

DISCOVERING COMANCHE HEALTH BELIEFS
USING ETHNOGRAPHIC TECHNIQUES

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To the Dean for Graduate Studies and Research:

I am submitting herewith a dissertation written by Anne Walendy Davis entitled "Discovering Comanche Health Beliefs Using Ethnographic Techniques." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Nursing.

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DEDICATION

This is dedicated to the Comanche people who made this research possible, including: the participants who shared their ideas of health; Maria Peavy who encouraged me in my efforts; and the Parker family members who guided me. Thank each of you for your time and assistance in this project.

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are my sunshine.

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ABSTRACT

The concept of health has many meanings in a pluralistic society. Nursing strives to identify and meet health needs of cultures through providing care which is sensitive to each culture's definition and meaning of health. While much has been written about traditional health beliefs of Native Americans, there is meager information available on current health beliefs. A gap in the literature exists; the available literature did not yield one source in reference to current Comanche health beliefs.

The purpose of this research was to identify Comanche Indians' current health beliefs and actions. Four open-ended statements were developed as a foundation for data collection: tell me what wellness means to you; what are some things you do to stay healthy?; could you give me some examples of things you do to stay healthy that might be different from someone who is not Indian?; and, do you think other Comanches you know would answer these questions the same way you have; if not, how do you think they would respond?

Participants were asked the Comanche word for "health." Participant-observation and taped interviews were used to gather data. Eleven full-blood Comanche, ranging in age from 46 to 79, participated in the interviews which were conducted at two sites in Comanche county, Oklahoma, over a four month period.

Content analysis of the interviews identified descriptors and themes of current Comanche health beliefs. Themes extrapolated from the definition of health included: social/happiness, active/energetic, absence of illness/does not take medication, independence, and holistic health definition.

Within "actions taken to stay healthy," these themes were identified: diet/weight control, socialization/happiness, stay active/exercise, prevention/knowing limits, and spiritual activities. Five participants reported participating in traditional Comanche health practices and each acknowledged concurrently following physician's advice and prescriptions. The variety offered in the participants' health definitions and actions negates the notion of a universal health definition based on culture or tribe.

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CHAPTER I

INTRODUCTION

Health is a broad concept which has multiple meanings and interpretations, particularly in a diverse, multicultural society. The cultural plurality existing in the United States is mirrored in the diversity of health definitions. While health beliefs, also referred to as health conceptions (Laffrey, 1985), are recognized in nursing literature as important, the definition of "health" has not been fully explicated for all cultures.

The notion of health is intertwined with nursing's definition and raison d'etre; nursing is involved with health promotion and health interventions. Smith (1983) suggests that a health conception is "fundamental to any development of community health policy and practice" (p. 1) and further observes that the definition of health varies with the individual's perspective.

Anderson (1990) urges health care providers to incorporate the many factors which influence a client's behavior in order to avoid "defining the 'problem' to be treated and the 'solution' from a perspective totally different from the client's view of the situation" (p. 137). Some of the difficulty in promoting health across cultures

may lie in the fact that the care giver may not be aware of the client's definition of health.

Historically health has been associated with safety or wholeness; the first written use of health, in the year 1000, had a functional meaning based on the efficiency of bodily performance, as cited in the Oxford English Dictionary (1971). More recently, Smith (1983) reviewed and analyzed the literature and identified four models of health: clinical, role performance, adaptive, and eudaemonistic; the models differ in the degree of holistic approach to the client. For example, the clinical model views health as the absence of disease while the eudaemonistic model views health as self-actualization and growth-seeking behaviors. Smith's (1983) role performance model is functionally oriented and "means effectiveness in one's role" (p. 51).

The adaptive model of health which Smith (1983) identified "go[es] far beyond biological capabilities" (p. 59) and stresses the interaction between the person and the environment. This complex phenomenon cannot be controlled or predicted, yet must be studied. Clearly health is more than the absence of disease. Further, Miller (1990) would argue, health "cannot be understood simply as a biological phenomenon" (p. 54). Dunn's (1980) work on high-level wellness conceptualized health as actualization and stressed

the person's optimum fulfillment of potential. Roy (1984) also portrayed health in terms of maximum wellness, and, parallel to Smith's (1983) adaptive model, acknowledged the total person's adaptational response to the environment. Much more information is needed about the human being's complex response to the environment and what beliefs may be culturally inherent in reference to health promotion.

The U. S. Public Health Service (1986) underscored the need for health promotion when it designated health promotion as one of three strategy targets for the nation. Specific areas targeted include: "smoking and health, misuse of alcohol and drugs, nutrition, physical fitness and exercise, and control of stress and violent behavior" (p. 2). The areas of nutrition and beliefs about food serve to illustrate the health difficulties encountered in Native American tribes.

Lee, Anderson, Bryan, Bahr, Coniglione, and Cleves (1985) reported that, between the years 1972 and 1979, 75% of 2,095 Oklahoma Indians from 15 tribes weighed on average "160% of standard" (p. 109). Seventy-five percent of Comanche Indians were obese. The Comanche Indian population could benefit from nursing interventions which promote health in these areas and which are culturally acceptable.

In a report of the nation's health, Butler (1990) noted that while the life expectancy of Native Americans is 44

years, "scant attention is paid to their particular cultural interests and heritage" (p. 366). It is notable that the statement above is the only direct reference to American Indians in Lee and Estes's (1990) most current edition of The Nation's Health.

Leininger (1978) would concur that it is paramount for health teaching and nursing interventions to reflect the client's culture and to emphasize the need for obtaining "the local, or indigenous, people's viewpoints, beliefs, and practices" (p. 15) regarding health. According to Moore, Van Arsdale, Glittenberg and Aldridge (1980), the emic approach is particularly appropriate because nurses usually interact with individuals rather than large populations. Tripp-Reimer (1984) conceptualized health as having two dimensions: the etic, or practitioner's disease orientation, and the emic, the client's subjective understanding of health and illness. It is the emic perspective which is the focus of this research--the subjective conception and experiences of health.

Pender (1987) indicated that the "definition of health to which individuals subscribe may influence the extent to which they engage in health-promoting behaviors" (p. 63). Jackson and Broussard (1987) suggested health practitioners "determine the client's perceptions of health, illness, and disease" (p. 49) as a foundation for providing meaningful

health education across cultures. Discovering current Comanche health beliefs, then, could potentially result in care which is culturally acceptable. Using ethnographic methods, I explored the Comanche Indian's definition of health, especially in terms of health and wellness promoting beliefs.

Statement of the Problem

The notion that people's health beliefs are reflected in their health practices underlies this study. While much has been written about traditional health beliefs of Native Americans (Primeaux, 1979 and Wilson, 1983), there is meager information available on current health beliefs. Health beliefs of American Indians seem to be juxtaposed to health practices. Many tribes ascribe to a harmonious holistic view of health, but the current state of American Indian health reflects much discord. The report of the health status of minorities and low income groups from the U. S. Department of Health and Human Services (1985) gives evidence to this:

the ratio of Indians to all races is 3.3 for motor vehicle mortalities, 4.4 for chronic liver disease and cirrhosis, 2.3 for diabetes, 2.1 for pneumonia and influenza, and 6.3 for tuberculosis. (p. 40)

The above information makes it apparent that many deaths could be decreased through health promotion and prevention interventions; for example, prevention of obesity by

nutritional interventions may reduce the incidence of diabetes and hypertension. For these interventions to be effective, they must be based on current health beliefs.

The American Indian's definition of health may differ from the health care provider's. Lang's (1985) statement exemplifies this: "Dakota people [referring to Indian tribes] today associate bigness and heaviness with a sense of well-being and health" (p. 252). Understanding this population's ideas of health and wellness-promoting behavior ultimately may facilitate the person's ability to achieve wellness. Therefore, this research sought to investigate the question: What are the current health beliefs of Comanche Indians?

Justification of the Problem

A recent edition of the Miami Herald, cited in the Ada Evening News (American, 1989), reported that American Indians were "losing battles with disease, diabetes and alcoholism despite nearly \$1 billion in health care aid each year. . ." (p. 4). The magnitude of the fact that almost one-half of American Indians die before reaching 45 years of age (American, 1989) underscores the importance of reducing the mortality rate.

The Comanche tribe was chosen for study because this tribe has a high incidence of diabetes and obesity (Lee, et al 1985). Among the Comanche, beliefs regarding obesity as

noted by Lee and others (1985) include the following:

middle-aged Plains Indian women believe they should weigh about 50 lbs. more than what would be considered ideal by upper-class white women. Comanche Indians expect women to gain considerable weight between 20 and 40 years of age. (p. 112)

Laffrey (1985) stressed understanding a culture's notion of health as crucial to formulating "goals that are acceptable and realistic within the patient's perspective" (p. 291). Health teaching which incorporates Comanche beliefs has a high potential for decreasing the financial cost as well as the human cost of disease. Whereas human cost can not be measured in terms of financial cost, it is apparent that increased financial cost often decreases access to health care and increases human suffering. Nurses strive to relieve such suffering.

Woods, Laffrey, Duffy, Lentz, Mitchell, Taylor, and Cowan (1988) wrote that "despite the centrality of the concept 'health' to nursing practice and science, assessment of health has lagged far behind theory development" (p. 36). Further exploration of health beliefs is especially needed when considering transcultural health perspectives. If nurses are to provide culturally sensitive care and reduce suffering, awareness of how each culture defines and ascribes meaning to health is paramount to relating to the whole person within a given culture.

In addition, this investigation is significant because a wide gap exists in available information about current health beliefs of Comanche Indians. This gap becomes evident in the literature review presented later.

Assumptions

This investigation had the following assumptions:

1. Health beliefs and meanings are culturally based.
2. People are able to communicate their conceptions of health to others.
3. "The emic or, 'inside view' using language and actions can provide 'truths' or a fairly accurate account of the people" (Leininger, 1985, p. 239).

Definition of Terms

For the purpose of this study Comanche Indian was defined as a person with at least one-half quantum Comanche Indian. Indian was further operationally defined as a person between 25 and 79 years of age who was able to speak English fluently. Health belief was defined as any broad health concept as perceived by an individual.

Summary

The statistics cited overwhelmingly indicate that present health interventions are not adequate for the majority of American Indians. Nurses have the potential to make a difference in Indian health promotion. As Moore and Williamson (1984) stressed "health beliefs such as

perceptions of the importance of health or the control one exerts over events are important determinants in health decisions and actions" (p. 204).

An understanding of health beliefs of the Comanche culture is needed if nurses are to be effective in promoting healthy lifestyles. The qualitative paradigm guided this research primarily because description and discovery of the phenomenon was indicated. The study was a cultural investigation of the meaning of health using ethnographic interviews and participant-observational techniques.

CHAPTER II

REVIEW OF LITERATURE

The primary concept for the review of literature was health beliefs of American Indians. It is important to note that while many scholarly articles about Indians exist, there is a paucity of literature on current health beliefs. Of the 2,414 citations listed in the Bibliography of Health Issues Affecting North American Indians, Eskimos, and Aleuts: 1950-1988, only one deals directly with health perceptions; and, it is limited to Indians of Central America. This literature review was limited to content which specifically concerns the health conceptions of North American Indians. The review is organized chronologically and tribally.

Pueblo and Apache Tribes

According to Joe, Galleritro and Pino (1976), the Laguna Pueblo culture's view of health is both holistic and deeply rooted in their religion. These authors related the practice of preventive health practices, such as tribal dances and wearing arrowheads. Joe, et al (1976) also reported on the Mescalera Apache's notion of health, defined as "maintaining balance in life" (p. 92). The authors observed that the Laguna Indians remain more traditional

while the Mescaleros are departing from the traditional ways. Joe, et al (1976) wrote their article as an anecdotal narrative about cultural health traditions from the American Indian perspective.

Northwest Coast Indian Tribe

In the only available ethnography of Native American health-related beliefs, Bushnell (1981) explored Northwest Coast Indian women's beliefs about childbirth. She used participant-observation and taped informal interviews to elicit information from six participants who ranged in age from 18 to 85; "data on beliefs about pregnancy and childbirth were collected by means of personal interviews using an informally structured schedule and open-ended questions" (p. 250, 251).

Content analysis was used to categorize the data; only the actual responses were included. Bushnell (1981) reported two emergent nonexclusive sets of beliefs: a traditional set and a set affected by acculturation. The researcher found that beliefs in the latter set "are not always held by older women in the community" (p. 253). The younger respondents equated pregnancy with happiness and good health, but the older informants viewed it as simply a natural phenomenon. "None of the informants stated that seeing a health care provider during pregnancy was desirable" (p. 255); Bushnell (1981) attributed the

differences between the younger and older Indian women's responses to their degree of acculturation.

Navajo Tribe

The Navajo is a tribe about which much has been written. Shebala and Reach (1983) made the point that "Navajos weave all aspects of life together to form a harmonious whole. Harmony is health and happiness" (p. 4). These authors described various rituals and ceremonies performed to achieve health. One such ceremony is the Blessing Way, a "reenactment of creation. . . used as a means to restore harmony" (p. 4) when "'good hope' is needed" (p. 4), such as during pregnancy and puberty.

Shebala and Reach (1983) also discussed the curing ceremony, which may last for several days, and how its "influence helps any ailing members and has a therapeutic effect on the entire family" (p. 4). They emphasized that the Navajo "words for harmony, beauty and happiness all contain the same stem, HOZHON, which means health" (p. 4).

Milligan (1984a, 1984b) concentrated on maternal health beliefs and espoused the view that in order to provide optimal health care, "health professionals must learn about traditional health practices and other cultural beliefs and taboos of the people they serve" (p. 83). Milligan's (1984a) research consisted of developing and testing an instrument to assess cultural beliefs of pregnant Navajos.

The first part of the research was the development of a traditionality questionnaire.

The research questions addressed were:

1. Is traditionality a continuous scale ranging from traditional to modern with transitional being a point on the scale, or do the labels of 'traditional,' or 'modern' refer to particular combinations of values and beliefs?
2. Are there multiple traditionality types?
3. What are the key items and/or subscales of items that discriminate traditionality types?
4. What, if any, are the typical profiles of traditionality types? (p. 92)

There was no theoretical framework identified. The setting for the study was eight Navajo Area Indian Health Service units on Navajo reservations. Data was collected at Chapter Houses within the various communities. The study sample consisted of 479 pregnant Navajo of at least one-fourth quantum Indian blood; the mean age was 24.8 years.

The convenient sampling technique was used with a proportional target quota drawn from each service unit. Milligan (1984a) reported that "study participants were solicited by announcements in Navajo on local radio stations, in newspaper articles, and by announcements posted in Chapter Houses" (p. 92). The data collectors were bilingual and had been trained in the administration of the traditionality instrument with inter-rater reliability

established. No statistics were provided on the inter-rater reliability.

Instrumentation consisted of the traditionality instrument which was "the product of three pretests in which a total of 117 pregnant Navajo women from various areas of the reservation" (p. 91); no statistics on the reliability or validity of the pretested instrument were provided.

Following administration of the traditionality instrument to 479 Navajo, the questionnaire items were analyzed using

Contingency Coefficient and Pearson correlations, where appropriate, to identify significant relationships which were then used as the basis for retaining items for variable cluster analysis. With variable cluster analysis the five dimensions of domestic environment, traditional beliefs, family, superstition, and education were identified. Internal consistency reliabilities ranged from .75 to .88. (pp. 96-97)

Milligan identified the major finding as "the key indicators which separate the transitional from the traditional Navajo are not the same as those indicators separating the transitional from the modern person" (p. 101). Milligan (1984a) concluded that "general cultural beliefs and practices, and those related specifically to the pregnancy state are still important to these young, expectant women" (p. 96). In an apparent juxtaposition of events, Milligan also discovered that even though the "individual is seen as moving out of a traditional Navajo

environment into the modern world" (p. 101), "that person seems to have held on to the traditional ideas, values, and beliefs of the Navajo culture" (p.101). In other words, the individual's belief system is not prepared to accommodate the modern world.

The second part of Milligan's (1984b) research consisted of an experimental study which tested the question: "Are there significant differences in patient outcomes when culturally relevant nursing care is provided during the childbirth cycle as compared to routine nursing care?" (p. 199). No theoretical framework was identified. The setting was two Indian Health Service hospitals located on the Navajo reservation.

The population sample consisted of "191 pregnant Navajo women between 30 and 36 weeks gestation. . . . Participants were recruited in prenatal clinics at the initial visit" (p. 200). Instrumentation included measurement of satisfaction, compliance, and morbidity. Methods to measure the dependent variables were:

'Patient's Opinion of Nursing Care' tool (alpha coefficients of internal consistency reliability, .75 to .89) as adapted from Risser's Patient Satisfaction Instrument. Patient compliance was measured by a ratio of appointments kept to appointments scheduled. Morbidity measurements included composites of complications of pregnancy scores, each measured at antepartum, intrapartum, and postpartum times. (p. 200)

Milligan (1984b) found no significant differences related to the experimental treatment in the following areas: opinion of nursing care, infant five minute APGAR scores, ratio of appointments kept, observed antepartum complications, number of reported infections, or mother's length of stay. However, "the experimental treatment variable had some predictive effect on infections, postpartum complications, and the number of interventions received" (p. 203). One caveat provided was "90% of the variation remains in outcome measures that must be attributed to a combination of other unmeasured factors and measurement error in study variables" (p. 204).

Milligan (1984b) interpreted the experimental and path analysis results as supporting "the expectation that the introduction of culturally relevant nursing care can affect patient health outcomes" (p. 205); however, she acknowledged that "the strength of the finding is overshadowed by a seemingly stronger relation between the clinical site and patient outcomes" (p. 206).

Sobralске (1985) described Navajo Indians' perception of health and emphasized that "it is difficult, if not impossible, to ask Navajos to define health. As they define health, they focus on the world surrounding them" (p. 35). Sobralске (1985) also identified the following as elements of Navajo health:

inseparability of religion and health, the need to be in harmony with the surrounding environment, family unity, importance of knowledge and education, and responsibility for one's own and others' life styles. . . . [H]ealth is not limited to the physical body. (p. 37)

Native American Indian

In an article, which acknowledged that each tribe has its own beliefs, Primeaux (1977) stated that "core cultural beliefs [are] held by all American Indians" (p. 91) which affect nursing care. This author anecdotally related a variety of health practices, most of which are curative; however, the practice of sprinkling cornmeal as a preventive health practice is included. Primeaux (1977) cautioned that each tribe is different from other tribes.

Wilson (1983) also provided some general information about American Indian health beliefs; she noted that "the traditional American Indian view of health is similar in philosophy to Western society's view of holistic health" (p.281). Wilson made the broad statement that "most Indians define health as a person's state of harmony with nature and the universe" (p. 281). No specific tribes were identified in reference to health beliefs, though specific tribes were mentioned in Wilson's discussion of illness causation beliefs. The Comanche tribe was not included.

Antle (1987) underscored the fact that the Indian's "religious beliefs and practices and health beliefs and

practices are totally interwoven" (p. 71). The Navajo tribe was the only specific tribe mentioned in reference to health beliefs.

Summary

Much remains unknown about current health beliefs of American Indians. What is known is important to gaining more knowledge. One summative point is the more nurses and other health care providers know about cultures, the more effective the health care can be. This idea was expressed by Primeaux (1977): "we nurses must consult with the population we serve" (p. 94). Each tribe is different and each person is assimilated into the dominant culture to varying degrees.

Antle (1987) concurred when she stated "quality of care is enhanced if nurses learn about. . . customs and beliefs and appropriately incorporate them into their practice" (p. 73). Milligan (1984a, 1984b) would agree as she emphasized the need for health care providers to know clients' cultural beliefs. Many authors (Joe, et al, 1976; Shelaba & Reach, 1983; Sobralske, 1985; and Wilson, 1983) reported the American Indian's holistic definition of health. Several authors (Antle, 1987; Primeaux, 1977; Shebala & Reach, 1983) emphasized the interweaving of health beliefs and religious beliefs.

Perhaps the most important conclusion of the literature review lies in what was not found--there are few sources available which are based on research. Two exceptions are Bushnell's (1981) ethnography of Northwest Coast Indian women's beliefs about childbirth and Milligan's (1984a, 1984b) research on maternal health beliefs. Both researchers concluded that there exist not only traditional tribal health beliefs but also health beliefs which are more aligned with the dominant culture. I was unable to locate any recent literature on the current health beliefs of Comanche Indians.

This apparent gap in the available literature accentuated the need to research the subject of Native American health beliefs, particularly those of the Comanche tribe. This research using ethnographic techniques began this needed exploration with the goal of discovering and describing current Comanche health beliefs.

CHAPTER III

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

Ethnographic interviews and participant-observation were used to discover the current health beliefs of Comanche Indians. Qualitative methodology was appropriate because the focus of the project was to explore and to discover the Comanche Indian culture's meaning of health through the question: What are the current health beliefs of the Comanche Indian?

Ethnographic research was the specific type of qualitative method utilized. Germain (1986) stated that "the adjective 'ethnographic' is used in a general sense to refer to studies of culture and to the gathering of cultural data that can occur during very brief encounters with individuals or communities" (p. 147).

Setting

The setting for the research was the Lawton, Oklahoma, area; Lawton is the Comanche tribal headquarters. Data was collected at homes of the participants and the Parker family park in Cache, and at the Comanche Senior Center in Lawton. Prior to a description of the physical settings, the historical setting will be considered.

Historical Setting

The historical setting for this research centers around the Kwerhar-rehnuh (Kwahadi) band of Comanche Indians. Comanche were Plains Indians who roamed the southwest plains. The Kwahadi were most in evidence in what is now Oklahoma and Texas; however, their wanderings were not limited to this area as they frequently raided settlements in both New and Old Mexico. Following laborious and humanly costly efforts to maintain the Comanche way of life, Quanah Parker, chief of the Kwahadi band, surrendered at Fort Sill, Oklahoma, to the United States government in 1875. This was the beginning of the tribe's cultural assimilation (Fehrenbach, 1974).

Each Comanche was allotted 160 acres of Indian Territory land near Lawton, Oklahoma. They were expected to make the transition from plains hunter to farmer; this change of values and loss of lifestyle created a new culture for the Comanche. Prior to adopting the settled existence of reservation and Indian land life, the Comanche had few tribal traditions. One participant, a great-grandson of Quanah Parker, explained that, "[Comanche were] nomadic type people. They didn't have time--they threw their dead in ravines; that was their ceremony for burying them. They just didn't have these things, these rituals" (personal communication, Don Parker, December, 1991).

With assimilation came contact with Christianity, which offered a set of beliefs and rituals, and the creation of their own set of rituals--the Native American Church. The rituals of this belief system centered around peyote, a hallucinogenic, which was worshipped as an entity. Some Comanche retain the beliefs of the Native American religion, while most Comanche have embraced Christianity and no longer follow the peyote tradition. None of participants in this investigation acknowledged current activity in the Native American Church.

Physical Setting

Two general areas were data collection sites for this investigation--the Comanche Senior Citizens Center in Lawton, Oklahoma, and the Cache, Oklahoma, area. The senior center is described first.

Lawton, Oklahoma, is a multicultural city of approximately 90,000 people. Fort Sill, a United States Army military installation, provides an economic base for the area. Lawton is the headquarters of the Comanche tribe. The Comanche Senior Citizens Center houses a nutrition site funded by the federal Older Americans Act and administered through the Comanche tribe.

Approximately 45 people dine daily at this congregate meal site. The center also serves as a community meeting place for Comanche and includes activities, such as pool

tables, crafts and social outings. The room in which pool and dominoes are played is usually full of males, whereas the craft room seems to be the females' domain. A diagram of the senior center is in Appendix A. A copy of the form granting permission to use this facility is in Appendix B.

Cache, Oklahoma, population 5,000, is approximately 20 miles west of Lawton and is the location of the Parker family park. The park includes the Mennonite church and dining hall where Parker relatives and other church members participate in activities. The Quanah Parker Star House is also on the park's grounds which serve as the location for the annual Parker family reunion and powwow. A diagram of the park area is in Appendix C. Interviews were conducted on the grounds of the park with the verbal permission of Parker family members.

Population and Sample

The population for this study was Comanche Indians who were at least one-half quantum Comanche and were able to freely communicate in English. Participants could be from 25 to 79 years of age.

Leininger (1985) cited 10 as an adequate number for a mini ethnography. Burns and Grove (1987) stated that "exploratory studies. . . tend to use very small samples" (p. 219). For example, Bushnell (1981) included only six in her ethnography of Northwest Coast Indian women.

The sampling technique was a nonprobability sampling method. The specific method was purposive sampling which Burns and Grove (1987) describe as involving "the conscious selection by the researcher of certain subjects or elements to include in the study" (p. 218). Kerlinger (1986) acknowledged that nonprobability sampling is sometimes necessary, stating that "their weaknesses can to some extent be mitigated by using knowledge, expertise, and care in selecting samples" (p. 119). The sample for this research was selected with forethought and planning with the intent of obtaining a representation of varying views and definitions of health.

Since the goal of this research was to define the concept of health as completely as possible, I conducted several interviews even after obtaining repetition and saturation of information. Most of the participants provided insightful information which contributed to the representativeness and quality of data. Interviewing ended when I decided that the concept was as fully defined as possible within the time frame of data collection. Morse (1986) writes:

In qualitative research, adequacy [of sample size] is evaluated by the quality, completeness, and amount of information contributed by informants rather than by the number of cases. (p. 185)

A total of 11 Comanche people were interviewed. The richness and depth of data collected in the interviews reflects the adequacy of the number of participants.

The key informant, a full-blood Comanche and direct descendant of Quanah Parker, not only assisted me in locating participants, but served as a guide to the culture. The Comanche Senior Center director was also instrumental in locating participants for inclusion in the study.

Protection of Human Subjects

The established protocol which pertain to conducting ethnographic research with adult participants was followed. Permission to conduct the study was requested from the Graduate School at Texas Woman's University. This research qualified as Category II research and required approval from the Human Subjects Research Review Committee procedures since taping of voices was involved. A copy of the permission letter from the Graduate Office is found in Appendix D; approval from the Human Subject's Review Committee is in Appendix E.

Both the confidentiality and the anonymity of participants were maintained throughout the research process. No full names of persons interviewed were on the tapes or typed transcriptions. All data and transcriptions thereof were treated with confidentiality. Data will be

destroyed after one year; no one other than the researcher will have access to the data.

Participants were informed of the procedures to insure anonymity and confidentiality--the actual names are not be used to report data; names and addresses are known only to the researcher. Participants could withdraw from the study at anytime without penalty. Oral explanation of the research procedure, including protection of subjects' rights, confidentiality and anonymity, were provided. Following an oral explanation, the subject's written agreement to participate constituted informed consent. A copy of the permission to tape record the participants' voices is located in Appendix F.

Instruments

Germain (1985) suggested "since data for ethnography are obtained primarily through the human sense, the ethnographer is the primary research instrument" (p. 154). Ragucci (1972) indicated that as the instrument, the nurse-ethnographer's final goal is to "grasp the patient's point of view, his relation to life, to realize his vision of the phenomenon of health and illness" (p. 486).

Leininger's (1985) description of a mini ethnography was the most parallel to the method for this research:

A mini ethnography is defined as a small-scale ethnography focused on a specific or narrow area of inquiry. For example, a mini ethnography could

focus on health and caring practices of ten
Philippine informants in their home. (p.35)

Leininger's (1985) list of general indications for ethnography and ethnonursing method were used for outlining the rationale for this method; I am using three of Leininger's general indications. First, the methods are used when there is "virtually no knowledge or very limited knowledge about a phenomenon" (p. 39). This criteria clearly fit this study; recent literature on the subject of Indians' current health beliefs is practically non-existent.

According to Leininger (1985) "ethnonursing method focuses on narrower aspects of human care contexts" (p. 39) and is concerned with "meanings-in-context data" (p. 39). Both of these criteria applied to the investigation under discussion: I was interested in the meaning of health within the Indian culture, specifically the Comanche tribe.

Lastly, Leininger (1985) stated that these methods were "used to provide detailed accounts of events, situations and circumstances" that are usually difficult to discover by other research methods" (p. 40). Conducting an ethnographic investigation, rather than administering a survey instrument which was not validated with the population under study, avoided imposing a bias and a definition of health on the informants.

Validity

Accuracy in describing and reporting the phenomenon under study was the criterion for validity in this investigation. Leininger (1985) similarly defined validity in qualitative research:

validity in qualitative research refers to gaining knowledge and understanding of the true nature, essence, meanings, attributes, and characteristics of a particular phenomenon under study. (p. 68)

In regard to this qualitative research investigation, validity was viewed as the ability to obtain as complete a description and definition of the Comanche meaning of health as possible. With that goal in mind, I verified content and definitions during interviews. The following excerpts were taken from interviews to exemplify verification of information:

1. When I've talked to some people, they said they've used it like a throat lozenge...
2. I just want to make sure that we don't miss anything; let me just kind of see if we're ok now...what I'm understanding for you to stay healthy, would include taking your medicine, eating the right foods...
3. So, just to make sure I have this right, for you staying healthy has to do with taking your medicines....

Content was also validated when speaking with the key informant; information about health activities, such as use of herbs and cedar smoking, was clarified. This excerpt from an interview with the key informant depicts verification (these are my comments):

There's only been about two of those people that have said that they do any traditional types of medicine like you're describing. Most of them have said, just like you said on the phone the other night, they've been almost adamant in saying, 'No, I'm a Christian, I don't believe in any of that.

Field and Morse (1985) indicated it is of utmost importance for researchers not only to maintain objectivity throughout the research process, but to minimize "observer effects" (p. 119). I implemented Field and Morse's (1985) suggestion of "spending a period of time in the situation before data collection starts," (p. 120) and attended cultural events and church services over a period of three months prior to the formal interview process. When I was introduced in church as a friend, rather than as a visitor, I realized my presence in the community would be, as Field and Morse (1985) portrayed, "likely to become background to the observed interaction rather than an intrusion into the interaction" (p. 120).

Research Questions

The broad research question was: What are the health beliefs of Comanche Indians? Spradley (1979) described the interview process as "a series of friendly conversations into which the researcher slowly introduces new elements to assist informants to respond as informants" (p. 59); Spradley provided a taxonomy of ethnographic questions and stressed the use of open-ended questions. Leininger (1985)

stated that open-ended questions are the most often used technique in ethnographic research; therefore, I developed some open-ended statements and questions which guided the research interviews. These statements were examined by five content experts, three of them American Indians.

The statements were:

1. Tell me what wellness means to you.
2. What are some things you do to stay healthy?
3. Could you give me some examples of things you do to stay healthy that might be different from someone who is not Indian?
4. Do you think that other Comanches you know would answer these questions the same way you have; if not, how do you think they would respond?

These statements were solely intended as a guide; the interviews deviated somewhat, depending on the participant's responses.

Data Collection

Data were collected over a four month period. Formal taped interviews were the primary source of data collection. Participant-observation and informal interviews also were employed. I made initial contact with the culture during a Comanche powwow affording an opportunity to directly observe

the people's health behaviors. Contacts made during the powwow provided a means of locating participants.

The powwow was held in honor of a chronically ill family member. Parkers and other Comanche from Oklahoma, Texas and as far as Florida came together to honor and support the ill family member, each other, and to celebrate their Indian heritage. Despite the 100 plus degree temperatures, there was dancing and singing. Rhythmic drumming filled the day. Young and old alike wore native dress, rich with beadwork designs on buckskin. Some of the observers were also clothed in native dress, adding to the color and pageantry. During this weekend I was invited to attend the Mennonite church where many of the Parker family worshiped.

Following each church service attendees gathered at the dining hall for dinner. Members brought a variety of foods, including assorted vegetables, fruits in season, salads, and meat dishes. On one occasion traditional Indian tacos were served, complete with fry bread. My participation included serving food and cleaning up following the meal.

Interviews were conducted at homes, on lawn chairs under trees on the grounds of the park and in the Comanche nutrition site director's office in Lawton. Once trust and familiarity were established, I was invited to attend events, such as an Indian sing and traditional meal. The

turning point of acceptance occurred one Sunday when I was introduced at church not as a visitor, but as a friend.

Data collection began with the initial visit to a powwow as an observer, but quickly progressed to a more active participant role. Formal interviews began after graduate school permission was obtained. Interviews were conducted both in Cache, on the park grounds and in participants' homes, and in Lawton, Oklahoma, at the Comanche Senior Center.

Treatment of Data

Leininger's (1985) method of ethnonursing data analysis was adapted to determine themes; "this type of analysis includes the identification of themes and patterns of care (or health), classification of semantic health care expressions, and emic and etic interpretive analysis of the data" (p. 58). Themes were verified by selected informants, but the total "coherence of ideas rests with the analyst" (p. 60).

One important aspect of the data analysis was taking the raw data and piecing together "fragments of ideas of experiences, which often are meaningless when viewed alone" (p. 60). I transcribed the taped interviews which provided an opportunity to begin sifting through the data and identifying thematic categories. Descriptive field notes

were written following each interview and provided a supplemental data source.

Leininger developed sequential steps for thematic and pattern analysis which begins with identifying and listing descriptors, and then proceeds to identifying patterns. The focus of this research was to discover descriptors and themes of current Comanche health beliefs.

CHAPTER IV

ANALYSIS OF DATA

Analysis of data was organized around the following categories: definition of health, including descriptions of a healthy person; Comanche words for "health;" actions taken to stay healthy; and, traditional Comanche health practices currently in use. The first step in data analysis was the identification and listing of descriptors from the direct observations and from the interviews. Next, descriptors were combined into themes; theme identification was the final phase of the data analysis process. This chapter will provide a description of the sample and report the findings of the research.

Description of Sample

The sample consisted of 11 participants who are 100% quantum Comanche. Six were female; five were male. Ages ranged from 46 to 79 years with a mean of 66. With the exception of one male and one female, all participants were retired. Appendix G gives age and sex of each participant.

Findings

A list of descriptors in each of the broad categories was generated from the transcribed taped interviews. An example of a complete transcribed interview is found in

Appendix H. The interviewed participants who made a particular statement are designated with the capital letter beside the statement. For example, "A" is participant A, a 79-year-old male. The first descriptor, the definition of health with descriptors of a healthy person, follows.

Definition of Health

- A1: (a healthy person) enjoys the air and walks a lot;
- A2: not be confined to yourself--go out and meet people; associate with people, that way you won't be bitter against everybody. Open yourself up, just like a house. People will know that you're one person that's tryin' to get along with everybody and that's the way I like to see things...just want to see sunshine, sunshine and happiness.
- A3: If I'm sick, I take the necessary relief.
- A4: A healthy person to me, first I always rely on a smile, sunshine and radiant face.
- A5: Whenever they're happy, they're full of happiness, alive, lively and want to communicate with people--tell jokes, things like that.
- A6: They don't refer to their health, even if they are sick, but you can tell when a person is well.
- A7: But, I always think of a person in good health, like I used to be; I used to be full of vigor and on the go all the time.
- A8: That's another thing, too, it'll tear your health down--the way you feel inside; your loneliness, so to say, for one thing--things like that'll sure bring your health down. You may think, oh, that won't even phase me; I used to think that way. I see people losin' their loved ones, or somebody get hurt and they're sent away from home, I used to think, "Well, what they doin' that for, how come they feel that way?" ...you would hear people say, "Oh, that person's not feelin' too good today, or, he's beginnin' to lose interest in life," so to speak. He's just sort of gradually decaying. so to speak.
- A9: ...you should be happy, otherwise, you're gonna go down farther, faster. You have to--if you think the world's against ya, you gonna go, faster than you think. And, I'm not ready for it, but, I have to live with what I've got, as long as I can and keep it afloat.

- B1: (someone that's healthy) that means something that's good, sound--the whole being.
- B2: (Health) means a lot to me. I realized (after being run over by a car) that I was more or less playin' with my life. Because I didn't care; but, after all that jar I went through I realized my life meant something.
- C1: ...never complain of anything hurting; no pain.
...never sees the doctor that I know of.
- C2: Works everyday.
- C3: Eats everything that's there...most people always complain about they don't eat this or that; she doesn't complain.
- C4: No, I'm not well; that is I have mostly stomach trouble.
- D1: Being well...ah, being well means like somebody asks you, "How you feelin'?" "Oh, well, I'm ok."
- D2: To me a healthy person is when I see that person they are well and happy and build and they've got get-up-and-go.
- D3: Active and things like that, that make me think, "Oh, they're active' there's nothing wrong with them."
- D4: So, I've always been healthy and always worked. And, I never been sick in my life, except now, in my later years.
- D5: (Describing a healthy person) Well, I know some people that's never been sick that I know of; I know that they're healthy. Never seen 'em in the hospital, that's the main thing. They don't take medicine, so, I guess that's the way they're healthy--they don't need to be takin' any medicine; and they don't go to the hospital; they're just up and around goin'...
- E1: (If somebody's healthy) it means that person has taken care of themselves good.
- E2: To me, if people back there woulda yield to their life and say, "Well, I'm gonna live a good happy life--I'm gonna take care of myself;" they would be different now.
- E3: We never think about as we get older what is gonna happen to us, 'til it's too late. It's because we don't care about ourselves; we eat and drink what we want and as much as we want, but now, when you get up in age we just supposed to eat just so much of this and so much of that.
- E4: Well, a person's at good health, they get around lot better
- E5: and their mind is sharp...
- E6: and they're helpin' the elders. When a person's in good health and they see an elder doin' somethin', boy,

they're gonna help 'em, regardless of what they're doin'. That person's in good health.

E7: When I see a healthy person I see a person goin' around doin' things for people

E8: and a quick thinker

E9: and doin' things--I say, "Boy, that person's in good health--mentally and physically."

E10: I figure that person's (the healthy person) livin' a good life--he's tryin' to help people and he's tryin' to do things and doin' it in the right way; that's my idea of a good person, a healthy person.

E11: There's no one can say they're not real healthy, 'cuz we have our aches and pains, but not as serious as others, so we have to watch.

E12: A healthy person is one who gets around a lot quicker...

E13: ...and is always willing to help somebody regardless.

E14: ...they take care of themselves

E15: ...and they look out for others. We want to try and take care of each other; help one another. You see somebody who needs help, protecting. You help 'em.

F1: A healthy person is energetic.

F2: doin' things

F3: I've been able to keep my house, so far (independence as part of health)

F4: Looking good

G1: a positive attitude

G2: being active

H1: (Describing "wellness") I would say "good health," I guess.

H2: (Describing a healthy person) Well, they're up early and they're always busy doin' things

H3: you don't see them sittin' around complainin' about bein' sick.

H4: ...never did sit around and wait for people to wait on me; I always waited on...to tell you the truth, I still cook for my kids when they come home on weekends, I do.

I1: (Health) means keeping yourself--and everything that goes with it, like your heart--takin' care of yourself.

I2: bein' active. If I could stay active, my lege is alright, I would say I would live longer and I feel like, well, I seen alot of people who think they're sick and really not that sick, and that makes yourself, you know. And, they sit around and do nothin'.

J1: Wellness means to me not having any type of health problem; you know, health problem that you have to worry about when you get up each day and go to bed at night.

J2: I wished I could say I was the picture of wellness,

that I didn't have to worry about anything, but I do. I have high blood pressure and take medications for that. And I have thyroid problems; I take medication for that.

- J3: Mental health, I feel like that, for the most part, I have a happy life; I have a happy family and I've been content for a large number of years.
- J4: I've always been an athletic person. I try to be healthy. Stay physical in those little ways.
- J5: I'm not a napper, I don't like to sleep a lot; I'm on the go all the time
- J6: I believe in the strength that comes from God. Where Indian people are really religious people; they draw a lot of strength from that; I do, 'cuz I know on my own shoulders you can't carry those burdens yourself.
- J7: ...you can only do so much
- J8: as far as the physical and the spiritual and the mental, that's basically what I feel about wellness.
- K1: Define wellness--well, you mean physically, mentally, spiritually; it's all those things. It's a wholeness, being complete in those three areas of your physical, spiritual and mental capacities. That's wellness to me 'cuz I think they all affect it somehow.
- K2: Someone who is healthy is probably not fat and keeps their body in real good shape; you can tell that they probably exercise and work out and do these sorta things: rest properly. Their lifestyle is what I would call normal.
- K3: That, to me, is a healthy person--who takes care of their body.
- K4: I think that someone who, if we have a real bad spiritual attitude, that's not even proper to say attitude, but, if there's something in our spirit that's wrong, more than likely, it's gonna affect our health--our physical health in some way. And, that could be an internal thing, perhaps, but it connects.

After descriptors were identified, themes within health definition were extrapolated and combined as follows:

social/happiness theme, active/energetic theme, absence of illness/does not take medication theme, independence theme, and holistic health theme.

Social/Happiness Theme

- A: 1. not be confined to yourself--go out and meet people; associate with people, that way you won't be bitter against everybody.
 2. open yourself up, just like a house. People will know you're one person that's tryin' to get along with everybody and that's the way I like to see things...just want to see sunshine and happiness
 3. A healthy person to me, first I always rely on a smile, sunshine and radiant face.
 4. They're full of happiness, alive, lively and want to communicate with people--tell jokes, things like that.
 5. That's another thing, too, it'll tear your health down--the way you feel inside, your loneliness, so to say, for one thing--things like that'll sure bring your health down. You should be happy, otherwise, you're gonna go down farther, faster.
- D: 1. To me, a healthy person is when I see that person, they are well and happy...
- E: 1. ...and, they're helpin' others. When a person's in good health and they see an elder doin' somethin', boy, they're gonna help 'em, regardless of what they're doin'. That person's in good health.
 2. When I see a healthy person I see a person goin' around doin' things for people. I say, "Boy, that person's in good health--mentally and physically."
 3. they look out for others. We want to try and take care of each other, help one another. You see somebody who needs help, protecting, you help 'em.
- G: 1. a positive attitude...
- J: 1. Mental health, I feel like that, for the most part, I have a happy life.

Active/Energetic Theme

- A: 1. enjoys the air and walks a lot...
 2. But, I always think of a person in good health, like I used to be--I used to be full of vigor and on the go all the time.
- C: 1. Works every day
- D: 1. They've got get-up-and-go.
 2. Active and things like that, that make me think, "Oh, they're active, there's nothing wrong with them."
 3. always worked
 4. they're just up and goin' around

- E: 1. Well, a person's at good health, they get around a lot better.
 2. A healthy person is one who gets around a lot quicker
- F: 1. A healthy person is energetic
 2. doin' things
- G: 1. being active
- H: 1. Well, they're up early and they're always busy doin' things
 2. You don't see them sittin' around...
- I: 1. bein' active
 2. [a sick person] they sit around and do nothin'.
- J: 1. I've always been an athletic person. I try to be healthy, stay physical in those little ways.
 2. I'm not a napper, I don't like to sleep a lot; I'm on the go all the time.

Absence of Illness/Does not Require Health Care

- C: 1. No, I'm not well; I have mostly stomach trouble.
- D: 1. never been sick in my life
 2. Well, I know some people that's never been sick that I know of; I know that they're healthy.
 3. Never seen 'em in the hospital, that's the main thing.
 4. They don't take no medicine, so, I guess that's the way they're healthy--they don't need to be takin' any medicine; and they don't go to the hospital
- H: 1. [they're not] complainin' about being sick
- J: 1. Wellness means to me not having any type of health problem; you know, health problem that you have to worry about when you get up each day and go to bed at night.
 2. I wished I could say I was the picture of wellness, that I didn't have to worry about anything, but, I do. I have high blood pressure and take medications for that. And I have thyroid problems; I take medication for that.

Independence Theme/Knowing Limits

- A: 1. I only wish I could get better so I could get around. That's what I hate about the condition that I'm at--I hate to depend on anybody.
 2. She (his wife) drives. I used to could see, but now, I'm practically no good to her.
 3. I don't want to be up in the 100's; I don't want to be dependent on other people. They got their

- things to do; I don't want to worry 'em.
4. I have to live with what I've got as long as I can and keep it afloat.
- B: 1. I realized (after accident) that I was more or less playin' with my life because I didn't care.
- E: 1. (If somebody's healthy) it means that that person has taken care of themselves good.
2. Well, I'm gonna lead a good happy life--I'm gonna take care of myself.
3. We never think about as we get older what is gonna happen to us, 'til it's too late. It's because we don't care about ourselves; we eat and drink what we want and as much as we want, but now, when you get up in age we just supposed to eat just so much of this and so much of that.
4. A healthy person...takes care of themselves
- F: 1. I've been able to keep my house, so far
- H: 1. I never did sit around and wait for people to wait on me
- I: 1. Health means keeping yourself--and everything that goes with it, like your heart; taking care of yourself.
- J: 1. Where Indian people are really religious people, they draw a lot of strength from that. I do, 'cuz I know on my own shoulders, you can't carry those burdens yourself--you can only do so much.
- K: 1. That, to me, is a healthy person--who takes care of their body.
2. Rest properly; their [the healthy person] lifestyle is what I would call normal.

Holistic Health Theme

- A: 1. You would hear people say, "Oh, that person's not feelin' too good today, or, he's beginnin' to lose interest in life," so to speak. He's just sort of gradually decaying, so to speak.
- B: 1. [Healthy], that means something that's good, sound--the whole being.
- E: 1. sharp mind, quick thinker (as well as active)
2. that person's in good health, mentally and physically.
- J: 1. as far as the physical and the spiritual and the mental, that's basically what I feel about wellness.
- K: 1. Well, you mean physically, mentally, spiritually--yea, it's all of those things. It's a wholeness, being complete in those three areas of your

physical, spiritual and mental capacities. That's wellness to me, 'cuz I think they all affect it some way.

2. If we have a real bad spiritual attitude, that's not even proper to say, "attitude," but, if there's something in our spirit that's wrong, more than likely it's gonna affect our health--our physical health in some way. And, that could be an internal thing, perhaps, but, it connects.

Nine of the eleven Comanche interviewed defined health in terms of their ability to remain active and energetic. Activity and energy was the most commonly repeated theme. Statements illustrating this theme were: "I always think of a person in good health, like I used to be--I used to be full of vigor and on the go all the time"; "A healthy person is one who get around a lot quicker"; "A healthy person is energetic." The frequency of this response could perhaps be attributed to the fact that the Comanche tribe historically roamed the plains.

The next most frequently repeated theme was independence, with eight of eleven participants citing self-care or caring for yourself and knowing your limits as part of their definition of health. Responses which exemplified this theme included: "it [health] means that that person has taken care of themselves good"; "a healthy person takes care of themselves"; "health means keeping yourself, and everything that goes with it, like your heart; taking care of yourself"; and, "that to me is a healthy person--one who takes care of their body." Knowing limits was mirrored in

these exemplary responses: "you can't carry those burdens yourself--you can only do so much," and, "I have to live with what I've got as long as I can keep it afloat."

Respondent A summarized the independence theme with, "I don't want to be dependent on other people. They got their things to do; I don't want to worry 'em."

Five of the 11 participants in this study included happiness, particularly associating with family and friends, as part of being healthy. Social/happiness thematic responses which described a healthy person included: "a healthy person to me, first I always rely on a smile, sunshine and a radiant face. They're full of happiness, alive, lively and want to communicate with people; "to me, a healthy person is when I see that person, they are well and happy;" and, "when I see a healthy person, I see a person goin' around doin' things for people."

Five of the 11 participants in this study defined health in holistic terms, such as, "something that's sound--the whole being," and, "well, you mean physically, mentally, spiritually--yea, it's all those things. It's a wholeness, being complete in those three areas."

Four participants used the absence of illness, or not taking medications, as a criterion for defining health. Statements, such as, "Well, I know some people that's never been sick that I know of; I know they're healthy"; and,

"Wellness means to me not having any type of health problem; you know, health problem that you have to worry about when you get up each day and go to bed at night," illustrated this theme.

Comanche Word for "Health"

Besides asking participants to define health and describe a healthy person, I asked them how to say "health" in Comanche. Their responses reflected the definitions of health; however, no word for health exists in the Comanche language. Because Comanche is a spoken, rather than a written language, the spellings below are as close to the sound of the language as possible and were verified with available participants and with the key informant. Comanche words and phrases for "health" included:

- A1: I could say "feel good."
- A2: Sa na nu se ka
- A3: Sa, put your hand like that (motions with hand away from body) and push it from your body. Chat, sounds like, means, "real good." Come se chat, means real good; I feel that way lots of times.
- B1: Oh, you could say, like you say sickness and you get well: Una sa na han--did you get well? It means, "You feel better?; You think you're gonna live alright now?" Like that: that's what it means, you can't explain it in English, but that's the way I would explain it.
- C1: Comanche words...I haven't talked Comanche in so long. I just forgot them words; I just forgot all about them. How would you say it--Sa nusa ka; that means are you well?

- D1: Being well...ah, being well means like somebody asks you, "How you feelin'?" "Oh well, I'm ok;" Sa na nu se ka. I feel well.
- D2: Well, some words that we have in our Indian language, they don't have some words. There's some words that we can't translate.
- D3: "Sa na nu se ka," is, "Are you feeling alright; are you feeling well?" It pertains to the same thing; we don't have "health."
- F1: Have you heard this one? "Kinna na ma _____?" I'm in good health? [It means] they're not sickly.
- G1: There is no word for health.
- H1: Well, I could say, "Sa na nu se ka." That means, "I'm feelin' fine."

The above responses indicate that the Comanche identify how a person feels with being healthy. The responses also reflected definitions pertaining to health as the absence of illness--"not sickly." Participants were then asked what specific actions they take to stay healthy; responses to this question are discussed next.

Actions Taken to Stay Healthy

The concept, "actions taken to stay healthy," describes preventive health behaviors which participants identified.

Descriptors for this concept were as follows:

- A1: If I'm sick, I take the necessary relief. If it's headaches, or muscle aches, I take what's on my list to take to relieve that pain. If it's headache, I take Tylenol. And, that's what's been helpin' me so far; I can move my joints pretty good.
- A2: But, you know, if you're not careful in what you do and what your plans are and you just try to rush through it, taking everything for granted, that's when you're gonna get to have little problems.

- A3: Just being careful about how you do things and cautious about your movements, in my case, I think I could go a long ways without any further injuries, you know, hurts or pains.
- A4: And that helped me quite a bit, I think, you know, being outdoors; I don't like to be confined.
- A5: ...other things come up kinda give me a little encouragement, you know. And that kinda give me chance to want to do somethin'; to try to keep me in, you might say, shape. What I mean by that is keep myself limber, my arms and things like that.
- A6: And, that's the way I like to be; I like to be outdoors, get alot of this fresh air.
- A7: ...it's the food we eat
- A8: and, the drinkin'; is no good place for that. I used to drink quite a bit, but I gradually veered off of that and ever since I veered off I found out that I became stronger; I could think alot better.
- A9: I used to smoke quite a bit, too. Then I got to readin' newspaper ads and hearin' on tv that smoke can probably give you cancer and that stuff, why I just veered off of that.
- A10: See, it's the food you eat and the way you refrain from over drinkin' and all that stuff. I think that's helped me quite a bit. I try to eat wholesome foods--fresh grain and stuff like that.
- A11: ...mostly outdoor activities have given me a chance to keep my body in working order, so to speak, before I came down with this darn artharthritis.
- A12: So, I think that helped me quite a bit, being outdoors and doin' a average-size of work, not over-doing, over-working, my body.
- A13: And, then, like I say, eatin' the right kinda food
- A14: and just tryin' to be helpful,...
- A15: ...tryin' to be happy about everything that I do.
- A16: I'm at a hump where I'm gonna have to start to rely on modern medication to help me push me through the rest of the years on by. I guess every individual comes to that stage, eventually. Their physical bein' up to a certain year, like around 40 to 50, you began to come up to the peak of your life span. From there on you're usin' your own energy; after that, your years begin to weaken a little bit, you've used the most of it up, and so, you're gonna have to have a boost, and that's what I'm doin' now. Usin' medications to help me push the rest of my way; I'm tryin' to chase 80.
- A17: I don't want to be up in the 100s; I don't want to be dependent on other people.

- A18: I had a health check-up here about a month ago, checked out everything--blood pressure, and heart beat's ok. My doctor gave me a thorough physical examination, physical. I've got another one coming in about December; I'm holding on 'til then, I don't want to lose it.
- A19: ...communicating, visitation, socialize. Like them Indian deals (powwows), I'm not a believer in that; I like to go out just to see if there's anything new comin' up, you know, dancin'.
- A20: Just watch their lives, don't get into any kind of problems, troubles and, ah, take care of your health.
- A21: Go to bed at the right time
- A22: eat the right kind of food
- A23: get a lot of fresh air
- A24: and be a friend to everybody. If you don't, why, you won't be a friend to nobody and your health will go down by itself, being lonely.
- A25: ...every morning I get up, well, I'm gonna start this day, see how far I go. If I get through it, then, I could be grateful at the end. I'm positive that I'll make it through, that's overlookin' the accidents that you could have en route to where you're goin', car wrecks, things like that, strokes.
- B1: I like to get up and walk around and do things; but, I can't pick up nothin' heavy. Like washin' dishes and sweepin', light things; I do that to get exercise.
- B2: See, I've got high blood pressure. I got to take medications for that...
- B3: I quit smoking and drinking
- B4: ...the first thing I've got going now is prayer and I put God first
- B5: I have to go poor in it (salt) 'cuz I can't use salt; I have to use salt substitutes.
- B6: Then, I can't use grease. Everything I eats supposed to be boiled, but, lot of times I'm hungry and I go to town and get me two scrambled eggs and sausage.
- B7: It's like if you want to live good, you're supposed to try to take care of your life and you live good. And if you don't want to live right, why, you go and make it hard for yourself.
- B8: And, I try to treat my fellow man good, treat everybody good and love everybody in God's creation.
- B9: That's the only way you can stay healthy; stay close to Him, He'll guide you, He'll watch over you. The Holy Spirit's got to take care of you.
- B10: But, I'm on medication--heart, emphysema and I had this eye operated on for cataracts, and in about four more months, I'm gonna have the other one like that.

- C1: I usually be on a diet most of the time, just be careful of what I eat. I don't eat fried foods or anything, just baked. I don't hardly eat too much, just chicken and fish and turkey.
- C2: exercise, usually walk. You know, I don't live very far from town; sometimes I just walk to town, when it's a pretty day.
- C3: And, I get up early; I don't stay in bed. And, I don't sleep in the afternoon either.
- C4: ...very busy, and, when somebody come after me, I'm ready to go. I don't stay home.
- C5: I don't smoke.
- C6: coming here (the nutrition site) and visiting with people
- C7: I go to church.
- C8: I try not to gain weight
- C9: ...keep goin'.
- C10: ...when I'm at home, I do housework.
- D1: I don't sleep during the day
- D2: I'm always doin' something.
- D3: Oh, for my age, I still walk, I still get up and sweep and mop, you know.
- D4: Most of the time I don't just sit around or anything; I'm always doin' somethin'.
- D5: I don't never rest during the day. I just go about doin' things; I don't never sleep. Sleep away my life--too short.
- D6: I try to eat the right things, you know, stay on my diet on account of my diabetes, and that helps.
- D7: Well, walkin's about the only exercise and I got one of those things that you put your feet in and got little handles; you set on the floor, raise your feet up--that's about the only exercise thing I got. I have got a tape that's got sittin' exercise, like you're walkin' and bendin' over, things like that. I use it when I can't get out.
- D8: I come here on Wednesdays and Fridays, do all this; I love to come here (the nutrition site). Visit and to things and visit with folks visit with friends that comes, relatives that come--we have lots to do here.
- D9: Lotta times, you know, when I feel real bad, I pray. Spiritually in my body I feel better because, after all, He was the one put us here and when we don't have no place to go, we go to Him. So, spiritually He's supposed to be with your side at all times, so, you know that gives me a feeling, you know, a feeling that if I'm by myself, a feeling that, "Well, there's somebody

- always listening." He's always somewhere; He'll watch over me, you know.
- D10: So, this is life and it's short and you put in everything in everything you do and I get along like that from day to day. I try to get along with everybody.
- D11: Yes (it helps keep me healthy when family comes visit). Runnin' around. I like to cook; I do all our cookin' on holidays. I enjoy it. Long as I can do it; I'll do it.
- E1: I've been on that diet for about six months and I've been feelin' good; I've listened to him (physician).
- E2: I quit my worryin'. If somethin' comes up. I don't worry about it; the good Lord will take care of it, and He has. He's taken care of it.
- E3: So, through that, I've been tellin' my wife, I really been feelin' good since that doctor told me not to worry; don't worry so much and take it easy.
- E4: Now, I don't do no walkin'--distance--and I feel good...
- E5: I take my medications on time.
- E6: I told my wife, "We've got to get back on what the doctor told me--eat at a certain time every meal." If I eat on time, this medication don't bother me.
- E7: Well, I went on needles (for insulin) and I got so now, it doesn't even bother me. And they give me a human body picture--this is the way you're gonna take your insulin--first time you give it in your arm, the next time you give it in the other arm; rotate it. ...and after a while, everything's workin' out fine.
- E8: And, I'm not supposed to have salt, because my feet swells.
- E9: I feel better now because I'm takin' my medication like I'm supposed to and I eat what I'm supposed to and not eatin' as much.
- E10: Ever since these new doctors told me what to do and how to do it and stick to my medication--that's the main thing. If you want to feel good and have a better health; stick to what the doctor tells ya. And, don't complain.
- E11: If it wasn't for this center (nutrition site)--they feed us every meal and I don't argue--I come here for one purpose and that's to fellowship with all of our elderly people. Come and laugh and joke with 'em and have a good time with 'em. I just come here to fellowship with our elders.
- E12: I always tell young people: take care of your elders, respect your elders...

- E13: I come here. Main thing is visitation--that's the best medicine there is; even among your own neighbors. We'd laugh and have a ball. But, when they leave, "Oh, man, that really made me feel good."
- E14: Take good care of yourself and do what the doctor tells you, you'll live a good life
- E15: Always stick to the scriptures. We're not promised tomorrow; the good lord tells us he'll come any time. Be good to everybody; don't talk mean, or, don't act mean, or don't act selfish--don't think you're better than others. The scripture tells us we're all created equal, so you're gonna stay that way.
- E16: As far as your health is concerned--take care of it. Don't abuse it; because later on, just like I was talkin' to one of the elders the other day, did we ever think of the condition we're in now when we were young? Shoot, no... Look at us now; if we'd thought back there--you learn as you go along...you'll learn.
- E17: So, now we want to better ourselves because what we went through, we wouldn't want to go through it again, we want it better day by day. And help people, be good to people; that's all life is about--be good to people.
- E18: Fellowship is the main thing; that's the best medicine we got.
- E19: When I accepted Christ as my personal savior, I believe there's a God and He tells us that He'll help ya. Call on Him in time of need or sickness; call on Him and He will bless you. As much sickness as I've had, there's always someone prayin' for ya--"We'll remember you in prayer."--in their churches. I'm outside doin' things, first thing I think of, is somebody's prayer been answered, because I'm here today.
- E20: Course, if I was goin' the other route, if I was to say, "I don't care if I keel over," and, if I had a different attitude; but, you stick to the medication and day by day you see the happiness of people. Some are sad, but yet, you go say things to them and make 'em feel good. And that's the way I live a day at a time.
- E21: Always said, "There's someone else that's in worse shape than you are."
- E22: Be proud of yourself and take care of yourself; that's my belief, that's why I like to be with our elders here--listen to them.
- E23: I still listen to our elders, even as old as I am, because if it wasn't for them, no tellin' where

this guy would be. Because of our elders teachin' me along with their kids--takin' me to church and showin' me how to do things--even now, there's something I don't understand and I'll take it to the elders here and say, "Explain this to me." And, they'll sit around and say, "Well, this is the way I did it, now it's up to you, do you like the way I did it?" "No, I want the way you did it because it worked for you; it should work for me." That's my ideal; sit and listen to our elders.

- F1: I try to stay with the basic four and what I lack in one meal, I try to make it up in the next. A lot of times, if I don't have milk, I'll have cream or ice cream.
- F2: I have a glass of milk before I go to bed.
- F3: In my neighborhood, we keep track of one another; we keep in touch in case one of us gets sick.
- F4: And, every once in a while, when I get in the notion, I do clean house; I do clean it and you get your exercise--it keeps you healthy!
- F5: One thing, I get my exercise, like if I wash sheets and pillowcases, I hang 'em outside. I like the fresh air.
- G1: I am a diabetic and I try to take good care of myself.
- G2: I have to eat certain things, you know, that doesn't have any fat in it. Just small amount of butter I'm allowed; I'm on a 1800 calorie diet.
- G3: I wasn't really ready to retire, but, things didn't look like they was workin' out at my job, so, rather than to take all that pressure--it might make you sick--so, I got out.
- G4: One thing, I have my telephone in the back room, and when I'm in the kitchen, I have quite a ways to go, so I get my workout right there (laughs). And, I got a chow dog, boy, she keeps me goin'.
- G5: I quit goin' to the other nutrition center for the simple reason that they just play dominoes, but here, I've got somethin' to do! Sew, quilting...
- G6: Oh, for the last two months, we've been really busy. With me, I baby sit for my great-grandchild.
- G7: ...being on the run.
- G8: (Housework keeps you healthy) because you're climbin', you're on the floor scraping up whatever; you really get a full day when you do that.
- G9: It's really bad when you're with others and they're eating something that you know you're not supposed to have it, but you have it. And, then,

- you pay for it by leaving off the sweets to try to get back to where you were.
- H1: I wash my face in cold water; I never use warm water. I don't care how cold it is, I'm gonna wash my face in cold water.
- H2: I get up; I eat regularly--three meals a day.
- H3: I keep busy sewin' or crocheting or cuttin' material what I'm gonna sew. I just stay busy, even though I'm not able to mop and clean the ice box and stuff like that; I still stay busy.
- H4: Just up and always doin' somethin'.
- H5: Well, I don't drink; I don't drink no liquor.
- H6: But, I say, gettin' up and doin' your ole job and doin' what has to be done keeps you goin'. That's what I do when my pressure is down. And I like to garden.
- H7: Yea, I like to visit with people and...but. I can look at a person and if they don't smile, well I know I ain't got no business talkin' with that person. I don't hardly talk to people that I think they're not gonna talk to me; I don't want to feel bad.
- H8: Yea, laughin', and talkin' and enjoyin' a drink of coffee, or eat cake with 'em, or whatever I've got, if somebody comes around, I'm willin' to share it with 'em.
- H9: I tell you, if I didn't have a bad ankle and half a kneecap, I'd be walkin' all over--I love to walk.
- H10: And I think that what made me stay healthy, when things weren't workin' right, I went to the spiritual lodge and we purify ourself. And that was somethin' that kept us from gettin' sick.
- H11: I use Indian medicine; I use it.
- H12: I been goin' and checkin' my blood pressure and stuff like that.
- H13: Well, it helps keep my mind occupied, to come here and visit with people.
- H14: ...like for surgery and stuff, Oh, yea, I have to go (to Anglo doctors) for things like that. But, I never did have no surgery for anything other than my broken bones.
- I1: But I know that when I was young I didn't do it, but I like to watch what I eat now.
- I2: Well, sometimes I walk down to the creek down here, or, usually work outside; I'm out all day long.
- I3: Keep steady doing something, keep from just sittin' around too often, doin' nothin'--kinda makes me feel bad sometimes, you know, when I don't do nothin'...

- I4: On my diet, I have a low blood count and my blood is not as up percentagewise as what it's supposed to be. So, I have to eat more meats and more fish and chicken and protein and stuff to keep my blood count up, otherwise my blood count goes down. The main thing is to keep my blood built up.
- I5: I make sure I eat three meals a day; I eat as close as possible what I'm supposed to eat.
- I6: Yea, they set me up appointments to have a check-up every-so-often.
- I7: It (frequent testing at an Army base) kept me from it (drinking). It's been between 10 and 15 years since I had a drink at all, any kind of alcoholic beverage.
- I8: And, I never did use no kind of drugs of any kind; I never have in my life.
- I9: Even smoking cigarettes, I couldn't hardly smoke cigarettes.
- I10: Like I said, as far as drinkin' alcohol, it's been about 10 or 15 years. And, that helped my health pretty good.
- I11: I try to stay within the right foods most of the time, the majority of the time.
- I12: I get a lot of exercise outside. That's the best way I know to stay healthy.
- I13: To stay healthy--that's the best way I know--keep active and eat right majority of times, you know.
- I14: Yes, that's part of it; watchin' others, the way they do--it helps keep you goin' all the time. During the summer months, about six months out of the year, we've got a ball club. I don't play anymore, I'm out there with 'em, but as a coach, and about every weekend we go up to a different town, or out-of-state. Seems like it kinda perks me up, you know, keeps me goin'. Makes you feel like you want to do somethin'.
- I15: It's like I said, doctor's check-up helps pretty good.
- I16: Right, if the doctor says I need them (medications), I'll take 'em, whatever the doctor tells me, I'll do it, you know.
- I17: What helped me out, too, is my wife's a diabetic and I have to eat what she eats.
- I18: I could do garden work all summer long.
- I19: I like to walk around to the creeks down here.
- I20: I just never did like to live in the city at all; I like these wide open spaces out here. To me, we thought it was more healthy out here.
- I21: It's what I do; long as I can do it, I'm gonna stay out here. I guess knowin' I don't have to do

- it (his small engine repair work post-retirement); I feel like it's gonna keep me goin' longer.
- J1: I have high blood pressure and I take medication for that. And, I have thyroid problems; I take a medication for that...
- J2: I have a tendency sometimes in my job to bring my problems home, my worries home; you know, and, I'm a lot better at doing that though than when I first started.
- J3: I walk. I try to walk some everyday in the summertime when time permits, maybe it's two miles a day.
- J4: I've always been an athletic person...I can still get out and do a little bit of physical exercise. I am conscious of that part of it and I try to stay healthy. Stay physical in those little ways.
- J5: Well, I'm real conscious of the use of salt in my diet. We don't cook with salt at all. I don't season anything with salt, other than what we get through what's already in it.
- J6: And, we try to drink sugar-free soft drinks and things that are low in cholesterol.
- J7: And, probably the thing that I did the worst through the years was most of the foods I cooked for my family were fried foods, 'cuz they were fast. Well, I don't do that so much any more. I still do it occasionally, about once a week, but not like what I used to do at all.
- J8: We're tryin' to do things that are lowerin' our cholesterol, and, we don't fry as much as we used to. So, these things I'm pretty conscious of; we've been tryin' to do the low fat milk, you know, but nobody likes it.
- J9: I love my culture and I want to keep it alive within my family, but it doesn't have to rule my life.
- J10: The thing that I get the most benefit from is knowing that, you know, with my church--and what I contribute, what I can contribute--and doing for our church and doing for others and my source of socialization right there--my family, my extended family, my aunts, my uncles and cousins. And basically in the church that we're in, we're family, for the most part it's family.
- J11: There's just some days I have to have a steak, you know. I really do (laughs)
- J12: I think that for my part, I'll be a lot better off than some of the others in my family (when she's older). 'Cuz I'm more conscious of the stress that I can relieve myself of.... Whereas, I know

- my limit and I'll just walk away and I'll say, "I'll be there tomorrow," and I'm gone.
- J13: I probably am pretty conscious of not getting to the point where they are (her family members who are diabetic); I don't want to be a diabetic. I'm trying to control my blood pressure and, I don't know, I just don't want to be a diabetic.
- K1: I think that I eat right because my wife cooks right. I probably eat more than what I should, which is something she can't control.
- K2: Physically I think I was healthy because I was out doin' things when I had these cattle and I like to do that.
- K3: But, I also realize that as I get older, things seem like, break down. Like your eyes get bad and I had to have reading glasses; and, your teeth. I realize there's things, like arthritis--I'm taking Naprosyn for my knee and hip because they pop.
- K4: Of course, I always seem to be a busy person, you know, these little jobs that I do and they're physical things with physical demands...
- K5: I think I burn up a lot of calories, so, I think that means I'm usin' them at something. Though I don't have a formal, set pattern of exercise.
- K6: I don't go and abuse my body, like walkin' outside without the proper clothing.
- K7: Of course, I don't do that [drink alcohol] anymore. I did smoke; I was a substance abuser and I drank really heavy and I didn't mind smokin' anything I could get a hold of, yea, I avoid those. In fact, I even avoid being around an environment that is smokey, where there's a lot of cigarettes. I generally don't like to go in. Or, even when I go to eat, I'd rather be around a non-smoking section, 'cuz that stuff isn't good for you.
- K8: ...there's something about older people that I have always valued. I don't know if it was their knowledge, I don't know what it was, but there was somethin' that I was drawn to, being around old people. I feel good around old people.
- K9: There's a certain humor that Indians have that they say things, that they wouldn't mean anything to the non-Indian, but, it's humor to us. I miss those things, but when you're around 'em, you feel good. It's almost like a high, is what I think.
- K10: It's like V, my own brother being at home in his condition, just having that attention and that

love and the family all getting together and helping him, I know sustains him.

Themes within "actions to stay healthy" were identified as: follow doctor's advice/take medications, diet and weight control, socialize and be happy, stay active and exercise, preventive activities and knowing limits, and spiritual activities. Extrapolated themes are discussed after all themes are presented.

Follow Physician's Advice/Take Medications

- A: 1. If I'm sick, I take the necessary relief. If it's headaches, or muscle aches, I take what's on my list to take to relieve that pain. If it's headache, I take Tylenol. And, that's what's been helpin' me so far; I can move my joints pretty good.
2. I'm at a hump where I'm gonna have to start to rely on modern medication to help me push through the rest of the years on by. I guess every individual comes to that stage, eventually. Their physical bein' up to a certain year, like around 40 to 50, you began to come up to the peak of your life span. From there on you're usin' your own energy; after that, your years begin to weaken a little bit, you've used the most of it up, and so, you're gonna have to have a boost, and that's what I'm doin' now. Usin' medications to help me push the rest of my way; I'm tryin' to chase 80.
3. I had a health check-up here about a month ago, checked out everything--blood pressure, and heart beat's ok. My doctor gave me a thorough physical examination, physical. I've got another one coming in about December; I'm holding on 'til then, I don't want to lose it.
- B: 1. See, I've got high blood pressure; I got to take medications for that.
2. But, I'm on medication--heart, emphysema and I had this eye operated on for cataracts, and in about four more months, I'm gonna have the other one like that.
- E: 1. I take my medications on time.
2. Well, I went on needles (for insulin) and I got so

now, it doesn't even bother me. And, they give me a human body picture--this is the way you're gonna take your insulin--first time you give it in your arm, the next time you give it in the other arm; rotate it. And, after a while, everything's workin' out fine.

3. I feel better now because I'm takin' my medication like I'm supposed to and I eat what I'm supposed to and not eatin' as much.
 4. Ever since these new doctors told me what to do and how to do it and stick to my medication--that's the main thing. If you want to feel good and have a better health; stick to what the doctor tells ya. And, don't complain.
 5. Take good care of yourself and do what the doctor tells you, you'll have a good life.
- H: 1. I been goin' [to medical doctors] and checkin' my blood pressure and stuff like that.
2. ...like for surgery and stuff, oh, yeah, I have to go [to medical doctors] for things like that. But, I never did have no surgery for anything other than my broken bones.
- I: 1. Yea, they set me up appointments to have a check-up every so often.
2. It's like I said, doctor's check-up helps pretty good.
3. Right, if the doctor says I need them [medications], I'll take 'em; whatever the doctor tells me, I'll do it, you know.
- J: 1. I have high blood pressure and I take medication for that. And, I have thyroid problems; I take a medication for that...
- K: 1. But, I also realize that as I get older, things seem like, break down. Like your eyes get bad and I had to have reading glasses; and your teeth. I realize there's things, like arthritis--I'm takin' Naprosyn for my knee and hip because they pop.

Diet/Weight Control

- A: 1. ...it's the food we eat...
2. See, it's the food you eat.... I think that's helped me quite a bit. I try to eat wholesome foods--fresh grain and stuff like that.
3. And, the, like I say, eatin' the right kinda food...
- B: 1. I have to go poor in it [salt] 'cuz I can't use salt; I have to use salt substitutes.
2. Then, I can't use grease. Everything I eat's

supposed to be boiled, but lot of times I'm hungry and I go to town and get me two scrambled eggs and sausage.

- C: 1. I usually be on a diet most of the time, just be careful of what I eat. I don't eat fried foods or anything, just baked. I don't hardly eat too much, just chicken and fish and turkey.
2. I try not to gain weight.
- D: 1. I try to eat the right things, you know, stay on my diet on account of my diabetes, and that helps.
- E: 1. I've been on that diet for about six months and I've been feelin' good...
2. And, I'm not supposed to have salt because my feet swells.
- F: 1. I try to stay with the basic four and what I lack in one meal, I try to make it up in the next. A lot of times, if I don't have milk, I'll have cream or ice cream.
- G: 1. I have to eat certain things, you know, that doesn't have any fat in it. Just a small amount of butter I'm allowed; I'm on a 1800 calorie diet.
2. It's really bad when you're with others and they're eating something that you know you're not supposed to have it, but you have it. And, then, you pay for it by leaving off the sweets to try to get back to where you were.
- H: 1. I eat regularly--three meals a day.
- I: 1. But I know that when I was young I didn't do it, but I like to watch what I eat now.
2. On my diet, I have a low blood count and my blood is not as up percentagewise as what it's supposed to be. So, I have to eat more meats and more fish and chicken and protein and stuff to keep my blood count up, otherwise my blood count goes down.
3. I try to stay within the right foods most of the time, the majority of the time.
4. To stay healthy--that's the best way I know--keep active and eat right majority of times.
5. What helped me out, too, is my wife's a diabetic and I have to eat what she eats.
- J: 1. Well, I'm real conscious of the use of salt in my diet. We don't cook with salt at all. I don't season anything with salt, other than what we get through what's already in it.
2. And, we try to drink sugar-free soft drinks and things that are low in cholesterol
3. And, the thing that I did the worst through the years was most of the foods I cooked for my family

were fried foods, 'cuz they were fast. Well, I don't do that so much any more. I still do it occasionally, about once a week, but not like what I used to do at all.

4. We're tryin' to do things that are lowerin' cholesterol, and, we don't fry as much as we used to. So, these things I'm pretty conscious of; we've been tryin' to do the low fat milk, you know, but nobody likes it.
5. There's just some days I have to have a steak, you know. I really do.

K: 1. I think I eat right because my wife cooks right. I probably eat more than I should, which is something she can't control. Other than that, I think I stay pretty healthy.

Socialization/Happiness

- A: 1. And, then, like I say,...just tryin' to be helpful, tryin' to be happy about everything I do.
2. ...communication, visitation, socialize. Like them Indian deals (powwows), I'm not a believer in that. I like to go out just to see if there's anything new comin' up, you know.
3. ...and be a friend to everybody. If you don't, why, you won't be a friend to nobody and your health will go down by itself, being lonely.
- B: 1. And, I try to treat my fellow man good, treat everybody good and love everybody in God's creation.
- C: 1. ...coming here (the nutrition site) and visiting with people
- D: 1. I come here (the nutrition site) on Wednesdays and Fridays, do all this; I love to come here. Visit and do things and visit with folks; visit with friends that comes, relatives that come--we have lots to do here.
2. So, this is life and it's short and you put in everything in everything you do and I get along like that from day to day; I try to get along with everybody.
- E: 1. If it wasn't for this center (nutrition site)--they feed us every meal and I don't argue--I come here for one purpose and that's to fellowship with all of our elderly people. Come and laugh and joke with 'em and fellowship with our elders.
2. I come here (nutrition site). Main thing is visitation--that's the best medicine there is; even among your own neighbors. We'd laugh and

have a ball. But, when they leave, "Oh, man, that really made me feel good."

3. Be good to everybody; don't talk mean, or, don't act mean, or don't act selfish--don't think you're better than others.
 4. And, help people, be good to people; that's all life is about--be good to people.
 5. Fellowship is the main thing; that's the best medicine we got.
 6. That's my ideal--sit and listen to our elders.
- F: 1. In our neighborhood, we keep track of one another; we keep in touch in case one of us gets sick.
- H: 1. Yea, I like to visit with people and.... I can look at a person and if they don't smile, well I know I ain't got no business talkin' with that person. I don't hardly talk to people that I think they're not gonna talk to me; I don't want to feel bad.
2. Yea, laughin' and talkin' and enjoyin' a drink of coffee, or eat cake with 'em, or whatever I've got, if somebody comes around, I'm willin' to share it with 'em.
 3. Well, it helps keep my mind occupied, to come here (the nutrition site) and visit with people.
- I: 1. Yes, that's part of it; watchin' others, the way they do--it helps keep you goin' all the time. During the summer months, about six months out of the year, we've got a ball club. I don't play anymore, I'm out there with 'em, but as a coach. And about every weekend we go up to a different town, or out-of-state. Seems like it kinda perks me up, you know, keeps me goin'. Makes you feel like you want to do somethin'.
- K: 1. ...there's somethin' about older people that I have always valued. I don't know what it was, but there was somethin', somethin' that I was drawn to, being around old people. But, I feel good around old people.
2. Yea, just to be there and there's a certain humor that Indians have that they say things, that they wouldn't mean anything to the non-Indian, but, it's humor to us. I miss those things, but, when you're around 'em, you feel good. It's almost like a high, is what I think about...
 3. ...just like my own brother being at home in his condition, just having that attention and that

love and the family all getting together and helping him sustains him.

Stay Active and Exercise

- A: 1. And that helped me quit a bit; I think, you know, being outdoors. I don't like to be confined.
 2. And, that's the way I like to be; I like to be outdoors, get a lot of this fresh air.
 3. ...mostly outdoor activities have given me a chance to keep my body in working order, so to speak, before I came down with this darn artharitis.
 4. ...get a lot of fresh air...
- B: 1. I like to get up and walk around and do things.... Like washin' dishes and sweepin', light things--I do that to get exercise.
- C: 1. ...exercise, usually walk. You know, I don't live very far from town; sometimes I just walk to town, when it's a pretty day.
 2. And, I get up early; I don't stay in bed. And, I don't sleep in the afternoon either.
 3. ...very busy, and, when somebody comes after me, I'm ready to go. I don't stay home.
 4. ...keep goin'.
 5. ...when I'm home I do housework.
- D: 1. I don't sleep during the day.
 2. I'm always doin' something.
 3. Oh, for my age, I still walk; I still get up and sweep and mop, you know.
 4. Most of the time I don't just sit around or anything; I'm always doin' somethin'.
 5. I don't never rest during the day. I just go about doin' things; I don't never sleep, sleep away my life--too short.
 6. Well, walkin's about the only exercise and I got one of those things that you put your feet in and got little handles; you set on the floor, raise your feet up--that's about the only exercise thing I got. I have got a tape that's got sittin' exercise, like you're walkin' and bendin' over, things like that. I use it when I can't get out.
- F: 1. And, every once in a while, when I get in the notion, I do clean house; I do clean it and you get your exercise--it keeps you healthy!
 2. One thing, I get my exercise, like if I wash sheets and pillowcases, I hang 'em outside. I like the fresh air.
- G: 1. One thing, I have my telephone in the back

room, and when I'm in the kitchen, I have quite a ways to go, so I get my workout right there (laughs). And, I got a chow dog, boy, she keeps my goin'.

2. I quit goin' to the other nutrition center for the simple reason that they just play dominoes, but, here, I've got somethin' to do! Sew, quilting...
3. Oh, for the last two months, we've been really busy. With me, I babysit for my great-grandchild.
4. (Housework keeps you healthy) because you're climbin', you're on the floor scraping up whatever; you really get a full day when you do that.

- H:
1. I keep busy sewin' or crocheting or cuttin; material what I'm gonna sew. I just stay busy, even though I'm not able to mop and clean the ice box and stuff like that; I still stay busy.
 2. Just up and always doin' somethin'.
 3. But, I say, just gettin' up and doin' you're ole job and doin' what has to be done keeps you goin'. That's what I do when my pressure is down. And I like to garden.

- I:
1. Well, sometimes I walk down to the creek down here, or, usually work outside; I'm out all day long.
 2. Keep steady doing something, keep from just sittin' around too often, doin' nothin'--kinda makes me feel bad sometimes, you know, when I don't do nothin'...
 3. I get a lot of exercise outside. That's the best way I know to stay healthy. To stay healthy--that's the best way I know--keep active...
 4. I could do garden work all summer long.
 5. I like to walk around to the creeks down here. I just never did like to live in the city at all; I like the wide open spaces out here. To me, we thought it was more healthy out here.
 6. It's what I do; long as I can do it (small engine repair work), I'm gonna stay out here. I guess knowin' I don't have to do it; I feel like it's gonna keep me goin' longer.

- J:
1. I walk. I try to walk some everyday in the summertime when time permits, maybe it's two miles a day.
 2. I've always been an athletic person...I can still get out and do a little bit of physical exercise. I am conscious of that part of it

and I try to stay healthy. Stay physical in those little ways.

- K: 1. I think I burn a lot of calories in a day because my days are long. Of course, I always seem to be a busy person, you know, these little jobs that I do.
2. Though I don't have a formal, set pattern of exercise.

Preventive/Knowing Limits

- A: 1. But, you know, if you're not careful in what you do and what your plans are and you just try to rush through it, taking everything for granted, that's when you're gonna get to have little problems.
2. Just being careful about how you do things and cautious about your movements, in my case, I think I could go a long ways without any further injuries, you know, hurts or pains.
3. ...and, the drinking, there's no place for that. I used to drink quite a bit, but I gradually veered off that and ever since I veered off I found out that I became stronger; I could think a lot better.
4. I used to smoke quite a bit, too. Then I got to readin' newspaper ads and hearin' on tv that smoke can probably give you cancer and that stuff, why I just veered off of that.
5. So, I think that helped me quite a bit, being outdoors and doin' a average-size of work, not over-doing, overworking my body.
- B: 1. I quit smoking and drinking
2. It's like if you want to live good, you're supposed to try to take care of your life and you live good. And if you don't want to live right, why, you go and make it hard for yourself.
- C: 1. I don't smoke.
2. I try not to gain weight
- E: 1. So, through that, I've been tellin' my wife I really been feelin' good since that doctor told me not to worry; don't worry so much and take it easy.
2. Take good care of yourself...and, you'll live a good life.
3. As far as your health is concerned--take care of it. Don't abuse it; because later on, just like I was talkin' to one of the elders the other day--did we ever think of the condition we're in now

when we were young? Shoot, no. Look at us now; if we'd thought back there--you learn as you go along--you'll learn.

4. 'Course, I was goin' the other route, if I was to say, "I don't care if I keel over," and, if I had a different attitude; but, you stick to the medication and day by day you see the happiness of people. Some are sad, but yet, you go say things to them and make 'em feel good. And that's the way I live: a day at a time.
- G: 1. I am a diabetic and I try to take care of myself.
2. I wasn't really ready to retire, but things didn't look like they was workin' out at my job, so rather than to take all that pressure--it might make you sick--so, I got out.
- H: 1. Well, I don't drink; I don't drink no liquor.
2. And, I think that what made me stay healthy, when things weren't workin' right, I went to the spiritual lodge and we purify ourself. And that was somethin' that kept us from gettin' sick.
- I: 1. It (frequent checking at the near-by military base) kept me from it (drinking). It's been between 10 and 15 years since I had a drink at all, any kind of alcoholic beverage.
2. And, I never did use no drugs of any kind; I never have in my life.
3. Even smoking cigarettes, I couldn't hardly smoke cigarettes.
4. Like I said, as far as drinkin' alcohol, it's been about 10 or 15 years. And, that helped my health pretty good.
- J: 1. I have a tendency sometimes in my job to bring my problems home, my worries home; you know, and, I'm a lot better at doing that (not bringing home stress) though than when I first started.
2. I think that for my part, I'll be a lot better off than some of the others in my family (when she's older), 'cu2, I'm more conscious of the stress that I can relieve myself of.... Whereas, I know my limit and I'll just walk away and I'll say, "It'll be there tomorrow"; and, I'm gone.
3. I probably am pretty conscious of not getting to the point where they are (some diabetics in family); I don't want to be a diabetic. I'm trying to control my blood pressure and, I don't know, I just don't want to be a diabetic.
- K: 1. I don't go and abuse my body; like walkin' outside without the proper clothing.

2. But, of course, I don't do that anymore (drink alcohol).
3. I did smoke. I drank really heavy, yea, I avoid those.
4. In fact, I even avoid bein' around an environment that is smokey, where there's alot of cigarettes. I generally don't go in. Or, even when I go eat, I'd rather be around the non-smoking section, 'cuz that stuff isn't good for you.

Spiritual Activities

- B: 1. ...the first thing I've got going now is prayer and I put God first.
2. That's the only way you can stay healthy; stay close to Him, He'll guide you, He'll watch over you. The Holy Spirit's hot to take care of you.
- C: 1. ...I go to church...
- D: 1. Lotta times, you know, when I feel real bad, I pray. Spiritually in my body I feel better because, after all, He was the one put us here and when we don't have no place to go, we go to Him. So, spiritually He's supposed to be with your side at all times, so, you know, that gives me a feeling, you know, a feeling that, if I'm by myself, a feeling that, "Well, there's somebody always listening." He's always somewhere; He'll watch over me, you know.
- E: 1. I quit my worryin'. If somethin' comes up, I don't worry about it; the good Lord will take care of it, and He has. He has taken care of it.
2. Always stick to the scriptures. We're not promised tomorrow; the good Lord tells us He'll come anytime. Be good to everybody...
3. When I accepted Christ as my personal savior, I believe there's a God and He tells us that he'll help ya. Call on Him in time of need or sickness; call on Him and He will bless you. As much sickness as I've had, there's always someone prayin' for yo--"we'll remember you in prayer."--in their churches. I'm outside doin' things, first thing I think of, is somebody's prayer been answered because I'm here today.
- J: 1. The thing that I get the most benefit from is knowing that, you know, with my church--and what I contribute, what I can contribute--and doing for others and my source of socialization right there--my family, my extended family, my aunts, my uncles and

cousins. And basically in the church that we're in, we're family, for the most part, it's family.

Diet or weight control was the only theme which every participant mentioned as an action taken to stay healthy. Some participants reported they had to follow prescribed diets, such as for diabetes. One person stated that having his spouse on a prescribed diet helped him stay on his diet. Those not on prescribed diets were aware of preventive diet habits, such as decreasing salt and fat: "We're tryin' to do things that are lowerin' cholesterol, and we don't fry as much as we used to." The oldest participant attributed his longevity at least in part to his diet: "See, it's the food you eat... I think that's helped me quite a bit. I try to eat wholesome foods--fresh grain and stuff like that."

Staying active and exercising was the next most frequently reported health action, with ten of 11 participants citing this as a method to stay healthy. The degree and intensity of exercise was not explored. Within this theme respondents stated that "staying busy," "being outdoors," and "not napping" are actions taken to stay healthy. The following statements reflected this theme: "mostly outdoor activities have given me a chance to keep my body in working order"; "I don't never rest during the day. I just go about doin' things; I don't never sleep, sleep away my life--too short"; and, "One thing, I get my

exercise, like if I wash sheets and pillowcases, I hang 'em up outside. I like the fresh air." Participant I stated: "I like to walk around to the creeks down here. I just never did like to live in the city at all; I like the wide open spaces out here. To me, we just thought it was more healthy out here."

Nine of 11 participants identified prevention and knowing your limits as activities important to health. Specific activities avoided due to unhealthy effects are smoking, alcohol and drugs, stressful situations, and gaining weight. One participant noted a sense of balance, or knowing limits: "I think that helped me quite a bit, being outdoors and doin' an average-size work; not overdoing, overworking my body." Others expressed taking care of themselves: "It's like if you want to live good, you're supposed to try to take care of your life and you live good. And if you don't want to live right, why, you go and make it hard for yourself"; and, "take care of yourself and you'll live a good life."

Nine of 11 participants also identified socialization/happiness activities as methods to stay healthy. There was much value placed on simply sharing time with others, as participant E expressed: "I come here (nutrition site). Main thing is visitation--that's the best medicine there is; even among your own neighbors." Another

participant stated: "Yea, laughin' and talkin' and enjoyin' a cup of coffee with 'em, or whatever I've got, if somebody comes around, I'm willing to share it with 'em."

"Communication, visitation and socialize. . ." as well as "I try to treat my fellow man good," were statements within the theme of socialization/happiness. One participant drew a direct parallel between friendship and health, "...and be a friend to everybody. If you don't, why, you won't be a friend to nobody and your health will go down by itself, being lonely."

Following physician's advice and taking medications was a theme into which seven of the 11 participants' responses fit. This may indicate that this group of participants is more assimilated than other Comanche. It is important to note that simply because participants indicated that they follow physician's advice, it does not mean they exclude Indian ways of finding health. Respondent H was one who reported consulting Anglo doctors at the local Public Health Service Indian Hospital and following selected traditional Indian ways, such as cedar smoking and using "Indian perfume" for "upset stomach."

Five participants associated spiritual activities with staying healthy as evidenced in these statements: "that's the only way you can stay healthy; stay close to Him, He'll guide you, He'll watch over you. The Holy Spirit's got to

take care of you"; and, "lotta times, you know, when I feel real bad, I pray. Spiritually in my body I feel better because, after all, He was the one who put us here and when we don't have no place to go, we go to Him." This last statement also reflects the holistic perspective previously noted.

Both Antle (1987) and Sobralske (1985) discussed the interweaving of religion and health in Indian populations. Several participants invited me to attend church services and it is noteworthy that one of the data collection sites was near a church. Of the five participants who referred to spiritual activities as being part of staying healthy, only one was interviewed on the church grounds.

Traditional Comanche Health Practices

Traditional Comanche health practices currently in use were identified by asking participants to respond to the following questions: "Do you do things to stay healthy that are different than I would do because I'm not Comanche? Are there things you do as a Comanche to stay healthy that someone else would not do?" Participants' responses were as follows:

- A1: No, I don't think so, I don't think so. I do things to keep my body, just like you're drivin' a car, say an older model car. I have to do somethin' to it to make it keep runnin' good.
- A2: I've never believed in that (use of herbs, powwows); I never did and I'm still up this far (he's 79). So, that goes to prove to me that

- that's not necessary what they go through, the rituals that the Comanches go through. But, I never did that, didn't believe in that.
- A3: But I never did take that and here I am where I'm at and some of those guys that been takin' that; they're long gone, so.... It's just how much, from my point of view, just how much you believe in that, but, I don't.
- A4: And, like I say, some of those people that go to those powwows all the time--they're gone and I'm still here and they were a whole lot much younger than I was.
- A5: It's not that I'm against powwows, or anything like that; some of them drank quite a bit over there, get into wrecks and stuff like that. Come in way in the wee hours of the morning; that's not my style, used to be--way back when I was young.
- A6: So, anybody, anybody lives by the scriptures I've given you, well, they'll have a good health.
- A7: Well, wish I had some Indian medicine that I could tell you about. But, I never use it and that's why my health is what it is now.
- B1: No, regardless of what nationality you are, you don't have to be Comanche. So, just like Christ says, "Come as you are;" He didn't say, "Comanche, come."
- B2: No, I don't go to powwows--I don't go in for that.
- B3: I quit all that. I used to use that herb they call peyote, used to use it. To me it's artificial. I want the real God.
- B4: So, that's like you ask me if Comanche have to be, to do...it's up to you regardless of what nationality you belong to.
- B5: I don't believe in that tradition; you've got to read the bible.
- C1: Well, talk Comanche...
- C2: (In response to "Do you do anything, like go to powwows?") No, but, I love to watch 'em. I go and watch them, but, I don't know how to dance.
- C3: (This participant denied using any traditional methods to promote health, i.e., use of herbs, cedar smoking.)
- C4: Never use any kind of Indian medicine.
- D1: I don't know, you might stay on your diet more than I can. You might not eat much else. Sometimes I forget myself.
- D2: (In response to "What about things like going to powwows...?") Well, I don't hardly go, because, I don't have no way to go; I don't have a car no more, so I just stay, unless somebody comes after me.

- D3: Oh, we don't take herbs to stay healthy; we take herbs to cure something.
- D4: We have herbs that I still use 'cuz my dad was a doctor.
- D5: Oh, well, I have my knee, this side (indicates lateral aspect of left knee) was swollen and I was scheduled for surgery and my cousin, he brought me some herb. So, he brought that and I used it and it went away.
- D6: (She named a herb.) It's a root, and it's good for bone problems
- D7: (Named peyote as a treatment for diabetes.) No, I've got too much white man medicine in my body. If I'm gonna use that, I have to let the other out of my body, and I'm worried about my thyroid.
- D8: If you have faith in somethin', it works--along with whatever you're doin'. Faith is somethin' you have to have. You put your faith in whatever somebody's doin' for you and you can get well.
- D9: (In response to whether she currently takes Indian medicines.) No, I don't take anya that, but I do for my arthritis.
- E1: Well, the only thing I see here lately, I never did go into this powwow dancin' business--and, so like the doctor say, I lay around and worry . So, I said, "Ok, I'm gonna take part in that." So, I go and take part in the dances--go around shakin' hands with the dancers and help the people and talk with them and laugh and joke with them. And I tell 'em about what happened to them back there and through that, this visitation, really means alot to me.
- E2: I was taught the religion--missionaries came and taught our elders the bible, words in the bible. And through that, I've always listened to them: always have my prayer in the morning and at night and when we get ready to eat.
- E3: (In response to, "But, for you, right now...") Christianity.
- E4: There's some (traditional medicines) that I use during the winter, cedar smoking. There's different kinds of cedars back in the Navajo country, those cedars are stronger that we have around here. So, sometimes a friend brings me a sack full and in the mornings, when my wife and I get up and the kids are still asleep, I take out a shovel and put it in the coal--we burn wood stoves--so, I get a little of that coal and I sprinkle some of that cedar. And I was taught--the people said--that that takes care of your

- sickness, evil spirit, whatever. Go to each room and cedar each room with that smoke and pray to the lord to give you healing and take care of your family, and that's what I do.
- E5: And, then, we have a cedar, there's some that you can boil it--and take it like a cough syrup. Like if you got a cold, drink a little of it. And, we got a root that our elders get in Mexico somewheres--it's like where I would take Hall's cough drops, I'd take that (root) and chew it--that'd take care of all my colds, chest stopped up, or head stopped up; that takes care of it.
- E6: I had a cold about three months ago and used it then.
- E7: (In response to, "When did you last use cedar smoking?") Oh, last winter...and my kids questioned me on that--"Why do you do that? Why do you smoke up the house?" That's our doctorin' taught from way back when our grandpas and grandmas were in the teepees; to get some of that cedar. Just like using deodorizer in the house. You take that (cedar) and they pray and they asked God to watch over their house, watch over their children and that cedar was sacred medicine. Our elders always told us; teach your children this way, teach 'em about these kinds of medicine so they'll know, but as we grow up, we turned towards the medical profession.
- E8: We got doctors, we got nurses we listen to them, but like I say, we use cedar and that herb you chew to keep your throat clear. During the winter we use cedar and that herb--you go out and get damp and come in and get a piece of that and chew it; it's kinda like a cough drop to us.
- F1: I tell you what, when I eat beef, I have to have tallow with it--the fat. Even if I had a piece of steak...they trim the meat too much, and to me, that's Comanche. See. That's something I don't worry about.
- F2: There's something we call "itse," our ancestors used. They would pound it and put it around our chest. I'd like to have some right now. I've been wantin' to go out west. There's a place in New Mexico, it's like a carnival and all the people come in off the Indian reservations and they sell their wares and crafts. But, there's a group that comes in from Mexico and they have all these herbs. So, that's what I've been wanting...
- F3: (In response to, "When was the last time you used something like that?") Oh, about two, three years

- ago. I know someone in the neighborhood has got it, but I never have asked for it.
- F4: (In response to attending powwows.) Now, that's just the culture, that's the culture; and, then, we're mostly watchers. Sometimes, you know, we don't take part; we just watch.
- G1: Now it's (traditional actions) gone; we turned to Christianity and that's all we do is go to church. We hardly spend our time at powwows, unless it's special, like our close relatives, while, then we'll go.
- G2: But, you know, it stays with you, years...like what you call the flag song, or when they come in, you know. What you call the grand entrance, you know, it does something to me because it takes me back years.
- G3: But, for right now, this is what we're tellin' you, this is what we do now--is to follow the doctor's orders. He say, "Hey, you stay on that 1800 calorie diet and then, you take your exercise as much as possible." And, that's what has to keep me healthy because I have to get out and sweat that poison in my system out.
- H1: I don't know of any difference. Well, I don't think of anything that I would do any differently than what your all people would.
- H2: What helps I and my wife out is that we go to church on Sunday. Maybe our religion is different--I was brought up in a Christian home. But, other than that...we take our medicines and stuff that we get from the doctor like anybody else.
- H3: As far as usin' any medicines like the Indians uses; we don't use them.
- H4: We don't participate in powwows at all--I and my wife, my whole family, on mother's side, dad's side. They just never was; it was more or less regular Christian people. And, we was brought up that way in the home.
- H5: We never went to powwows; we don't believe in it.
- H6: We never did do it, we was brought up different, in a different religion, you know. Lotta people like to say that's part of their religion; we just don't believe in that kind of religion. We just believe in what our parents brought us up. My wife is from a Christian home also.
- I1: I love to go to powwows; I like to camp, I enjoy that. Inviting people to my camp; all those things I like to do.... I love to camp and cook outside.

- I2: I love to dance. When I hear that drum, now people used to say, "Oh, I'm sick; I don't feel like goin'." And, I didn't believe 'em, ok? Now, I got to that age and there was times when I was sick and didn't feel like anything and I sing around a drum. Well, I sit around a drum and when I feel bad, I get around there and that drum, it's just like it makes you well.
- I3: Them songs you hear; you forget your illness. Yea, you go to a powwow, you forget your illness. You're over there visitin' people and get up and dance. My kids always say, "Mom, you always say your knee hurts and..."
- I4: (Cedar smoking your house?) Oh, yea, that's a purification, yea, I do that. I think it was May that I did that. Some people gave me things and they never did given me anything to me that I was aware of them, so I didn't put them in my house. So, we built a fire outside and I just burned 'em, because, this lady, I didn't know her and I knew who she hung around. And, I thought she was tryin' to hurt me. So, I destroyed it and a blanket; they were people that never gave me anything, never talked to me, so that's what I did.
- I5: Spiritual lodge is what I went to. You pray for the unborn, the born, the people that never got here yet, they're on the way--you pray that they come out, you know, alright. You pray for the water; we pray for all good things.
- I6: Yea, I use Indian medicine; I use it. And I keep Indian perfume; that's good for your stomach. They grow in real pretty plants, like a bush like that (motions with her hands in a small circle.) And, they grow pretty flowers and 'bout last part of July when their stems start turnin' purple, well, you can clip 'em and put 'em in a bag and let 'em dry. And that's good for your stomach if you boil it.
- I7: And, if you're really coughin', I boil some cedar and I strain it and drink it; I'm real Indianfied.
- I8: If I ache, I just take a Tylenol; that's all I take.
- I9: So, I really go for Indian medicine. I use it (itse) for my hives.
- J1: Those are things, powwow things, are kinds of things that I look at as part of my culture that one does socially; I don't need that in my life because, you know, religion is more important to me than that part.

- J2: I enjoy goin' to a powwow and I go mostly to see the beauty of the costume and, you know, to visit with friends and if there's one here locally, you know, in Lawton on the weekend, I might go over there for a couple hours and come back home.
- J3: But, you know, I don't have to have it; (powwows) at all. I don't preach that to my children either...
- J4: I think you probably do more things to stay healthy than I do. I think Indians are not so concerned about being skinny, you know, they enjoy eating and, you know, they won't sacrifice what it takes to...you know, what other people thinks makes 'em look nice. You know, makes 'em look slim and trim and pretty and all that to Indians, that's insignificant. You know, to me, it's insignificant, too. I wanta be healthy, but I'm not gonna put so much emphasis on my bein' tall and thin and you know, that kind of thing; that's just not important to me. So, I don't know, so, you probably do alot more, you know, non-Indians probably do alot more in that area than Indian people do, I feel like.
- J5: Basically, we (she and her husband) have what we want to eat. We enjoy doing it; and, you know, we're happy together. As with you, I don't know, if you gain ten pounds, you know, you might have your whole family do a diet with you. I seen families kinda do that; when being tall and thin, that kind of thing, is more important to them than anything else.
- J6: I mean, just like with the Native American church--I respect that, but, it's not anything that I would practice at all.
- K1: (Talking about powwows) Well, I think that I don't consider it a priority to do those things, though, I think there's a sense that when we go it probably gets back to love...that love, just a touch, makes you feel good. And, I think, as far as a Comanche is concerned, that being close to one another, maybe the extnded family concept that alot of the Indians practice, there's something that makes you feel good. Being around like the reunion...there was something that made me feel good, to be around my people, more so with even family like over the Thanksgiving
- K2: There's really not that I know of (in response to, "From a Comanche perspective, there are no traditional types of things that you do to stay healthy?")

- K3: I've pretty much laid all that aside in my own life, but, I think of things that I even have still. There's certain medicines that I have that people have given to me. And, they work, just like my tooth ache. And, I used some over the weekend. 'Cuz it was hurting and I was down home and we were down visiting grandpa, he was giving me some Indian perfume. And, he had some, boy, it was strong. You can just chew it and it just numbs this stuff. But, there are things like that still are used today.
- K4: And, it's just like he went to smoke my brother's house Tuesday night with cedar. Because there was things that was botherin' him; and, he's never the kind to be bothered with things--seein' things in the house. He just never--that's not him. Him and his step-daughter both. What does he do? When you think of these guys, well, what would he do? Was he gonna call the preacher, but he wanted his house to be smoked, because he knows that that's the way our Comanches would do something like that. Now, that's not a health thing, but in a way it is when you think of keeping your mind...part of your well-being. And, so that's what we did--we went over and smoked his house. But, I don't know of anyone who actively practices using these things. Grandpa uses a lot of 'em, in fact, we're goin' lookin' for a --I don't know what it is, he hasn't told me--but, in the Springtime we're gonna go look for a medicine that it cleanses you out--I don't know what it does. But, he said, "Oh, it's strong." And, you mix it and it's like a cleanser, pulls everything out of your body. I don't know what he meant...
- K5: Yea, my grandpa, my two grandpas, there was several of those other people that sweat and I would go with them, and, it was kinda like this goin' around family. You just, I mean, the sweat just rolled off of you and you're settin' there and you can hardly breathe. You're in this circle, you know. these hot coals are sittin' there and they pour water over them, and, boy, here comes the steam. But, Anne, it makes you feel good. Seemed like it was a healthy thing to do and if there was someone sweating around here, I'd probably go.

The descriptors in the category, "traditional health practices," were grouped in two themes: use of traditional practices, and non-use of traditional Comanche practices.

Of the 11 participants, five stated that they participated in traditional Comanche health practices. However, all of the respondents within the group who acknowledged using traditional Comanche health practices also indicated that they, "follow doctor's orders," or, take medicines from their physician at the local Indian Public Health Service Hospital. One of the respondents stated that it had been "two or three years" since having used herbs. None of the respondents stated they rely solely on Comanche ways or medicines to promote health. One participant adamantly stated that, "We don't take herbs to stay healthy; we take herbs to cure something."

Within the group who reported using traditional Comanche health practices, one participant was particularly proud to describe her use of herbs. She stated that, "And, if you're really coughin', I boil some cedar and I strain it and drink it; I'm real Indianfied." Her next sentence, "If I ache, I just take a Tylenol; that's all I take," was in reference to her arthritis.

Participant E also continued to use selected Comanche health practices and follow physician's advise about his diabetes. Participant E was one of the few in this study who stated he uses a traditional Comanche practice, cedar smoking, as a preventive health measure:

Go to each room and cedar each room with that smoke and pray to the lord to give you healing and take care of your family.....You take that (cedar) and they pray and they asked God to watch over their house, watch over their children and that cedar was sacred medicine.

Participant E utilized herbs for specific health problems, such as "itse" for "sore throat." Three other participants reported their use of "itse" for the same problem, or, for "hives." Three participants acknowledged using the herb, Indian perfume. The only other traditional Comanche practice noted was Participant K's reference to sweat lodges; he indicated that if one was available, he would "sweat"--"it makes you feel good. Seemed like it was a healthy thing to do...." He does not currently participate in "sweats."

Those respondents who did not participate in traditional practices identified the Christian philosophy as their belief system and primary reason for not participating in traditional activities. Statements which depicted this include Participant B's: "I quit all that. I used to use that herb they call peyote, used to use it. To me it's artificial. I want the real God." Participant H echoed this: "We don't participate in powwows at all--I and my wife, my whole family.... They just never was; it was more or less regular Christian people."

Participant A remarked that one reason he does not attend powwows and follow traditional Comanche ways is:

I've never believed in that; I never did and I'm still up this far (he's 79). So that goes to prove to me that that's not necessary what they go through, the rituals that the Comanches go through.

Some of the respondents who participate in Comanche powwows and use herbs do so as part of the cultural heritage, rather than a steadfast belief. Participant J's view was that powwows and other Comanche traditions are social and cultural activities, rather than absolute beliefs; "I don't need that in my life because, you know, religion [the Christian religion] is more important to me than that." These remarks are parallel with Participant K's, who commented:

...I don't consider it a priority to do those things, though I think there's a sense that when we go [to powwows] it probably gets back to love--that love, just a touch, makes you feel good. And I think, as far as Comanche is concerned, that being close to one another, maybe the extended family concept that alot of the Indians practice, there's something that makes you feel good.

This notion of family as healing was reflected in Participant I's statement:

Well, I sit around a drum and when I feel bad, I get around there and that drum, it's just like it makes you well. Them songs you hear; you forget your illness. Yea, you go to a powwow, you forget your illness. You're there visitin' people and get up and dance.

While most of the participants did not view traditional Comanche practices as a part of their health belief system, several acknowledged that attending powwows contributes to

an overall feeling of well-being and belonging. Powwows were of special importance for "visiting with friends," "visitation," and, as one participant stated, "[W]e hardly spend our time at powwows, unless its special, like our close relatives, while, then we'll go."

Summary of Findings

The above themes were determined inductively from the descriptors as the data were analyzed; themes were extracted within the various concepts and from the data during content analysis of the participants' responses to specific interview questions. Themes within each concept, definition of health and actions taken to stay healthy, including traditional actions, are next discussed.

Definition of Health

The most common definition of health involved the notion of staying active, with nine of eleven participants using words such as: "active," "vigor," "energetic," "always worked," "doin' things," and, "don't see them sittin' around" to describe health, or, a person who is healthy. Independence was the next theme to which participants most frequently referred. This theme included self-care and knowing limits; examples of responses within this theme were: "Health means keeping yourself--and everything that goes with it, like your heart; taking care

of yourself"; and, "that, to me, is a healthy person--who takes care of their body."

Five of the participants referred to happiness and being social in their definitions of health. Phrases and words which reflected the idea of independence included: "They're full of happiness, alive, lively and want to communicate with people"; "helpin' others"; a healthy person is when I see that person, they are well and happy."

Four participants voiced a holistic definition of health. Statements which indicated the holistic perspective were: "That [being healthy] means something good, sound--the whole being"; and, "that [the healthy] person's in good health, mentally and physically". Four participants indicated the absence of illness and not taking medications as methods of defining a person's health. This definition was exemplified in the following, "they don't take no medicine, so, I guess that's the way they're healthy--they don't need to be takin' any medicine and they don't go to the hospital."

As part of the definition of health, participants were asked for the Comanche word for "health." Responses indicated that, while there is no specific word for "health," there was a phrase reported, "sa na nu se ka," which means, "I'm feelin' fine." Those Comanche who know the language stated there exists no one word for health, but

there are phrases which pertain to a person's wellness. One phrase translated was "my well-being is good."

Actions to Stay Healthy

Each of the participants identified diet or weight control as a method of health promotion, or action to stay healthy. This theme was expressed in the following statements: "I try not to gain weight"; and, "I usually be on a diet most of the time, just be careful of what I eat." Only one did not mention exercise or "staying busy" as a healthy action. Phrases which emphasized remaining active, or, avoiding daytime sleep were: "I like to get up and walk around and do things"; and, "I try to walk some everyday in the summertime."

Prevention, including preventive behaviors, was a frequently recurring theme. Nine participants noted avoiding unhealthy behaviors, such as abusing alcohol and smoking, as being part of a healthy lifestyle. Other examples of phrases in this theme were "don't worry so much," "try not to gain weight," and, "not over-doing."

Closely linked to the prevention theme was the theme of following the doctor's advice or taking medications. Seven participants cited these activities as methods to stay healthy. Spiritual activities were the least noted health actions; five participants noted spiritual behaviors,

including attending church, as actions taken to stay healthy.

Less than half of the participants reported participation in traditional Comanche practices as a method of staying healthy. The five who did acknowledge their use of Comanche health activities for health purposes also follow physician's advice and prescriptions. For example, one participant cedar smokes his home, but was quick to point out that he takes insulin, follows a recommended diet, and keeps follow-up appointments for controlling his diabetes. There was a blend of traditional Comanche practices with the dominant culture's health care. Six of the 11 participants denied using or following Comanche practices at any level.

CHAPTER V

SUMMARY OF THE STUDY

The final chapter presents a summary of the study followed by a discussion of the findings. The study's implications and conclusions are then discussed with a review of recommendations for further research.

Summary

The problem addressed in this study was: What are the current health beliefs of Comanche Indians? The purpose of the study was to discover and describe the Comanche Indian's meaning of health. The study was conducted with the following assumptions: 1. health beliefs and meanings are culturally based; 2. people are able to communicate their definitions of health to others; and, 3. using language and actions of the people studied can provide an accurate account of the phenomenon under investigation.

The literature review on the topic of current health belief of Comanche Indians revealed that no available writings existed on the topic. While other tribes have been studied, particularly the Navajo, the Comanche have not. Most authors have stressed the traditional beliefs and have not necessarily described the current definition of health. Some writings revealed that the definition of health and health practices was related to the degree of assimilation;

many researchers concluded that traditional and non-traditional health beliefs co-existed. The available literature did not have even one reference to current Comanche health beliefs, thus emphasizing the importance of exploring and describing these beliefs from the Comanche perspective.

Participant-observation and formal interviews were the ethnographic techniques used to collect data. A purposive sample of 11 full-blood Comanche was formally interviewed for this qualitative study. Data were collected at two sites in the Lawton, Oklahoma area--the Comanche Senior Citizens Center and the Parker family park.

Discussion of Findings

The findings of this study are discussed from the perspective of one who intends to report the current Comanche meaning of health. The definition of health is first presented with examples of non-traditional and traditional Comanche actions taken to stay healthy incorporated throughout the discussion of findings.

Some of the identified themes within the definition of health are congruent with those noted in the review of the literature. For example, Joe, Galleritro and Pino (1976) noted that the Pueblo and Apache tribes define health as balance, similar to Shebala and Reach's (1983) discussion of Navajo's view of health as harmony. Only two of the

participants in this study referred to balance, or knowing your limits as part of being healthy.

The idea of balance was evidenced in statements related to a holistic definition of health. One participant said, "It's a wholeness, being complete in those three areas of your physical, spiritual and mental capacities."

Practicing preventive health behaviors could be part of a definition of balance, or knowing limits. Nine of the participants identified various health prevention practices as activities to stay healthy. Preventive activities were not only refraining from certain substances, such as alcohol, but partaking in activities, such as leaving stress at work and being outdoors. While participants did not specifically use the term "balance," it was implied as noted in the above discussion.

Wilson's (1983) contention that "most Indians define health as a person's state of harmony with nature," (p. 281) was not universally reflected in the participants' responses; six reported partaking in outdoor activities, such as gardening or walking, as methods to stay healthy. Some of the participants specifically referred to being outdoors as important to their health as noted in these statements: "So, I think that helped me quite a bit, being outdoors..."; "I like the fresh air"; and, "I get a lot of

exercise outside; that's the best way I know to stay healthy."

The most common definition of health to which this group ascribed centered on a person's ability to be active and energetic. Nine of the eleven participants used phrases denoting active lifestyles, vigor, or energy in their definition of health. This may have been due to the historical perspective of the Comanche tribe as nomads.

Happiness was cited in the literature (Shebala & Reach, 1983) as a component of the Navajo's definition of health. Five of the participants in this study repeated this theme, using phrases like "a healthy person is when I see that person, they are well and happy"; "for the most part, I have a happy life"; and, "you should be happy, otherwise, you're gonna go down farther [become more ill], faster".

While five participants included happiness in their definition of health, nine of the 11 noted socializing and being happy as activities to stay healthy. This was reflected in the statements: "We'd laugh and have a ball. But, when they leave, 'Oh, man, that really made me feel good'"; and, "I like to visit with people...laughin' and talkin' and enjoyin' a drink of coffee...."

Sobral'ske (1985) included "family unity" (p. 37) as an element in the Navajo definition of health. The Comanche also indicated the importance of family and friends to their

well-being as noted in the previous discussion on socializing and happiness. One participant explained that "family" to a Comanche extends beyond the immediate family unit and includes aunts, uncles and distant cousins; an elderly woman was reverently referred to as, "Grandma."

Fellowship and friendship were frequently identified as important values which were intertwined with a person's health. This is exemplified in the following:

I come here (the nutrition site) on Wednesdays and Fridays.... Visit and do things and visit with folks; visit with friends that comes, relatives that come.... So, this is life and it's short and you put in everything in everything you do and I get along like that from day to day; I try to get along with everybody.

Another participant's statement paralleled this theme of intertwining relationships with health: "...and be a friend to everybody. If you don't, why, you won't be a friend to nobody and your health will go down by itself, being lonely".

A final example of the need for family and relationships to staying healthy is depicted in a statement made by a participant whose brother is chronically ill: "...just like my own brother being at home in his condition, just having that attention and that love and the family all getting together and helping him sustains him".

Several authors (Antle, 1987; Primeaux, 1977; and Joe, Galleritro & Pino, 1976) have stressed the Indian's

interweaving of religious and health beliefs. Five of the 11 participants reported spiritual activities as actions taken to stay healthy; a sixth participant defined health in terms of wholeness, including "spiritual capacities." This participant stated, "If there's something in our spirit that's wrong, more than likely, it's gonna affect our health--our physical health in some way." Another participant emphasized the theme of spiritual beliefs:

I believe in the strength that comes from God. Where Indian people are really religious people; they draw a lot of strength from that; I do, 'cuz I know on my shoulders you can't carry those burdens yourself.

One theme which surfaced during content analysis and which was not evident in the available literature was that of independence and self-care. Nine participants referred to this theme either in their definition of health, or when describing actions taken to stay healthy. Statements made which supported this theme included the ability to keep their own home and take care of individual needs. Two succinct reflections of this theme were: "a healthy person takes care of themselves"; and, "I'm gonna lead a good happy life--I'm gonna take care of myself."

Conclusions and Implications

The Comanche definition of health was rich and varied; no one encompassing perspective surfaced during this research. Several distinct themes, however, emerged from

the data and are presented here. The following themes reflected the components of health definition and actions taken to stay healthy which the participants reported.

Themes pertaining to the current Comanche definition of health and actions taken to stay healthy were:

1. Being physically active and energetic is one gauge of a person's health;
2. a person's ability to be independent and participate in self-care reflects health status;
3. health is enhanced through social, and especially, family activities which contribute to happiness;
4. some Comanche Indians have a holistic view of health;
5. health is sometimes measured by the absence of illness; and,
6. explicit behaviors, such as eating a prudent diet, partaking in exercise, following physician's advice, avoiding alcohol and participating in spiritual activities, assist people in staying healthy.

Another conclusion of this exploratory study concerns traditional Comanche health beliefs as evidenced in the practice of traditional Comanche activities. While almost half of the participants stated their use of herbs or cedar smoking as a method of achieving health, they also indicated

that they seek physician advice when ill; the Comanche ways are blended with the dominant culture's medical practices. Six of the participants denied using any traditional Comanche methods to achieve health.

The individualism expressed in the responses led to another implication: While similar responses were recorded, participants offered much variety in the definition of health, thus emphasizing the need to avoid stereotyping. The variety offered in these participants' health definitions negates a simplistic view which would espouse a universal health definition based on cultural or tribal background.

Recommendations for Further Study

The value of this research project lies in the discovery and description of a previously little known concept, current Comanche health beliefs, and in its contribution to our knowledge of the meaning of health from a Comanche perspective. This exploratory descriptive study offers a point of beginning; it captures the Comanche definition of health in the context of southwest Oklahoma. This research, then, provides insights and directions for future researchers.

Further research is needed to describe Comanche and other Indian tribes' current health beliefs. Future studies might refine the techniques I used and incorporate other

data sources to enhance results; for example, significant other's or health care provider's perspectives. Data pertaining to physical characteristics, such as weight and current health problems, as well as data about significant other's health could add depth to the results when correlated to participants' health definitions and actions taken to stay healthy.

Future studies need to include Comanche who practice in the Native American church; I was unable to interview any of those few remaining who have retained this religion. Comparative studies among those Comanche who practice in the Native American Church and those who do not might uncover more subtle differences in the Comanche meaning of health.

Comparative studies between tribes are also suggested. These could contribute not only to dispelling the myth of pan-Indianism, but also to providing a description of current health beliefs of the different tribes. Additional descriptive data from individuals and groups would add to the depth and breadth of our understanding of the complexities of current health beliefs.

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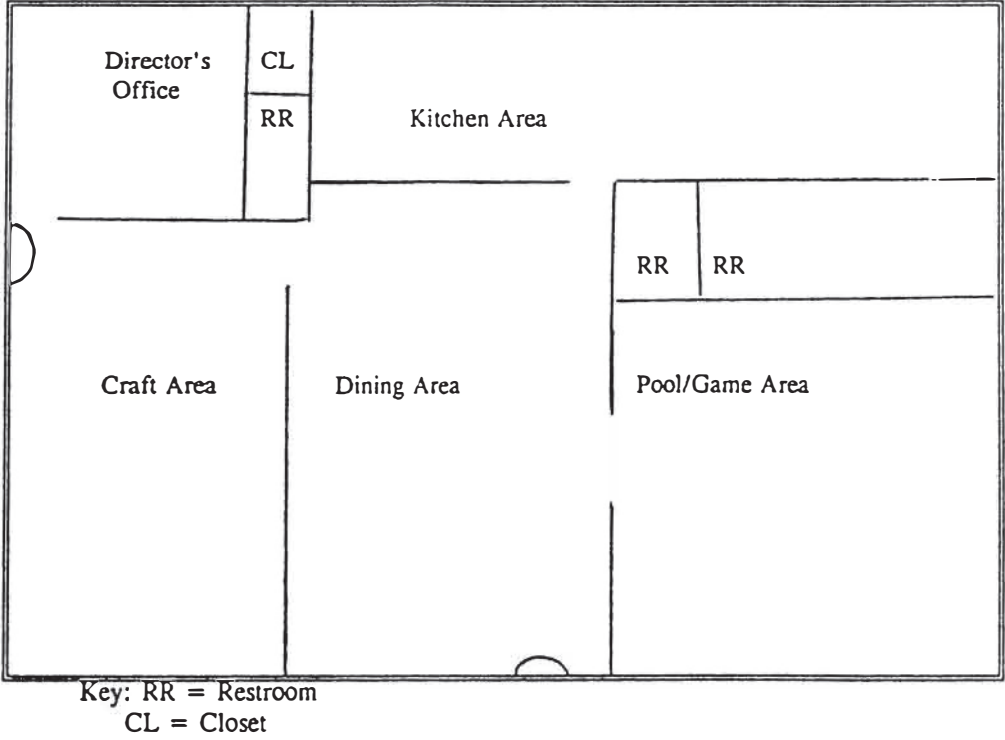
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APPENDICES

APPENDIX A
Diagram of Comanche Senior Citizen Center



Floor Plan - Comanche Senior Citizen Center

APPENDIX B
Agency Permission to use Facility

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY

THE Comanche Senior Citizens Center (Nutrition Site)

GRANTS TO Anne W. Davis, MS, RN

a student enrolled in a program of nursing leading to a Master's/Doctoral Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem.

Current Comanche health beliefs

The conditions mutually agreed upon are as follows:

1. The agency (may) ~~(may not)~~ be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) ~~(may not)~~ be identified in the final report.
3. The agency (wants) ~~(does not want)~~ a conference with the student when the report is completed.
4. The agency is (willing) ~~(unwilling)~~ to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date: 10/3/91

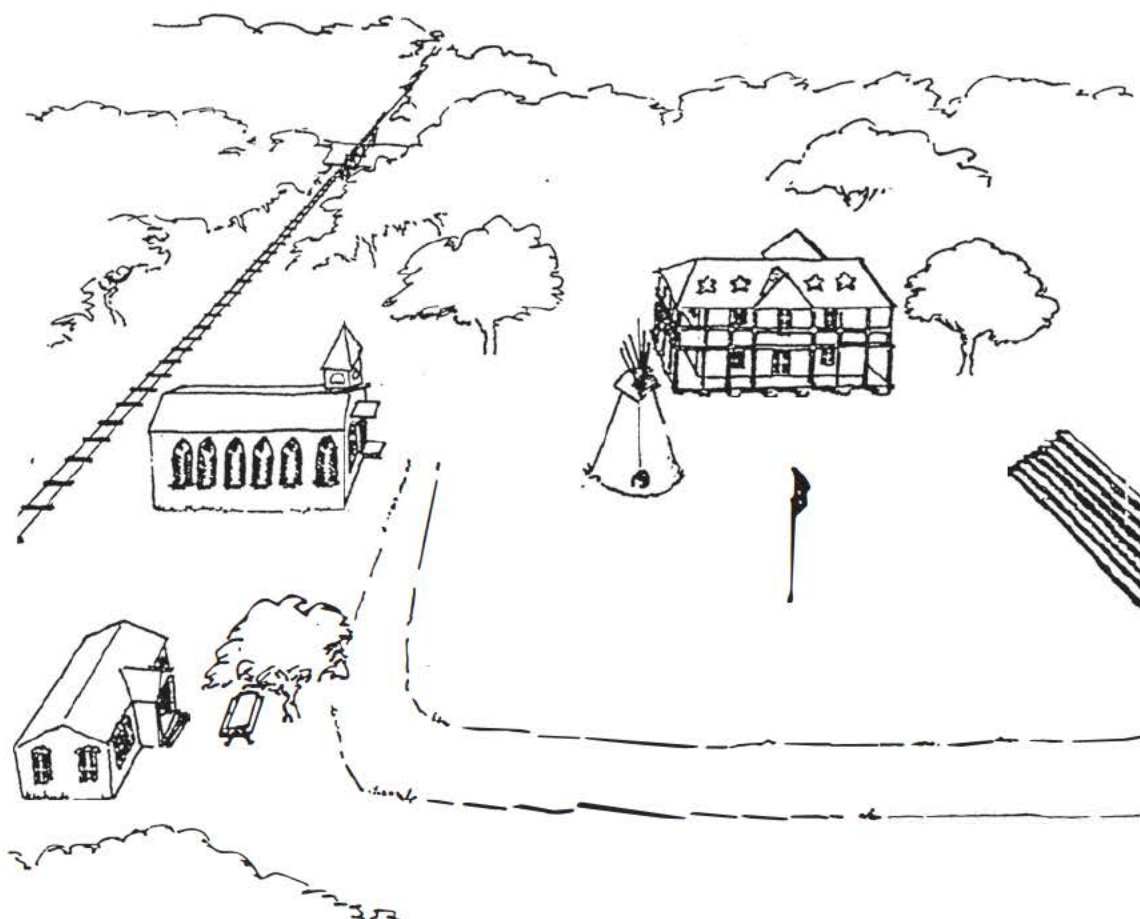
Maria Reony
Signature of Agency Personnel

Anne W. Davis
Signature of Student

Dr. Emily LaBelle
Signature of Faculty Advisor

*Fill out and sign three copies to be distributed as follows; Original - Student; First copy - Agency; Second copy - TWU College of Nursing.

APPENDIX C
Diagram of Parker Family Park



Drawing Courtesy of Bill Malone

APPENDIX D
Approvals from TWU Graduate School and College of Nursing

TEXAS WOMAN'S UNIVERSITY
DENTON DALLAS HOUSTON
THE GRADUATE SCHOOL
P.O. Box 22479, Denton, Texas 76204-0479 817/898-3400



September 6, 1991

Ms. Ann Davis
2107 Foster Dr.
Ada, OK 74820

Dear Ms. Davis:

Thank you for providing the materials necessary for the final approval of your prospectus in the Graduate Office. I am pleased to approve the prospectus, and I look forward to seeing the results of your study.

If I can be of further assistance, please let me know.

Sincerely yours,

A handwritten signature in cursive script that reads "Leslie M. Thompson".

Leslie M. Thompson
Dean for Graduate Studies
and Research

dl

cc Ms. Elaine Laubach
Dr. Carolyn Gunning

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

PROSPECTUS FOR DISSERTATION

This prospectus proposed by: Anne W. Davis
and entitled:

Discovering Comanche Health Beliefs Using Ethnographic Techniques

Has been read and approved by the members of (his/hers) Research Committee.

This research is (check one):

 Is exempt from Human Subjects Review Committee review because

 x Requires Human Subjects Review Committee review because

voice recordings will be made

Research Committee:

Chairperson	<u>Helen L. Bush</u>	Date	<u>July 1, 1991</u>
Member	<u>Patsy H. Keesen</u>	Date	<u>July 1991</u>
Member	<u>Emily Lambert</u>	Date	<u>7-1-91</u>
Dean	_____	Date	_____

APPENDIX E
Permission Forms from Human Subject's Committee

TEXAS WOMAN'S UNIVERSITY
P.O. Box 22939, TWU Station
OFFICE OF RESEARCH & GRANTS ADMINISTRATION
DENTON, TEXAS 76204-0939

HUMAN SUBJECTS REVIEW COMMITTEE

Name of Investigator: Anne Walendy Davis SS#: 488-60-9374

Address: 2107 Foster Drive Date: 8-5-91
Ada, OK 74820

Dear Anne Davis:

Your study entitled Discovering Comanche Health Beliefs Using
Ethnographic Techniques

has been reviewed by a committee of the Human Subjects Review Committee and appears to meet our requirements in regard to protection of individuals' rights.

Be reminded that both the University and the Department of Health, Education, and Welfare regulations typically require that signatures indicating informed consent be obtained from all human subjects in your study. These are to be filed with the Human Subjects Review Committee. Any exception to this requirement is noted below. Furthermore, according to DHEW regulations, another review by the Committee is required if your project changes.

Special provisions pertaining to your study are noted below:

 The filing of signatures of subjects with the Human Subjects Review Committee is not required.

 Other:

 X No special provisions apply.

Sincerely,

Charlotte J. H. [Signature]
(Acting Chair)

Chairman
Human Subjects Review
Committee at Denton

cc: Graduate School
Project Director
Director of School or
Chairman of Department

Revised 7/91

Anne W. Davis
2107 Foster Dr.
Ada, OK 74820

October 3, 1991

Dr. Jean Pyfer
Chair, Human Subjects Committee
Texas Woman's University
Denton, Texas 76204-0939

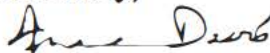
Dear Dr. Pyfer,

This letter is in reference to my dissertation, entitled Discovering Comanche Health Beliefs Using Ethnographic Techniques. I would like approval to collect data at the Comanche Senior Citizens' Center (a nutrition site) in Lawton, Oklahoma and to extend the age range of the participants to 79.

Please note that my investigation will not change; the interview questions and other aspects of the research are the same. A letter granting me permission to interview on the site is enclosed.

I would greatly appreciate your timely approval of this request and, if there is a need for clarification, please notify me at your earliest convenience. I can be contacted at (405)-332-8000, ext. 434, or (405)-332-4539. Thank you.

Sincerely,


Anne Davis
Doctoral Candidate


approved
10-9-91

APPENDIX F
Permission Form for Taping of Voice

TEXAS WOMAN'S UNIVERSITY
HUMAN SUBJECTS REVIEW COMMITTEE

CONSENT FORM A (Written presentation to subject)

Consent to Act as a Subject for Research and Investigation:

The following information is to be read to or read by the subject. One copy of this form, signed and witnessed, must be given to each subject. A second copy must be retained by the investigator for filing with the Chairman of the Human Subjects Review Committee. A third copy may be made for the investigator's files.

1. I hereby authorize Anne Davis
(Name of person(s) who will perform procedure(s)
or investigation(s)).

to perform the following procedure(s) or investigation(s):

(Describe in detail) *Refer to page 8, Part II, Guidelines.*

This research will examine health beliefs of Comanche Indians. The sample will be adults 25-70 years of age who are able to speak English.

The procedure consists of an interview which will be audiotaped.

The length of the interview is expected to be approximately one hour.

The following questions will be asked:

1. Tell me what wellness means to you. Are you aware of a Comanche word for health or wellness.
2. Describe a healthy person.
3. What are some things you do to stay healthy.
4. Could you give me some examples of things you do to stay healthy that might be different from someone who is not Indian.
5. Do you think that other Comanches you know would answer these questions the same way and if not, how do you think they would respond.

Upon completion of the study the researcher will contact each participant to validate the findings. Also upon completion of the study the audiotapes will be incinerated.

2. The procedure or investigation listed in Paragraph 1 has been explained to me by Anne Davis
(Name)

3. (a) I understand that the procedures or investigations described in Paragraph 1 involve the following possible risks or discomforts:
(Describe in detail)

(Form A -- Continuation)

3. (b) I understand that the procedures and investigations described in Paragraph 1 have the following potential benefits to myself and/or others:

There is the potential for improved health care through increased cultural understanding and broadened understanding of Comanche health beliefs.

- (c) I understand that -- No medical service or compensation is provided to subjects by the university as a result of injury from participation in research.

4. An offer to answer all of my questions regarding the study has been made. If alternative procedures are more advantageous to me, they have been explained. I understand that I may terminate my participation in the study at any time.

Subject's Signature

Date

(If the subject is a minor, or otherwise unable to sign, complete the following:)

Subject is a minor (age ____), or is unable to sign because:

Signatures (one required)

Father

Date

Mother

Date

Guardian

Date

Witness (one required)

Date

APPENDIX G
Participants by Age and Sex

Participants by Age and Sex

<u>Participant</u>	<u>Age</u>	<u>Sex</u>
A	79	M
B	78	M
C	76	F
D	71	F
E	67	M
F	72	F
G	65	F
H	65	F
I	62	M
J	49	F
K	46	M

Note: All participants were full-blood Comanche; all except J and K were retired.

APPENDIX H
Sample Transcribed Interview

Taped at the Comanche nutrition site and senior center.

Taped in progress while we were talking about the participant's hobby of taping Indian songs. "H" is the participant; "A" is the researcher.

H: Now what? (laughs)

A: What I'd like to do is ask you a few questions...and I'm wondering if you could share with me how you would define the word "wellness" or "health"; how would you define it?

H: In English?

A: Yes, sir.

H: Well, I would say keep eating the right things, enjoying the air, walkin' a lot and, ah, just not be confined to yourself; go out and meet people, and, ah, associate with people that way you won't--in your heart you won't be bitter against everybody, just open yourself up just like a house. People will know then that you're one person that's tryin' to get along with everybody and that's the way I like to see things...just want to see sunshine, sunshine and happiness. So, that's one reason, if I'm sick, I take the necessary relief. If it's headaches, or muscle aches, I take what's on my list to take to relieve that pain. If it's headache, I take my Tylenol; that's about all I live with right now. 'Course, I've got medication the doctor give me, but, I depend on Tylenol quite a bit, he said so, himself, the doctor. And, that's what's been helpin' me so far; I can move my joints pretty good. But, I can't open the car door. I open this side with this hand here; car door is sometimes heavy, you know, especially when you're parked up-hill, or parked leaning towards...

A: Funny angle?

H: ...towards the driver side and you have to push the door against that much more weight. Oh, it sure does hurt that joint in there. And, the same way with my walkin'; I have to walk, watch where I'm goin', I got to walk on smooth surface, like sidewalks. If I walk out there on the lawn, it's uneven, you know, and it twists my ankle and that hurts it. Sometimes I just want to fall and I

sure don't want to fall, 'cuz at my age, 79, when I crash I know I'm gonna break a bone or somethin'. I did fall one time about a couple months ago, I fell on my head but good thing it was inside the house on a carpet. Good thing my glasses fell, too; I hit the floor right on my head here (indicates spot above right eye). And my glasses had fallen off--they're pretty solid, if they'd stayed on no tellin' where they would have cut me. But, it swelled up for a long time. Everybody says, "What happens to you and your wife?! How come she hit you?" (laughs) But, it was my fault 'cuz there was a little deal layin' right there and I didn't see it and the room was kinda dark and I tripped over that and that's what caused that accident. But, you know, if you're not careful in what you do and what your plans are and you just try to rush through it, taking everything for granted, that's when you're gonna get to have little problems. That's what I did there. I thought everything was out of the way, it usually is, that one particular time that obstacle was layin' in my way there and I came on and tripped against it with my foot and boy, I went crashin'. Good thing my boys were there; I can't get up hardly when I fall 'counta that knee and my elbows, both sides and that wrist. Can't push myself up. And my knee, I can't get up when I fall down. But, it's a good thing my boys happened to be there at the same time; they're a whole lot bigger than I am. They got me up; I didn't have to go to the hospital or anything. They just wiped blood off of there and I was alright. Few days, why, I had a big black eye, and all kinds of questions (laughs slightly). No, ah, just being careful about how you do things and cautious about your movements, in my case, I think I could go a long ways without any further injuries, you know--hurts or pains. And, ah, that's about the only way I could tell that I'm doin' alright. But, if I get too fast and try to be rushed, or somebody rush me, that's when you get in a panic sort of style and you start fumbling around and crash into something, like a door, stump your toe against somethin', even if you're on smooth surface. That way you eliminate alot of them injuries.

- A: When you think of a healthy person, how would you describe somebody who's healthy; what are some words you would use to describe a healthy person?
- H: Well, a healthy person to me, first I always rely on smile, sunshine and radiant face. Whenever they're healthy they're full of happiness, alive, lively and want to communicate with people--tell jokes, things like that. They don't refer to their health, even if they are sick, but you can tell when a person is well. Say, "Oh, that person over there sure looks in good health." Just by physical observation, you know, just by lookin' at 'em. "Yea, he's in good health, it seems like." But, on the other hand, when you see that same person a few days later just sittin' there, just, oh kinda stooped down, dwindled down, it's like you see animals; they're that way. Just by lookin' at them, you know they're not in good condition; something's wrong; they need help, remedy, some kind of remedy. But, I always think of a person in good health, like I used to be; I used to be full of vigor and on the go all the time and just...I just don't feel right stayin' home. 'Cuz, I want to do something--go out and even if it's out around the house I like to go out and mow the grass, and clean up the yard, trim the trees, and, I used to do a lot of outside work, yard work before I got to this age that I'm in. And that helped me quite a bit, I think, you know, being outdoors; I don't like to be confined. One of my boys is like that; he don't want to be no indoor person. He wants to be outside workin' and that's what he's doin' out there now, helpin' our neighbor. He owns a big farm. This other boy that brought you in, M., he likes inside jobs; that's what he went to school. He went to OU and graduated there and then went to California, what's the name of that school? Ah, in San Francisco, there--Stanford; he went there for a while, but, he didn't finish up. 'Cuz at the time my first wife was so sick and she finally passed away and he came back home and helped take care of the place and ever since then, he's been back here--he shoulda went back. He had a good job over there in California; it was an insurance company, Aetna. And, then he got another job, it really was payin' good and he thought he'd get to

come back here and take care of me, but, he coulda went back.

That's another thing, too, it'll tear your health down--the way you feel inside; your loneliness, so to say, for one thing--things like that'll sure bring you down before you know it. You may think, oh, that won't even phase me; I used to think that way. I see people losin' their loved ones, or somebody get hurt and they're sent away from home, I used to think, "Well, what they doin' that for, how come they feel that way?" Just said that to myself, you know, but then, you would hear people say, "Oh, that person's not feelin' too good today, or, he's beginnin' to lose interest in life, so to speak. He's just sort of gradually decaying, so to speak. Now, I know what they're talkin' about, but since the boys are here to help me, other things come up kinda give me a little encouragement, you know. And that kinda give me chance to want to do somethin'; to try to keep myself in, you might say, shape. What I mean by that is keep myself limber, my arms and things like that. And, that's the way I like to be; I like to be outdoors, get alot of this fresh air.

Besides all that stuff, it's the food that we eat, you know, and, ah drinkin' is no good place for that. I used to drink quite a bit, but I gradually veered off of that and ever since I veered off I found out that I became stronger; I could think a lot better...

A: How long has it been?

H: It's been about 10 or 15 years ago; I used to smoke quite a bit, too. Then when I got to readin' newspaper ads and hearin' on tv that smoke can probably give you cancer and all that stuff, why, I veered off of that. What really made me veer off cigarettes was that I used to run track, long distance. Yea, I used to run a mile, quarter-mile and half-mile and be practicin' out there all day long tryin' to see how much we could improve our timing, for that certain distance. And doggone we go out there one evening and some of the Indian kids would be out there playin' on the ground where the track field is and we were coming for our last round, we had to run, make the home stretch, try to better our timing.

A: Really sprint, huh?

H: Yea, and little kids would go out there and start runnin' with us, see, I couldn't keep up with 'em--laughs--so, it was kinda embarrassin'; 'cuz I was givin' it all I got and they just woooo--whiz on by me. So, right there, I'm off of this and ever since then why I veered off...

A: So, that's been quite a while ago...

H: Yea, yea, so that's one reason I quit smokin' pretty much like I used to. And drinkin' like that. See, it's the food that you eat and the way you refrain from over drinking and all that stuff. I think that's helped me quite a bit. I try to eat wholesome foods--fresh grains and stuff like that--'course, back there, old timers, they didn't have no fresh stuff like that, you know.

A: Can you think of anything you do to stay healthy?

H: Well, like I say, mostly outdoor activities have given me a chance to keep my body in working order, so to speak, before I came down with this darn "artharitis." I thought I'd never come down with artharitis, but, I used to drive trucks and haul groceries, you know, from Lawton way out to western Oklahoma. And, I'd get off, jump, on back of my truck, bring the groceries back to the back so I get ready to unload it at the stores that I'm deliverin' to, get through with it. And then, I take it inside the stores, sometimes I have to climb several steps in the back alley of the stores, boy it was a job.

A: So, you did some hard physical labor there...

H: Yea, yea. And, then, I dug some; we used to work on the ditch, pipelines and stuff like that, we had to pick that out of no space. There's no modern machines; you had to use a pick. This was at the Indian school. Made my own well; I went 24 foot. Me and another guy; I went down to the bottom there and this other guy when I put the dirt in the bucket why he'd haul it up on a pulley. I was afraid sometime some of those rocks would crash down on my head; I didn't have no helmet down there then. They was unheard of then. And, then, when I finally got way down to 20 foot it was fine sand rock, what do you call it, I

could hear it all around the bottom down there start fallin' off like a cave-in, you know, just a little at a time. Say, "shoot, I better start buildin' this thing up." So, I had to think fast and work fast, too. If I wasn't healthy I wouldn'ta never of done that. So, I think that helped me quite a bit, being outdoors and doin' a average size of work, not over-doing, over-working my body. If I did I woulda been pretty well worn out. That helped me quite a bit, I thought. And, then, like I say, eatin' the right kinda food and just tryin' to be helpful, tryin' to be happy about everything that I do. That goes a long ways, too. But if you're stoic, they call the Indians about being stoic, or what do you call it? Never say anything, never laugh, things like that...

A: I haven't found that to be very true...

H: uh,uh, there very few of you'll see it, very few you'll see like that. Some of them don't want to talk to you; you just have to pump it out of 'em, like you're doin' it outa me--laughs. That's about the main things that I can think of.

A: Is there a Comanche word for health?

H: Oh, I could say is "feel good."

A: Feel good...

H: Sa nu sa ka, sa nu sa ka

A: Sa nu sa ka?

H: um hu...that's all I could say, sa nu sa ka--feel good. "How you feel?;" they say in Comanche, the other elder would say, "Sa na nu sa ka."

A: Sa na nu sa ka?

H: Sa, put your hand like that (motions with hand away from body) and push it from your body...chat, sounds like, means "good." Com se chat, means real good; feel that way lots of times. (Pause briefly)

Well, taking your vitamins; I don't take very much of that. You need to now; I guess I'm at a hump where I'm

gonna have to start to rely on modern medication to help me push the rest of the years on by. I guess every individual comes to that stage, eventually, their physical bein' up to a certain year, like they say around 40 to 50, you began to come up to the peak of your life span. From there on you're usin' your own energy; after that, your years begin to weaken a little bit, you've used the most of it up, and, so, you're gonna have to have a boost, and that's what I'm doin' now. Usin' medications to help me push the rest of my way; I'm tryin' to chase 80--79. I don't want to be up in the 100s; I don't want to be dependent on other people. They've got their things to do, and I don't want to worry 'em. I married Juanita, there, it was two years ago or so we got married. After my first wife died, I didn't marry for about a year. That year was pretty lonesome. My daughter was in Germany, she told me, "why don't you come over here for a while?" So, I took 'em up on that and went to Germany. That's what helps also, a change of scenery, that sure makes it worthwhile. You see other countries and how they're doing things; it gives you inspiration. You say, "When I get home, I'm gonna try to do this, I'm gonna try to do that, of what I saw over there; improve my livin' style at home. The environment--plant trees, plant flowers." So, that gave me a boost. So, I'm at that stage, at this certain level when I've got to finish out with medications and hope I don't have to go any further than the arthritis medicine. I had a health check-up here about a week, I mean about a month ago, checked out everything--blood pressure, and heart beat's ok. My doctor gave me a thorough examination, physical. I've got another on coming in about December; I'm holding on til then, I don't want to lose it.

A: So, do you consider yourself a healthy person?

H: Up to the point if I forget my artharitis and my vision; I consider myself pretty lucky to have the rest of my body. So, that's about all I could say, maybe I've left out something, but off-hand, I can't think of it...

A: Do you think that you do things to stay healthy because you're a Comanche; does that seem to make a difference?

- H: No, I don't think so, I don't think so. I do things to keep my body, just like you're drivin' a car, say an older model car. I have to somethin' to it to make it keep it runnin' good; add on somethin' to it that's not workin' properly, get lubrication or a fan belt, all that stuff...put new replacements on those particular parts and that keeps it goin'. That's the way I feel like my body works; if I could keep my body goin', why--if I could get the new medications they say on advertisements, they might help me quite a bit, so, I'm stickin' with 'em...
- A: So, for you, as far as things like more traditional Comanche things like cedar smoking, anything like that, that's not part of what you do to stay healthy?
- H: I've never believed in that; I never did and I'm still up this far. So, that goes to prove to me that that's not necessary what they go through, the rituals that the Comanches go through, or the other Indian tribes go through. 'Course, way back there, my grandfather used to say, "When you get sick, go out and get you some of that, oh, what you call it?--broom weed--for your cough. Get some of that, green, and boil it til it gets syrupy and drink the juice of it. It'll help cure your cold." But, I never did that, didn't believe in that. My uncle takes that and he kinda believes in it, just one of those things. He says, "Oh, well, I'll go ahead and take it, see what happens." And, then, he had some kind of herb...
- A: Itse? Someone was telling me about, I think they said itse, but that might be wrong...
- H: That's probably it; you get it over here around the Red River, they mainly supply it, well, in Mexico. That's where they get most of it, too. Get a bite off that root, it's good for your colds or whatever ailment or sickness. But I never did take that and here I am where I'm at and some of those guys that been takin' that; they're long gone, so...it's not really very much difference in that. It's just how much, I guess, from my point of view, just how much you believe in that, but, I don't. I'm just strictly human. The rules of health--takin' the proper medicine if I have to, and...I only wished I could get better so I could get

around. That's what I hate about the condition that I'm at--I hate to depend on anybody...

A: Yea, that's tough...

H: I wanna go somewhere, I have to call. And, I don't want to bother my boys, they got their own thing to do. I just have to live the way I'm in 'cuz Juanita drives; she one year younger than I am and she can't hear too good and I can't, I used to could see...but now, I'm just practically no good to her. So, that's where our health probably falls and is at now. Wish we could improve, but we can't, no way, no way to go back. So, I have to live with what I've got.

A: And still be happy with what you've got...

H: You've got to; you should be happy, otherwise you're gonna go way down farther, faster. You have to --if you think the world's against ya, you gonna go, faster than you think. And, I'm not quite ready for it, but, I have to live with what I've got, as long as I can and keep it afloat. I can't even go out and eat green grass--somebody said, "Eat green grass, it'll make you healthy." Laughs--No, I'm just sayin' that...ah. But, they say anything green is kinda give ya energy and stimulant, build your muscles up and here's me, takin' muscle exercises. Any more questions, I can't think of anything?

A: I can't think of anything, I just want to make sure that we don't miss anything; let me just kind of see if we're ok now...what I'm understanding for you to stay healthy, things would include taking your medicines, eating the right foods, ...

H: Plenty of outdoor exercises...

A: plenty of outdoor things; coming here? Is this--being around people, I think you mentioned...

H: Sure, communicating, visitation, socialize. Like this Indian deals, I'm not a believer in that; I like to go out just to see if there's anything new comin' up, you know, dancin'...once is enough, for me. I'm not a believer in that.

- A: So, for you, going to powwows isn't important to your health, or anything?
- H: Naaa, I'm still healthy. And, like I say, some of those people that go to those powwows all the time--they're gone and I'm still here and they were a whole lot much younger than I was. It's not that I'm against powwows, or anything like that; some of them drank quite a bit over there, get into wrecks and stuff like that. Come in way in the wee hours of the morning; that's not my style, used to be--way back when I was young. A young warrior--I'm not a warrior though. (Laughs) So, that's about the size of it. Anybody, anybody that lives like the scriptures that I've given you, well, they'll have a good health. Just watch their lives, don't get into any kind of problems, troubles and, ah, take care of your health. Go to bed at the right time, eat the right kind of food, get a lot of fresh air and, ah, be a friend to everybody. If you don't, why, you won't be a friend to nobody and your health will go down by itself, being lonely. So, sorry I can't teach you any Indian words; I'm not fluent in it yet. But you know what I mean "chat." One white guy, he's a nurse down at the Indian hospital, Memorial hospital. He learned one phrase, sentence--asked these old Indian guys; he talks to these old Indian guys, that's the reason he wanted to learn it--"How do you feel?" The Indian guy be layin' on the bed in the hospital, I don't know what he was in for. And the answer would be, "Cha na nu se ka."
- A: Cha na nu se ka...
- H: Yea. In Comanche, this doctor would say, "Una hika nu se ka."
- A: Anaha ka nu se ka...
- H: Una hi ka nu se ka...How do you feel? You say, cha na nu se ka...feeling better. Yea, that's the only words he used, but, he surprised a lot of them old Indians. They were reluctant to talk to the nurses when those nurses come in and ask 'em, "how do you feel?" They just lay there like, well, that's that stoic stance; they weren't interested, or don't feel like talkin'. But, when this doctor came in there, "Una hi ka nu se ka;" boy, that thought it was something....this white doctor. So, they had to answer him in Indian, "Sa

(chat) na nu se ka". And from there, the communication started. That's what it takes....

A: It has to start somewhere...

H: Yea. That's about all I can think of right now.

A: I truly appreciate you taking the time to talk with me. And, I'll probably be coming back here in the next couple months or so....

H: You're welcome anytime. There'll be plenty more persons to talk to and probably plenty more ideas might come up and, ah, then, too, I hope I'm still alive.

A: I do, too...

H: Laughs--when we're gonna go, we're gonna go--nobody can stop ya. But, I don't look at it that way. I look at it every morning I get up, well, I'm gonna start this day, see how far I go. If I get through it, then, I could be grateful at the end. I'm positive that I'll make it through, that's overlookin' the accidents that you could have en route to where you're goin', car wrecks, things like that, strokes. I've never had any heart attack, that's one thing good about it, you know. I shouldn't be too sure that I won't have, but my doctor said my heart's real good, he said. A good bases to work on; he said I still got a little brains up there though--pretty dried up--laughs--shake my head and stir it up.

A: Get that fresh air in there...

H: I'm usin' 'em way in the back there--unload the front part that's been workin' so hard. Well, I wish I had some Indian medicine that I could tell you about...

A: No, that's alright, I don't...

H: But, I never use it and that's why my health is what it is now. If I had taken some of that Indian medicine, I probably woulda croaked long ago...grinning. My grandfather, he took lotta Indian medicines himself, but he lived a long

time. He was almost 90 something years old when he passed away.

A: Oh, he really did live a long life...

H: He used to work with those B. brothers across the river. And, my grandfather worked with him. They had a big ranch down there, I don't know how many thousands of acres down there. He learned alot of medications that Indians used. I don't know why, I just never paid much attention to it. Just know those few that he told us. My young cousin used to go to church--straight west on Lee, are you gonna be here this Sunday?

A: Not this Sunday, I was here last Sunday, in Cache, for church...

H: So, I was gonna invite you, they're gonna have Indian singing...

A: Oh, they are?

H: Then, dry Indian food, beef jerky, they call it. When it gets dry, they pound it. I got a wooden bowl my grandfather gave me and a steel bar about an inch thick around. They use that and they pound this meat in that wooden bowl. You can get any texture you want--fine, medium--I like mine medium. They're gonna have that, Indian corn, fry bread, oh, Indian style cooking. 'Course they'll have something else to go with it, you know, English. So, that's what they're gonna have and they'll have a lot of Comanche hymnals. They're tryin' to retain those old songs; it's dyin' out. The modern kids now, they get into these modern songs, and forget about the Indian language, songs. So, that's the reason I try to record some of those as much as I can. I learned it when I was a little kid going to church with my grandfather; that's where I absorbed a lot of those songs. These modern kids, they have to learn it from the ground up.

A: It's hard to learn a language that way when you haven't been brought up in it...

H: It comes to you, you know, when you live with old folks like that. But, when you're startin' way up

there, just like startin' a grade in school, tryin' to start from the top, you can't hardly make it. Need to take the preliminary courses and stuff like that. So, you was here, I'd invite you to come over Sunday, if you can...the program at 2:00. You say you go to Denton?

A: That's where I go to school; I live in Ada. I teach nursing at East Central University, I am a teacher.

H: My therapist, she lived at Duke; she went to school there...

A: At Denton?

H: Yea, and I know my brother knows people that went to school there....

Here the conversation ended. Gratitude was again expressed to H. for taking the time to visit and share with me.