence and integrity of the infant's human energy field (Rogers, 1970, p. 122). She promotes the interaction (selection of treatment) between her infant and the health care systems available to her and her baby (Rogers, 1970, p. 122).

Behaviors that promote harmonious living. The Cherokee mother selects health care that will promote the well being of her infant. The following examples will discuss the behaviors the Cherokee mother uses to promote her infant's health. Appendix F6 provides other examples of behaviors that promote harmonious living.

Integrating Cherokee medicine. A Cherokee's concept of Nun-wa-ti, medicine, is likely to include contacting a greater power for aid (Hamil & Chiltoskey, 1975). Cherokee medicine involves home remedies and asking the medicine man for advice and treatment. Cherokee medicine has an additional aspect: the inter-relationship of religion and medicine. When the home treatment does not effect a cure, a medicine man is called. He is available to help in cases that are more serious or prolonged than usual. He has the special talents and knowledge for finding, preparing, and administering the proper remedy. An astute medicine man knows when a complaint is not a physical illness but rather a lack of attention from others. He can inspire confidence and supply the necessary attention to the person needing it. When faced with a very difficult case the medicine man involves his patient in specific rituals and prayers. A Cherokee mother (Informant Q) placed her infant son near the fire at a stomp dance so everyone, medicine men and Cherokees, could pray for him and his recovery.

Using family members who know about herbal medicines. Herbal medicines predate scientific medicine and which have proven effective long before hospital procedures were established (Primeaux & Henderson, 1981). About twenty-five percent of official U.S. drugs used today are derived from Indian herbal medicines (McDermott, 1993, May-June). A herb can be defined as any plant that yields a chemical property that is beneficial in producing a cure or remedy for ailments of the human body. These medicinal herbs also include woody shrubs such as the rose and

blackberry and some trees (Cochran, 1983). According to Cherokee legend, every tree, shrub and herb--down to the grasses and mosses--agreed among themselves to furnish a remedy or a relief for all the many diseases of human kind (Cochran, 1983).

Family members learn about herb medicines from another family member. A former nurse and now an herbalist, Stone (cited in Davis, 1993, June 26) explained that she learned about herbs from her grandmother. Her grandmother had cured her son of thrush by blowing puccoon root (or godenseal) into his mouth. There are many herbs that can be used for medicinal purposes--blackberry (kanugatli) is used for stomach problems; or wild ginger (nuyigala dinadanesgi utana) is used for colic, upset stomach, or intestinal gas (Cochran, 1983). An example of how to use an everyday herb is given by Stone (cited in Davis, 1993, June 26). She stated:

"A lot of the herbs can be found in people's back yard. Take the dandelion, for instance. The dandelion can be used as a food. The leaves can be eaten as greens and the flowers can be tossed in a salad. The roots can be roasted and ground and used as a coffee substitute. Dandelions are full of Vitamin C and have a substantial amount of Vitamin A.

Merging the Infant into Indian Culture

Human (energy) field: Spirituality. The Cherokee mother is an human (energy) field (Rogers, 1970). "Being Indian" is unique to the Cherokee mother. Each Cherokee mother has an Indian heritage characteristic to herself. This heritage is part of her spirituality. Each Indian nation or Indian clan has its own distinctive ancestry. In addition, the Indian mother and her baby can be considered a group with their own group field, particularly since the infant depends upon her mother for

her survival. Therefore, "being Indian" is the essence of the Cherokee mother's and her infant's Indian heritage and spirituality.

The environmental field is unique to each human field (Rogers, 1990, p. 8). The environmental field of a Cherokee mother consists of living in different societies at the same time. She lives in her own Indian community while residing in the dominant society of the United States. Weller (cited in Shoup, 1992b, November 15) explains how Indian people live in two cultures.

"We (Indians) maintain cultural and traditional aspects of Indian life as well as maintain positions in the dominant society. It's just the way I live. It helps me get along in life. The Indian culture can go hand in hand with anything the individual wants to do. It's not a hobby, it's a way of life."

As a human field, the Cherokee mother is in constant motion, interacting constantly with her environment (Rogers, 1970). The Cherokee mother interacts with the Indian community and dominant society simultaneously. The human field and environmental field can not be reduced into parts (Rogers, 1970, p.9), in other words, the Cherokee mother progresses through life constantly interacting with her Indian culture and dominant society at the same time. Since the Cherokee mother and her infant are considered a group field with their own unique group environmental field, the Cherokee mother and infant are in constant interaction with their Indian and dominant societies.

Interaction pattern: Passive forbearance. The relationship between the (human) group field of the Cherokee mother and her infant and their environmental

field is one of mutual interaction and mutual change (Rogers, 1970, p. 97). The Cherokee mother selects how she and her infant will live. The Indian mother participates in the changes that occur from the group (human)/environmental interaction process (Rogers, 1970). As the dominant world changes, the Cherokee mother and her infant must change but the essence of "being Indian" remains constant. Highwater (1976) stated that "being Indian" is intrinsic. Nothing done by the dominant culture has successfully dismantled the Indian essence of "being Indian." Even when the dominant culture tried to assimilate the Indians into their culture, sent their Indian children to boarding schools, and converted many of the Indians to Christianity, yet these American Indians remained "Indian."

The Cherokee mother prefers her cultural beliefs over the dominant culture (Dubray, 1985). The Cherokee mother chooses to live as a member of the Cherokee Nation. Although, her infant depends upon her for his care, the Indian mother provides her infant with examples of how to live in Indian society, such as dancing with the infant at a pow-wow. The family of the Cherokee mother plays an integral part of the infant's progression into Indian society. The family teaches the infant how to be "Indian." Infants and children are not separated from the clan or Indian society when Indian activities are conducted. The infant is included in all the customs and activities that are part of Indian culture. As the child grows up, he is allowed to choose whether he wants to live as a member of the Cherokee Nation (Backup, 1980; Primeaux, 1977). The Indian mother does not interfere with her child's decision.

Harmonious living. Manifestation of behaviors merge out of the human/environmental field mutual process (Rogers, 1990, p. 9). As changes occur between the human field and environmental field, the Cherokee mother changes her behavior. The Cherokee mother demonstrates to her infant how to "be Indian." As part of a mother/infant group field, the Cherokee infant encounters the same life experiences as his mother. The mother teaches her infant about being "Indian," which promotes the cultural integrity of his energy field. Due to the developmental age of the infant, the Cherokee mother cares for the infant in such a way that the infant will manifest some of the same Indian behaviors she does. The Indian infant lives in harmony as an Indian while living in a "white man's world." A Cherokee mother describes how her son lives.

"He is being raised in a white man's world to survive, but he is going to know his heritage too (Informant E)."

The more "Indian" a mother feels, the more integrated she is in her Indian community. However, factors such as lack of family involvement and role models, leaves a mother without Indian elders to teach her and her baby the Traditional Indian ways.

Behaviors to promote harmonious living: Merging the infant into Indian culture. The following sections demonstrate how a Cherokee mother cares for her Indian baby as she merges her infant into Indian society. Examples of specific

behaviors of the mother's care will be presented. Appendix F7 provides other examples of behaviors that promote harmonious living.

Teaching the language. Learning the language is an important aspect of the Cherokee culture that the Cherokee mother tries to teach to her baby. Either the mother herself teaches the baby or another family member teaches the infant. By teaching the native language to her infant the Cherokee mother is revitalizing a part of heritage in a country where the major language spoken is English. Between 1809 and 1821, a Cherokee man named Sequoyah (Foreman, 1987; Gilmore, 1992) developed a Cherokee syllabary with 84 characters for his people (Gibbons, 1992, April 26). Within a few years, the Cherokee people became literate in the Cherokee language, recording their history in their own language. Sequoyah's syllabary is still being taught in schools and has been computerized (Gibbons, 1992, April 26). A statement by Skeeter (cited in Shoup, 1992a, November 15) demonstrates how Indian mothers and grandmothers feel that teaching the children their own native language is vital in keeping the Indian culture alive.

"My grandmother told me to always remember the language and our customs because if you don't you die as a people. You may be alive, but you're dead."

The Cherokee language is unique because not only can the mother teach her baby the verbal language but also the written language, if she knows it. Unfortunately, the dominant culture has changed how Cherokee children learn their own language. Very few Cherokees are fluent in the Cherokee language and fewer

still in the written language. There are about 10,000 fluent Cherokee speakers among the 140,000 members of the tribe (Knickmeyer, 1993, August 2). While the Cherokee people have more fluent speaking members than other tribes, a Cherokee mother who doesn't speak the language is limited in her abilities to teach the language to her infant. Her infant will learn English as he grows up, so she balances her infant's language ability by providing her infant with the opportunity to learn Cherokee if she can.

The Cherokee mother can get help from the tribe in teaching her infant the language. While some Indian languages are in danger of dying with their elders, for example the Plains Apache language (Knickmeyer, 1993, August 2), the Cherokee tribe is preserving their language in their children. Twenty-two tribal run Head Start centers teach the language to 600 Cherokee children, ages 3 to 4 years old. During the day, the children talk Cherokee off and on with their teachers, naming foods at lunch, or asking for dishes to be passed. The Head Start Program does not teach the children to read and write the language (Knickmeyer, 1993, August 2). Older children can learn the language at several of the public schools, located near the Cherokee Nation. Within the community, the Cherokee Nation has developed a Cherokee Language Committee which has a goal of preserving the Cherokee language and promoting literacy in the written language (Cherokee Language, 1993, July).

Telling stories about the Little People. A Cherokee mother teaches her infant and children about myths of the Little People. These stories are used to explain the unusual to the infant and children. Stories about the Little People are not unique to the Cherokee Tribe. The investigator learned from a colleague that other Indian Tribes have words for the Little People (Judy Goforth Parker, personal communication, July 28, 1993). Judy Goforth Parker, who is a member of the Chickasaw Nation and a professor in nursing, teaches her children about the legends of the Little People. She said the Chickasaw word for Little People is Kawanakasha. Her husband is a member of the Comanche Tribe. Goforth Parker said the word for the Little People in Comanche is Nenuhpee. She also said the Seminole and Choctaws have legends about the Little People too.

Taking the infant to the Indian dance. The Cherokee mother takes her infant to the stomp dance and pow-wow. The infant is taught how to dance and sing the songs by participating in the Traditional dances. The Cherokee mother picks the infant up and dances with the infant at the pow-wow. Weller (cited in Shoup, 1992b, November 15) stated that he began dancing in Indian dance competitions at the age of 14 months, and his sons at the ages of 17 months and 12 months, and his daughter at 13 months.

The Cherokee Nation has a national holiday every September. Many Indian tribes attend to dance in the pow-wow. The drum is used at the pow-wow. The drum is a symbol of life (Shoup, 1993, August 1). Howard & Levine (1990) describe

the different drums used in Choctaw society. Indian infants and children attend the celebration (Marilyn Nichols, personal communication, September 4, 1993). Children are dressed in Traditional Indian clothing; for the Cherokee children, it is the tear dress and the ribbon shirt. Oklahoma Choctaw Indians dress in similar Indian clothes as Cherokees. Howard & Levine (1990) describe Choctaw Indian man's and woman's dress as being derived from the clothing styles of southern whites in the nineteenth century.

Respecting beliefs concerned with conjuring. A Cherokee mother may believe in conjuring or she may respect other Indians who believe in conjuring. Sometimes a family member will tell her to take her infant to the medicine man to get rid of a spell that is affecting her infant's spirit. The Cherokee infant learns about conjuring from other Indians as he grows older. Mooney (1982) stated that the primitive Cherokee people believed that disease and death were not natural, but were due to the evil influences of animal spirits, ghosts, witches, or conjurors. Witchcraft has several functions in Indian societies. One function was to supply answers to questions which would be perplexing and disturbing, or questions to which there were no culturally acceptable alternative explanations (Mail et al., 1989).

Indians and non-Indians respect Indian spells. For example, a German man in Georgia bought an estate which had a curse put on it by an old Cherokee man (Stith & Chaplin, 1993, August). He had a Cherokee medicine man remove the curse before he moved into it. Some people are respectful not to disturb Indian

burial grounds (Krehbiel, 1993, April 3). One museum director commented on the Indian burial items at his museum. He said, "We do have a few medicine bundles, but they are filled with so much magic nobody wants to mess with them--including us (museum staff)."

Summary

To conclude, this chapter has described the characteristics of the sample used for this study, the processes the investigator used to analyze the data to develop the categories and concepts, and presented these concepts in a model to identify the relationship between these concepts. Literature and knowledge were used to support the relationship between these concepts.

CHAPTER V

DISCUSSION OF THE FINDINGS

The grounded theory of Cherokee infant care will be discussed as it relates the phenomenon of care, to the Rogers/Nichols' conceptual framework. The theory will also be discussed in reference to dimensions of the discipline, namely, nursing theorizing, nursing research, and nursing practice. The paper will conclude by addressing limitations, recommendations, future directions and conclusions.

The 'Circles of Care' grounded theory model (Illustration 12, p. 216) describes the social process of infant care among Cherokee mothers. Being a mother is the central function of Cherokee mothers. Cherokee mothers have specific functions of being a mother in their society. Cherokee mothers provide infant care that promotes the harmony (or natural rhythm) of their infants' lives. Cherokee mothers express characteristics and behaviors of care that are culturally generated. Sometimes, mothers use some cultural patterns of care that are more Cherokee and sometimes mothers integrate patterns of infant care from the dominant society. They provide care that promotes harmony through passive forbearance. Mothers who use passive forbearance as an interaction pattern of care do not control their infants' well-being but try to enhance their infants' lives through unobtrusive caring behaviors.

The Relationship of the Nursing Phenomenon of Care to the Cherokee Mothers' Circles of Infant Care

The social process of infant care among Cherokee mothers and cultural patterns of care Cherokee mothers provided to their infants has been identified. Care can be defined from several perspectives. Nursing defines care from diverse theoretical positions. Roy (1980) describes care as promoting a human's adaptive responses to the environment. Margaret Newman (1986) describes care as promoting a human being's capacity (consciousness) to interact with one's environment. Leininger (1984) defines care as culture-specific behaviors to improve the human's condition.

Humans are cultural beings who have survived through time and place because of their ability to care for infants, young, and older humans in a variety of environments and ways (Leininger, 1985). Humans care for each other and are cared for by other humans in different ways. Family members provide the majority of care humans give to each other, and family members provide care differently from other families and differently from each other. Mothers care for their infants. Cherokee mothers care for their infants and provide care culturally different from other mothers. Nursing goals are aimed toward assisting humans in achieving their greatest health potential; nursing theory is aimed toward providing nursing professionals with knowledge to assist humans in actualizing their maximum health potential.

Being a Cherokee Mother

Being a mother is a universal phenomenon. Nurses need to be aware and understand the culturally different functions of being a mother and what the cultural meaning of "being a mother" has to Cherokee mothers. Nurses can assist Cherokee mothers toward function in their fullest potential as a Cherokee mother. The theory that emerged in this research revealed that the mother in the dominant society and a Cherokee mother have similar functions as well as have different ones. Mothers from various cultures share universal functions in being a parent. These functions include: 1) the physical survival and health of the infant; 2) the development of the infant's behavioral capacity for economic self-maintenance in maturity; and 3) the development of the infant's behavioral capacities for maximizing other cultural values as formulated and symbolically elaborated in culturally distinctive beliefs, norms, and ideologies (Levine, 1980).

Cherokee mothers have additional functions in being an Indian mother. The cultural functions of Cherokee mothers are passing clan membership onto the infant and spreading the care of the infant to other caretakers. Clan membership provides the mothers with a bond to a group of humans, and through mutual bonding the mothers and humans care for each other. The meaning of the Cherokee clans has changed, but the essence of clan members caring for each other has not changed. By spreading the care of the infant to other caretakers, Cherokee mothers are creating bonds for their infants to a group of humans, the

clan. Human infants are developmentally unable to care for other humans, so Cherokee mothers encourage their clans or families to care for their infants until they are old enough to care for others themselves. Clan or family members are an integral part of the Cherokee mothers' sense of self.

Promoting the Harmony or Natural Rhythm of The Infants' Well-Being

Cherokee mothers live with the spiritual doctrine that everything, living and non-living, lives in harmony in the universe and life is lived by promoting the natural harmony that occurs in lives of their infants. Nurses should respect and can promote spiritual beliefs of a Cherokee mother living in harmony with the universe. Professional nurses can facilitate the spiritual needs of Cherokee mothers if nurses are knowledgeable about Cherokee world view systems.

Harmony exists in all aspects of the universe. The universe is organized in an orderly fashion. The solar system has a natural order to its system. The planets revolve around the sun. The earth has a natural rhythm to itself. The seasons change, a full moon can be observed every month, and the sun sets in the west and rises in the east. Humans have natural rhythms, too. They sleep at night and eat when they feel hungry. Humans describe themselves as being in or out of "synchrony." Similarly, Indians believe in the natural rhythms or cycles that occur in the world, that all things are connected and interrelated. Everything in the world has a purpose and place in the universe. This philosophy represents the spiritual belief that Indians connect themselves to a greater existence outside of

themselves. The story of the Sacred Tree explains to Indians how all people live life like the Sacred Tree. The Sacred Tree represents life, cycles of time, the earth, and the universe (The Sacred Tree, 1984). Indians believe in promoting the rhythms or cycles that occur in life.

Many factors were discussed in Chapter One addressing the effects of Indian mothers living in a disharmonious environment while raising their infants. There are times when the harmony of life is disrupted. Indians acknowledge that the Sacred Tree can be damaged, even chopped down. Cherokee mothers mentioned not being able to find jobs when they needed or having to work when they did not want to and having to limit their costs of living. One mother (Informant M) said, "I don't have a job now but I will. I don't worry too much." However, they did not elaborate on the difficulties of living. Instead, they believed things would get better or felt they lived a satisfactory life. Indians believe the Sacred Tree can be planted again and grow. Cherokee mothers accept the challenges of life but do not elaborate on their feelings about living in a disharmonious environment. They concentrate on raising healthy infants but do not discuss what it would be like to have more money or a bigger house. Indians believe in teaching and learning, and Cherokee mothers want their infants and children to get a formal education, so the children can get a "good job" when they are older. Cherokee mothers acknowledge wanting a better life for their infants.

Interaction Pattern of Cherokee Mothers: Passive Forbearance

Passive forbearance results when Cherokee mothers allow their infants to live their life to the fullest potential with minimal supervision from their mothers. Cherokee mothers interact, and socialized their infants to interact, with their environments using passive forbearance. This interaction pattern can be health promoting. Nurses can assist humans in living a healthful life. Professional nurses need knowledge about how Cherokee mothers use passive forbearance to interact with their environments and those of their infants.

All things, living and non-living, interact with their environments. Humans interact with their environments in various ways. Societies of humans interact differently from one another. In the biomedical health care system, health care workers interact with clients by controlling the health care they provide to their clients. These different interaction patterns are culturally learned. Culture refers to a way of life belonging to a designated group of people (Leininger, 1970).

Cherokee mothers interact with their environment using passive forbearance. This is a part of the Indian way of living. Cherokee mothers do not control or interfere with the natural rhythm of life. Living with the good and bad in life teaches the Indian about life; life can be challenging as well as rewarding. Alcoholic Anonymous (Alcoholic Anonymous, 1986) advocates a similar interaction pattern for their members, admitting to one's powerlessness over alcohol. Alcoholics are encouraged to let go of trying to control their lives, that

their lives are not in their own hands but in a higher power greater than themselves. This interaction pattern is the foundation for the 12 step program. This program (interaction pattern) has been the most successful treatment for a very debilitating illness, alcoholism. Indians do not believe in controlling lives and neither do Cherokee mothers believe in controlling the lives of their infants.

Integrating Cultural Patterns of Care Cherokee Mothers Provide to their Infants

Mothers caring for their infants is a universal behavior found among many societies. Mothers expressing care for their infants occurs in diverse ways. Nurses knowledgeable about Cherokee infant care can provide culturally competent nursing care that promotes the health integrity of the Cherokee infants.

Indians define caring as living in harmony and taking care of the earth and the earth will take care of the Indian tribes and their children (Hurdy, 1970). Cherokee mothers' expressions of care are culturally derived. Cherokee mothers care for their infants in such a way as to promote the harmony of their infants' spirituality or natural rhythm of well-being. The caring behaviors of Cherokee mothers' actions can be described individually, but they view the infant caring process as a whole to promote their infants' natural rhythm of well-being.

Cherokee mothers integrate infant patterns of care from other societies with Cherokee patterns of infant care to promote their infants' well-being. Integration of care can be achieved through three life-styles patterns: 1) the traditional life-style pattern means the Indian family practices tribal religion,

customs, and mores and has an extended family network; 2) the bicultural life-style pattern results when the Indian family integrates the dominant culture belief system with their Indian culture and actively socializes with the people from the dominant culture; and 3) pan-traditional life-style pattern results when the Indian family practices a modified tribal belief system and tries to recapture Indian ways of life (Red Horse et al., 1978; Ho. 1987).

Integrating the Rogers/Nichols' Conceptual Framework to the Theory of Cherokee Mothers' Circles of Infant Care: Promoting Harmony Through Passive Forbearance

The Rogers/Nichols conceptual framework merged from concepts found in American Indian philosophy. These concepts included spirituality, passive forbearance, Indian behaviors that included indirect communication with others, using "Indian time," respecting individual development, promoting interdependence, and conditional determinants like tribal affiliation and family life-style pattern. Concepts from Rogers' nursing model (1970) were used also. These included energy field, environment, and patterning. These same concepts were used and expanded in the grounded theory of Cherokee Mothers' Circles of Care but specifically in reference to infant care.

Being a Cherokee mother. The concept of Being a Cherokee mother originally was not in the Rogers/Nichols model. The centrality of this concept developed from the data in the Circles of Care model and discussing with others.

Being a mother is a central function of a Cherokee mother. The initial search in the review of the literature suggested the importance of being a mother in Indian society but did not suggest a relationship between motherhood and living in harmony. The categories that were clustered under the core category of Being a Cherokee Mother proved to be very challenging in identifying the shared quality that exist among the categories.

The investigator first identified the relationship of the core category, Being a Cherokee Mother, to the remaining seven core categories. This core category represents the functions of being a Cherokee mother, and the remaining seven concepts are the manifestations of cultural patterns of care. Intuitively the investigator recognized that all the remaining categories were inter-connected. She then went to the original conceptual model to identify the relationship between the seven core categories. The Rogers/Nichols model was the map for identifying the shared concepts among the core concepts in the grounded theory. The combining of the conceptual model and the grounded theory clarified some of the concepts used in both of the models.

Spirituality. The concept of spirituality in the Rogers/Nichols' model was a broad definition borrowed from Indian philosophy. In the grounded theory model this definition was expanded and included the specifics of the Cherokee mother's spirituality. Indians believe in living in harmony with the universe. This broad definition was further refined in the final results of the study. In the grounded

theory model, the investigator was able to identify what the Cherokee mothers did to promote harmony in living, the natural rhythms of life; for example, promoting the infant's health. She was then able to find the natural life rhythm the Cherokee mothers promoted in each core concept. She then used Rogers' nursing model to further refine the relationships of spirituality and energy field among the core concepts. Up until this point, the investigator had identified many similarities between Rogers nursing model and Indian philosophy but was unable to use many of the parallels in the conceptual model. In the grounded theory model, the researcher was able to clarify many of the similarities between Rogers' model and Indian philosophy. She was able to use these similarities to support the relationships in the grounded theory model.

Passive forbearance. The definition of passive forbearance was introduced in the Rogers/Nichols' model. In the grounded theory model this definition guided the investigator in identifying relationships among the core categories. She narrowed the definition to specifically identify how Cherokee mothers interact using passive forbearance to provide care for their infants. After searching for the shared interaction pattern among the seven core categories, the investigator was able to distinguish how passive forbearance was used. The attributes for the concept of passive forbearance became clearer. In the conceptual model, the attributes of passive forbearance were still undefined but in the grounded theory model, behaviors that promote voluntary cooperation or behaviors that are active

but indirect provided more clarity in the relationship of passive forbearance and promoting harmony. Cherokee mothers use passive forbearance so as not to interfere with the natural rhythm of their infants' lives but enhance (promote) the rhythmical changes that occur in their infants' lives.

Promoting harmony. Harmonious living was a concept not used in the original conceptual model but intuitively could be observed. The investigator defined harmonious living in the grounded theory model to described how Cherokee mothers create harmony of care for their infants. In the conceptual model, the investigator was uncertain of the relationship between passive forbearance and behaviors to promote harmonious living. Behaviors to promote harmonious living were cited as specific behavioral examples exhibited by the mothers. They were listed individually in the grounded theory model. These specific behavioral examples were a direct result of the Cherokee mothers' passive forbearance (interaction pattern). Specific example of behaviors to promote harmonious living could be recognized in the seven core categories of the grounded theory model.

Indian behaviors that included indirect communication with others, using "Indian time," respecting individual development, and promoting interdependence are valued in American Indian society. In the Rogers/Nichols' model, the investigator described these behaviors as promoting harmony in the Indian/environment interaction. These behaviors were what originally lead the

investigator to use the Rogers/Nichols model in identifying common concepts to link the core categories.

One of the last refinements of the grounded theory involved separating the concepts that represent how Cherokee mothers use infant caring patterns that are more Cherokee from the concepts that represent how Cherokee mothers integrate infant caring practices from the dominant culture with Cherokee infant caring practices. The conditional determinants of tribal affiliation and family life-style pattern from the Rogers/Nichols' conceptual model provided the investigator with the idea for the two circles and the arrows pointing in the four directions to represent how the Cherokee mothers integrate infant care patterns from the dominant culture. The cultural identity of the Cherokee mother does vary but the essence of being Indian generates the cultural patterns of infant care. Cherokee mothers will select infant care from other societies to promote their infants' well-being. In the grounded theory model the researcher was able to identify how the conditional determinants from the conceptual model relate to the other concepts.

Implications for Nursing Theorizing

This study has added to the knowledge about the social process of how Cherokee mothers care for their infants. The grounded theory of Cherokee infant care provides nurse theorists with knowledge about how Cherokee mothers promote harmony through passive forbearance when providing infant care. In addition, cultural patterns of infant care of Cherokee mothers has been identified.

These two themes are considered to be part of the essence of nursing (Donaldson & Crowley, 1978).

The world view of this model is based upon American Indian philosophy including living in harmony, beliefs about not interfering, and the value system of American Indians. In addition, Rogers' world view of nursing (1980) complements, and supports, partly inspired the theoretical relationships that merged. The focus of this theory is unique in respect to nursing and American Indian philosophy. This theory considers the distinctive world view of Cherokee mothers and how they interact with their environments. Theory about American Indians in general is limited in the literature. This theory offers other nursing theorists an opportunity to examine how Indian concepts inter-relate, focusing on Cherokee mothering. Other nurse theorists, particularly Indian nurse theorists, can use this theory to identify Indian concepts that may add to or be rejected in their own theory development with American Indian populations. This grounded theory of Cherokee infant care can be used to generate new theory development about Indian infant care and possibly have some application for theory development in other Indian health issues.

In relationship to the four proposed meta-paradigms concepts of nursing, Cherokee Indian mothers have views of person, health, environment, and nursing that reflect Rogers (1980) explication of these concepts. The definition of person in the Cherokee infant care theory includes the Cherokee mother as well as other

members of her family. Her boundary of self is more fluid including other members of her family, whereas nursing often focuses on the individual self. The definition of environment for a Cherokee mother is being one with the universe, living in harmony with the world, not interfering with the natural process. Sometimes, nursing theories separate person and environment. The definition of health is a holistic perspective, involving promoting the health of the Cherokee mother's infant. The Cherokee mother selects cultural patterns of care that promote her infant's well-being and integrates infant care from other societies if she views them as health promoting. Finally, the definition for nursing should include the Cherokee mother's perspective of care. Nursing care should be aimed at enhancing the health-promoting care she provides to her infant and respecting the passive forbearance interaction pattern of the mother.

Implications for Nursing Research

This research study focuses on the social process of Cherokee infant care and using Indian concepts to identify the cultural patterns of infant care. The Cherokee infant care theory also provides nurses with concepts that are important to consider when investigating how Cherokee mothers provide care for their infants. This research can be used as an example of the Indian mothering process, not of how Indian mothering translates into dominant culture mothering. Nursing needs to focus on research that capture the Indian essence of health, health behaviors and the cultural meaning of health behaviors. Qualitative research

proved successful for this study in identifying the relationships of cultural Indian beliefs and behaviors with Indian mothering. Until investigations are completed that captures Indian health care from an Indian perspective, a gap in the literature will exist.

Nursing has focused on Indian health issues using research and theory that was developed for the dominant culture population. Research done with Indian populations does not always capture the Indian meaning of health and illness, and health related behaviors. When research is not aimed at capturing the essence of American Indian health beliefs, the research can not be called truly genuine Indian research. Research is needed that focuses how American Indians live in harmony, use passive forbearance as an interaction pattern, and use behaviors that promote living in harmony. Some Indian beliefs could prove useful for other populations, to learn to live in harmony, letting go of control to reduce stress in one's life, and accepting the good and bad as part of the natural rhythm of life.

The investigator attended a qualitative research conference on Indian health issues. The majority of the presentations were done by "white" nurse researchers. Much of the research presented demonstrated how "Indian data" was translated into "white interpretations." Some of the data was extremely "Indian" but the labels given to the concepts did not capture the Indianness of the concept. The researchers used concepts that were not compatible with Indian world view. Research concentrating on concepts with respect to the Indian world view would

provide nursing investigators with authentic Indian studies and prove more beneficial in serving American Indian populations. Non-Indian nurse researchers could use this theory to help them link "Indian data" to "Indian concepts." In addition, after examining the literature in 'mothering,' it was found that most of the research done on mothers was with European-American populations. These concepts about mothering did not capture truly how Indians mother. The investigator recognizes that universals exist among all mothers but there are differences in how they provide mothering care. Research is needed that focuses on Indian mothering using both qualitative and quantitative methodologies.

Implications for Nursing Practice

The goal of this investigation was to develop a theory by identifying the social process of American Indian mothers as they provide care to their infants and to identify cultural patterns of infant care of American Indian mothers. Since this proposed theory is intended to be put into practice to help nurses identify Cherokee infant patterns of care, the theory should contain four properties of application as described by Glaser & Strauss (1967).

The first property states that the theory must be closely related to the daily realities of the substantive area (infant care), deduced from the data obtained. The investigator carefully analyzed the verbalizations of the mothers describing how they care for their infants. The step-by-step abstractions of interviews portray how mothers promote harmony when caring for their infants. Cherokee mothers

try to care for their infants in such a way the rhythm of their infants' lives are enhanced not disrupted. For example, Cherokee mothers selected to redirect their infants when they misbehaved instead of spanking them. They recognized that infants were not developmentally mature to always understand when they did something wrong.

The second property states the theory should be understood by the nurse who will work with Cherokee mothers and their infants and that the theory can be used in everyday practice. This understanding is crucial since it is the nurse who will wish to apply the theory for herself. Having knowledge about Indian infant care can help the nurse identify cultural patterns of care that may be healthy or concerning to the nurse. A Cherokee mother has alternatives in choosing health care for her infant of which a nurse may not be aware. Knowledge about the Cherokee health-care system can enhance the cross-culture nursing care the nurse provides to the Cherokee mother and to the infant.

An infant care theory enables the nurse to assess how a Cherokee mother behaves as she attempts to promote the harmony of care she provides. Infant care is multi-dimensional. Cross-cultural awareness of the different components involved with Indian infant care provides the nurse with knowledge about the following areas: 1) the caretakers for the infant, 2) the discipline practices, 3) the developmental practices, 4) the traditional Indian everyday infant care practices, 5) the traditional practices, 6) the spiritual beliefs, and 7) the different health care

perspectives. The nurse can identify potential health problems more readily and avoid misunderstandings about Indian infant care.

The nurse can assess changes that the Indian mother may make in her caring behaviors if the nurse understands the social process of care and cultural patterns that influence it. A Cherokee mother is tuned into developmental delays in her infant and uses traditional methods to treat the "problem." The nurse knowledgeable about the Cherokee infant caring process may be able to identify whether there is a "problem" or not and help the mother choose the best choice of care for her baby. This knowledge about the Indian infant caring process enables the nurse to assess various aspects of care, how the care is provided, significant caretakers (family) and cultural significance of care.

Lastly, the nurse can gain some understanding about how the Cherokee mother interacts with her infant through passive forbearance. A Cherokee mother respects her infant and limits interfering in the baby's life even at such a young developmental age. A nurse can gain a great deal of insight into the interactions between an Indian mother and her baby. Such understanding of this process can make a nurse culturally competent in taking care of Cherokee mothers and their infants. The biomedical health care system depends upon coercive health care practices, telling a patient how to get better instead of asking the patient how he or she gets better. Understanding the interaction pattern of the Indian mother, a nurse when providing care may be more successful in gaining the voluntary

cooperation of the mother instead of affronting the mother who may consider the nurse offensive.

The third property states that the theory should have application to other populations. Application of this theory to other areas of nursing has possible implications for identifying infant caring processes in other cultures. However, this model of care cannot be generalized to other cultural areas of caring until further investigations have been done.

The last property states that the theory must enable the person who uses it to have enough contact in everyday situations to make its application worth trying. This theory describes the social process of infant care among American Indian mothers. This theory provides the nurse with cross-cultural knowledge about the circles of care a Cherokee mother promotes and the interdependent components involved with each circle, and how the Cherokee mother promotes harmony as she provides care to her infant. By using this knowledge, the nurse can identify care patterns that do not enhance the health of the Indian infant and explore the organization of cultural care that promotes the infant's health. The nurse not knowledgeable about Cherokee mothering may, for example, try to convince a mother to put her infant in a crib at night. The knowledgeable nurse understands that the mother and infant sleep together so the infant feels secure, and would try to enhance this cultural pattern of care by making sure that the mother keeps the infant safe from falling. Knowledge about why one person behaves in a certain

way gives the nurse a greater appreciation for her patients' differences and enables her to provide much more individualized care. The nurse who understands Cherokee infant care enhances the well being of the infant and the mental health of the mother as well.

Limitations and Strengths of the Study

The investigator used Cobb & Hagemaster's (1987) criteria for evaluating and discussing the limitations of this qualitative research study. Qualitative research has its own unique history, philosophical foundations, and methodologies that separate it from the quantitative approach. Different evaluation criteria are needed for qualitative research.

Context. An investigator should show that she has both informal and formal access to a target population as well as requisite skills for operating in a setting. While the researcher for this study had formal (preschool programs) and informal access (Cherokee elders) into the setting, getting formal access to potential informants posed some problems. The investigator talked to formal contacts about the subject criteria. Some of the formal contacts provided the Indian mothers with information about the study but did not introduce the investigator to potential informants. Then, the formal contacts left it up to the mothers to decide if they wanted to participate in the study or not. In Indian society, this is an acceptable way of asking someone to do a task. However, the investigator was not able to recruit the subjects herself, thus limiting her access to

subjects in a formal setting. In the future, the investigator should address this problem with appropriate cultural solutions. Recruiting Indian mothers for the study proved more successful through the informal access process.

Sample. Selection of informants in grounded theory methodology is based on theoretical sampling (Field & Morse, 1985). The investigator used contacts in the community to recruit potential informants for this study. The contacts either made appointments for the researcher to interview the informants or gave the investigator their phone numbers so she could call them herself. While this approach proved successful, one limitation for this study is that some of the informants were selected from a convenience sample instead of by theoretical sampling. The researcher tried to explain to the contacts what kind of informant she needed based upon what the data revealed but the contacts were not always able to comply. The investigator interviewed some informants because they met the subject criteria and were willing to talk to the investigator.

Data collection. One of the important components of data collection is pacing the interviews (Glaser, 1978) so one is not rushed doing the data analysis. The investigator had prearranged interviews made by her contacts. Sometimes more than one interview was scheduled in a day. The researcher was limited in the time available to her to write down field notes and get audio-taped interviews transcribed before the next interview. However, many of the informants lived in the country and drove long distances. The researcher needed to interview them

when the contacts knew they would be available. In the future, the investigator might allow more time in the setting to compensate for availability of the informants.

Trustworthiness and credibility of the data was addressed. While the investigator kept accurate records for her audit trails, one of the greatest limitations of the study was that the researcher was not able to stay in the area for a longer period of time (prolonged engagement) or return to the area easily when the researcher needed. She did not have easy accessibility to verify with her informants about some of the information they provided. Also since the researcher was familiar with the setting and the population, she might have been influenced by her previous visits in the community.

Human subjects. The human rights of the subjects were protected according to the guidelines set by the University of Arizona Human Subjects Committee. Prior to the study, one of the limitations of the study that was recognized but not completely appreciated until the study was in progress was the closeness and familiarity of the Indian community members with each other. Sometimes one informant would ask about another informant who had already been interviewed and the researcher had to be very considerate and respectful about questions to protect everyone's privacy. Extreme efforts were made during data analysis and writing the final report to protect the privacy of each informant.

Recommendations

Nursing care specific to Cherokee infant caring process needs to be addressed and developed. Recommendations for nursing include:

1. Cultural patterns of infant care should be recognized and assessed by professional nurses. The social process of how Cherokee mothers provide care to their infants is different from the process of the dominant culture. Nurses who are aware of the cultural differences are able to provide culturally competent care that promotes the health integrity of the Cherokee mother's infants and increases mutual understanding between the nursing profession and Cherokee mothers.

2. Nursing theorist need to develop Indian theories and concepts that are culturally sensitive to Cherokee mothers' needs, and particularly all Indian health issues, instead of using theories developed for the dominant culture and not appropriate for Indian way of living.

3. Research in nursing needs to focus on how Cherokee mothers and Indians live in harmony, use passive forbearance as an interaction pattern, and how they use health behavior to promote living in harmony. These American Indian concepts would produce authentic Indian results in studies done with this population, thus enhancing their application to Indian populations.

Future Directions

Future studies in the area of Cherokee infant care would strengthen the present theory and would further develop the relationships among the concepts

that emerged from the study even more. Further refinement of the theory would occur as relationships were tested. A recommendation for a future study is the replication of this study with another tribe or "whites" or European-Americans who are assumed to have different infant caring customs. Replication of this study would further clarify and identify similarities and differences in cross cultural infant caring.

A second recommendation for a future study is the examination of what the concept of "balance" means to American Indian mothers. Cherokee mothers used this term in the same way they used the word harmony. The investigator chose not to use the word balance in the presentation of the theory but used the word harmony instead. Balance implies equal weight on both sides but the Cherokee mothers did not "balance" their infant care to be equal. Sometimes they selected more of one kind of care than at other times. Balance from an Indian perspective means more than being equal, it means living in harmony. Exploring this concept might add some insight into Indian health promoting behavior.

Conclusions

The infant caring process among Cherokee mothers is different from the dominant culture of family care predominantly found in the United States. Cherokee mothers provide care that promotes the harmony of their infants' well-being through passive forbearance. They do not provide care that controls their infants' well-being but rather they provide care that enhances their infants' health

through unobtrusive, respectful behaviors like listening, observing, and being an example.

APPENDIX A
HUMAN SUBJECTS DISCLAIMER

Disclaimer

I am being asked to voluntarily participate in a study titled "The Infant Caring Process Among American Indian Mothers". I understand the purpose of this study is to identify and describe how American Indians mothers take care of their infants.

I understand the data will be collected in individual interviews during the next eight weeks. Each interview will last about one hour. The interviews will take place either at the clinic, in my home, or the place of my choice at a time mutually agreed upon. I may be interviewed more than once. The interview may be taped or notes may be taken at the time of the interview.

I understand for my protection and the confidentiality of the information obtained, all forms will be number coded to maintain anonymity. The information obtained is intended for publication, teaching, and dissertation.

I understand there are no known risks involved in this study. I may refuse to answer any question, may ask any question relevant to this study, or may completely withdraw at any time without incurring any ill will. There is no cost for participation in this study. I will receive payment of ten dollars at the end of the interview.

I understand the benefit of my participation will increase nursing's knowledge about how American Indian mothers take care of their babies. This knowledge will assist them in providing culturally relevant care to American Indian mothers and their babies.

I have read the above Disclaimer Form. The nature, demands, risks, and the benefits of the study have been explained.

I will be provided with a summary of the findings upon request.

APPENDIX B
HUMAN SUBJECTS APPROVAL

Human Subject Committee

1690 N. Warren (Bldg. 526B)
Tucson, Arizona 85724
(602) 626-6721 or 626-7575

August 29, 1991

Lee Anne Nichols, M.S.
College of Nursing
Department of Family and Community Health
Arizona Health Sciences Center

RE: The Infant Caring Process Among American Indian Mothers

Dear Ms. Nichols:

We received your above referenced project. Regulations published by the U.S. Department of Health and Human Services [45 CFR Part 46.101(b)(3)] exempt this type of research from review by our Committee.

Consult your department chairman for approval, the requirement of a subjects' consent form and any other departmental guidelines.

Thank you for informing us of your work. If you have any questions concerning the above, please contact this office.

Sincerely yours,

William F. Denny, M.D.
Chairman,
Human Subjects Committee

WFD:sj

cc: Departmental/College Review Committee

College of Nursing

Tucson, Arizona 85721
(602) 626-6154

MEMORANDUM

TO: Lee Anne Nichols, M.S.
2000 E. River Road, B-1
Tucson, AZ 85718

FROM: Leanna Crosby, D.N.Sc., R.N., Director of Intramural Research *LC*

DATE: September 3, 1991

SUBJECT: Human Subjects Review: "The Infant Caring Process Among American Indian Mothers"

Your research project has been reviewed and approved by William Denny, M.D., Chairman of the University of Arizona Human Subjects Committee, and deemed to be exempt from review by their full committee. You will be receiving a confirmation letter from Dr. Denny. In addition, your project has been reviewed and approved as exempt by the College of Nursing Human Subjects Review Committee. A disclaimer may be used versus a signed consent form. Please be certain that the subjects read the disclaimer prior to giving their oral consent to the research.

We wish you a valuable and stimulating experience with your research.

LC/ms

APPENDIX C
LETTERS OF SUPPORT

CHEROKEE NATION

P.O. Box 948 • Tahlequah, Okla. 74465 • (918) 456-0671

Wilma P. Mankiller
Principal Chief

John A. Ketcher
Deputy Chief

April 22, 1991

Lee Anne Nichols
Doctoral Candidate
College of Nursing
University of Arizona

Dear Ms. Nichols:

The Cherokee Nation of Oklahoma will be happy to welcome you to Tahlequah. Knowing that the future of any community lies in its children, I believe that your proposed research about the care of infants provided by American Indian mothers promises significant information for our people. I would be interested in reading a copy of your study when it is completed.

Please contact my office if we can assist you during your stay in Oklahoma.

Best wishes for continued success in your research endeavors.

Sincerely,

A handwritten signature in dark ink, appearing to read "Wilma P. Mankiller".

Wilma P. Mankiller
Principal Chief

CHEROKEE NATION

P.O. Box 948 • Tahlequah, Okla. 74465 • (918) 456-0671

Wilma P. Mankiller
Principal Chief

John A. Ketcher
Deputy Chief

April 22, 1991

Ms. Lee Anne Nichols
2000 E. River Rd., B-1
Tucson, AZ 85718

Dear Ms. Nichols:

After visiting with you about your study titled, "The Infant Caring Process Among American Indian Mothers," the Head Start staff and I are eager to participate. The study should be educational and worthwhile in future program training plans.

We look forward to your visit back to Tahlequah. In the meantime, parents are being identified who qualify for your study.

Sincerely

Verna Thompson, Director
CHEROKEE NATION HEAD START

VT:vo

Cookson Hills Center

P. O. BOX 130
COOKSON, OKLAHOMA 74427

UNITED METHODIST MISSION

295
TELEPHONE
918.457.8181

May 2, 1991

Lee Anne Nichols
Doctoral Student
College of Nursing
University of Arizona
Tucson, Arizona 85718

Dear Ms. Nichols:

My work brings me in contact with American Indian people of all ages. I see a real need for research such as yours. I will be glad to support your work in whatever ways I can while you are in Oklahoma. Please get in touch with me when you arrive. I look forward to meeting you.

Sincerely yours,

Rev. Meridith K. Whitaker

MW/jb

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES

914 South College
Tahlequah, Oklahoma 74464-4746
April 03, 1991

Lee Anne Nichols
Doctoral Student
College of Nursing
University of Arizona
200C E. River Rd., B-1
Tucson, AZ 85718

Dear Ms. Nichols:

I heartily endorse your study, "The Infant Caring Process Among American Indian Mothers". It is a meaningful subject for northeastern Oklahoma.

Please let me know if I can be of help to you in your study.

Sincerely,

A handwritten signature in cursive script that reads "Lola Ritter".

Lola Ritter, Administrator
Cherokee County

LR/pf

Cherokee County Health Department

912 SOUTH COLLEGE
TAHLEQUAH, OKLAHOMA 74464

NURSING - ELDERCARE
ENVIRONMENTAL HEALTH
FAMILY PLANNING - HOME CARE
456-8826

GUIDANCE CENTER
456-8826

April 1, 1991

Lee Anne Nichols
Doctoral Student
College of Nursing
University of Arizona
2000 E. River Rd., B-1
Tucson, AZ 85718

Dear Ms. Nichols:

I am writing in reference to your study, "The Infant Caring Process Among American Indian Mothers". As a Child Development Specialist with the Oklahoma State Department of Health, it is my responsibility to foster parent education services to all parents of young children so the subject of your study is one that I support and encourage.

I will be available to introduce you to appropriate people who might help with your study, and will be glad to assist you with recruitment issues. Your study addresses a matter of significance to the Indian people of Oklahoma.

Sincerely Yours,

Mary Lou Purdy, M.S.
Senior Child Development Specialist

CITY OF TAHLEQUAH

111 South Cherokee
Tahlequah, Oklahoma 74464

Phone: (918) 456-0651

April 8, 1991

Lee Anne Nichols
Doctoral Student
College of Nursing
University of Arizona
Tucson, AZ 85718

Dear Ms. Nichols:

Let me welcome you in advance to the City of Tahlequah for your research with American Indian mothers. It is appropriate that you have chosen this area, and the implications of your work are significant to us in Oklahoma.

Please let me know how I can be of help during your visit in Tahlequah. I will be pleased to refer you to people of my acquaintance who are suitable for your study. Until then, best wishes with your work.

Sincerely Yours,

Sally Ross, Mayor
City of Tahlequah

SR:jlj

BOB ED CULVER
State Representative

328 State Capitol Building
Oklahoma City, OK 73105
(405) 521-2711

Home:
610 W. Delaware
Tahlequah, OK 74464
(918) 456-8100

House of Representatives

STATE OF OKLAHOMA

DISTRICT 4

COMMITTEES:
Vice Chairman
Public Safety and Corrections

MEMBER:
Education
Human Services
Tourism and Recreation

April 8, 1991

Ms. Lee Anne Nichols
Doctoral Student
College of Nursing
University of Arizona
Tucson, AZ 85721

Dear Ms. Nichols:

I have been informed of your doctoral study about the care of American Indian infants. I believe it can provide valuable information for the people of Oklahoma.

Please let me know if I can assist you while you are in Oklahoma. I hope your stay is pleasant and your research progresses successfully.

Sincerely,

A handwritten signature in black ink, appearing to read "Bob Ed Culver".

BOB ED CULVER

BEC/pdm

278 Hickory Dr.
Tahlequah, OK 74464
April 3, 1991

Chairperson, Research Committee
American Nurses Foundation, Inc.
1101 14th Street, N. W., Suite 200
Washington, D. C. 20005

Dear Chairperson:

I am writing in support of Lee Anne Nichols' application for an American Nurses Foundation Research Award and to indicate my willingness to help her to find informants for her study. I have lived in Tahlequah, Oklahoma, most of my life and am familiar with the area. I have already recruited several persons for Ms. Nichols to interview. Also I have been able to introduce her to people in Cherokee County that will be able to help in recruiting subjects for her study. I will be available to Ms. Nichols during her stay in Oklahoma.

Sincerely yours,

Marilyn Nichols
Marilyn Nichols

APPENDIX D
INITIAL DEVELOPMENT OF CATEGORIES

Table D1. Arrangement of Initial Categories from
Interviews A, B, C by Major Categories

Accommodating Traditional Indian and Dominant Society Everyday Infant Care

*Avoiding Bad/Forbidden Foods
 Bathing Rituals
 *Clothing Changes
 Describing Infant's Skills
 Feeding by Bottle
 Making Sleeping Arrangements
 Mother's Time
 Observing Bedtime Routines
 Observing Eating Patterns
 Placing or Not Placing the Infant on a Schedule
 *Serving Foods to Infant
 Taking Part in Play Activities
 Teething Discomforts

Encouraging and Being Concerned About Developmental Tasks

Having Developmental Concerns
 Observing Developmental Gains

Encouraging Infant Exploration

Providing a Safe Environment for Infant
 Providing Opportunities to Explore

Fostering Religious Beliefs

Table D1—*Continued*Including Family Members in the Care of the Infant

- Being Together as a Family
- Describing Which Infant is Being Spoiled
- *Getting to Know Family
- Having Family Members that Participate in Family Activities Involving Extended Family
- *Learning Child Rearing
- Listening to Grandma's Advice on Childrearing
- Seeking Family Advice
- *Staying With Extended Family

Identifying Special Attributes of the Infant

- *A "Meddler"
- *Appears to "Know Everything"
- *Curious
- *Eager
- *Humor
- Independent

Providing Care During an Illness

- Ear Infections
- Feeling Worried
- Identifying Need of Infant to Be Held During an Illness
- Looking for Signs of an Illness
- Making Decision About Health Care
- Perceiving Infant "Never Sick"
- Using "White" Medicine

Reflecting on the Meaning of the Mother-Infant Relationship

- Admiring Children
- Appreciating the Significance of Having Children
- Describing Infant as a Mama's Boy
- Feeling Affectionate Towards Children
- *Fitting in With Her Life
- Recognizing How Infant Will Go To Her Only

Table D1—*Continued*Selecting Suitable Caretakers

Aunt
 Day Care
 Grandmother
 Having Multiple Caretakers
 Never Leaving the Infant with Others
 Observing Father's Interactions with the Infant

Socializing the Infant

Including the Infant in Activities
 Interacting Verbally with the Infant

Speaking Cherokee

Having Grandparents Teach Cherokee Language
 Losing and Learning the Cherokee Language
 Teaching Methods

Teaching the Infant About Indian Traditions

*Being Aware of Cultural Differences
 Being Away from Indian Traditions
 *Describing Indian Influences
 Identifying with Indian Tribe
 Living the Indian Way

Teaching the Infant by Example

*Aspiring to Teach Infant Things
 Getting to Show Infant Things
 *Imitating the Infant
 *Reassuring the Infant
 *Reinforcing Teaching

Table D1—*Continued*Using Non-Coercive Discipline Techniques

Being Lenient
 *Delegating Tasks
 Distracting Infant away From Objects\Situations
 *Enforcing Behavior with Phrase "Good Girl"
 Expecting Good Behavior
 *"Giving In" Instead of Punishing Infant
 *Indulging Infant's Behavior
 Removing Infant and/or Objects
 Requesting Infant to Stop Behavior
 *Restricting Infant's Activities
 Setting Limits With Infant
 Spanking Infant
 *Speaking with Authority
 Talking to Infant to Encourage Good Behavior
 Teaching Infant to Be Polite
 *Using Physical Punishment
 Using Tone of Voice

*Categories that emerged from only these interviews.

Table D2. Arrangement of Initial Categories From
Interviews D, E, F, G By Themes

Accommodating Traditional Indian and Dominant Society Everyday Infant Care

- *Assessing a Crying Baby
- *Diapering
- *Having A New Baby
- Observing Bedtime Routines
- Observing Eating Patterns
- *Observing Infants Play Together
- Taking Part in Play Activities

Encouraging and Being Concerned about Developmental Tasks

- *Being Aware of Infant's Attention Span
- *Being Optimistic About Potential Growth and Development
- Having Developmental Concerns
- Observing Developmental Gains
- *Observing Physical Growth and Development
- *Reading to Infant
- *Using Home Remedies to Enhance Development

Encouraging Infant Exploration

- *Assessing Infant's Behavior to Assure Safety In the Environment
- Providing a Safe Environment for Infant
- *Providing Infant with Opportunities to Explore that Provide Infant With Satisfaction
- *Providing Infant with Opportunities to Explore Using Tactile and Visual Stimulation
- Providing Opportunities to Explore

Fostering Religious Beliefs

- *Attending the Stomp Dance

Table D2—*Continued*Identifying Special Attributes of the Infant

- *Bright
- *Cute
- Independent
- *Intelligent
- *Learns Fast
- *Remembers Real Well

Including Family Members in the Care of the Infant

- *Encouraging Infant's Special Relationships With Family Member
- *Encouraging Siblings to Provide Care for Infant
- Involving Extended Family
- *Not Having Grandparents Available to Teach Indian Heritage
- *Not Using Siblings As Babysitters
- *Teaching Children to Honor Elders
- *Teaching Older Children to be Self Sufficient

Miscellaneous

- *Being a Mother
- *Being a Relaxed Parent
- *Being an Insecure Parent
- *Being There for Her Infant
- *Encouraging Infant to Comfort His/Herself
- *Holding Infant Frequently
- *Identifying Differences in Parenting Between Mother and Father
- *Identifying Parental Strengths
- *Living Close as a Family
- *Passing Clan Membership onto the Infant
- *Parenting Different With Each Infant

Table D2—*Continued*Providing Care During an Illness

- *Asthma
- *Colic
- *Diarrhea
- Feeling Worried
- *Formula Difficulties
- *Having a Healthy Baby
- *Identifying Need of Infant Be Held
- Looking for Signs of an Illness
- *Observing the Secrecy Used with Indian Medicine
- Perceiving Infant as "Never Sick"
- *Spitting

Reflecting on the Meaning of the Mother-Infant Relationship

- Appreciating the Significance of Having Children
- Feeling Affectionate Towards Children
- *Having an Affectionate Family
- *Identify Important Issues in a Family
- *Wanting to Keep Infant Happy

Selecting Health Care for the Infant

- Making Decisions About Health Care
- Seeking Family Advice Concerning Illness\Health
- Treating Minor Illnesses
- *Using Indian Home Remedies
- *Using Traditional Medicine
- Using "White" Medicine

Table D2—*Continued*Selecting Suitable Caretakers

- *Baby-sitter
- *Brother-in-Law
- Grandmother
- *Grandparents
- *Having Exceptions to Leaving Infant with Someone Else
- *Indian Good Friend
- Never Leaving the Infant with Others
- *Planning/Evaluating Adjustments of Infant to Environment With Temporary Caretaker/Relative
- *Sister

Socializing the Infant

Including the Infant in Activities

Speaking Cherokee

- *Feeling Indian Language Not Important
- Having Grandparents Teach Cherokee Language
- Losing and Learning the Cherokee Language
- *Speaking Cherokee to Infant

Teaching the Infant about Indian Traditions

- *Assessing Infant's Response to Indian Environment
- Being Away from Indian Traditions
- *"Being Indian"
- *Describing the "Little People"
- *Exposing Infant to Indian Traditions
- *Having No Role Model to Learn Indian Heritage/Language
- Identifying with Indian Tribe
- *Including Infant in Dances According to Developmental Age
- Living the Indian Way
- *Making a Shawl
- *Naming the Infant
- *Not Having Indian Relatives Available to Teach Indian Heritage
- *Telling Indian Stories

Table D2—*Continued*Teaching the Infant by Example

- *Teaching Infant New Words
- *Making Opportunities to Teach Infant
- *Providing Infant Opportunity to Learn About Objects/Self in Environment
- *Reading to Infant

Using Non-Coercive Discipline Techniques

- *Believing Children Are Not Bad
 - Distracting Infant Away From Objects/Situations
 - Expecting Good Behavior
 - *Having a Good Baby
 - *Not Using Physical Punishment
 - Removing Infant and/or Objects
 - Setting Limits With Infant
 - Spanking Infant
 - Talking to Infant to Encourage Good Behavior
 - *Teaching Infant to Obey
 - *Teaching "No" to Infant
-

*New categories that emerged from these interviews.

Table D3. Arrangement Of Initial Categories From
Interviews H, I, J, K By Major Categories

Accommodating Traditional Indian and Dominant Society Everyday Infant Care

Assessing a Cry Baby
 Bathing Rituals
 Diapering
 Feeding by Bottle
 *Feeding by Breast
 Observing Eating Patterns
 *Observing Sleeping Patterns
 Placing or Not Placing Infant on a Schedule
 Sleeping Arrangements
 Taking Part in Play Activities
 Teething Discomforts

Encouraging and Being Concerned about Developmental Tasks

Having Developmental Concerns
 Observing Developmental Gains
 Observing Physical Growth and Development

Encouraging Infant Exploration

Assessing Infant's Behavior to Assure Safety In the Environment
 Providing a Safe Environment for Infant
 Providing Opportunities to Explore

Fostering Religious Beliefs

Attending the Stomp Dance

Table D3—*Continued*Identifying Special Attributes of the Infant

- *Energetic
- *Handful
- *No Eye Contact
- *Quiet Infant
- *Sassy
- *Smiling

Including Family Members in the Care of the Infant

- Being Together as a Family
- *Describing the Conditions for Spoiling
- Describing Which Infant is Being Spoiled of the Infant
- *Discipline of Infant or Child is Seldom Done While in Grandparents' Care
- Encouraging Infant's Special Relationships With Family Member
- *Encouraging Siblings to Play With Infant
- Encouraging Siblings to Provide Care for Infant
- *Having Grandparents Available to Teach Indian Heritage
- *Having Grandparents Teach Children Useful Activities
- Involving Extended Family
- *Letting Grandparents Serve/Assume Parent Role
- *Letting Infant or Child Live with Grandparents
- Listening to Grandma's Advice on Child Rearing
- *Not Having Family Available To Provide Care
- *Raising Extended Families Together
- *Setting Limits With Sibling in Care of Infant
- Teaching Children to Honor Elders

Table D3—*Continued*Miscellaneous

- *Being a Parent Can Be Challenging
- *Being A Protective Parent
 - Being an Insecure Parent
- *Being Married
 - Being There for Her Infant
- *Division of Parents' Family Responsibilities
 - Encouraging Infant to Comfort His/Herself
- *Having Relative/Caretaker Assumes Household Responsibility While Mother Works
 - Holding Infant is Frequently
 - Identifying Differences in Parenting Between Mother and Father
 - Passing Clan Membership onto the Infant
- *Providing Income/Home and Partaking Less in Daily Care
- *Starting Over With New Infant
- *Staying Home With Infant

Providing Care During an Illness

- Asthma
- *Believing in Traditional Medicine
 - Feeling Worried
- *Identifying Advantages of "White" Medicine
- *Identifying Disadvantages of "White" Medicine
 - Identifying Need of Infant to Be
- *Immunizations
- *Knowing a Person Who Knows How to Use Indian Home Remedies
- *Limiting the Use of Indian Medicine
 - Looking for Signs of an Illness
 - Observing the Secrecy Used with Indian Medicine
 - Perceiving Infant as "Never Sick"
- *Step Throat
- *Whooping Cough

Reflecting on the Meaning of the Mother-Infant Relationship

- Feeling Affectionate Towards Children

Table D3—*Continued*Selecting Health Care for the Infant

Making Decisions About Health Care
 Seeking Family Advice Concerning Illness\Health
 Treating Minor Illnesses
 Using Indian Home Remedies
 Using Traditional Medicine
 Using "White" Medicine

Selecting Suitable Caretakers

Aunt
 Day Care
 *Having Caretaker Who Provides Care For Any Number of Children
 *Indian Woman Caretaker
 Never Leaving the Infant with Others
 Observing Father's Interactions With Infant
 Planning\Evaluating Adjustments of Infant to Environment With Temporary
 Caretaker\Relative
 Sister

Socializing the Infant

Including the Infant in Activities
 Interacting Verbally with the Infant

Speaking Cherokee

*Feeling Cherokee Language Important
 Having Grandparents Teach Cherokee Language
 *Living in a Bilingual Family
 Losing and Learning the Cherokee Language
 Speaking Cherokee to Infant
 Teaching Methods

Table D3—*Continued*Teaching the Infant about Indian Traditions

Being Away from Indian Traditions

"Being Indian"

*Feeling Indian Traditions Unimportant

Having No Role Model to Learn Indian Heritage/Language

Identifying with Indian Tribe

Living the Indian Way

Making a Shawl

Naming the Infant

Telling Indian Stories

*Wearing a Tear Dress

Teaching the Infant by Example

Being Optimistic About Potential Abilities To Learn

Making Opportunities to Teach Infant

Providing Infant Opportunity to Learn About Objects/Self in Environment

Reading to Infant

*Using Different Tools For Teaching

Using Non-Coercive Discipline Techniques

Expecting Good Behavior

Having a Good Baby

*Ignoring Infant's Misbehavior

Removing Infant and/or Objects

Spanking Infant

Talking to Infant to Encourage Good Behavior

*New categories that emerged from these interviews.

Table D4. Arrangement Of Initial Categories From
Interviews L, M, N, O By Themes

Accommodating Traditional Indian and Dominant Society Everyday Infant Care

Assessing a Crying Baby
Describing Infant's Skills
Feeding by Bottle
Making Sleeping Arrangements
Observing Eating Patterns
Observing Sleeping Patterns
Placing or Not Placing Infant on a Schedule
Taking Part in Play Activities
Teething Discomforts

Encouraging and Being Concerned about Developmental Tasks

Observing Developmental Gains
Observing Physical Growth and Development

Encouraging Infant Exploration

Providing a Safe Environment for Infant
Providing Infant with Opportunities to Explore Using Tactile and Visual Stimulation
Providing Opportunities to Explore

Fostering Religious Beliefs

Attending the Stomp Dance

Identifying Special Attributes of the Infant

Cute
*Jealous
Quiet

Table D4—*Continued*Including Family Members in the Care of the Infant

Describing Conditions for Spoiling
 Describing Which Infant is Being Spoiled
 Encouraging Siblings to Play With Infant
 Encouraging Siblings to Provide Care for Infant
 Having Family Members that Participate in Family Activities
 *Identifying Problems in Relationship With Father
 Involving Extended Family
 *Letting Infant or Child Be Raised By Grandparents
 Letting Infant or Child Live With Grandparents
 Raising Extended Families Together

Miscellaneous

Being Married
 Being There for Her Infant
 *Having Children at Home Difficult Sometimes
 Living Close as a Family
 Holding Infant Frequently
 *Having Difficulty Remembering Newborn Days
 *Noting Differences in Mother's Childhood Discipline and How She Disciplines her Children
 Staying Home With Infant
 *Not Having Any Favorite Children

Providing Care During an Illness

Asthma
 Having a Healthy Baby
 Immunizations
 Knowing a Person Who Knows How to Use Indian Home Remedies
 Looking for Signs of an Illness
 Observing the Secrecy Used with Indian Medicine
 Perceiving Infant as "Never Sick"
 Spitting

Table D4—*Continued*Reflecting on the Meaning of the Mother-Infant Relationship

Admiring Children
 Wanting to Keep Infant Happy

Selecting Health Care for the Infant

Making Decisions About Health Care
 Seeking Family Advice Concerning Illness\Health
 Treating Minor Illnesses
 Using Indian Home Remedies
 Using Traditional Medicine
 Using "White" Medicine

Selecting Suitable Caretakers

Aunt
 *Brother
 Day Care
 *Grandfather
 Grandmother
 Having Exceptions to Leaving Infant with Someone Else
 Having Multiple Caretakers
 Never Leaving the Infant with Others
 Observing Father's Interactions With Infant
 Planning\Evaluating Adjustments of Infant to Environment With Temporary
 Caretaker\Relative
 Sister

Socializing the Infant

Interacting Verbally with the Infant

Speaking Cherokee

Feeling Cherokee Language Important
 Having Grandparents Teach Cherokee Language
 Losing and Learning the Cherokee Language
 Speaking Cherokee to Infant

Table D4—*Continued*Teaching the Infant about Indian Traditions

Assessing Infant's Response to Indian Environment
 "Being Indian"
 Feeling Indian Traditions Unimportant
 Identifying with Indian Tribe
 Naming the Infant

Teaching the Infant by Example

Providing Infant Opportunity to Learn About Objects/Self in Environment
 Reading to Infant

Using Non-Coercive Discipline Techniques

Being Lenient
 Expecting Good Behavior
 *Explaining Changes in Infant's Behavior
 *Getting Disobedient Children to Mind
 Having a Good Baby
 *Observing Misbehaving Children
 *Raising Voice in Anger
 *Raising Voice in Verbal Threats
 Removing Infant and/or Objects
 Requesting Infant to Stop Behavior
 Spanking Infant
 Talking to Infant to Encourage Good Behavior
 Teaching Infant to Be Polite
 Teaching "No" to Infant
 *Telling Infant and Children to Stop Interrupting
 Using Tone of Voice

*New categories that emerged from these interviews.

Table D5. Arrangement Of Initial Categories From
Interviews P, Q, R, S By Major Categories

Accommodating Traditional Indian and Dominant Society Everyday Infant Care

Assessing a Crying Baby
 *Calming Infant
 Feeding by Bottle
 Feeding by Breast
 Having a New Baby
 *Identifying Infant's Need to Sleep with Someone
 Making Sleeping Arrangements
 Observing Bedtime Routine
 Observing Eating Patterns
 Observing Sleeping Patterns
 Placing or Not Placing Infant on a Schedule
 Taking Part in Play Activities
 Teething Discomforts
 Using Time When Not Caring for Infant

Encouraging and Being Concerned About Developmental Tasks

*Assessing Infant's Likeness to the Other Children in Development Gains
 *Doing Activities Together that Encourage Opportunity for Development
 Encouraging Gains in Development
 *Getting Family to Work Hard At Improving Infant's Progress
 Having Developmental Concerns
 *Involving Family to Work On Infant's Development
 Observing Developmental Gains
 Observing Physical Growth and Development
 *Resetting the Developmental Milestones for Her Infant
 *Seeking Professional Verification on Infant's Development
 *Using Devices to Encourage Developmental
 Using Home Remedies To Enhance Development

Encouraging Infant Exploration

Assessing Infant's Behavior to Safety in the Environment
 Providing a Safe Environment for the Infant

Table D5—*Continued*Fostering Religious Beliefs

Attending the Stomp Dance

Identifying Special Attributes of the Infant

*Has a Temper

*"I'm Here" (Baby yells)

Intelligent

Jealous

*Looks Like Infant Understands

Quiet Infant

*"Wildcat"

Including Family Members in the Care of the Infant

Describing Conditions for Spoiling

Describing Which Infant is Being Spoiled

Encouraging Siblings to Play With Infant

Encouraging Siblings to Provide Care for Infant

*Having Infant or Child Visit Grandparents for Extended Time

Involving Extended Family

Listening to Grandmother's Advice on Childrearing

*Living Long Distance Away From Family Affects How Mother Provides Care to
Family Members

Not Having Family Available to Provide Care for Infant

*Not Having Family Involved With Infant

Raising Extended Family Together

*Seeking Family Advice

Setting Limits on Siblings' Interactions With Infant

Table D5—*Continued*Miscellaneous

Being A Protective Parent
 Being Married
 Being There For My Infant
 *Comforting Infant When Distraught
 *Creating Equal Time for Children
 Encouraging Infant to Comfort His/Herself
 *Following Their Own Parenting Ideas.
 Holding Infant Frequently
 Identifying Differences in Parenting Between Mother and Father
 *Identifying Her Baby Needs by Comparing to Her Own Needs
 Living Close as a Family
 *Not Having Any Favorite Children
 Parenting Different With Each Infant

Providing Care During an Illness

*Air Makes Infants Sick
 *Allergies
 Ear Infections
 *Feeling Cable of Caring for Infant After His Illness
 *Feeling Concerned for Her Infant's Well Being
 *Feeling Relieved Infant Doing Better After Illness
 *Feeling Uncomfortable About Seeing Infant in Discomfort
 Feeling Worried
 Having a Healthy Baby
 Identifying Disadvantages to Medical Care
 Identifying Need of Infant Wanting to Be Held During an Illness
 *Illness at Birth
 Immunizations
 Looking for Signs of an Illness
 *Nightmares
 Observing the Secrecy Used with Traditional Medicine
 Perceiving Infant as "Never Sick"

Table D5—*Continued*Reflecting on the Meaning of the Mother-Infant Relationship

- Admiring Children
- *Being A Good Mother
- Describing Infant as a Mama's Boy
- *Happy Being a Mother
- *Knowing Motherhood Important No Matter What Age
- *Letting Infant Know We Love Him
- *Reflecting on Whether Infant is Like Her
- *Wishing Infant Could Stay Little

Selecting Health Care for the Infant

- Making Decisions About Health Care
- Seeking Family Advice Concerning Illness\Health
- Treating Minor Illnesses
- Using Indian Home Remedies
- Using Traditional Medicine
- Using "White" Medicine

Selecting Suitable Caretakers

- Grandmother
- Never Leaving the Infant With Others
- Observing Father's Interaction with the Infant
- Planning/Evaluating Adjustments of Baby to Environment with Babysitter
- Sister

Speaking Cherokee

- Having Grandparents Teach Cherokee Language
- Learning and Losing the Cherokee Language
- Speaking Cherokee to the Infant

Table D5—*Continued*Teaching the Infant about Indian Traditions

Assessing Infant's Response to Indian Environment
 Being Away From Indian Traditions
 "Being Indian"
 *Going to the Pow-Wow
 Having No Role Model to Learn Heritage/Language
 Identifying With Indian Tribe
 Including Baby in Dances According to Developmental Age
 Naming the Infant

Teaching the Infant by Example

Getting to Show Infant Things
 Making Opportunities to Teach Infant
 Reading to the Infant
 *Teaching Infant New Things Should Be Stimulating

Using Non-Coercive Discipline Techniques

*Delivering Safe/Thoughtful Discipline
 *Disciplining Other Family Members' Children
 *Dismissing Infant's Misbehavior
 Distracting Infant Away From Objects/Situations
 Expecting Good Behavior
 Explaining Changes in Infant's Behavior
 Having a Good Baby
 *Not Caring About Their Children
 *Part of Caring is Disciplining Infant
 *Providing Examples of Misdeeds Done by Other Children
 Requesting Infant to Stop Behavior
 Setting Limits With Infant
 Talking to Infant to Encourage Good Behavior
 Teaching "No" to Infant
 Using Tone of Voice

*New categories that emerged from these interviews.

APPENDIX E
INITIAL MAJOR CATEGORIES AND SUB-CATEGORIES

Table E1. Accommodating Traditional Indian And
Dominant Society Everyday Infant Care

Assessing a Crying Baby
Avoiding Bad/Forbidden Foods
Bathing Rituals
Calming Infant
Clothing Changes
Diapering
Feeding by Bottle
Feeding by Breast
Having A New Baby
Identifying Infant's Need to Sleep with Someone
Making Sleeping Arrangements
Observing Bedtime Routines
Observing Eating Patterns
Observing Infants Playing Together
Observing Sleeping Patterns
Placing or Not Placing the Infant on a Schedule
Serving Foods to Infant
Taking Part in Play Activities
Teething Discomforts
Using Time When Not Caring for Infant

Table E2. Encouraging And Being Concerned About
Developmental Tasks

Assessing Infant's Likeness to the Other Children in Development Gains
 Being Aware of Infant's Attention Span
 Being Optimistic About Infant's Potential Growth and Development
 Doing Activities Together that Encourages Opportunity for Development
 Encouraging Gains in Development
 Getting Family to Work Hard At Improving Infant's Progress
 Having Developmental Concerns
 Involving Family to Work On Infant's Development
 Observing Developmental Gains
 Observing Physical Growth and Development
 Resetting the Developmental Milestones for Her Infant
 Seeking Professional Verification on Infant's Development
 Using Devices to Encourage Development
 Using Home Remedies to Enhance Development

TABLE E3. Encouraging Infant Exploration

Assessing Infant's Behavior to Assure Safety In the Environment
 Providing a Safe Environment for Infant
 Providing Infant with Opportunities to Explore that Provides Infant with Satisfaction
 Providing Infant with Opportunities to Explore Using Tactile and Visual Stimulation
 Providing Opportunities to Explore

Table E4. Fostering Religious Beliefs

Attending the Stomp Dance

Table E5. Identifying Special Attributes Of The Infant

A "Meddler"
Appears to "Know Everything"
Bright
Curious
Cute
Eager
Energetic
Handful
Has a Temper
Humor
"I'm Here" (Baby yells)
Independent
Intelligent
Jealous
Learns Fast
Looks Like Infant Understands
No Eye Contact
Quiet
Remembers Real Well
Sassy
Smiling
"Wildcat"

Table E6. Including Family Members In The Care Of The
Infant

Being Together as a Family
 Describing the Conditions for Spoiling
 Describing Which Infant is Being Spoiled
 Disciplining of Infant or Child is Seldom Done While in Grandparents' Care
 Encouraging Infant's Special Relationships With Family Member
 Encouraging Siblings to Play With Infant
 Encouraging Siblings to Provide Care for Infant
 Family Advising on Child Rearing
 Getting to Know Family
 Having Grandparents Available to Teach Indian Heritage
 Having Grandparents Teach Children Useful Activities
 Having Infant or Child Visit Grandparents for Extended Time
 Identifying Problems in Relationship With Father
 Involving Extended Family
 Learning Child Rearing
 Letting Grandparents Serve/Assume Parent Role
 Letting Infant or Child Be Raised By Grandparents
 Letting Infant or Child Live with Grandparents
 Listening to Grandma's Advice on Childrearing
 Living Long Distance Away From Family Affects How Mother Provides Care to
 Family Members
 Not Having Family Available To Provide Care
 Not Having Family Involved With Infant
 Not Using Siblings As Babysitters
 Participating Family Members
 Raising Extended Families Together
 Seeking Family Advice
 Setting Limits With Sibling in Care of Infant
 Staying with Extended Family
 Teaching Children to Honor Their Elders

Table E7. Providing Care During An Illness

Air Makes Infants Sick
Allergies
Asthma
Believing in Traditional Medicine
Colic
Diarrhea
Ear Infections
Feeling Cable of Caring for Infant After His Illness
Feeling Concerned for Her Infant's Well Being
Feeling Relieved Infant Doing Better After Illness
Feeling Uncomfortable About Seeing Infant in Discomfort
Feeling Worried
Formula Difficulties
Having a Healthy Baby
Identifying Disadvantages to "White" Medicine
Identifying the Advantages of "White" Medicine
Identifying the Need of Infant to Be
Illness at Birth
Immunizations
Limiting Use of Indian Medicine
Nightmares
Observing the Secrecy Used with Indian Medicine
Perceiving Infant as "Never Sick"
Spitting Problems
Strep Throat
Whooping Cough

Table E8. Reflecting On The Meaning Of The Mother-Infant Relationship

Admiring Children
Appreciating the Significance of Having Children
Being A Good Mother
Being a Happy Mother
Describing Infant as a Mama's Boy
Feeling Affectionate Towards Children
Fitting Infant into Her Life
Having an Affectionate Family
Identify Important Issues in a Family
Knowing Motherhood Important No Matter What Age
Letting Infant Know We Love Him
Recognizing How Infant Will Come To Her Only
Reflecting on Whether Infant is Like Her
Wanting to Keep Infant Happy
Wishing Infant Could Stay Little

Table E9. Selecting Health Care For The Infant

Keeping Indian Medicine Secret
Knowing Person Who Knows How to Indian Home Remedies
Looking for Signs of an Illness
Making Decisions About Health Care
Seeking Family Advice Concerning Illness\Health
Treating Minor Illnesses
Using Indian Home Remedies
Using Traditional Medicine
Using "White" Medicine

Table E10. Selecting Suitable Caretakers

Aunt
 Baby-sitter
 Brother
 Brother-in-Law
 Having Caretaker Who Provides Care For Any Number of Children
 Day Care
 Having Exceptions to Leaving Infant with Someone Else
 Having Multiple Caretakers
 Grandfather
 Grandmother
 Grandparents
 Indian Good Friend
 Indian Woman Caretaker
 Never Leaving the Infant with Others
 Observing Father's Interaction with the Infant
 Planning\Evaluating Adjustments of Infant to Environment With Tmporary
 Caretaker\Relative
 Sister

Table E11. Socializing The Infant

Including the Infant in Activities
Interacting Verbally with the Infant

Table E12. Speaking Cherokee

Living in a Bilingual Family
Having Grandparents Teach Cherokee Language
Identifying the Importance of Cherokee Language
Feeling Indian Language Not Important
Losing and Learning the Cherokee Language
Speaking Cherokee to Infant
Speaking the Cherokee Language
Teaching Methods

Table E13. Teaching The Infant About Indian Traditions

Assessing Infant's Response to Indian Environment
Being Aware of Cultural Differences
Being Away from Indian Traditions
"Being Indian"
Describing Indian Influences
Describing the "Little People"
Exposing Infant to Indian Traditions
Feeling Indian Language Unimportant
Feeling Indian Traditions Unimportant
Going to the Pow-Wow
Having No Role Model to Learn Indian Heritage/Language
Identifying with Indian Tribe
Including Infant in Dances According to Developmental Age
Living the Indian Way
Making a Shawl
Naming the Infant
Not Having Grandparents Available to Teach Indian Heritage
Not Having Indian Relatives Available to Teach Indian Heritage Teaching Children to Honor Elders
Telling Indian Stories
Wearing a Tear Dress

Table E14. Teaching The Infant By Example

Aspiring to Teach Infant Things
Being Optimistic About Potential Abilities of Infant To Learn
Describing Infant's Skills
Getting to Show Infant Things
Imitating the Infant
Making Opportunities to Teach Infant
Providing Infant Opportunity to Learn About Objects/Self in Environment
Reading to Infant
Reinforcing Teaching
Teaching Infant New Things Should Be Stimulating
Teaching Infant New Words
Using Different Tools For Teaching

Table E15. Using Non-Coercive Discipline Techniques

Believing Children Are Not Bad
 Being Lenient
 Delegating Tasks
 Delivering Safe/Thoughtful Discipline
 Disciplining Other Family Members' Children
 Dismissing Infant's Misbehavior
 Distracting Infant away From Objects/Situations
 Enforcing Behavior with Phrase "Good Girl"
 Expecting Good Behavior
 Explaining Changes in Infant's Behavior
 Getting Disobedient Children to Mind
 "Giving In" Instead of Punishing Infant
 Having a Good Baby
 Ignoring Infant's Misbehavior
 Indulging Infant's Behavior
 Learning to Obey
 Not Caring About Their Children
 Not Using Physical Punishment
 Observing Misbehaving Children
 Part of Caring is Disciplining Infant
 Providing Examples of Misdeeds Done by Other Children
 Raising Voice in Anger
 Raising Voice in Verbal Threats
 Removing Infant and/or Objects
 Requesting Infant to Stop Behavior
 Restricting Infant's Activities
 Setting Limits with Infant
 Spanking Infant
 Speaking with Authority
 Talking to Infant to Encourage Good Behavior
 Teaching Infant to Be Polite
 Teaching "No" to Infant
 Telling Infant and Children to Stop Interrupting
 Using Physical Punishment
 Using Tone of Voice

Table E16. Miscellaneous

Being A Mother
Being a Parent Can Be Challenging
Being A Protective Parent
Being a Relaxed Parent
Being an Insecure Parent
Being Married
Being There for Her Infant
Comforting Infant When Distraught
Creating Equal Time for Children
Dividing Family Responsibilities
Encouraging Infant to Comfort His/Herself
Following Their Own Parenting Ideas
Having Children at Home Difficult Sometimes
Having Difficulty Remembering Newborn Days
Having No Favorite Children
Having Relative/Caretaker Assumes Household Responsibility While Mother Works
Holding Infant Frequently
Identifying Differences in Parenting Between Mother and Father
Identifying Her Baby Needs by Comparing to Her Own Needs
Identifying Parental Strengths
Living Close as a Family
Noting Differences Between Mother's Childhood Discipline and How She Disciplines
her Children
Parenting Different With Each Infant
Passing Clan Membership onto the Infant
Providing Income/Home and Partaking Less in Daily Care
Starting Over With New Infant
Staying Home With Infant

APPENDIX F

LINKING EXISTING LITERATURE TO EXAMPLES OF BEHAVIORS TO PROMOTE HARMONIOUS LIVING

Table F1. Linking Existing Literature to Examples of Behaviors to Promote Harmonious Living: Building a Care Providing Consortium

1. Promoting family structure patterns.

Factors exist in the Indian clan that automatically influence how much a Cherokee mother's family is involved with her infant. Mother and father being married, family proximity, visiting with family members, and living near family members are all influences. Red Horse (1980b) describes these characteristics as family structure patterns. Small reservation communities assume a village-type configuration with several households in close geographic proximity. Many family systems stretch over broad geographic regions and assume interstate dimensions. Indian communities in urban areas establish ties with non-kin or people with similar ethnic background. Family members move to where other family members live, creating a community within a community. Communities in metropolitan area often include several family households across several cities. Indian families incorporate non-kin into family roles.

2. Caring for each other as a family.

Indian family development is a curvilinear pattern of family care involvement that spans across the life of a Cherokee mother (Red Horse, 1980b). There are three life-span phases: 1) being cared for, 2) preparing to care for, and 3) assuming care for.

3. Strengthening family bonds.

The Cherokee mother is in the second family developmental phase, 'preparing to care for.' Family or clan members are an integral part of the Cherokee mother's self (Sampson, 1988). The Cherokee mother is showing self-reliance guided by family dependence. The Cherokee mother takes care of her infant independently but strengthens family bonds through her behaviors. These family members care for her infant. This family care is enhanced through mutual interaction with family members.

Table F1—*Continued*4. Promoting infant-grandparent relationships.

Elders in the Cherokee or Indian community assume family responsibilities. The elders are part of the third phase of care, 'assuming care for' (Red Horse, 1980b). Elders assume care for grandchildren as well as others in the Indian community. This was a way the Cherokee mother spread the care of her baby to other family members. In her study with Oklahoma Indian parents, Haase et al. (1990) stated that the parents felt the children felt more secure because they had many trusted people to care for them. When an Indian child did not live close to a grandparent, another elder or relative would "share a role," an uncle taking the position of the "grandfather role." Sometimes, grandparents were designated to "raise" grandchildren for a period of time, for instance if parents were having problems.

5. Learning family values through elders.

Elders are reminders of heritage and survival and strength. They teach the children family values and the Indian way of life (Red Horse, 1980a). Elders have the responsibility of disciplining grandchildren and being a spiritual guide to them (Red Horse, 1980a). Grandchildren learn through traditional ways to respect life. An example given by Red Horse (1980a) demonstrates an elder's role in the family and community. An Indian elder was teaching a group of Indian teenage boys how to sing. He caught them smoking a marijuana cigarette in his home. The elder explained to the boys he would only teach them how to sing if they agreed to the terms of his tradition. He organized a feast and dedicated the drum. He explained the tradition and spiritual significance of the drum and outlined rules of conduct that had to be obeyed by all the boys who chose to become members of the drum.

6. Describing the role of the grandparents and parents in the care of the infant.

Haase et al. (1990) describes two immediate purposes that grandparents assume: 1) to teach the parents and older grandchildren how to care for the young infants and children; and 2) to teach Indian traditions. Her study was done with Oklahoma urban Indian parents. These Oklahoma Indian parents said that having respect for their grandparents was very important. Parents of Indian children were described as having more of a primary role as a provider, while grandparents provided a source of security.

Table F1—*Continued*7. Selecting a family caregiver.

Family members are chosen first in taking care of a Cherokee mother's baby. Family members taking care of a Cherokee mother's baby encourages family involvement. Red Horse et al. (1978) describes a hierarchy of resources Indians choose for themselves when seeking help for health needs. The family was chosen first, then the Indian clan system, medicine man, tribe and then mainstream health care system. This selection process is consistent with the selection a Cherokee mother makes for her infant. First, family members are chosen, then an Indian caretaker, and then day care.

8. Teaching siblings and children to care for each other.

Indian children are raised with children from the same extended family. In Indian tribes cousins are treated like brother and sisters (Primeaux, 1977). A Cherokee mother teaches her infant and children to take care of each other. Cherokee children learn from infancy how to care for each other. Haase et al., (1990) described in her study how children were not considered "too young" to watch out for and care for the younger children in their families. Children from a "white" community were not culturally expected to care for younger siblings in their families. In cultures where families expected children to care for younger siblings, the children tended to be more nurturant and responsible and less dependent and dominant than societies where the sibling care was not part of the culture (Whiting & Whiting, 1975, pp. 131-132). In families where siblings take care of siblings, there is less sibling rivalry (Satz, 1982).

Table F2. Linking Existing Literature to Examples of Behaviors to Promote
Harmonious Living: Living Spiritually

1. Telling stories about pre-location spiritual history.

Elders teach children what they know about Cherokee people and their religion before they were relocated in 1839. Gabriel (1941) stated that the religion of the Cherokees is as old as the coming of Christ. He described a dance of the Cherokees. (This dance is not described as the stomp dance but one similar to the stomp dance.) Cherokee men and women were transformed by the rhythm of the drums as they beat hour after hour through the night beside the fire in the center of the circle of dancers. The worshipers were brought into a mystical union as they joined with the song leader in the ancient tribal chants. The Cherokee chieftain blew smoke from his pipe to the north, east, south, and west to gesture to the cardinal points of the compass, the gods who hold up the world.

2. Telling stories about the Cherokees and Christianity.

The Cherokee mother teaches her infant and children about Christianity and Indian religion. A major factor in Cherokee development of culture after the relocation of Cherokees in 1839 was the importation of Christianity and mission-school education. Though primarily interested in the "white man's" knowledge and literacy, the Cherokee people also absorbed some the components of their religion. The most difficult problem in attempting to Christianize Cherokees was their passive approach to established religion (Malone, 1956). The native Cherokee spiritual doctrine was brief and vague. Their doctrine acknowledged the existence of a "Supreme Being, the Creator of all, the God of the red, the white, and the black man." The Cherokees believed in an after-life, in which rewards and punishments would be disbursed by the "Great Spirit." Also, the Cherokees believed in "evil spirits," primarily one who "resided in the setting sun."

Table F2—*Continued*3. Describing the "Green Corn Dance."

Stories about historical Cherokee spiritual ceremonies are told to infants and children. There were many ceremonies and rituals associated with Cherokee religion (Malone, 1956). Among the ancient Cherokee customs and rites which carried over into the nineteenth century, the Green Corn Dance was the most important. The Green Corn Dance was the great annual spiritual ceremony of all southern Indians, in celebration of the green corn harvest. The celebration was held in the Seventh Moon. This event corresponded to the "white man's" month of September. All the members of the Indian nation joined in giving thanks to the "Higher Power" for the gift of corn for another year's food (Brown, 1938). By the 1800s, the Green Corn Dance was sometimes called the "Stomp Dance," but it was still associated with the opening of the green corn season.

Fires were kept burning throughout the year for special ceremonial rituals in connection with the festival. "Stick ball" was played at special occasions (Brown, 1938; Malone, 1956). Today, the Cherokee National Holiday is celebrated in September to celebrate the signing of their charter.

4. Telling stories about the relocation of the Cherokees.

Stories of the relocation of the Cherokees are told to the children and infants. A play called the "Trail of Tears" is given every summer by the Cherokee Nation. The Cherokee tribe was relocated from North Carolina to Oklahoma in 1839 (Foreman, 1989; Perdue & Porter, 1989). Many of the Cherokee Traditions were lost due to the relocation of the tribe. During the 1800s many Cherokees assimilated into the "white man's" culture. By the 1890s, all stomp dancing had tapered off. With the crumbling of the Cherokee society, the people were losing their culture. The great ceremonies of the past, the Green Corn Ceremony, the Friends Made Ceremony, and all the New Moon Ceremonies were gone.

Table F2—*Continued*5. Telling the story about Redbird Smith and the Stomp Dance.

Cherokee elders and descendants of Redbird Smith tell stories about him and his rekindling of the Stomp Dance to the Cherokee children. Redbird Smith is credited with reviving Traditional Cherokee ways in late 1800s when the Cherokee culture was losing their "Indian ways" (Perdue & Porter, 1989). Redbird Smith was a member of the Keetoowah Society. The Keetoowah society is very ancient, having been in existence long before there was any contact with the Europeans. A member of the Keetoowah Society is considered by the Oklahoma Cherokee to be full-blood Traditional Cherokee (Hendrix, 1983).

Between 1890 and 1910, Cherokee culture changed due to the rekindling efforts of Redbird Smith and the Dawes Act of 1895 (Hendrix, 1983). The Dawes Commission enrolled the Indian Tribes of Oklahoma known as the Five Civilized Tribes on permanent roll books. The roll books are still used today by the Federal government in recognizing people as official members of an Indian tribe. After the enrollment process, the commission took the Indian lands in Oklahoma and gave each Indian family a land allotment. Dividing up tribal land went against the philosophy of the Cherokee and other Indian Nations because the land was considered community property, not to be owned by individual owners. Division of tribal lands divested Indian nations of their tribal sovereignty.

6. Teaching about the Sacred Fire.

The infant and children see the Sacred Fire when they attend the stomp dance with their mother. To the Cherokees, the Sacred Fire is more than just a symbol of a supreme being, it is the living manifestation of God (Hendrix, 1983). From the early times, the Cherokees have had the Fire, first in the times before the Relocation in 1839 and today, in a circle drawn on the ground by the dancers. It is the smoke of the Fire that carries the prayers to heaven and it is the smoke that carries spiritual messages from place to place on earth. The Fire and the smoke are understood to be a power that can do good or evil, depending upon the way the fire is built and the way it is used, but the Sacred Fire of the Keetoowahs is used for good. The Sacred Fire was carried from North Carolina in 1839 at the time of the Removal to the new lands in Oklahoma.

Table F2—*Continued*

The four directions are sacred to the Southeastern Indians and each directions is believed to have its own spirit (Hendrix, 1983). When a Sacred Fire is started, it is always in the middle of four logs which point outward to the four directions. The ends of the logs that burn in the Fire renews the link with the four directions. The Sacred Fire is "made anew" with the same procedures for each new ceremony. The Sacred Fire is rekindled by medicine men as they do their work, often at night. The Sacred Fire is always started with a flint and steel by the designated "Fire Keeper." The Fire is fed at intervals with special bits of meat that the Fire Keeper asks the Cherokee people to bring to the ceremony.

7. Teaching about the Sacred Belts.

The Cherokee mother takes her infant and children to the Stomp Dance when the Sacred Belts are taken out. The older children hear about the teachings of the Wampum Belts. The Keetoowahs had to retrieve the Wampum Belts or Sacred Belts from the agents of the government in the late 1890s. In the East, the Indian tribes used to exchange Wampum belts to bind agreements. They served as an oath before God. On the Wampum was woven a design that symbolized in some way the treaty or agreement that had been made. If there was no agreement, the Wampum that was offered was rejected. The exchanging of Wampums was taken very seriously and had spiritual as well as political significance. Sometimes the Wampum Belts were used for money in earlier times by Southeastern Indian tribes (Vogel, 1972).

Redbird Smith obtained the Sacred Belts. The Belts are now in possession of the Keetoowah Society and are carefully guarded. The Sacred Belts are thought to have a power within themselves. The interpretation of the Wampum belts deals with following the White Path, the equality of men, the spiritual use of tobacco in ceremonies, and the sacredness of the Fire (Hendrix, 1983).

The Wampum belt is made of beads from shells (Daugherty & Jeffords, 1969). The shells were chipped and were first strung on wire. Next came the polishing and pointing process, after which the wampum maker transferred the beads to hemp strings or string-like pieces of dressed deerskin. Thus, the Wampum Belt was soft and pliable when held in a person's hands. Wampum Belts appeared in many designs, in many colors. White Wampum signified good will, peace, health, or friendship. Dark Wampum represented hostility, death, or mourning. The Wampum was worn as a decoration during dances in pre-relocation Cherokee society (Gabriel, 1941).

Table F3. Linking Existing Literature to Examples of Behaviors to Promote
Harmonious Living: Using Non-Coercive Discipline Techniques

1. Ignoring the misbehavior of the infant.

At times, the young baby is indulged or ignored. An adult Indian does not interrupt a child at play or force him or her to do something against his or her will, so she expects the child to be respectful to her. Children who "interfere" or misbehave are ignored or gently set aside (Wax & Thomas, 1961). Permissiveness is an attitude of accepting the childishness of children. It means accepting that a clean shirt on a normal child will not stay clean for long, that running rather than walking is the child's normal means of locomotion, that a tree is for climbing and a mirror is for making faces. The essence of permissiveness is the acceptance of children as persons who have a constitutional right to have all kinds of feelings and wishes (Ginott, 1965).

2. Using firm discipline without using physical punishment.

The Cherokee mother usually does not discipline her infant with physical punishment. She understands that the baby needs to explore his world without fear of reprisal. The older infant is given firmer discipline such as changes in the tone of mother's voice, distracting the infant, talking to the infant, requesting preferred behavior, or removing her or him from objects. Indian parents point out to their children when other children misbehave and the consequences of what happens when another child misbehaves.

Adlerians describe a technique that is used to discipline a child. This technique is the use of natural and logical consequences (Thomas and Marchant, 1983). The constant use of rewards and punishments can be avoided if adults act so that children who misbehave experience the natural or logical consequences of their misbehavior. These consequences should be discussed before their application so the children know what to expect when they decide to misbehave--when they decide to violate the rules of social order. The rule of thumb in a democratic social order is that one cooperate and contribute or experience the consequences of his or her decision. Each family can function more smoothly and efficiently if it establishes its own norms and then lets its members experience the consequences of their behavior.

Table F3—*Continued*

As Indian children get older they are told the consequences of an act or decision and are left free to make their choice (Backup, 1980). Indian children are persuaded or distracted from misbehavior but if these tactics are not successful, the consequences of behavior are expected to teach their own lessons (Attneave, 1982). A scraped knee or a failing grade are risks the child is presumed old enough to take. The Cherokee mother will safeguard her infant until he is able to be self-reliant. Only in this way is it presumed that Indian children are able to learn to become self-reliant and the value of conforming.

3. Teaching the infant "no" to avoid using physical punishment.

The Cherokee mother teaches her infant what "no" means. Infants who behave in public are looked upon approvingly. The infant who interferes or misbehaves is considered rude. Indians consider it shameful for another individual to be ill-mannered to another individual by disrupting the other person's well being. The Indian will ignore the misbehavior to avoid embarrassing the rude person (Wax & Thomas, 1961).

Table F4. Linking Existing Literature to Examples of Behaviors to Promote
Harmonious Living: Vigilantly Watching for the Natural Unfolding of
the Infant

1. Observing infant milestones and promoting perceived delays in development.

The Cherokee mother promotes her infant's physical development to its fullest potential (Rogers, 1990). The physical development of the infant determines the capabilities of the baby at any given time. The Cherokee mother believes her infant talks, sits up, turns over and crawls early. When the mother becomes concerned about her infant's development, herbal remedies, tools, and family are used to encourage development without using force to coerce the infant to perform a task (Wax & Thomas, 1961).

2. Encouraging infant exploration.

Infants have a natural curiosity to explore. The Cherokee mother encourages this natural inquisitiveness. The Cherokee mother does not put physical limits on her baby except when his developmental age causes him to explore in a potentially dangerous setting. One mother (Informant E) illustrated this point.

"He loves the kitchen 'cause he likes to play with my pots and pans and he gets those out and bangs them around. We used to keep him in his playpen, but we don't do that anymore. He is not in his playpen."

Due to the developmental age of the infant, the Cherokee mother considers her infant's safety. The mother is vigilant in assessing the environment for safety.

"My husband give her--he had cough drops in his pocket one time and she likes to get in his pocket--she got them out and he let her have it, let her have it in her mouth. And I took it away from her. He didn't think that she might get choked on it. Anything like that, I am really aware of (Informant G)."

Table F5. Linking Existing Literature to Examples of Behaviors to Promote
Harmonious Living: Accommodating Everyday Infant Care

1. Comforting the infant.

The Cherokee mother tries to teach her infant how to comfort himself. A quiet baby is valued. A mother is patient with her infant and children. If an infant cries or a child whines, a parent or grandparent holds, feeds or in some way helps the infant or child to gain control of his composure. The infant and children learn early to behave in a quiet, unobtrusive, and unassuming manner (Backup, 1980).

Levine (1980) described in African culture how the mother responds very quickly to her infant crying by feeding him or shaking him. By minimizing the infant's crying in discomfort, the African mother can concentrate on her work in the fields. The baby who is managed this way is remarkably quiet by Western standards and is easily calmed by carrying, shaking, or breast feeding.

2. Meeting the sleeping needs of the infant.

The Cherokee mother respects her infant's needs by providing him someone with whom to sleep, usually herself. In American society, the infant is separated from his mother and placed in a crib to sleep alone. Levine (1980) stated self-sufficiency for an American baby is first associated with separateness, the baby who sleeps alone and cries him/herself to sleep, even only occasionally. He has a primitive capacity for self-condolence, learns to be self-sufficient. In African society, the infant sleeps with his mother and she is available whenever he/she needs her. The infant is taken care of by the mother and later on in his life, the infant is more likely to reciprocate that same care towards his mother.

3. Playing with the infant outside instead of indoors.

The Cherokee mother provides her infant with modern toys and gadgets to play with but prefers to play outside with her infant and children. A basic need of all people, but of Indians in particular is to respect the Mother Earth. Even a commercial on television shows the Indian reverence for the land. On the commercial an Indian man is shown with one tear running down his cheek because people are polluting the earth (Television, personal communication,

Table F5—*Continued*

October 15, 1993). Indians value being in harmony with nature (Attneave, 1982; Dubray, 1985; Ho, 1987). By teaching their infant and children to enjoy the outdoors, the Cherokee mother is teaching her children to respect nature. Indians are children of nature (Nerburn, 1993).

Table F6. Linking Existing Literature to Examples of Behaviors to Promote
Harmonious Living: Accommodating Health Perspectives

1. Acknowledging Indian health and illness.

The Cherokee mother defines health and illness from an Indian viewpoint. The Cherokee mother regards her infant as "never sick." Health is a continuous state of harmony with the universe. Even when the infant has a major illness, for example being hospitalized or having night terrors, these illnesses are considered temporary and the mother takes care to restore the infant to health. The Indian mother regards the infant's whole life history of health or illness and state of health as well as the infant's current well-being.

The Navajo perception of health is not limited to the physical body but includes complete concordance with one's family, environment, livestock, supernatural forces, and community as well (Sobralke, 1985). Navajos include in their health concept not only a perfect body and mind but also harmony with their surroundings (Sobralke, 1985). Some Navajos define health with a Navajo sentence meaning "my surroundings are good with me," or "it is good in my surroundings." Navajo definition of health reflects their concept of the universe being in motion; position is defined as a withdrawal from motion.

2. Recognizing alterations in the infant's well-being.

The Cherokee mother recognizes that changes in her infant's well-being do occur. When these changes in health occur, she accepts the changes. Like a wave (rhythm) in motion, the Cherokee mother perceives her infant's over-all health as positive but can change (Rogers, 1970). She provides care that aids in her infant's alterations in well-being and when her infant is in a state of well-being, she provides care that promotes this state and continues this state of health. The following example demonstrates how a Cherokee mother views and assists her infant in remaining healthy (Studie, 1976).

To ride a bucking bronc or bull is not to conquer the animal (rhythm of life) but to blend smoothly with the rocking motion (changes in the rhythm of life) created by the animal (rhythm of life). More than any other sport in the world, rodeo can be said to produce an accurate mirror-image of life. Just as the rider (mother) must learn to live with the havoc (changes in rhythm of life) produced by the bucking animal for a set number of seconds, all (human)kind (mothers) must learn to live with the havoc (changes in the

Table F6—*Continued*

rhythm of life) or lack of it, created by the world in which we live.

3. Promoting the infant's health.

The Cherokee mother has different methods of promoting her infant's health. Some of these ways include Traditional medicine. Joe, Gallerito, & Pino (1976) stated the Southwest Indian has various ways of practicing preventative health in the Traditional sense. Charms are one example of securing protection and these consist of fetishes, arrow heads, and blessed pollen that is carried in a bag. Drinking special herbal teas or rubbing the body with evergreens at certain periods during the year are other methods that are followed. The Cherokee mother will go to the medicine man to get her infant a necklace that is given to the baby during teething and this necklace protects the infant's health.

4. Identifying signs of illness.

When changes do occur that disrupt the harmony of the infant's health, the mother cues into the signs of illness (alterations in well-being). The Indian mother looks for the infant who "just lays in my arms", "is listless and real lifeless", "breaks out into a rash", "is coughing or can't hardly breathe", or "has a temperature." The mother does not express overt feelings regarding the infant's illness but she is concerned. The Cherokee mother must decide if the illness is something that she and her family can treat or something that either the medicine man or physician needs to treat. The mother listens to the grandmother or seeks the grandmother's advice about her infant's alteration in health.

5. Selecting either biomedical or Indian health care.

Joe et al. (1976) described the diagnostic and curing rituals of the medicine men of the Papagos. The medicine men place primary emphasis on the etiology rather than the epidemiology of illness. The Papago medicine men maintain control of the supernatural (spiritual) realm while the biomedical physicians control the symptoms of the disease. Depending upon the kind of malady the infant has, and the advice of her family, the mother selects the appropriate health care for her infant. She may chose either Traditional (Indian) medicine or biomedical heath care or both (Joe et al., 1976; Mail et al., 1989). The choices of health care are open.

Table F6—*Continued*6. Identifying the illness as major or minor.

Illnesses can be either major or minor. Minor illnesses are treated at home with over-the counter-medications or by a family member familiar with Indian home remedies. Major illnesses are alterations in well-being great enough to require the assistance of the medicine man or physician. In Navajo culture, a series of bad dreams is given an importance equal to that of a traumatic illness such as cancer (Joe et al., 1976)

7. Selecting the appropriate health care worker.

Joe et al. (1976) described the line of recourses utilized in Traditional health care. The first recourse is a member within the extended family group who becomes the caretaker whenever someone becomes ill. Next is the specialist within the community who is known for curing certain illnesses. (In the Cherokee community, these "specialists" could be the "medicine men" recognized in the community, but they are not the selected medicine men from each clan in the Keetowah Society). This person lacks the religious affiliation of a medicine man. The last source is the medicine man who occupies a religious position within the tribe and displays esoteric skill that connotes a supernatural quality. A Cherokee elder stated that a Cherokee (who is a member of the Keetowah Society) needs to know his or her clan so that he or she knows which medicine man to see when the need arises.

8. Using both Indian and biomedical health care.

Using both Traditional medicine and biomedical health care is a common practice of the Cherokee mother to provide her infant with the best health care possible. The physician has control over those symptoms which can be controlled through the use of biomedical medicine while the medicine man maintains control over the supernatural realm through the manipulation of "power" and use of Indian medicines (Mail et al, 1989). The Cherokee mother prefers Indian medicine which places emphasis upon the patient and her needs, whereas biomedical medicine is perceived to treat the disease and not the patient (Mail et al., 1989). The medicine man treats conditions for which he has a diagnosis and therapy. If a disease is considered to be a "white man's disease," or is a new condition for which there are not specific Traditional medicines, then he refers the Indian mother to a physician. It is rare that a physician refers a Cherokee mother to a medicine man (Mail et al. 1989). An Indian may go to the medicine man first, before a surgical procedure is performed to insure the success of the impending surgery (Joe et al., 1976).

Table F6—*Continued*9. Using the medicine man's prescribed health care.

Medicine men use many of the same modes of treatment as do the Western physicians. These include oral medication (herbs), sweat baths for application of heat as well as used for psychologic purification, bed rest, isolation, diet therapy, and exercise (Joe et al., 1976; Mail et al., 1989). Patients are charged for whatever they can afford or offer to pay. The medicine man, when asked to provide his services, usually does so in the patient's home where friends and family can participate. Traditional medicine is a very private matter to the medicine man and the person utilizing his services. In pre-relocation Cherokee society, the entire life of the Cherokees was infiltrated and influenced by religion (Brown, 1938). Medicine men were called Adawehi in Cherokee. The term indicated one skilled in the secrets of medicine and religion, a wise man, and a prophet. The Adawehi wore a gorget of conch shell, with holes which represented stars outlining a great figure in the skies. River pearls were mounted in the holes and by the light of the camp fire, they flickered like stars. The gorget indicated that its wearer was familiar with the secrets of the stars. Sickness and death were considered to be caused by "evil spirits." The Adawehi frightened them away by abrupt songs and incantations, by rattling of gourds filled with pebbles, by dancing around his patient as he repeated sacred formulas, and herbal medicines.

10. Describing different herbs used for medicine.

Herbs and plants have been used by Indians for centuries to treat a variety of ailments (Harris, 1965). Brown (1938) described how the Cherokees used herbal medicines during the early Cherokee history. If an Indian vomited yellow bile, the Adawehi (medicine man) gave her an herb with a yellow blossom or root. If she were forgetful, the medicine man would make a herbal remedy obtained by boiling cockle burs, because cockle burs will stick to things. Some other remedies from the Cherokee Tribe in the Three Forks County included: bark from slippery elm in water to stop vomiting; the white of eggs for burns; blackberry root for diarrhea; and sage tea for night sweats (Harris, 1965).

Table F6—*Continued*11. Acknowledging the disadvantages of biomedical health care.

There can be several disadvantages to using the clinics where biomedical health care medicine is available to the Cherokee mother (Joe et al., 1976; Primeaux & Henderson, 1981)) that influence her choice of health care for her baby. These disadvantages include: 1) waiting long hours for services; 2) driving long distances to the clinic; 3) not having transportation available to get to the clinic; 4) staff not cooperative in explaining the treatment to the patient; 5) attitudes of non-Indian health care workers about Indian culture; and 6) denial of treatment if the illness is not considered serious enough to treat.

Table F7. Linking Existing Literature to Examples of Behaviors to Promote
Harmonious Living: Merging the Infant into Indian Culture

1. Naming the infant.

Cherokee infants are given "white" names by their mothers. The infant is known in the dominant culture by that name. However, the Cherokee mother gives the infant a Cherokee name to represent his Cherokee heritage. Traditional tribal customs in personal naming differ but most Indian children have a series of names during their life time. Personal names are given and changed at critical points in life--birth, childhood, adolescence, and old age (Jeffords & Daugherty, 1983). Frequently, children are named from some circumstance or incident which especially impress the mother at the time of her infant's birth. Dreams and visions of the mother play an important part in naming of the infant. Grandparents and other elders are given the honor of naming the infant. Sometimes, they chose names of illustrious ancestors, believing greatness of spirit would be born again in the infant possessing such a name. Medicine men are asked to name children. The medicine man selects a name for the infant suggestive of his own dreams. Chief Mankiller had an ancestor who took the name "mankiller" because it represented a high military rank among the Cherokee tribe, 200 years ago, and the ancestor liked the name (Simon, 1991).

At the turn of the century, the Dawes Commission in Oklahoma gave Oklahoma Indians many of their last names (Jeffords & Daugherty, 1983). This is an example of how the Indian mother of today is influenced by the dominant culture of the past. The Dawes Commission chose the father's name as the family name even though the mother's family controlled the descent of blood. The Cherokee mother's infant will carry the father's name indicating that the blood line is traced through the father instead of the rightfully through the mother.

2. Telling stories about the Little People.

Mooney (1982) explained about the legend of the Yunwi Tsunsi or the Little People. He stated that they are helpful and kind-hearted. They often help people who are lost in the mountains, especially children who wander away from their parents. The Little People find them and take care of them and bring them back to their homes and families (Gabriel, 1941).

Table F7—*Continued*

The Little People live in rock caves on the mountain side (Gabriel, 1941). They are little humans that come up to about the knee of a large person. They are shaped like large humans with hair that falls to the ground. They are great marvel workers. They are very fond of music, spending half their time playing the drum and dancing. If a person listens he or she can hear the drum beat of the Little People in the mountains. It is not safe to follow the sound. The Little People do not like to be disturbed at home. They will throw a incantation over the person who intrudes upon them. The stranger will become bewildered and lose his way home. Even if he makes it back to civilization, he is forever confused.

Sometimes, the Little People will go near a house at night (Gabriel, 1941; Mooney, 1982). The people inside can hear them talking, but they must not go outside. In the morning, they will find the corn gathered or the field cleared, as if a whole crew of men had been at work. If anyone should go outside to watch, he or she could die.

When a person finds something in the woods, he or she must say, "Little People, I want to take this," because the item may belong to them (Gabriel, 1941; Mooney, 1982). If the person does not ask for their permission to take it, the Little People will throw stones at him or her as he or she goes home.

Stories about the Immortals are taught to the Indian infant and his brothers and sisters by the Cherokee mother. Gabriel (1941) described the "Immortals" of the Cherokee people. On the balds far above the caves of the Little People, the Immortals, the spirit "people who live anywhere," build their houses. They are invisible except when they wished to be seen, and then they look like other Indians. They are fond of music and dancing. People in the mountains tell of hearing their dance songs and their drumming in some invisible townhouse. The Immortals are friendly, just like the Little People, and will guide lost Indians home.

In modern day society, the Cherokee mother can take her infant and children to a play about the relocation of Cherokees in 1839. Every summer in Tahlequah, Oklahoma, an outdoor drama is performed that portrays the historical relocation of the Cherokee Nation to Oklahoma. The play is held at the Tsa-la-gi (Cherokee) outdoor theater. In the 1976 program for the "The Trails of Tears Historic Drama," stories about the Little People were written in the program. One of the stories is about how the Little People teach a young Cherokee man how to catch a young girl's attention.

Table F7—*Continued*

The other story is about a Cherokee elder's experience with the Little People and one that was acted out in the drama.

Cherokee artists preserved part of their legends and heritage in paintings or drawings they have done. A Cherokee artist, named Cecil Dick, was well known for his talents as a Cherokee painter. He drew a poster that was discovered by the investigator at the Cherokee Historical Museum on May 17, 1993. The poster describes a story about the Little People and the dance he describes the Little People as doing resembles the Stomp Dance. The drawing includes a Cherokee family with children and the Little People in the trees in the background.

3. Telling the infant Indian stories.

Indian stories are told to the infant and children by their Cherokee elders. The mother promotes this interaction between her infant and children and their elders because they learn about their Cherokee heritage through the stories. Indian tribes preserve their origins, legends, songs, and tradition through story telling (Daugherty & Jeffords, 1976). American Indians have throughout their time used stories of myths as a way to teach their children, unlike the children in the dominant culture who learn about the American culture at school (Pearson, 1993). Traditionally, these myths were verbally passed from elder to children, generation after generation. The stories are used to teach about problem-solving, why things are the way they are, respect, discipline, and humility. For most any given situation or question, there is a story that helps resolve the situation. Mooney (1982) compiled the ancient stories of the Cherokees in a book called Myths of the Cherokee and Sacred Formulas of the Cherokees. To American Indians, telling stories to their children is more than entertainment and more than education. It is vital and necessary to continued life--the life of the tribe and the life of the world itself (Conley, 1988, p. xiii).

4. Having family or Indian meals together.

Cherokees have hog fries with their celebrations (Tribe Dedicates Clinic, 1992, September). The Cherokee mother takes her infant to feasts so the infant gets to know his family and other Indians. Because the children are not separated from these Indian gatherings, they have opportunities to learn about Indian traditions. Cherokee

Table F7—*Continued*

children learn how to cook Cherokee meals. Indians use wild plants to prepare meals, for example wild onions (Dolan, 1984, March-April; Palmer, 1990, November). Corn and beans are Traditional Cherokee foods. In the book Traditional Cherokee Food, Hendrix (1982) describes how to make Traditional Cherokee meals and discusses the Cherokee ceremonies associated with them.

APPENDIX G
LETTER OF APPROVAL USE OF ILLUSTRATIONS

December 8, 1993

Lee Anne Nichols
University of Arizona
College of Nursing
Tucson, Arizona 85721

Dear Ms. Nichols:

This letter will verify that I give you permission to use my illustrations as part of your dissertation entitled "The Infant Caring Process Among Cherokee Mothers."

If I can be of further assistance to you in this endeavor, do not hesitate to contact me.

Sincerely,

Rhinda Kesslering

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