NOTE TO USERS

UNDERSTANDING DIABETES IN A CREE COMMUNITY:

A QUALITATIVE STUDY

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ABSTRACT

The purpose of this study was to explore aboriginal perspectives of diabetes, nutrition and health so as to eventually develop culturally-appropriate means of implementing diabetes prevention and intervention activities. The participants included community members living in an Eastern James Bay Cree community in northern Quebec. In this qualitative research study, in-depth interviews, focus groups, and participant observation were used for data collection. Key themes that emerged from analyzing the in-depth interviews were "re-presented" using "found poetry" so as to capture the participants' experiences and perspectives using their own words. Focus groups were carried out to share the initial findings from the in-depth interviews as well as to elicit additional feedback from the community.

KEY WORDS: diabetes, Cree, qualitative research

RÉSUMÉ

Le but de cette étude était d'explorer les perspectives autochtones sur le diabète, la nutrition et la santé, afin de développer éventuellement des moyens culturellement appropriés d'implentation d'activités d'intervention et de prévention du diabète. Les participants étaient des membres d'une communauté Cris de l'est de la Baie James dans le nord du Québec. Dans cette étude qualitative, des entrevues en profondeur, des groupes focus, ainsi que l'observation de participants ont été utilisés pour la collecte de données. Les thèmes clés qui sont ressortis en analysant les entrevues en profondeur ont été "re-présentées" en utilisant la "found poetry" afin d'exprimer les expériences et les perspectives des participants en utilisant leurs propres mots. Les groupes focus ont été éffectués pour partager les résultats initiaux des entrevues en profondeur ainsi que pour obtenir des commentaires additionnels de la communauté.

Mots-clés: diabète, Cris, recherche qualitative

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CHAPTER 1
INTRODUCTION

Background information

Background and interests of the researcher

To help readers understand my research perspective, I will first provide information about my background and interests. Just prior to beginning graduate studies, I was employed at the First Nations and Inuit Health Branch of Health Canada (Quebec Region). During the summer of 2000, following the Government of Canada's implementation of the Aboriginal Diabetes Initiative (ADI), I was hired as a nutrition consultant / ADI coordinator for the Quebec Region. At that time, Health Canada recognized that diabetes was "a significant concern in Aboriginal communities for a variety of reasons other than high rates of disease, including earlier onset, greater severity at diagnosis, high rates of complications, lack of accessible services, increasing trends, and the increased prevalence of risk factors for a population already at risk" (Health Canada, 2000a, p. 4). The ADI program was intended to "provide a range of diabetes care and treatment, diabetes prevention and health promotion, and lifestyle support services that are community-based, culturally appropriate, holistic in nature, and more accessible" (Health Canada, 2000b, p. 1) for First Nations living on-reserve and for Inuit living in Inuit communities. According to Health Canada (2000a), the prevalence of diabetes "is now at least three times the national average, with high rates occurring in all age groups" (p. 1). In other words, diabetes in aboriginal communities "is now considered an epidemic, and rates are continuing to increase" (Health Canada, 2000a, p. 1). With this in mind, the ADI was "designed to provide a more comprehensive, collaborative and integrated approach to decreasing diabetes and its complications among

Aboriginal peoples" (Health Canada, 2004). As part of my responsibilities, I reviewed work plans for diabetes projects submitted by aboriginal communities throughout the Quebec Region.

Purpose of study

Like other aboriginal peoples, the James Bay Cree have also reported high rates of diabetes; according to recent statistics, there are approximately 975 people diagnosed with diabetes in Eeyou Istchee (CBHSSJB, 2001). In addition, the Cree Diabetes Registry indicates that 94% of people with diabetes are overweight (CBHSSJB, 2001). The purpose of this study was to seek a deeper understanding of diabetes from the Cree perspective and to explore how the Cree described factors related to diabetes (e.g, nutrition, weight, and physical activity). Therefore, my objective was to carry out a qualitative study where I intended to explore Cree people's lived experiences by interacting with them, listening to their stories and personal narratives, and then analyzing, interpreting and "re-presenting" those narratives. To meet this objective, I decided to use phenomenology, a qualitative research approach, which would explore the "lived-experience" of diabetes in a Cree community and provide "descriptions of what people experience and how it is that they experience what they experience" (Patton, 2002, p. 107). The significance of the study presented here is that it may be useful in informing the development of future public health policies and more effective diabetes interventions in aboriginal communities.

Organization of the thesis

First Person Perspective

In qualitative research, the "voice and person of the researcher as writer not only becomes a major ingredient of the written study, but has to be evident for the meaning to become clear" (Holliday, 2002, p. 131). For this reason, sections of my thesis are written from the first person perspective. As Holliday (2002) points out,

> Qualitative writing becomes very much an unfolding story in which the writer gradually makes sense, not only of her data, but of the total experience of which it is an artefact. This is an interactive process in which she tries to untangle and make reflexive sense of her own presence and role in the research. The written study thus becomes a complex train of thought within which her voice and her image of those of others are interwoven (p. 131).

As a qualitative researcher using in-depth interviews, focus groups, and participant observation as data, it would be inappropriate to separate myself from the research process. As I sift through the literature and data that I have gathered, and write and reflect on the research process, I appreciate that within qualitative research "there is a place for powerful, personal authorship" (Holliday, 2002, p. 128). As a qualitative researcher, I have entered into a relationship with this study and its participants, and thus, using the first person perspective becomes a powerful writing tool, which situates the researcher within the research process.

First Peoples' Perspectives

In addition to writing in a first person perspective, I will also write from a First Peoples' perspective, which serves to establish the context for this study, which is set within a Cree community. As multiple aboriginal voices emerge throughout this report, my own as well as that of the participants, the reader will gain insight into a worldview that may be different from their own. Learning about the aboriginal perspectives reflected in this report, however, is essential for understanding why diabetes continues to be an important health issue in aboriginal communities.

As an aboriginal person studying science, I also felt a need to respect aboriginal philosophy and knowledge about science as I carried out this research study. In writing about the philosophy of Native science, Cajete (2004) noted that "meaning and understanding were the priorities of Native science, rather than a need to predict and control" (p. 52). Again, I found that phenomenology proved to be an appropriate approach to guide the research. According to van Manen (1997), the aim of phenomenology "is to construct an animating, evocative description (text) of human actions, behaviors, intentions, and experiences as we meet them in the lifeworld (p. 19). Similarly, Cajete (2004) states that phenomenology "parallels the approach of Native science in that it provides a viewpoint based on our innate human experience within nature (p. 47).

CHAPTER 2
LITERATURE REVIEW

This chapter will present a review of the selected pieces from the literature that served to establish the foundation for this study. The review of the literature is placed here, preceding the methodology and research methods chapter, so as to demonstrate the theoretical grounding for the approach used to collect, analyze, and present the data. At the end of this literature review section, an interpretive framework, used as a "blueprint" for the study, is also provided. This working framework was used to plan and guide the study although it did undergo some changes as the research process unfolded. While this chapter is entitled "Literature Review", the review of the literature has been an on-going aspect of the research process; therefore, a more updated literature review will also be integrated into the discussion following the presentation of the findings of this study. Presenting the findings and discussion within a relevant and updated literature framework will, in effect, contextualize the results within existing theory literature.

Selected Review of the Literature

In searching for articles that dealt with diabetes, nutrition and health in aboriginal communities, I noticed that studies using quantitative research methods far outnumbered the studies that specifically employed qualitative research methods in aboriginal communities. However, since I was interested in studying aboriginal perspectives and lived-experiences of diabetes, nutrition and health, I focused on reviewing studies that specifically were carried out with aboriginal participants and that employed qualitative research methods.

Huttlinger (1995) explored the Navajo's unique way of looking at the world and provided insights into why the Navajo "had difficulty integrating the concept of diabetes into their lives and were reluctant to accept or follow diabetes treatment plans prescribed to them by non-Indian health providers" (p. 14). By using ethnographic interviews with Navajo Indians, the study aimed to "enhance understanding of how Navajos interpret diabetes" and to "explain why many Navajo have problems complying with diabetic plans of treatment" (p.10). The findings suggested that "health care researchers and clinicians need to fully appreciate and understand the wealth of traditions and cultural customs associated with Navajo perceptions of health and illness" (p. 15) in order to enhance cooperative health care planning. Specifically, the author proposed that health care workers "pay attention to how Navajos describe their disease and what they are doing to cope with it" and also "give each diabetic client ample time to talk and share their experiences" (p.16).

To add to the understanding of diabetes as experienced by aboriginal populations, Travers (1995) designed a study using qualitative and participatory research strategies within two Mi'kmaq communities in Nova Scotia. Semi-structured ethnographic interviews were "conducted within the participant's home or workplace" (p. 141) by a trained Mi'kmaq researcher. In addition to individual interviews, observations and detailed field notes provided depth to the interview data and served as an internal validity check. The study also involved a "community phase" whereby interested members of the community met to "share their experiences related to health and lifestyle, and reflect upon critical issues raised during individual interviews and observations" (p. 141). In addition, the community meetings provided a forum in which data and finding could be

shared and analyzed. It is interesting to note that culturally irrelevant diabetes education was one of the broad themes that arose from the data analysis. Therefore, as suggested by Travers, "a better understanding of the sociocultural origins of diabetes among aboriginal populations . . . can inform the development of policies and practices that are culturally relevant to the prevention and management of NIDDM [non-insulin dependent diabetes mellitus] in native communities" (p. 141).

Likewise, Grams et al (1996) explored Haida's perspective of living with diabetes so as to provide a basis for a culturally-sensitive community-based approach to managing the illness. The Haida Gwaii Diabetes Project was designed such that the ideas for intervention came directly from the people affected with diabetes. Respecting the Haida's culture of oral tradition, the authors used grounded theory as a qualitative research method to draw upon the participants' verbal expressions of their experiences of living with diabetes. In reference to grounded theory, Flick (2002) explains that, as a type of qualitative research approach, it:

> ... gives preference to the data and the field under study as against theoretical assumptions. These should not be applied to the subject being studied but are 'discovered' and formulated in dealing with the field and the empirical data to be found in it. It is their relevance to the research topic rather than their representativeness which determines the way in which the people to be studied are selected. The aim is not to reduce complexity by breaking it down into variables but rather to increase complexity by including context. Methods too have to be appropriate to the issue under study and have to be chosen accordingly (p. 41).

By including context and by systematically analyzing the content of personal narratives, Grams et al (1996) were able to generate a model for interpreting the experience of living with diabetes using the words of the Haida themselves. Moreover, the authors found that using focus groups "proved to be a useful vehicle for expressing emotion, sharing information and solving problems" (p. 1568). It was noted that including personal narratives and stories "sprinkled with Haida words and expressions rich with information about traditional ways, had personal and social implications for all who listened" (p. 1568). Furthermore, by including different age groups and fostering a "multigenerational dimension" within the focus groups, the authors created an environment that encouraged a community action approach.

In exploring community health needs with Pacific Northwest Indian women, Strickland (1999) also used qualitative research, which was considered as being particularly useful "in gaining insights in areas in which little information is known, particularly cross-cultural situations" (p. 520). By using in-depth interviews and a few general questions to guide discussions around the topic of interest, the author discovered that women wanted health education programs that were holistic and that addressed women's health needs across the life span. In addition, the women expressed a need for health care providers to employ methods that supported aboriginal values and worldviews. In summarizing the results of their study, the researchers implied that "the results called for interventions to be directed toward addressing the structure of health care delivery, provider education, and patient education" (p. 524).

Finally, a qualitative study by Sunday, Eyles, & Upshur (2001) explored the concept of 'risk' for diabetes and its consequences for medical intervention in two Anishnaabe

[Oijbway] communities on Manitoulin Island, Ontario. The researchers noted that "community perceptions of diabetes describe it as a contemporary health issue and thus discussion of diabetes is framed as one of the socio-historical changes that these communities have gone through in the past fifty years" (p. 637). The research methods used in the study focused on using informal interviews with 28 community members (with and without diabetes) and 18 health care providers, which included "physicians, nurse practitioners, nurses, community health representatives, traditional healers, mental health workers and dieticians" (p. 637). One of the aims of the study was to address "a range of themes in order to explore general perceptions" (p. 638) during interviews and spend time observing traditional diabetes education workshops. What was unique about this study is that the authors examined the diagnosis and treatment of diabetes from both the biomedical and aboriginal perspectives, the latter of which is less frequently represented in the literature. The findings revealed that, from the biomedical perspective, narratives typically focused on "management by numbers" (p. 643) where "normality is achieved through the measurement of the blood sugar level" (p. 647). On the other hand, aboriginal narratives focused on "the social rather than the physical consequences of diabetes" (p. 647). To conclude, the authors provided clear arguments that advocate for "creating interventions at the level of daily life" (p. 648) by taking into account personal and social consequences.

The above-mentioned studies provide an interesting glimpse into the types of qualitative research that have been done with various aboriginal communities even though qualitative studies are somewhat uncommon in comparison to quantitative studies.

Likewise, among the Eastern James Bay Cree there have been few qualitative studies to explore health-related issues. Boston et al (1997), however, have carried out a qualitative research study and have noted that:

> ... there has also been an emerging recognition that existing preventive measures and some treatments have not been as effective as those in the South. One effect of this is an increasing appreciation that forms of health care and education proven in the South may not be suitable for the particular cultural context of the Cree communities of the James Bay region (p. 6).

By reporting on the experience of using participatory action research among the James Bay Cree, the study by Boston et al (1997) served as an important starting point for my research study. First of all, the study appealed to me because it began "with the fundamental premise that the views, perspectives and experiences of the Cree of James Bay had to be built into the research process from its inception" (p. 11). By working in collaboration with local Cree community health representatives (CHRs), the researchers were able to "provide a more nuanced and deeper understanding of the community processes contributing to their understanding of diabetes (p. 8). In addition to presenting the themes that were of importance to the Cree, the researchers also highlighted that "there is a serious need for greater emphasis on education and training of health care professionals that focuses on the knowledge, understanding and experience of aboriginal communities in relation to diabetes" (p. 11).

This review of the literature suggests that there is a need to further explore qualitative research methods so as to further understand and accurately present aboriginal perspectives of health. Considering that there had been few qualitative studies on diabetes carried out among the Eastern James Bay Cree, this present study was carried out to promote further understanding of the Cree perspectives of living with diabetes.

Potential Interpretive Framework

As mentioned at the beginning of this chapter, carrying out the literature review was useful in that it influenced the way I approached this research study. From this exercise of selecting relevant articles, I developed a potential interpretive framework to help plan and guide the research. Prior to gathering data, I spent a considerable amount of time thinking about how I could integrate what I learned from the literature review into a potential framework and how I could translate what I learned in theory into practice.

In keeping with the philosophical orientation of this research, it was important to design a framework that would be respectful of aboriginal traditions and customs. Given the oral tradition found in many aboriginal cultures, I felt a need to respect verbal expressions of personal experience (e.g., storytelling, narrative, etc). I also wanted to incorporate a community-based approach within the framework. I thought that it would be important to account for a variety of members from the community so that diabetes prevention and treatment interventions could be designed with the entire community in mind. In other words, I felt that I should include participants from various age groups, including those who have diabetes and as well as those who do not have the disease. Although the focus of my research proposal was to study diabetes, I also wanted to explore general perceptions of health and nutrition within the community. This meant that I would need a

framework that would be flexible enough to accommodate for later changes as the research process unfolded. I wanted some kind of "blueprint" that I could use as a guide; but I also wanted something that I could also modify and tailor as required (to make the research process more constructive for myself and the participants). In addition, to help capture the Cree perspectives, I wanted to employ a more culturally-appropriate holistic approach. Not only did I want to account for mind, body, and spirit, but I also wanted to recognize participants as individuals living within families, within communities, within nations. This meant that I would have to use research techniques that would allow me to see a broader picture of health, rather than just focusing on illness and its consequences. Finally, as I gathered, analyzed, and interpreted data, I wanted to take into account personal and social consequences so as to make the results "meaningful" to the participants.

Table 1 (on the next page) provides a summary of the key framework elements that I considered important in developing a potential interpretive framework that would guide the research process. Alongside each framework element, I provided a brief description for the rationale or justification for its use as well as practical considerations that I would keep in mind as I carried out the research.

Table 1: Summary of Key Framework Elements

Framework Elements	Rationale/Justification	Practical considerations
Verbal expressions	Respect for oral tradition of sharing knowledge.	Encourage use of storytelling, personal narratives, etc.
Community-based approach	Diabetes affects all members of the community; intervention efforts should be designed with the whole community in mind; need to consider multigenerational dimension (intergenerational effects).	Include various community members: people with and without diabetes; various age groups; various social situations.
Built-in flexibility	Room to explore other nutrition- and health-related issues (not just diabetes)	Employ an exploratory and emergent research design (use qualitative methods).
(W)holistic and positive approach	Accounts for the "whole" person (mind, body, and spirit).	Focus on broader concept of "health" rather than just "illness/disease" and its consequences.
Meaningful	Fosters development of policies and practices that are culturally relevant to the community in terms of prevention and management of diabetes.	Take into account personal and social consequences.

So far, I have provided some background information as well as a statement of the purpose for this study. After providing an initial review of the relevant literature, I also described how I used the literature review to develop a potential interpretive framework to guide the research process.

In the chapters that follow, I will provide: a) an explanation of the methodology and research methods used for this study; b) the findings and discussion; and c) a conclusion that will also include implications for future research and health care practices.

CHAPTER 3
METHODOLOGY AND RESEARCH METHODS

In this chapter, I will provide a complete description of the methodology and research methods used for this research study. Doing so will put "the reader in a position to critically analyze the applicability and implications of the methods used" (Stainback & Stainback, 1988, p. 79) for this inquiry.

First of all, as emphasized by Blaxter, Hughes, and Tight (2001), there is a key distinction between method and methodology. While the term method refers mainly to the tools of data collection, methodology "has a more philosophical meaning, and usually refers to the approach or paradigm that underpins the research" (p. 59). The research study that I carried out was guided by a methodology that is qualitative in nature and that also respects indigenous approaches to research. I was inspired in part by Smith (1999) who states that "indigenous research focuses and situates the broader indigenous agenda in the research domain" (p. 140) and aptly explains that:

> The spaces within the research domain through which indigenous research can operate are small spaces on a shifting ground. Negotiating and transforming institutional practices and research frameworks is as significant as the carrying out of the actual research programmes. This makes indigenous research a highly political activity and while that is understood by very experienced non-indigenous researchers and organizations it can also be perceived as a threatening activity (p. 140).

As an aboriginal researcher, I was aware that I would face unique challenges in having to work across boundaries as I strived to satisfy the criteria established by both the academic research community and the aboriginal community. To help reconcile these challenges, I chose to do qualitative research, which "tends to focus on exploring, in as much detail as possible, smaller numbers of instances or examples which are seen as being interesting or illuminating, and aims to achieve 'depth' rather than 'breadth' (Blaxter, Hughes, & Tight, 2001, p. 64). More importantly, the qualitative research paradigm provided enough flexibility so that I could weave indigenous thought into my philosophical and methodological orientation, thereby respecting and remaining true to aboriginal ways of thinking.

The qualitative paradigm

According to Maykut and Morehouse (1994), qualitative research "generally examines people's words and actions in narrative or descriptive ways more closely representing the situation as experienced by the participants" (p. 2). Similarly, Blaxter, Hughes, and Tight (2001) describe the qualitative paradigm as being "concerned with understanding behavior from actors' own frame of reference" (p. 65). Considering that I was seeking to better understand the Cree community's health behaviour and experience of living with diabetes, qualitative research represented a suitable way in which to carry out this exploratory study.

As outlined by Flick (2002), the essential features of qualitative research are "the correct choice of appropriate methods and theories; the recognition and analysis of different perspectives; the researchers' reflections on their research as part of the process of knowledge production; and the variety of approaches and methods" (p. 4). These

essential features of qualitative research would provide me the flexibility to develop a research study that would be appropriately designed and meaningful for both the participants and myself. In other words, the participants and I would co-construct knowledge from an aboriginal perspective. By making room for the perspectives of the participants and carefully reflecting on my own actions, impressions, and observations, I would be carrying out research that would be respectful of the indigenous ways of being, knowing and doing.

Site, setting, and participants

The site for this study was Waswanipi, a Cree community located along Highway 113 between Lebel-sur-Quevillion and Chibougamau, Quebec. Waswanipi is a relatively young community, established in the mid-1970s, and is one of the nine Cree communities in the Eastern James Bay region. According to Indian and Northern Affairs Canada, as of December 2003, Waswanipi has a total population of 1650 people: 1215 residents and 435 non-residents.

Historically, the people occupied the traditional lands of the Waswanipi trap lines in the 1960s and 1970s. For most community members, their mother tongue is Cree and they are also fluent in French and English. Just as their ancestors occupied the traditional lands of trap lines, many of the Cree still live a traditional way of life centered on the trap lines located around the community of Waswanipi.

The participants for this study were residents of Waswanipi, including both men and women, representing various age groups: younger adults in their 20s, adults in their 30s, 40s and 50s, and elders in their 60s and 70s. Since I was interested in understanding the

community's perspectives of living with diabetes in general, I interviewed both people who had diabetes as well as those who did not have the disease.

When and for how long the study was conducted

My first visit to Waswanipi actually occurred during the summer of 2002. At that time, I was exploring potential topics for my Master's thesis and was seeking to do research with an aboriginal community. At the suggestion of health professionals and researchers working at the Cree Board of Health and Social Services in Montreal, I agreed to go to Waswanipi to work with the public health officer and the community health representative in carrying out diabetes prevention activities within the community. I spent two months in the community, employed as a summer student, sponsored by the Indian and Inuit Health Careers Program of Health Canada.

I soon realized that it would be interesting to work with this community and study the Cree's experience of living with diabetes. During the fall 2002 semester, following my initial stay in Waswanipi, I enrolled in a "Qualitative Research Methods" course at McGill and started writing a research proposal. The following semester, I submitted the proposal and received approval from the Cree Board of Health and Social Services, the Cree Nation of Waswanipi (Appendix A), and the ethics committee at McGill (Appendix B) to carry out the study.

The in-depth interviews took place in Waswanipi over a period of three consecutive weeks in August 2003. During the fall 2003 semester, audio-taped interviews were transcribed and analyzed for themes. Data analysis continued into the winter 2004 semester and then, in April 2004, the initial findings were brought back to the

community. After discussing the initial findings with my local collaborators, I met with focus groups to present the findings and sought additional feedback from participants. The details of the methods used for this study are explained in further detail later in this chapter.

Role of the researcher

My role

During my time in Waswanipi, I largely assumed the role of observer and listener. These skills were essential in collecting data as will be described later. However, as a qualitative researcher conducting research "in the field", I am also aware that my role was partly determined by my physical, social and educational characteristics. Therefore, in this section, I will provide a description of these characteristics since these may have had an influence on "the information shared and/or behaviors exhibited" by the participants (Stainback & Stainback, 1988, p. 80).

Physical characteristics

In terms of physical attributes, I have dark brown/black hair, brown eyes, and a medium complexion; most people who meet me will typically say that I "look native". In fact, when first visiting Waswanipi, I was sometimes mistaken as being Cree; non-native health professionals would ask questions about my background while some of the Cree would simply start talking to me in their native language.

Compared to the conventional image of someone who works in the field of dietetics and human nutrition, I have a larger body size and am considered "overweight" according to mainstream standards; however, when compared to other women in my family or in my

community, as well as compared to women in the research site of Waswanipi, I am considered more like an "average-sized" person, who is "healthy" and "strong". An appreciation for this cultural perspective will allow the reader to better interpret some of the findings of this study, particularly when issues of weight, body size, and physical appearance are discussed later on.

Social characteristics

In terms of my social background, I grew up with my parents and my three younger brothers and sister in Listuguj, Quebec, a Mi'gmaq community of about 3000 members. I resided in my home community until the age of 18, at which point I left to attend college, returning for holidays and often returning to work during the summer months.

At the time of the research, I was in my early 30s, not married, and did not have children.

Educational characteristics

As described earlier, my formal educational background is in nutrition and psychology, with both undergraduate degrees earned at McGill University. Whereas in the nutritional sciences I learned about the fundamentals of food and the scientific concepts of human nutrition, in studying psychology, I learned about things such as cognition, perception, social psychology, personality, human motivation, and inter-group relations.

Aside from my formal education, I have acquired a great deal of "education" and knowledge from my family and community. Some of the things I learned as I was growing up surrounded by aboriginal people included things such as mutual respect, empathy, and understanding. Later, as an adult, living in Montreal far from my home community and surrounded by non-native people, I longed for that aboriginal context and

gained a deeper appreciation of the socio-cultural meanings attributed to my "family", "home" and "community". Perhaps my desire to work with aboriginal communities stemmed from my need to re-connect myself with that space.

Reactions of the participants

A description of my role as a researcher would not be complete without providing a description of how the participants reacted to me while I was in their community. In general, the people I met were hospitable and accommodating; the Cree often invited me to participate in family and community activities and I often took notice of how much I "felt at home" within the community. As an aboriginal person, I think that I "blended well" with the Cree. As the research progressed and I spent more time in the community, people would often ask me more questions about my background, my family and my home community. In general, laughter, sharing, and mutual respect helped shape my experiences with the people of Waswanipi. I like to think that this process of getting to know one another and exploring our commonalities is what helps to strengthen the conclusions drawn from this study.

In some research settings, social, physical, and educational characteristics may play a minor role in affecting the research. However, the reader should appreciate that, in the context of a native community – considering how cultural beliefs and customs typically differ from those of mainstream society – any similarities between the researcher and participant can act to establish a rapport, and above all, a sense of trust. At the same time, any differences must also be acknowledged and taken into account.

Insider, outsider, or outsider within

My aboriginal identity allowed me to gain some unique perspectives while working with the Cree community even though I struggled with how I was perceived throughout the research process. On the one hand, I considered myself an outsider because I arrived in Waswanipi as a stranger: a non-resident, non-Cree student from McGill. As a Mi'gmaq, I shared some physical and social characteristics with members of the aboriginal community; however, I was aware that I was also different from the Cree. As other researchers working in aboriginal communities have noted:

> The cultural groups found within the Aboriginal population are diverse. As Aboriginal people, we need to recognize the differences and honour them when entering a new community. If you are not among your own people, you could be considered an outsider (Castleden & Kurszewski, 2000).

The advantage of this outsider perspective is that allowed me to maintain a certain degree of objectivity in carrying out the study and in analyzing and interpreting the data. While "certain activities in the field remain hidden from the view of the researcher as stranger" (Flick, 2002, p. 58), starting out as a stranger allows for the opportunity to gradually "orient oneself in the field and to find one's way around" (p. 58). Eventually, it is possible to take on the role of an "initiate" and "gradually take an insider's perspective – to understand the individual's viewpoint or the organizational principles of social groups from a member's perspective (p. 58).

On the other hand, from the perspective of some non-aboriginal people, I was already considered as an insider since I came from an aboriginal community, albeit not a Cree one. This insider role became more obvious when non-aboriginal people pointed out that I seemed to have increased 'access' and 'rapport' with the community, even after a short period of time. I became aware that gaining access and establishing rapport during interviews were influenced by my identity and my relationship with those being interviewed. One of the advantages of being both an insider and outsider is that it allows for an exploration from various vantage points, depending on the circumstances. As Rose (2001) points out:

> The researcher may have to try to represent herself as more of an insider or more of an outsider depending on who she is interviewing and what topic is being discussed at any given point in an interview, in order to gain access to the person and to information (p. 26).

Another way to describe the identity of the researcher is as an "outsider within", which Rose (2001) describes as a researcher "who comes from the group being studied but has had experiences which set her apart from it in certain ways" (p. 24-25). This "outsider within" description is a more "fluid and ambiguous" one (p. 24), which I feel more appropriately describes my place within the research setting. This "outsider within" role is not without its own challenges as Collins (1990) has noted:

> . . . some women dichotomize their behavior and become two different people. Over time, the strain of doing this can be enormous. Others reject their cultural context and work against their own best interests by

> enforcing the dominant group's specialized thought. Still others manage to inhabit both contexts but do so critically, using their outsider-within perspectives as a source of insights and ideas (p. 233).

Data collection and analysis

In this section, I will provide an explanation of the nature of the data collected, namely from in-depth interviews, focus groups, and participant observation. In addition, I will describe how the data was analyzed and interpreted.

In-depth interviews

Initially, I planned to carry out in-depth interviews with community members that had been registered for the "Miyupimaatiisitaau Challenge" during the summer of 2002. The main goal of the "challenge" initiative was to encourage healthy eating, physical activity and weight loss among participants so as to help prevent and control diabetes. I thought to interview these participants as the starting point since they were likely to be more motivated and concerned about changing their nutrition and lifestyle habits in order to prevent or control diabetes. Unfortunately, by the time of data collection a year later, the "challenge" initiative was no longer in operation, however, I was still able to recruit participants by word-of-mouth and using a snowball technique. That is, I approached community members that I had already met and asked each of them if they were interested in participating in an in-depth interview to talk about diabetes, nutrition and health. Later, I asked each of the initial participants to recommend other individuals who would be willing to be interviewed.

The basic approach that I used to collect data was through open-ended interviews. Specifically, I relied on the "informal, conversational interview" as described by Patton (1982). After much thought, I decided that the "informal, conversational interview" might be an appropriate approach given the setting and context. The approach "relies entirely on the spontaneous generation of questions in the natural flow of an interaction" (p. 162). Although I had initially prepared an interview guide, I found that this impeded my progress. I kept trying to formulate just the right questions and/or topics and, early in the fieldwork process, I found it difficult to initiate the interviews. However, once I decided not to use an interview guide, I felt free to approach potential participants and ask them if they wanted to take part in an informal interview that would last approximately one hour. The informal interview format allowed for much more flexibility and a much more personal and sensitive interaction, one where I could listen intently and ask relevant questions as they naturally arose.

I usually began each in-depth interview by asking the participant to tell me a bit about their backgrounds (e.g., name, age, family, work, etc.). This technique of asking about participants' personal backgrounds proved effective in that participants were quickly put at ease. From there, I could formulate questions about diabetes, nutrition, and health based on what information participants had already shared with me. As Patton (1982) points out, "data gathered from informal, conversational interviews will be different for each person interviewed" (p. 162). Indeed, this was the case with this research study and by gathering data from a number of participants I gained insight into the lived-experience of diabetes within the community. The "informal, conversational interview" also allowed me to ask a variety of questions and build upon previous interviews with other

participants. As Patton (1982) describes, such an approach allows for "moving in new directions, seeking elucidations and elaborations from various participants in their own terms" (p. 162). I felt that it was important to emphasize the participants' perspectives "in their own terms" because the aboriginal worldview is often a perspective that is overlooked. By using their terms and descriptions, the process allowed for a more personal "Cree" perspective.

Patton (1982) has also noted that one of the strengths of the informal, conversational interview is that "it allows the interviewer to be highly responsive to the individual differences and situational changes" (p. 162). During the time I was in the community for the initial interviews, there had been news of a young Cree man passing away in another community; he was in his mid- to late-20s. Because the unfortunate circumstances were apparently related to complications of Type 2 diabetes, it became evident during several in-depth interviews that this incident was on the minds of several participants. Since I had also heard about the incident [reported on the radio and translated to me by a Cree woman], my response to this situation was to provide the participants with the opportunity to talk about the incident and use the situation to bring up the topic of diabetes and explore some of the "mystery" surrounding the illness. This example serves to illustrate the advantages of remaining responsive and flexible during the interviews since this incident, while tragic and devastating to many in the community, also increased the "concreteness and immediacy of the interview questions and responses" (p. 162).

According to Patton (1982), one of the weaknesses of the informal, conversational interview is that it is "more open to interviewer effects in that it depends on the

conversational skills of the interviewer to a greater extend than do more formal, standardized formats" (Patton, 1982, p. 163). In reviewing the audiotapes, I was aware of how the first few interviews may have been affected by my own inexperience with interviewing (e.g, poor quality recording, nervousness during interviews, etc,). However, as I gained more experience in carrying out interviews, I could see how my skills as an interviewer were improving.

Another weakness of the informal, conversational interview is that the data "are also difficult to pull together and analyze" (Patton, 1982, p. 163). Indeed, I did have to "spend a great deal of time sifting through responses to find patterns" (p. 163). I initially tried using the "constant comparative" method of analysis, as described by Maykut and Morehouse (1996), so that I could organize and systematically analyze the interview data. However, as I started coding and categorizing the interview transcripts I did not feel that this method fully captured the experiences and perspectives of the participants. I knew that in order to respect the content of what was shared with me during the interviews, I would have to find a different form for analyzing, interpreting, and re-presenting the data.

Eventually, my analysis of the data took on a different form as I discovered writing as a method of inquiry. As described by Richardson (2000),

> "Writing is also a way of 'knowing' – a method of discovery and analysis. By writing in different ways, we discover new aspects of our topic and our relationship to it. Form and content are inseparable" (p. 923).

While taking a graduate level course in "Interpretive Inquiry", I learned more about alternative forms of data analysis and interpretation. One method of inquiry – using

poetic representation of data – resonated with me because it allowed for a greater respect for the participants and their discourse. As described by Richardson (2000),

> "Writing up interviews as poems, honouring the speaker's pauses, repetitions, alliterations, narrative strategies, rhythms, and so on, may actually better represent the speaker than the practice of quoting in prose snippets (p. 933).

This method seemed more appropriate given the unique nature of the interviews. I felt that it would be more fitting to highlight events and episodes from each interview by creating "found poems" using the participants' own words. The method I used for creating the found poems is described in more detail in the following section.

Creating found poetry

As I re-read the transcripts of the in-depth interviews and began analyzing them for themes, I highlighted phrases and paragraphs that helped to illustrate specific lived-experiences. In creating poetic representations, I selected these segments of the transcripts and then, using a word-processing program, I cut and pasted them into a new document. By importing those sections into a new blank document, I felt free to start culling – "to 'nugget' words and phrases" (Butler-Kisber, 2002, p. 233) – and as paragraphs transformed into poetic forms, I also "experimented with the words to create rhythms, pauses, emphasis, breath-points, syntax, and diction" (p. 233). After reading these new representations out loud, re-writing and re-shaping them as necessary, I came up with several found poems.

It should be noted that while found poems were created using the participant's own words, the poems also reflect, to some degree, my interpretation of the participants' perspectives. I engaged in writing as a "process of discovery" (Richardson, 2000, p. 936) and used "evocative representations" which are "literary devices to re-create lived experience and evoke emotional responses" (p. 931). In doing so, I was beginning to discover that "trying on different modes of writing is a practical and powerful way to expand one's interpretive skills, raise one's consciousness, and bring a fresh perspective to one's research (p. 931).

Focus groups

During a subsequent visit to the community, the found poetry was presented to focus groups in order to allow participants the opportunity to provide their reflections regarding the emergent themes and poems. Kitzinger (1995) describes focus groups as being a "form of group interview that capitalises on communication between research participants in order to generate data" (p. 299). Focus groups are considered "particularly useful for exploring people's knowledge and experiences and can be used to examine not only what people think but how they think and why they think that way" (p. 299). In this study, the focus group sessions also provided a means to verify that the participants' perspectives, experiences, and sentiments were accurately represented in the poems.

There are several advantages to using focus groups for interviewing or discussion purposes. Kitzinger (1995) points out that focus groups "do not discriminate against people who cannot read or write" (p. 300). Also, the focus group setting "can encourage participation from those who are reluctant to be interviewed on their own (such as those intimidated by the formality and isolation of a one to one interview)" (p. 300). As well,

having participants in a focus group "can encourage contribution from people who feel they have nothing to say or who are deemed 'unresponsive patients' (but engage in the discussion generated by other group members)" (p. 300).

In addition to engaging participants to identify shared and common knowledge, I also chose to carry out focus groups to present initial themes that emerged from the in-depth interviews and generate feedback from the participants. This "member-checking" served to validate some of the initial findings from the in-depth interviews and also served to include participants to "become an active part of the process of analysis" (Kitzinger, 1995, p. 300). By going back to the community and organizing focus group discussions, I aimed to create a forum whereby participants could "generate more critical comments" (p. 300) than in a one-on-one setting. This was important since providing the opportunity for participants to express themselves in a supportive group setting can serve to "facilitate the expression of criticism and the exploration of different types of solutions" (p. 300). Furthermore, the focus group discussions provided insight into other diabetes- or health-related topics that were not addressed previously.

Participant Observation

To complement the in-depth interviews and focus group sessions, participant observation was also used as part of data collection. "In participant observation, the researcher observes what people do, listens to what they say, and participates in their activities whenever possible" (Stainback & Stainback, 1988, p. 48).

Furthermore,

> "In participant observation, the researcher can gather information and data generally unavailable using other data collection procedures. The researcher, by taking some part in the situation, accumulates experiences that can assist in understanding the data collected as well as the context in which the data were gathered. Similarly, a wide range of in-depth data generally can be collected, because by becoming a part of the situation the researcher ceases to be a stranger, which makes it easier and more comfortable for him or her to gain information and data about the people and the setting (Stainback & Stainback, 1988, p. 49-50).

Similarly, van Manen, wrote that:

> ... lived-experience descriptions can be found in a multitude of expressions or forms: in transcribed taped conversations; in interview materials; in daily accounts or stories; in supper-time talk; in formally written responses; in diaries; in passing comments; in reflections on other people's writings; in accounts of vicarious experiences of drama, film, poetry, or novels; in the play-acting of little children; in the talk that accompanies bedtime story-telling; in heart-to-heart conversations among friends; and so on (van Manen, 1997. p. 92).

Naturally, it was the experience of living in the community that informed much of what I discovered in this research study. As van Manen (1997) describes:

> Any lived-experience description is an appropriate source for uncovering thematic aspects of the phenomenon it describes. But it is true that some descriptions are richer than others. It confirms our experience that in our conversations or dialogues we tend to learn more about life from some people than from others. Nevertheless, when a person shares with us a certain experience then there will always be something there for us to gather (p. 92).

At times, I also used field notes to capture some of my thoughts, feelings, and initial reactions to what I observed and experienced. These notes served to aid my interpretation and analysis of the data, which are presented in the findings and discussion chapter.

CHAPTER 4
FINDINGS AND DISCUSSION

Discovering emerging themes

In all, ten participants took part in the in-depth interviews, which were audio-taped and later transcribed. In reviewing the transcripts from the in-depth interviews for data analysis, several major themes relating to diabetes emerged. Several key themes from the in-depth interviews served as seeds for developing "found poems". By focusing on a theme or several related themes, it was possible to select segments of the transcripts that could be used to create poetic representations.

The main themes are related to: 1) defining and describing diabetes; 2) focusing on food, physical appearance, and activity; 3) recognizing multiple layers of meaning; and 4) reframing the issue of diabetes in the community. The following sections present these central themes along with some found poems, examples, and quotes to further illustrate the participants' perspectives. The themes are followed by an interpretive commentary to explain the practical significance of the findings.

Defining and describing diabetes

Description of diabetes

At the beginning of one of the focus group sessions, a group of older adults and elders discussed among themselves [in Cree] how they describe diabetes. After a short discussion, one participant explained to me in English how he describes the concept of diabetes in the Cree language.

> They call it 'sugar in the blood', it's a sentence, it's a phrase, it's an indicator. 'Diabetes' – I never translate the word to my Dad, I tell him the description of what would happen. The description 'it's sugar in the blood' is what we say in Cree (FG2-1).

This example suggests that translating terms relating to diabetes into the Cree language can be a very complex task and may lead to challenges in effectively communicating about diabetes. It should be noted that this participant indicates that he does not "translate the word" but rather he provides a "description of what would happen". Yet, it could be argued that the participant is still using a description that is based on a rather simple explanation: "it's sugar in the blood". However, it is likely that this explanation comes from a direct translation from a biomedical definition of diabetes, which is characterized by high levels of blood glucose.

Confusion can arise from using the expression "sugar in the blood", as was pointed out to me anecdotally by a Cree community worker who works with elders in the community. One day, the community worker told me how she accompanied a non-aboriginal health worker to an elder's home and was asked to translate and explain to the elder that they wanted to test her blood sugar. The elder women replied in Cree that they did not need to test her blood sugar. When asked why, the Cree elder provided this explanation: earlier that day she had experienced a nosebleed and after tasting a bit of the blood, she determined that it did not taste sweet! This example serves to illustrate how messages about diabetes need to be not only clear but also provided within an appropriate context so that they are effectively interpreted. As Bruyère and Garro (2000) have noted, "How a patient comes to understand a given illness often involves integrating what they are told

by health care providers within pre-existing explanatory frameworks and their own personal experiences" (p. 27).

What is important for health care professionals to understand here is that there seems to be a need for more meaningful descriptions of the physical symptoms of diabetes and how to deal with these physical manifestations on a practical level.

An example of a practical interpretation comes from one of the in-depth interviews, where a male participant (in his 40s) provided a descriptive explanation for how people first find out that they have diabetes:

> Well, sometimes they say they have to be sick: 'I'm drinking a lot of water' or 'I'm not getting enough rest, I can't get up, I'm tired' or 'I get dizzy spells', or 'I'm shaky', you know, things like that. Well, [I tell them] 'go to the clinic'. Sometimes it's the only time they go, when they have the symptoms, you know (T/P2-12).

This illustrates how explanatory descriptions of what could happen may be more practical in that they provide concrete examples, rather than theoretical or abstract constructs. For people living with diabetes, such descriptions can be a more meaningful way to identify changes in their health status.

It is important for health professionals to be aware of this way of understanding diabetes concepts since it may mean that a more descriptive and explanatory way of communicating may be required for diabetes education.

Within this context, it would also be interesting to further explore the role of language in determining what is meaningful to aboriginal peoples. Smith (1999) has written how "naming" can be:

> ...about retaining as much control over meanings as possible. By 'naming the world' people name their realities. For communities there are realities which can only be found in the indigenous language; the concepts which are self-evident in the indigenous language can never be captured by another language (pp. 157-158).

McCabe et al (2003) have recognized the challenges in interpreting diabetes concepts in the Navajo language and suggest that attention be put "not only to language translation but also to cultural and geographic factors" so as to obtain "an accurate and meaningful translation" (p. 1914). Therefore, it should be kept in mind that to interpret diabetes concepts effectively in aboriginal communities, health professionals must not rely only on direct translations of diabetes concepts but consider the larger cultural context in which those concepts are used.

Focusing on food, physical appearance, and activity

Factors affecting food choices

When discussing the factors affecting food choices, a participant mentioned that parents and grandparents often use food as a way of pleasing their children and grandchildren. An in-depth interview with the participant, who is both a parent and grandparent, helped to produce the following found poem that illustrates the dilemma caused by a desire to please:

"CONCERNED ABOUT PLEASING"

They buy their children,
Or their grandchildren,
What they want.
Or they buy them poutine;
And after poutine,
They buy them chips and pop.

They don't buy
The diet ones or light ones.
They buy them
The big ones; the big bottles.
So the kid is eventually
At risk.

They don't know
Until somebody tells them,
Because
They're only concerned
About pleasing their child.

Junk food...
They think they're doing good
To their child...a special treat.

If they don't give the child what they want,
They feel offended,
The child cried for it
And parents now have to deal with it.

And they feel, like,
If they don't give it to them,
Well, Grandma's gonna give it to them.

As can be seen in the above found poem, there can be a strong desire to please children. After presenting this poem to a focus group that included young mothers and grandmothers, one of the younger parents replied:

> "Me, as for poutine, I don't really allow them to eat poutine all the time, but we seem to have a problem with the corner store. Kids always want to

> go there. And if I don't give them the money, my mother's going to give it to them, or my dad..." (FG1-11)

Participants often expressed that there is a lack of healthy food choices at the local stores, but there is always easy access to "junk food". When asked about what kinds of items are available at the local stores, one participant replied:

> "Nothing but junk. Lots of junk in the corner store ... there were a lot of candies in there too...all sorts of candies. It's very scary that store...When I try to go look for snacks before I come to work, I can't find anything there. All I see, as soon as you walk in, you're going to see all sorts of candies on one side; on the other side, just chips. As soon as you walk into that store, it's almost like you're surrounded by it and you have no choice but to buy it. [Group Laughter]." (FG1-12)

Examples such as this illustrate how conditions within the immediate environment can affect food choices that impact upon eating patterns, which may lead to overweight and obesity. Unfortunately, in aboriginal communities, food items that are less healthy are often more readily available than healthier food items which are limited in supply and selection. I was fortunate enough to travel to Waswanipi using my own car; therefore, I had the means to bring some food with me from Montreal. However, once I was up north, I would occasionally travel to Chibougamau – about an hour's drive away – to buy additional groceries, whenever necessary.

Wharton (2004), in reviewing beverage consumption and risk of obesity among Native Americans in Arizona, has noted that, "inexpensive, less healthy food items (such as

powdered drink mixes and sodas) are suitable for long-term storage but provide greater amounts of sugar and energy" (p. 157). Despite the fact that access and transportation may be limited in some communities, there is still a need to focus on how to make better food choices, while realistically taking into account the availability of certain foods.

The community can play a role in restoring a balance in terms of environmental or ecological conditions. In other words, it may be up to the community to provide balance by setting up conditions whereby it becomes easier to access healthier food choices. For example, as a community initiative, it may be useful to set up a central community store or kitchen where families can access traditional foods. A centralized location with easy access can act as a sort of "health food store" where community members would be able to access traditional foods and medicines.

For health professionals, the implications for practice are that they should be aware of the context in which they make suggestions for their clients. For example, it is important to understand that there are several factors that can affect food choices and there are times when access to healthy foods may be limited.

It may also be interesting to consider the seasonality of the traditional Cree diet. Traditionally, the Cree way of eating was very much determined by their environment and by the seasons. During an in-depth interview, one of the male participants (in his late 30s) provided a glimpse into how, traditionally, the diet would change by seasons. From that interview, the following found poem was created:

"EVERY SEASON HAD A DIET"

You know, traditionally,
If you look at it, by the seasons,
Same thing with you,
Probably like you guys,
Your diet changed by seasons.

Like us, native people, in the summer,
Way back...
I remember going away in the bush in summer.
With a boat and eight kids,
You think you're gonna be able to fit all your food there for one month?
You took what you needed
And you went in the bush.

Our diet consisted probably of mostly fish.
And the fish were not always fried.
You cooked them on a stick, and dried,
You could smoke it, those kinds of things.
And they boiled it a lot of times,
Like whitefish.

And in the Fall, it starts another time
For the moose and so on.
So every season had a diet;
Our diet consisted of these kinds of foods...traditional foods.

In the Fall, it's mostly partridge, or moose.
Late Fall, you might still have partridge, and beaver.

And in the Winter,
There's still animals like rabbit.
So all these animals;
There's always a season for every animal.

As can be seen from this poetic representation, hunting and trapping animals played a key role in establishing the traditional diet of the Cree. While there is no mention of other types of food, such as berries and plants, it may be because these types of foods were consumed, but on a much less frequent basis – depending on seasonal availability. Animal foods may have been relatively more abundant – and available practically year-

round since "there's always a season for every animal". From a nutritional perspective, the protein provided by the animal foods was probably more important for the Cree as well. In fact, this probably applied for most hunter and gatherer societies, and the participant, familiar with my aboriginal background, expressed to me directly "Same thing with you, / probably like you guys, / your diet changed by seasons".

It should be noted that while animals were relatively available year-round, the Cree were also aware that nature determined what they would eat. For example, Neizen (1998), who has written about forest life in James Bay Cree society, has noted:

> Early Spring, before the return of waterfowl along the coast and the later travel to the communities, was potentially a lean time of year. If hunters had been unsuccessful in finding big game over the winter, families would have to rely on fish, rabbits, and game birds to make it through the year. Each species goes through cycles of abundance and decline; and in some years their low populations would occur simultaneously, leading to starvation in remote camps (p. 24).

Eating animal foods was – and still is – likely to be regarded as an important part of the traditional lifestyle of the Cree and is thus also an important part of Cree identity. In listening to the Cree during in-depth interviews, focus groups, and informal conversations, it became apparent that what you eat becomes a statement about who you are. In fact, there is often a distinction made between what is considered "Cree food" and "white man's food". During my stays in Waswanipi, I often saw mothers and grandmothers take pleasure in seeing their children or grandchildren eating traditional

"Cree food". In fact, while staying with a Cree family, I noticed that when traditional food – such as goose – was being served, it was important for all the children and grandchildren to be invited to eat together. It was clear that sharing traditional food as a family was an important Cree custom and eating Cree food also served to reinforce Cree identity.

Introduction of new foods

In addition to environmental circumstances, there are also historical and socio-cultural factors that affect food choices. In fact, considering the rapid change in lifestyle that has occurred in Cree communities, it is understandable that they would start to acquire different tastes and adopt non-traditional food habits. The following found poem, created from an in-depth interview, shows the similarities and differences between traditional foods and new foods and also illustrates how those foods are handled:

"THE FATTY PART, THE CRISPY PART, THE TASTY PART"

Like eating right,
sometimes I have a hard time because . . .
I tend to like traditional food and
sometimes, it's greasy, you know.
You're so tempted to eat the fatty part.

But it gets to your mind,
like you feel it in your system
. . . you feel nausea.
The grease affects your blood.
You don't feel too good.
You feel like you want to faint or something,
from eating too much grease.
Sometimes it happens to me.

Bear grease,
Or goose grease,
Fried fish,

Or fried moose meat.

If you eat too much grease, you feel it.
You're uncomfortable, you know.
Something is not working right
in your system . . . your blood system.

Or the French fries . . . I cut down a lot, or poutine,
I can't eat that; I don't . . . daily.
Like pork chops, or chicken legs,
Anything that makes you feel uncomfortable.

Healthy foods? I guess vegetables . . .
Or lean hamburger meat,
Or fish. Or skinned chicken,
which I often don't eat.
But that's the other thing . . .

Kentucky Fried Chicken . . . all the fat and all the spices
. . . you take that off and eat the chicken,
you feel like . . . eating ordinary chicken.
I like that crispy part and that taste,
. . . that's the worst but that's usually what people like to eat
. . . the crispy part and the tasty part.
The rest is all plain chicken,
and that's the part we don't like.

In some cases, participants noted how the types of food in their diets have changed and commented on the impact these new foods have had on their diet. One of the younger female participants noted how the shift from traditional foods to non-traditional foods was affecting the elders' food habits and health:

> ...the non-traditional food, like pork chops and chicken...back then they didn't eat that. All they ate was wild meat. But now, they seem not to know, they eat too much of it, they don't know how much they should eat...they eat too much of it and that's why they gain a lot of weight (FG1-1).

From the perspective of the older adults and elders, it was pointed out that the introduction of new food items was something that occurred within the context of the arrival of the Hudson's Bay Company stores. For example, during a focus group session, the older participants recalled the times – prior to the establishment of settled communities – when the new foods included basic items such as white flour, sugar, lard, and jams. These were items that were available through the Hudson's Bay Company stores but, as one of the older male participants explained, it was not by choice that these types of foods were introduced to the Cree who were living near the Old Post; in his words "the store came to them, they never went to the store" (FG2-5). During the focus group discussion, older participants also laughed, and expressed their agreement, when a male participant stated, "The white sugar came when the white man came!" (FG2-3).

Some can only imagine how it must have felt to meet someone from another culture for the first time. For others, the experience is not that far away in memory. As recounted by a male participant (in his 40s):

> My father said the first time he saw a white man in his life, and he remembers it, was when he was 16 years old. He always tells me, "Sixteen, and I was still scared of them". They were on a portage, you know, now that's quite something (FG2-4).

For both the younger and older participants, we can see the significant impact made by the food introduced by the "white man". To a certain extent, each perspective also provides an example of the residual effects of colonialism in that the participants

perceived the introduction of "white man's food" as being imposed upon them from outside, beyond their control. Likewise, Bruyère and Garro (2000) have recognized that:

> While health professionals tend to localize diabetes within individual bodies, the participants viewed diabetes as rooted in collective experience and in historical processes that have impinged on aboriginal people and are beyond their control (p. 28).

Health professionals working in aboriginal communities should note the importance of understanding the historical and socio-cultural context of their clients' collective lived-experience and how this can have an impact on dietary intake and overall health. In other words, to effectively prevent and treat diabetes, health interventions may need to shift from an individual focus to a much larger community focus.

Physical appearance

Considering that the James Bay Cree experienced periods of starvation in the not-so-distant past, it should not be surprising that a person's physical appearance indicated whether or not they were living well. During an in-depth interview with a Cree woman and her husband (both in their 40s), the topic of one's physical appearance was discussed. As they shared their stories, the husband and wife would sprinkle in Cree phrases and chuckle as they recounted and translated their experiences to me. The found poem from that interview provides an account of the woman's experience:

"YOU LOOK GOOD"

In the past,
I don't know if people look at it this way...
But to the Native people,
If you were fat,

Then it was a compliment if you were told you were fat,
Cause you've been taken care of.

But if you were skinny,
then they worried about you.
Well, sometimes, they will say,
even with me,
They say that to me,
["something in Cree"]
you look good,
nice and fat.

The above poetic representation suggests that, from the Cree's perspective and lived-experience, being skinny has been viewed as something that could be cause for concern. Similarly, Boston et al (1997) have noted that among the Cree:

> ...the concept of "extra weight" was understood to have a direct relationship to the perceived necessity to (healthily) store vital body energy. As one individual said, "To be bony is not healthy, to be fat is healthy" (p. 10).

Boston et al (1997) further explain that :

> It is important to understand that beliefs about "fat" in this context meant being robust or carrying a little extra weight, which made one stronger and more capable of going about everyday activities, in contrast to being obese, which respondents did not find desirable (p. 10).

As illustrated here, the concept of being healthy and strong seems to be very much valued among the Cree. Therefore, for researchers and health professionals working with aboriginal communities, it is important to understand cultural values in order to interpret

people's health behaviour. To illustrate, Spielman (1998), a non-Native who has spent a considerable amount of time in Pikogan (an Algonquin community in northwestern Quebec), provides insight into some of the value differences between Natives and non-Natives:

> When my wife's father passed away and she had been away from the community for a month, one of the elders, a woman, came up to my wife when she returned and said with a big smile (and in front of a lot of other people), '*Oh, gigichi aajiboonan!*' which means 'Oh, you're so fat!' In non-Native culture that's not much of a compliment. In fact, one would rarely, if ever, say something like that to someone unless you were trying to hurt that person's feelings. But in this instance it was offered as a compliment. The elder had been concerned that my wife would not be eating enough while mourning and would return to the community looking thin and unhealthy. In the community of Pikogan, someone who has plenty of meat on their bones is considered healthy and strong. Part of the reason for this goes back to when people were living in the bush, as most of the elders at Pikogan had done for over half of their lives. It was always important to have plenty of flesh on your bones to tide you through the time when game was scarce. Such a value remains strong even though most people don't live exclusively in the bush any more. Of course, after my wife received this compliment she immediately went on a diet! (p. 30)

This story captures, in an amusing way, how people can perceive physical appearance quite differently. Typically, from a non-native perspective, value is placed on avoiding

fat while from an aboriginal perspective having some fat helps in appearing healthy and strong.

Physical activity

In talking about being healthy and strong, it may be useful to continue exploring the historical and socio-cultural context of aboriginal communities so as to better understand how lifestyles have changed. Traditionally, the Cree led very active lifestyles. In addition to eating well, being physically active – or just moving – was regarded as an important factor in maintaining health. As a result, Bruyère and Garro (2000) have noted that recommendations by health professionals to exercise:

> ...fit easily within pre-existing Nêhinaw [Cree] frameworks because 'the ancestors worked hard'. Thus, for those who related physical activity to being Nêhinaw and the bygone way of life, exercise was acceptable (p. 27).

During a focus group discussion, one of the younger participants in this study described her perspective as follows:

> The way I look at it, is that, way back, people were physically active; they had to hunt for their food, in order for them to eat. And they went through famine too. They knew how to stretch their food ... they had to hunt every time they wanted to eat. Of course, sometimes they'd have to move to another place in order to gain food. They had to move to different places. But now, it's so easy to get food, just go to the store and buy it (FG1-6).

Similarly, during an individual in-depth interview, one participant attributed his lack of physical activity to his present lifestyle, which included working in an office:

> Yeah, I should go into a job that's active, like in the bush. I used to do that before, when I used to, I was very active. Ever since I came into [current place of employment], I was sort of, not going out moose hunting, not going out fishing, or ... not walking. I have my car, always driving (T/P2-6).

Interesting to note is that this participant associates being active with being in the bush, a very natural and traditional environment for the Cree. Likewise, Napoli (2002) has noted that the health of women in the Yavapai community in Arizona benefited from walks in the desert where "the women felt empowered both by the exercise and by the connection they felt to the land of their ancestors" (p. 1574).

Recognizing multiple layers of meaning

In addition to having to contend with the challenges of healthy eating and physical activity, participants also brought up other challenging issues that factored into their overall health.

Concerns about treatment

In some cases, there is a sense that people are concerned about the type of treatment they or family members receive for managing diabetes. When it comes to taking oral medication or insulin, certain attitudes and beliefs were expressed both during the in-depth interviews and focus group sessions. One of the younger participants described how her father believed that his condition was related to "overmedication":

> ...and he said it wasn't his fault, they [HCPs] overmedicated him. I couldn't believe that. That's why I asked the nurse to find out for me, what kind of medication was my Dad not supposed to take, because that's what happens sometimes, it's because of the medication, people are overmedicated (FG1-3).

Other times, there is a sense of distrust specifically when it comes to taking pills:

> Some elders say, "We don't believe in those pills. I don't know why they [health professionals] give us medication, we never took these kinds of medication before, why are they giving that, like garbage, to us?" They don't want to take it because they think it's harm to their bodies, cause they never really took a lot of medication before (FG1-3).

As a person's condition proceeds such that they require insulin treatment to manage diabetes, beliefs about the evolution/course of diabetes arise:

> ...they [health professionals] mixed two medications that they were not supposed to mix because he has high blood pressure, and they mixed those two medications and that's how he got into insulin...because they were not supposed to mix.... I wonder how many times it happens to people, Crees, they really don't know about medication (FG1-3, FG1-4).

Associations made with drug abuse and addictions

During an in-depth interview, one of the participants spoke of concerns related to diabetes management. Specifically, the following found poem illustrates this

participant's attitudes and beliefs about diabetes treatment and prevention, and the associations made with drug abuse and addictions:

"DEALING WITH DIABETES"

Other people that I know
that are affected by diabetes,
it seems like
they have a dependency
on the insulin, or the pills

But . . .
they don't wanna exercise
or they don't wanna eat right.
They just take the pill and eat
anything they want

But . . .
I'm not sure if that's the use
for that medication,
or the insulin, they just have a shot
whenever it's high.

I don't know
what they use it for
But . . . to them,
it's their way of dealing
with diabetes.

But . . . other people,
it's eating right,
exercising.
They don't want to get into
pills and insulin.

From this interview, I could tell that the participant had questions about diabetes as he was trying to find a way to describe his observations of how people were living or "dealing" with diabetes. One of the concerns articulated by the participant was that people seemed to have a "dependency" on pills and insulin, and that he did not know "what they use it for". Throughout the poem, there is also a sense that the participant

would rather prevent diabetes in the first place by "eating right" and "exercising" to help avoid having to "get into pills and insulin". In addition to the theme of preventing diabetes, there is also a sense that the participant is making comparisons with alcohol or drug abuse through the use of words such as "dependency", "pills", "use", "medication", "shot", "high" and "dealing". Later in the interview, the participants compared the fears associated with diabetes to the fears surrounding the effects of alcohol and drug abuse:

> Sometimes, something happens related to alcohol and drugs and people get a little bit afraid. After that, they don't seem to care anymore or it doesn't touch them anymore. Then after it happens, then they're concerned again. So I think diabetes, it's a deadly disease and people need to be more careful. You know, how to live with it and how to prevent it (T/P2-11).

After presenting the found poem "Dealing With Diabetes", to focus group participants, they commented that it sounded "depressing". One of the focus group participants stated:

> It sounds like somebody is dependent on something...let's say drugs...you're dependent on drugs, you need it, you have to get your high. If not, you're gonna get into a bad mood, or get angry, or...that's how it sounds like to me (FG1-3).

During the focus group discussion, further similarities were drawn between what it is like to live with diabetes and drug abuse. Specifically, it was noted how sometimes there seems to be a desire for a quick fix with no regard for the consequences to the individual or the family. Referring to the lines "they don't want to exercise / they don't want to eat

right / they just take the pill / and eat anything they want", one of the participants remarked:

> That's how a drug addict is. They don't care what they do, or where they get the money. Or they borrow money, or they don't care. Sometimes they don't even bother with their families, they use the money for drugs instead...instead of buying food for the family. And it's true, they pawn things just to get the drugs; sell their TV, get cash for it and go and buy...it's doesn't really bother them (FG1-4).

Once again, it is important for health professionals to be aware of the connotations that aboriginal people may have with taking prescription medications, whether it is oral medications or injections, since the use of Western medicine is a relatively new concept in aboriginal communities and the associations may be viewed negatively. Moreover, in addition to being aware of these connotations, health professionals should emphasize that an active lifestyle and a healthy – and perhaps traditional – way of eating may be helpful in managing diabetes. In other words, considering the negative connotations associated with prescription medications, health professionals should exercise caution in trying to provide what may be perceived as a "quick fix".

Reframing the issue of diabetes within the community

Considering that health professionals and aboriginal people may have different ways of looking at a problem, it may be useful to start reframing the issue of diabetes within aboriginal communities. From an indigenous perspective, Smith (1999) describes "reframing" as being:

> ... about taking much greater control over the ways in which indigenous issues and social problems are discussed and handled. One of the reasons why so many of the social problems which beset indigenous communities are never solved is that the issues have been framed in a particular way. For example, governments and social agencies have failed to see many indigenous social problems as being related to any sort of history. They have framed indigenous issues in 'the indigenous problem' basket, to be handled in the usual cynical and paternalistic manner (p. 153).

Smith (1999) has also stated that the "need to reframe is about retaining the strengths of a vision and the participation of a whole community" (p. 154).

Promoting a strengths perspective

On a similar note, in the field of social work, addressing issues from a "strengths perspective" has been recognized as a useful approach to practice as a frame of reference. The "strengths perspective" has been described as:

> ... a way of viewing the positive behaviors of all clients by helping them see that problem areas are secondary to areas of strength and that out of what they do well can come helping solutions based upon the successful strategies they use daily in their lives to cope with a variety of important life issues, problems, and concerns (Glicken, 2004, p. 3).

Several important life issues and concerns were discussed during an in-depth interview with a male participant in his 20s. One issue that we discussed involved the role of youth in the community and how diabetes is experienced from the perspective of younger

community members. The following found poem captures some of that experience and illustrates how some youth share their concerns about diabetes:

"TALK ABOUT DIABETES"

Discovered...probably late 30s
He had it.
He didn't know.
He kept on eating cookies, pop, chocolate.
He became fatter.
Then one day...
Tired.

And then eventually,
He started that machine – dialysis,
Had to go to Montreal
He's on a waiting list
...special medication.
He goes there – dialysis – twice a week.

And my cousin,
...talking about it when we were drinking.
And he said, "I'm starting to get tired".
I think he heard of diabetes,
But he didn't bother finding out about diabetes.
A young guy – younger than me.

I know quite a few people that had diabetes,
But they never talked about it.

Get this guy to talk about diabetes...
Cause we need people that have diabetes to talk about it.
Even the young guys,
Try to get them involved.

Especially that guy there.
Encourage him to talk about it.
I think he must have learned...

This interview, and the poetic representation derived from it, suggests that diabetes is a health and social issue that of concern at least to some youth. Specifically, this participant mentioned that there is a need for more people to talk about diabetes; in

particular, he believes that it is important for those living with diabetes to share their stories and talk about their experiences. What is interesting to note here is that the participant considers the people that have diabetes as being potential educators within the community. Looking at it from a strengths perspective, people living with diabetes can share their daily coping strategies to help other community members find solutions for their questions and concerns. Reframing the issue of diabetes and using the strengths perspective may also be useful in establishing key roles for community members in addressing diabetes within the community.

Finding motivation to be healthy

In exploring potential roles for community members in addressing diabetes, I asked participants for their thoughts on how community members could be motivated to maintain or improve their health. One participant offered this message:

> I would tell them, 'if you want to stay healthy, learn more about diabetes', how to help yourself, or your spouse, or your children, or your family, uncles, your mother, your parents (T/P2-13).

It seemed as though the messages for promoting health were framed within the context of caring for others and maintaining healthy family relationships as well. When asked during an in-depth interview what the community could do to help promote health and prevent diabetes, one of the participants suggested that the community focus on organizing more activities that involve families spending time together:

> They need to be more ...more activities. It's always rewarding, you feel rewarded to attend it. I say it's not the purpose to receive the awards. What's rewarding is the healthy lifestyle (T/P2-14).

Similarly, Napoli (2002), who supports using an integrated model for holistic health care, has commented that "gathering together and participating in activities is an empowering experience and a way to communicate and share stories and information" (p. 1574). In addition, "Spending time together in a positive way contributes to developing supportive relationships" (p. 1574).

Using humor

Although diabetes is regarded as a serious health issue, throughout the study, there were many examples of participants using humor as they shared their stories and personal lived-experiences. In addition, when asked on how best to inform the community about diabetes, participants gave suggestions that included things such as having local community members perform funny and entertaining skits, either through radio programs or at community gatherings. It is important to note that aboriginal people often use humor as a way of coping. For example, Napoli (2002) has stated that:

> When their hearts are heavy with emotions or a situation is difficult, Native people embrace humor as a way of healing. Humor helps the person feel a sense of relief. Humor is an avenue to good mental health and physical health and is an integral part of Native life (p. 1573).

Connecting with the land

In terms of other positive strategies for coping with diabetes and maintaining health, participants also mentioned the importance of connecting with the land.

Niezen (1998) has written about the Cree, their attachment to the land, and the importance they place on maintaining forest life. Specifically, Niezen relates the attachment to the land to a system of healing and further states that the "holistic approach of Cree healing involves not only the inseparable nature of body and spirit but also an intimate connection between man and the natural world" (p. 31).

Niezen (1998) further explains:

> A more general improvement in health can also take place through the calming influence of forest life which can radically change the demeanors of individuals and improve communication between family members and those from different generations. This understanding of the importance of forest life has only emerged in contrast to the discomfort and apathy felt by many in rapidly changing communities and urban centers (p. 35).

While the Cree attach great importance to the forest life, the reader must also keep in mind that relationships with the natural world can take different forms and, in fact, lived-experiences can be quite different even among communities of the same nation. For instance, during an in-depth interview, a man and his wife (in their 30s) explained the difference between living in a more "southern" Cree community as opposed to living in a Cree community further north.

"THE WAY WE LIVE [TWO DIFFERENT CULTURES]"

Today the way we live,
it's cause of the development that's happening.
they say up north, the development happened with Hydro.
Us, we had mining, forestry, sure, Hydro too.
They impacted us and our area.

And the other thing I wanted to mention was,
up north, when they go out in the bay,
they're stuck out there til December
they live out there.

Here, we're by a road.
You can get out by ski-doo,
you can get out by four-wheeler,
or somebody will pick you up.

Up north, you'll find out the higher the level you go,
the less it [diabetes] is
because of more isolation, the harsher the land
cause you can't get out in the fall,
sometimes you'll get out and be stuck there for a week.

That's why it's different here,
it doesn't matter, rain or shine or snow,
you'll come out.
But over there, hardly anyone has any type of four wheeler.

Here they all have ski-doos and four-wheelers.
Here you have a camp and your house.
Up north, you don't have that.
And up north, you go out, they don't come back til December.

Not everybody will bring ski-doos,
they have to come get their ski-doos in December when it's frozen.
. . . they're stuck out there
so they all have to hunt and walk, til the lake starts to freeze,
you can't go by boat.

We're two . . .
we're almost like, two . . .
we're two different cultures.
That's what it is.

As illustrated here, it becomes apparent that everything can be looked at from several perspectives. While it has been suggested that health professionals and researchers working in aboriginal communities start considering and understanding more about aboriginal perspectives, it is equally important to recognize that not all aboriginal communities are the same, even with the same nation.

CHAPTER 5
CONCLUSION

While it has been customary to use a biomedical approach in attempting to close the gap between mainstream and Cree perceptions and understandings of diabetes, I would suggest that researchers and health professionals working in aboriginal communities place more consideration on aboriginal ways of knowing. Moreover, it is fundamental to honour and respect the knowledge that comes from those perspectives. Based on the main themes that emerged from this study, the implications for research and health care practices include:

1) Improving cross-cultural communication and education

The findings from this study suggest that defining concepts and communicating about diabetes can be very challenging tasks.

Implications for research and health care practices:

Health care professionals working with aboriginal communities need to be aware that a more descriptive and explanatory way of communicating may be required for diabetes education. Even when translators or interpreters are available, it is important to explain diabetes-related concepts in sufficient detail, in terms that are meaningful to aboriginal peoples. To better understand what is meaningful to aboriginal peoples, special attention should be paid to their lived-experiences and the cultural context in which they live. There is a need to emphatically understand the way aboriginal peoples conceptualize and frame diabetes in relation to their overall health and well-being. For example, the use of concrete examples may be more useful than theoretical or abstract constructs. In

addition, it may be useful to formulate messages about the prevention and treatment of diabetes by using a community (or family) focus rather than an individual one.

2) Respecting the role of food and traditional activities

In talking about diet and physical activity, there are several factors (e.g., environmental factors, socio-cultural factors) affecting food choices and behavior. In terms of food habits and eating patterns, participants pointed out that there have been significant and rapid changes in their environment that have resulted in a shift from eating more traditional food to eating more non-traditional food (e.g., convenience foods, fast food). In terms of activity, changes in lifestyle have contributed to a decline in physical activity; however, there is still a desire for a return to traditional activities and a re-connection to the land.

Implications for research and health care practices:

Researchers and health care professionals need to keep in mind the issue of access to healthy foods (which includes traditional foods). It is often the case that convenience foods, "junk food", or "fast foods" are readily available to the community, whereas healthier food choices (such as traditional foods, fresh fruit and vegetables) may be difficult to acquire at times. Thus, with this in mind, health care professionals need to offer practical suggestions for healthy food choices that correspond with the foods that are readily available.

Moreover, it is important to understand how the role of food has changed over time and recognize that food habits often differ according to age groups; younger people may rely more on non-traditional foods, older adults and elders may rely more on traditional foods.

In addition, there is a need to recognize and acknowledge that certain foods play a role in asserting and reinforcing cultural identity (e.g., foods referred to as 'Cree food'). Along with healthy foods, it may be useful to encourage physical activity that is in keeping with traditional activities and that involve not only the individual but the family and community as well.

3) Recognizing multiple layers of meaning

There seems to be some concern among participants about the types of medical treatment employed for managing diabetes. Mistrust and apprehension about the use of prescription medications can arise especially if the effects and side effects are not well understood. Also, some participants expressed concerns about having to rely on prescription medications, which is sometimes compared to the "dependency" seen with alcohol and drug abuse.

Implications for research and health care practices:

Researchers and health care professionals should be aware of the negative connotations aboriginal peoples may have regarding the use of prescription medications. Health professionals, in particular, should exercise caution in trying to provide what may be perceived as a "quick fix". Instead, it may be useful for those working in aboriginal communities to stress that healthy eating and active lifestyles can enable people to better control diabetes. In other words, it is important to emphasize that people can, through their own actions, address diabetes, and that medication is only part of the solution.

In addition, it may be worthwhile to explore metaphors (e.g., from storytelling and sharing personal narratives) that can help illustrate multiple layers of meaning and the lived-experience of diabetes in a more positive context and free of negative connotations.

4) Reframing the issue of diabetes within the community

In seeking to reframe the issue of diabetes and to find positive ways of promoting health, participants expressed that finding motivation to be healthy is usually centered on caring for others (e.g., family members, other relatives) and maintaining healthy relationships. It was suggested by some participants that organizing family activities might be useful in health promotion activities within the community. Other participants talked about using humor and connecting with the land as ways to foster an improvement in health and well-being. For example, group activities in the outdoors, such as berry-picking trips, can serve to promote healthy eating and physical activity, foster positive relationships with family and other community members, while always maintaining a connection with the land.

Implications for research and health care practices:

Researchers and health care professionals can help in reframing the issue of diabetes in the community by focusing on the strengths and gifts of those living with diabetes. Every community member potentially has a role to play in promoting health and in helping to address the issue of diabetes in the community.

Limitations and strengths of the study

Due to the nature of this inquiry, I interviewed a relatively small number of participants in one Cree community. This study is an example of a qualitative investigation where "breadth is often sacrificed for depth in order to gain a detailed understanding of a single or small group of people in one or several situations" (Stainback & Stainback, 1988, pp. 102-103). Therefore, it would not be appropriate to generalize any of the findings to all Cree communities or to any other aboriginal community. On the other hand, researchers and health care professionals may find it useful to consider some of the lessons learned from this study in examining their own practices. The "implications" mentioned earlier in this chapter are only meant as suggestions for researchers and health care professionals, and are by no means an attempt to generalize the findings to all aboriginal peoples.

The strengths of the study are that it allows for an in-depth view into how some Cree people experience living with diabetes and how that experience fits into the wider context of aboriginal health. Several data collection methods were used and, essentially, the inquiry aimed to understand the lived-experience of diabetes, in a holistic sense, within a social and cultural context. While it is not reasonable to assume that full "contextual understanding" could be achieved, "Without an understanding of the contextual scene, much of the data regarding perceptions of participants operating within that context are of little meaning" (Stainback & Stainback, 1988, p. 107).

Conclusion

In general, the findings from this study suggest that it is important to situate health issues within the broader context of history and culture. In other words, there is a need for researchers and health professionals to have a greater understanding of the historical and socio-cultural context in which the Cree live. In addition, there is a need to understand the social roles and responsibilities that are assumed by individuals, families, and the Cree community and nation as a whole.

To sufficiently understand aboriginal perspectives requires much time and effort and it may be the case that researchers and health professionals will require training specifically designed for working with aboriginal communities. Perhaps future research can address this very issue by exploring what is needed to fully understand and effectively address diabetes and other health issues in aboriginal communities.

Final thoughts and reflections of the researcher

I hope that what I have written adequately reflects the Cree experiences of living with diabetes. I acknowledge that the Cree are in a better position to fully describe their lived-experiences; therefore, I have only "re-presented" their words using poetic representations so as to express to the reader how rich, beautiful, and powerful those descriptions can be. For each emergent theme, I also provided quotes from the in-depth interviews and focus groups to lend support and provide additional descriptive details for the reader.

As I listened to the lived-experiences as described by the participants, I was "inspired"; their words motivated me and helped breathe life into my research and writing. As a

result, I have discovered that writing – and using arts-based methods such as poetic representation – can be a very effective and powerful way to communicate and connect with others.

This research experience also helped me to engage in "self-reflection" and explore other methods of inquiry and forms of writing – such as poetic representation – to complement my educational background in science. As Richardson (2000) discovered,

> Students will not lose the language of science when they learn to write in other ways, any more than students who learn a second language lose their first ... Rather, acquiring a second language enriches students in two ways: It gains them entry into a new culture and literature, and it leads them to a deepened understanding of their first language, not just grammatically, but as the language that constructs how they view the world (p. 936).

With respect to the qualitative research process, it involved a considerable amount of reading, writing and reflection to understand it completely. I often shared my thoughts with my supervisor, someone who guided me, helped me process what was going on, and allowed me to reconcile my thoughts and my writing. As I continued to put the research methods into practice, I found that I was developing greater insight into the qualitative research paradigm and I eagerly wanted to share that with others.

As with any journey, there were some bumps along the way, some high periods and some lows. At times during the research process, it felt somewhat challenging and demanding; yet, the research experience was a very rewarding one. I have come to understand more

about the experiences of the Cree and this has shaped my life and my way of thinking, both personally and as a researcher. My research with the Cree has been a very important learning experience as well and I hope that I have been able to convey that to the reader.

During my stays in Waswanipi, I was so well accepted and was treated so kindly; I will always be grateful to the people of Waswanipi, for sharing their lived-experiences with me and, more importantly, for making me feel at home.

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APPENDIX A

Letter from Waswanipi

The Cree First Nation of Waswanipi

EDIFICE DIOM BLACKSMITH BUILDING
WASWANIPI, QUEBEC
J0Y 3C0

TEL: (819) 753-2587
FAX: (819) 753-2555

WASWANIPI, Québec.
July 23, 2003.

***** "MEMORANDUM" *****

TO : JANINE METALLIC

FROM : ALLAN HAPPYJACK, P.ENG.
Executive Director.

RE : **NUTRITION and DIABETES PROJECT.**

On behalf of Chief Robert Kitchen and his Council of the Great Cree Nation of Waswanipi, I hereby confirm with you that arrangements are being made for you to work, in close collaboration, with **Ms. Lily G. Sutherland**, Public Health Officer, the Waswanipi Health Committee, Clinic [C.L.S.C.] and the Political Portfolio Holder for Health, Ms. Flora Blacksmith, pertaining to your Special Assignment, Mandate or Project for this summer in Waswanipi.

In terms of proper co-ordination, communication and working relationship with our local Health Authorities in order to avoid or prevent potential conflicts, overlapping or duplication with respect to your Special Project, I would suggest to you to continue working through the Office of our Public Health Officer, **Ms. Lily G. Sutherland** who will act or serve as our local Community Liaison on behalf of Chief & Council and Health Committee and who will be making regular status or progress reports to our attention, if necessary.

With regard to your requests for possible support or assistance from Chief & Council, I had already taken the liberty this morning through your telephone call to refer you to **Ms. Lily G. Sutherland** who will assume the role as our local Co-ordinator for the purposes of your Special Project. You may be able to reach her at Tel: [819] 753-2322 or Fax: [819] 753-2351.

.../2

I trust these arrangements will be satisfactory to you in the meantime.

****

Yours very sincerely,

CREE NATION OF WASWANIPI.

ALLAN HAPPYJACK, P.ENG.
Executive Director.

APPENDIX B

McGill Research Ethics Committee

Certificate of Ethical Acceptability for Research Involving Humans

McGill

Certificate of Ethical Acceptability for Research Involving Humans

Project Title: Exploring indigenous approaches in explaining and understanding diabetes in a Cree community #820

Applicant's Name: Katherine Gray-Donald/ Janine Metallic

Supervisor (if applicable):

Reviewers: P Jones, J Fyles, W Parsons

Type of review: Expedited review

DECISION: Approved for one year.

Peter Jones, Chair
Research Ethics Committee
Faculty of Agricultural and Environmental Sciences

Tel: 514-398-7547
Fax; 514-398-7739
E-mail; Jonesp@macdonald.mcgill.ca

June 28th, 2003

APPENDIX C

Informed Consent Form

Explaining and Understanding Diabetes in a Cree Community
Informed Consent Form

This study is being done to gain a better understanding of what Cree people consider important for nutrition, health and diabetes. We hope that by listening to Cree people and learning from their experiences, we can help develop and maintain appropriate nutrition and diabetes programs.

I understand that I may participate in individual interview sessions and / or focus groups to talk about nutrition, health and diabetes.

For the interviews:

- I understand that the sessions will be between 30-60 minutes in length and will be tape-recorded. I may have a typed copy of the interview if I wish.
- The information obtained will be identified only by a code and will remain confidential. Only the researchers and research assistants will have access to the tapes.

For the focus groups:

- The information obtained from individuals will be identified only by a code and participants will be asked to respect the privacy of others.
- I understand I am not obligated to share any information that may make me feel uncomfortable within the group setting.

I may refuse to answer any questions, if I wish. I may also withdraw from the project at any time by contacting Janine Metallic.

The study and this consent form have been explained to me and my questions at this time have been answered completely by Janine Metallic. I understand that I may not benefit immediately from the study but may benefit from the knowledge in the future. I agree voluntarily to participate in this project.

	Name (please print)	Signature	Date
Participant			
Researcher			

Researchers:
Dr. Katherine Gray-Donald
School of Dietetics and Human Nutrition
Macdonald Campus, McGill University
21,111 Lakeshore Road
Ste-Anne-de-Bellevue (Quebec) H9X 1C0
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Janine Metallic
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