

Helping Tribal Communities Cope with Type 2 Diabetes
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Relevance at the Tribal and National Level

Diabetes is an illness with serious health consequences for Cherokee tribal members. It affects many people including those who receive a diagnosis, their family members, friends, and the community at large. Diabetes has a profound effect not only among the Cherokee, but throughout Indian country. There is a degree of pan American Indian cultural influence that defines American Indian people. It is probable that Cherokee people's coping abilities have been shaped in ways similar to the general American Indian population and while individual tribal differences are acknowledged this research has the potential of applying to other American Indian tribes. Learning about the experience of a diabetes diagnosis and what influences health outcomes is important information in the development of health initiatives, policies, and programs for tribal members. It can be incorporated into grant writing and used in determining financial allocations most effectively. This is true on both the local tribal and national levels.

Research Study

This study involved long semi-standardized qualitative interviews with ten Cherokee participants. They were at least $\frac{3}{4}$ Cherokee by self report with a diagnosis of Type 2 Diabetes for more than two years, both genders, and between the ages of forty and fifty-nine. Participants spoke, understood, or wrote Cherokee. A "cultural checklist" developed with the assistance of Cherokee Nation IRB members was used as part of the selection process. The method of data analysis used for this study involved an inductive, first and second level coding approach. Member checks along with an external audit were used for verification.

Findings

This phenomenological study explored how Cherokee Indians cope with a diagnosis of Type 2 Diabetes. Of particular interest was how cultural variables affect their coping response. Nine major themes emerged: (a) perceptions of causes of illness in general and diabetes specifically, (b) initial experience and response of receiving a diabetes diagnosis, (c) role of information and education, (d) medical community support, (e) family, (f) spirituality, (g) traditional Cherokee medicine, (h) use of humor, and (i) current coping. Results suggested that certain aspects of the Cherokee culture influence health outcomes: (a) traditional Cherokee world view, (b) traditional Cherokee medicine, (c) role of family and generational concerns, (d) humor, (e) respect, and (f) trust.

Causes of Illness and Diabetes

Participants saw the general cause of illness to include heredity and lifestyle factors such as diet, exercise, and stress. Some participants saw fundamental changes in Cherokee lifestyle as

responsible for many illnesses including diabetes. Interviewees cited a move away from traditional natural food sources and their preparation as creating an unhealthy diet. Also, they felt that changes in physical activities related to gathering and growing food, use of modern conveniences, and transportation result in a decrease in exercise.

A culturally specific way that Cherokee people give meaning to the cause of illness is suggested by one participant, who spoke at length about a traditional Cherokee worldview. He focused on balance, in both a spiritual and physical sense, and seeing diabetes as a form of imbalance. While only two of the interviewees consistently use Cherokee traditional medicine, they are in the group that is successfully controlling their diabetes. They used Cherokee herbal remedies as a supplement to other health care services and they reported a greater sense of personal control.

Initial Response

Participants had seen the consequences of uncontrolled diabetes with family, friends, and members of the community. The image they had of diabetics was of amputation, blindness, dialysis, and death due to strokes and heart disease. While many of the interviewees knew that there was a likelihood that they would eventually be diagnosed with diabetes, their first reaction was one of shock, dismay, and hopelessness. Some described it as feeling like they had been given a terminal diagnosis and all the future held was debilitation and death. Most of the study members went through a period of confusion and uncertainty before they were able to accept the diagnosis and began lifestyle changes necessary for the control of diabetes.

Information and Education

Many of the interviewees did make lifestyle changes that contributed to controlling diabetes. They identified information and education as the basis on which they were able to do this. All of the participants reported that they had a very limited knowledge of diabetes before their diagnosis. They stated that it was after they were diagnosed that they learned how to control diabetes. The education and information provided by the medical community was the foundation on which they learned to manage diabetes. The realization that they could actively take charge of the situation and influence health outcomes was the beginning of a more effective coping response.

Medical Community Support

Participants strongly endorsed the value of support from the medical community. They saw the role that medical personnel played as a major component assisting in their ability to cope with diabetes and experience a healthy life. Health care providers were viewed as sources of information on diet, exercise, medication, glucose monitoring, and other issues related to diabetes. Interviewees appreciated check ups in terms of feedback helping with self-regulation. Study members saw encouragement from their health care providers as important emotional support.

Family

Study members viewed family as fundamental to Cherokee values and culture. They expressed a strong sense of obligation and responsibility toward other family members. In return they saw the family as a source of strength and support. Participants spoke of the importance of family to them and the role that it plays in coping with diabetes. All of the interviewees had a history of diabetes in their family and many had been caretakers for family members. This shaped their health expectations and initial response to a diagnosis of diabetes. Most viewed their development of diabetes as inevitable. Participants had watched loved ones experience disability and death from complications due to uncontrolled diabetes. This was their view of diabetes and what they saw in their future. Consequently, when they received a diagnosis, the responses were ones of hopelessness and despair. Interviewees indicated that family support was a factor in coping with diabetes and making necessary behavior changes, such as diet and exercise. They noted that family members gave them reminders that helped in self-regulation activities, were available during crises, and gave emotional support and encouragement.

Cherokee culture engenders a sense of responsibility and obligation to future generations. This aspect of family and cultural values influenced participants coping in terms of motivation. Study members expressed the desire to be role models for their children and maintain good health to help raise and teach their grandchildren. Some participants specifically wanted to be able to pass down the Cherokee language and traditions. One interviewee spoke about the need to learn how to control diabetes in order to build healthier patterns of behaviors to pass on to the next generation.

Humor, Respect, Trust

Humor, respect, and trust have significant roles in Cherokee culture. These aspects of Cherokee culture contribute to effectively coping with and treating illness. Participants identified the use of humor as a culturally appropriate response to challenging life situations. Humor and laughter act as a coping mechanism that relieves stress and helps create a broader perspective when dealing with a serious health problem like diabetes. Cultural issues of trust and respect are important in terms of treatment and the patient-health care provider relationship. Participants described the Cherokee as a proud people and respect as an important component of their cultural makeup. It is essential that mutual respect exists in the patient-health care provider relationship for diabetes treatment to be effective. In light of the Cherokee history of oppression, it is not surprising that it takes time to build trust with Cherokee patients. This is particularly true for those health care providers from outside the community and non-Indians. Trust building is based on respect, consistency, and genuine concern and caring for the patient. This raises issues of care continuity and its effect on successful treatment of diabetes for Cherokee patients.

Cherokee Indians Coping with Type 2 Diabetes

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Cherokee Experiences of Living with Diabetes

Research Method

- How Cherokee Indians cope with a diagnosis of Type 2 Diabetes
- Of particular interest was how cultural variables affect their coping response
- Qualitative research was conducted involving comprehensive semi-standardized interviews with ten participants.

Participants

- Six women and four men from northeastern Oklahoma
- 74 Cherokee by self report
- Diagnosis of type 2 diabetes for more than two years with no serious complications
- Between the ages of forty and fifty-nine
- Participants were English speaking and either spoke or understood Cherokee
- A "cultural checklist", devised with assistance of an advisory committee set up by the Cherokee IRB, was used as part of the selection process.

Nine Major Themes

- Perceptions of causes of illness in general and diabetes specifically
- Initial experience and response of receiving a diabetes diagnosis
- Role of information and education
- Medical community support
- Family
- Spirituality
- Traditional Cherokee medicine
- Use of humor
- Current coping

Coping Response Styles

- Emotion focused coping:
avoidance, wishful thinking, denial, disengagement, numbing, and self-blame
- Problem focused coping:
individual monitoring of self, being involved in treatment, seeking information, and problem solving

**Diabetes as a Cultural Construct
and Influence on Initial Coping
Response**

- Prevalence of Diabetes and devastating effects influence perceived health outcomes
- Negative perceptions and a sense of lack of control resulted in an initial coping response that was emotion focused and ineffective.
- 90% of Participants

**Development of Problem Focused
Coping Response**

- 70% Participants
- Time: Weeks-8 years
- Information and education
- Medical community support
- Family support
- Spirituality

Cherokee Culture and Health

- Traditional Cherokee world view
- Traditional Cherokee medicine
- Role of family and generational concerns
- Humor
- Respect
- Trust

***Implications for Clinical Practice
and Program Development***

- Health Care Provider Training
- Counseling Services
- Multigenerational activities
- Cherokee culturally influenced information dissemination