

# Globethics Repository

The logo for Globethics, featuring the word "Globethics" in white, sans-serif font centered within a solid blue rectangular background.

## Using Components of the Medicine Wheel to Develop a Conceptual Framework for Understanding Aboriginal Women in the Context of Pap Smear Screening

This page was generated automatically upon download from the Globethics Repository.  
More information on Globethics see <https://www.globethics.net>. Data and content policy  
of Globethics Repository see <https://repository.globethics.net/pages/policy>.

Item Type	Article
Authors	MacDonald, Cathy
Publisher	Native Counselling Services of Alberta
Rights	With permission of the license/copyright holder
Download date	2026-07-08 17:09:00
Link to Item	<a href="http://hdl.handle.net/20.500.12424/175249">http://hdl.handle.net/20.500.12424/175249</a>

# USING COMPONENTS OF THE MEDICINE WHEEL TO DEVELOP A CONCEPTUAL FRAMEWORK FOR UNDERSTANDING ABORIGINAL WOMEN IN THE CONTEXT OF PAP SMEAR SCREENING<sup>1</sup>

Cathy MacDonald, PhD (c)  
Dalhousie University  
School of Nursing

---

1. I would like to acknowledge all Aboriginal women, Atlantic Aboriginal Health Research Program (AAHRP) funding, Psychosocial Oncology Research Training (PORT) Fellowship funding, Electa MacLennan Scholarship, Dalhousie University, Astra Zeneca Rural Scholarship, Canadian Nurses Association and Saint Francis Xavier University.

## INTRODUCTION

Aboriginal women have lower rates of cervical cancer screening and higher rates of cervical cancer in Canada (Johnson, Boyd, and MacIsaac, 2004). Cervical cancer remains 1.8 to 3.6 times higher for Aboriginal women in comparison to non-Aboriginal women in Canada (Young et al., 2000). Yet, policymakers and researchers have shown little interest in the issues and challenges facing Aboriginal women. Despite the innovative actions in the last 15 years in Canada, Aboriginal women's health is poorly understood; understanding requires resources that address the economic, social, and political realities of women's lives (Dion Stout, Kipling, and Stout, 2001; Health Canada, 2004).

Cancer care literature reflects the dominant values and beliefs of Western healthcare upon which cancer care and care prevention have been structured. This patriarchal perspective of health care negates much of Aboriginal women's health and their traditional ways of knowing (Battiste, 2000; Graveline, 1998). The ethnocentric perspective, which dominates Western healthcare, suggests that one set of values and beliefs will be used as the standard for all health care, disregarding other ways of knowing and doing. Western value systems, particularly health care systems, are linear, singular, static, and objective. In direct contrast, Aboriginal tradition and ways of knowing encompass interconnectedness and holism (Battiste, 2000).

Many of the traditional ways of knowing, such as indigenous knowledge and traditional healing practices of Aboriginal people, have been socially and culturally disrupted by Western medicine and colonization (Browne and Smye, 2002). There is an urgent need for nurses and other health care providers, grounded in Aboriginal ways of knowing, to foster understanding about Aboriginal women's health, particularly as it relates to Papanicolaou testing (Pap smear screening). The physical, emotional, spiritual, and mental components of the medicine wheel provide a conceptual framework of traditional Aboriginal knowledge, which can guide nurses and other health care providers in understanding Aboriginal women's experiences of Pap smear screening. The development of this conceptual framework may lead to culturally appropriate and sensitive Pap smear screening approaches for Aboriginal women.

Aboriginal beliefs regarding health and illness are contextually rooted in culture and indigenous traditions (Ellerby et al., 2000). Health is viewed as holistic, balanced, and interrelated, rather than separate or distinct from

other aspects of a person's life (National Aboriginal Health Organization [NAHO], 2003). This indigenous view of health is distinct from Western perspectives of health care, which separate the whole into individual parts to be examined (Long and Fox, 1996; Gadow, 2000). Western patriarchal health care views the body as a machine, composed of accessible and interchangeable parts (Gadow). According to Gadow (1984, p. 65), "the violation of dignity and autonomy that seems to accompany technology is in reality a result not of the roles of machines in patient care but of the view of the body as a machine." However, technology in health care systems "determines our experiences/understandings of bodily insides," while "they also transform our relationship to our insides" (Birke, 2000, p. 9).

Within Western health care systems, Aboriginal women are stripped of their traditional ways of knowing; the body is objectified and women "are defined essentially by immanence and objectiveness, reduced to silence, passivity, and powerlessness" (Gadow, 2000, p. 91). Aboriginal beliefs regarding health are measured by a holistic paradigm that encompasses physical, emotional, spiritual, and mental domains of human life and the maintenance of quality of life, rather than exclusive pursuits of cure (Battiste, 2000; Smylie et al., 2001). Neglect of one domain of health results in imbalance, disharmony, and illness (Anonymous, 2002). The environment in which individuals interact and live greatly affects Aboriginal people's balance, as well as their spiritual world, families, communities, and nations (NAHO, 2003).

Aboriginal people view an individual as more than a physical being; equal attention is given to the mental, emotional, social, and spiritual components of health (NAHO, 2003). Aboriginal beliefs about the self, are similar to what Gadow (1999) calls the situated self, inclusive not only of rationality, but emotion, imagination, memory, language, the body, and even other selves.

Nurses and other health care providers, by attending to an Aboriginal conceptualization of health and health promotion for Pap smear screening, potentiate ways of understanding Aboriginal women's health and health status, suggesting alternative practices for renegotiating their experiences with Western healthcare (Smylie et al., 2001; NAHO, 2003). In what follows, the components of the medicine wheel are developed as a specific example of a conceptual framework, grounded in Aboriginal traditional knowledge and beliefs, to provide a theoretical guide for nurses and other health care providers in understanding Aboriginal women's experiences of Pap smear screening.

The medicine wheel developed by the author (appendix A) reflects many Aboriginal health beliefs: they encompass the physical, emotional, spiritual, and mental well-being of Aboriginal persons to maintain balance and harmony in one's life. "The medicine wheel is a circular paradigm which can be used as a framework for understanding" (Smylie et al., 2001, p. 55): it is used widely by First Nations and Métis peoples. Smylie et al. (2001) suggest that a circular concept or cycle is a fundamental theme common in many Aboriginal cultures, representing objects as interrelated parts of repeated sequences. The circles or cycles may also be representative of the life cycles of humans, birds, plants, the seasons, or the qualities of being (physical, emotional, spiritual, and mental), forming a rich conceptual framework to interpret the world (Smylie et al., 2001; Battiste, 2000). Also, the roundness of the circle is indicative of the interrelatedness, intertwining, and interlacing of the seven dimensions: caring, traditions, respect, connection, holism, trust, and spirituality (Lowe and Struthers, 2001). Similarly, Battiste (2000, p. xxii) emphasizes that "the medicine wheel illustrates symbolically that all things are interconnected and related, spiritual, complex and powerful."

The number four is sacred to Aboriginal people in North America, and the medicine wheel is an abstract symbol which represents "the sacredness of four" (Public Health Agency of Canada, 2006). The four spokes of the medicine wheel create four quadrants that can embody different ideas or concepts and their relationship to each other, the universe, and the individual (Public Health Agency of Canada, 2006). The medicine wheel represents the four directions, east, west, north, and south; each direction represents one of the four elements of water, air, fire, or Mother earth (Lowe and Struthers, 2001). However, the medicine wheel is not used by all First Nations and Métis peoples, nor is it used by Inuit people (Public Health Agency of Canada).

Although the components of the medicine wheel are interconnected and overlap, each component will be discussed individually, in so far as each component has both meaning and relevance for clinical practice and acquiring in-depth understanding of Aboriginal women within the context of Pap smear screening. As a conceptual model for understanding Aboriginal women, the medicine wheel provides a systematic approach for nursing practice (Lowe and Struthers, 2001).

## PHYSICAL DIMENSION OF THE MEDICINE WHEEL

Physical and spiritual domains of an indigenous framework, education, and health are brought together through the attention of the body (Archibald

et al., 2006), which is viewed as a shell that protects the spirit. Indigenous people experience life with their entire bodies, with all the senses, language, and thoughts in order to understand themselves and their world (Graveline, 1998). Using traditional ways, "one would never think of, nor attempt to practice healing in any one of these areas separate from the others" (Connors, 1994, p. 2). This view of the body is echoed in the words of Merleau-Ponty (as cited in Wilde, 1999, p. 27): "how we live in and experience the world through our bodies, especially through perception, emotion, language, movement in space, time, and sexuality." This notion of being with and understanding the world through the body is termed embodiment. Embodiment can also mean "being situated within the world, and being affected by social, political, and historical forces" (Wilde, 1999, p. 27). This definition is congruent with indigenous beliefs regarding Aboriginal people and health.

Western health care is patriarchal and disembodiment of women. In patriarchal health care systems, women, emotions, and the body are devalued (Alcoff, 2000). The female body is an object devoid of subjectivity (Gadow, 2000); "a mere body, as shape and flesh that presents itself as the potential object of another subject's intentions" (Young, 1990, p. 155). Women in Western health care have no control over their bodies, as it belongs to the experts that provide care to them (Gadow).

Fleming et al. (2006) suggests that many young Aboriginal women are dissatisfied with their bodies, particularly related to "the difficulties often faced by young Aboriginal women who cannot look like or fit into the majority of White society" (Fleming et al., 2006, p. 525). "Whiteness signifies an ethnic location against which non-white positions must struggle to define themselves and this struggle is both omnipresent and suppressed" (Allen, 2006, p. 67).

Young Aboriginal women face conflicting views and expectations between their cultural and White urban beliefs regarding appropriate clothing, eating habits, and body size (Fleming et al., 2006). The idea of appearance, how one looks, is significant for young Aboriginal women as the body affects everything. According to Davis (1995, p. 49), "women's preoccupation with their appearance is invariably explained as an artifact of femininity in a context of power hierarchies between sexes and among women of different social and cultural backgrounds." The body influences behaviour and choices made, which, by affecting how they feel overall (Fleming et al., 2006), could impact young Aboriginal women attending preventative screening procedures, such as Pap smear screening.

Although Pap smear screening has proven effective in the prevention of cervical cancer, Aboriginal women do not participate as frequently as other groups of women (Young et al., 2000). Pap smear screening, an intimate and personal experience for women, usually is performed by a physician in an office. This can be a disembodied experience for Aboriginal women, as many must leave their communities for settings where non-Aboriginal physicians perform Pap smear screening. These women do not feel culturally safe and often encounter individual and institutional discrimination (Browne and Fiske, 2001).

Aboriginal women bring more than just a body for Pap smear screening. They bring the traditional ways, indigenous knowledge, spirituality, and emotions that make up their holistic being, which is often misunderstood by physicians and other health care providers. According to Birke (2000), the language of health care reduces the body to congruent parts; how one lives in the body is intimately challenged by the power of that language. The physician performs the procedure on a part of the body namely, the cervix, without considering Aboriginal beliefs of holism and the interconnectedness of the spiritual, emotional, physical, and mental dimensions of the woman (Battiste, 2000; Public Health Agency of Canada, 2006; Smylie et al., 2001). Moreover, medical ideologies construct women as little more than wombs on legs and women continue to struggle for control over their reproductive health (Birke, 2000). Foucault identifies the body as the principal target of power, the voice of masculine dominance that has assumed the power to describe women and women's health issues (Allen, 2006; Foucault, 1999).

The body position for Pap smear screening is one of vulnerability: the woman is naked from the waist down, lying on her back with her knees bent, and her legs spread apart and placed in stirrups. This may be considered an undignified or an oppressed position, especially for women who have experienced past sexual assault and sexual violence (Van Til, MacQuarrie, and Herbert, 2003). Imagine a health care provider placing a speculum into the vagina of an Aboriginal woman who has experienced sexual abuse. This could have a dramatic impact on her whole being; disrupting the balance and harmony of her being.

Nurses are ideally positioned to provide relational and embodied care, in keeping with indigenous beliefs of balance and harmony, to Aboriginal women in Pap smear screening. Nurses and other health care providers should appreciate holistic health care as defined by Aboriginal peoples, and incorporate the physical, emotional, spiritual, and mental components of

holistic care into practice. This would foster relationships between health care providers and Aboriginal women based on mutual respect, which is the cornerstone of many Aboriginal philosophies (Smylie et al., 2001). "Respect for persons as existential selves involves more than detached disregard for abstract autonomy; it entails attentive discernment and valuing of an individual as unique" (Gadow, 1999, p. 63). Mutual respect in care practice; which is "the personal responsiveness to the particular other" (Gadow, p. 63), transcends and situates relationships (Gadow). Thus, by understanding the needs of Aboriginal women and forming respectful relationships in Pap smear screening, nurses and other health care providers can work together to meet mutual health care needs.

## MENTAL DIMENSION OF THE MEDICINE WHEEL

The mental dimension of the medicine wheel encompasses the related activities of the mind and has been referred to as the thinking self (Four Winds International Institute, 2006). Indigenous knowledge is a component of the mental dimension of the medicine wheel that has been developed and sustained by indigenous civilizations (Battiste, 2002). It is based on the philosophy that knowledge is relational and therefore shared with all of creation (Wilson, 2001). According to Wilson (2001), indigenous knowledge is systematic, embracing what can be observed as well as what can be thought.

Aboriginal systems of knowledge are built on relationships with individuals, objects, the cosmos, and everything around them. As a shared and mutual relationship, knowledge can not be owned or discovered (Wilson). This differs from dominant Western paradigms, which believe knowledge is an individual entity that is sought, attained, and may be owned by an individual (Wilson). Eurocentric knowledge systems and contemporary educational institutions systematically exclude indigenous knowledge, language, teaching, and experiences, which marginalizes indigenous knowledge (Battiste, 2002). Thus, Eurocentric knowledge systems and institutions "fail to recognize the holistic nature of Indigenous knowledge, which defies categorization" and a "dynamic system based on skills, abilities, and problem-solving techniques that changes over time depending on environmental conditions" (Battiste, 2002, p. 11).

The use of narratives, story telling, talking circles, and sharing circles are frequently associated with indigenous teaching and knowledge acquisition (Weber-Pillwax, 2004). In keeping with this view, Sandelowski (1996) comments that individuals live and narrate their lives in time and place,

which provides more knowledge than just about themselves. Often spiritual knowing or indigenous knowing, required for providing holistic care to Aboriginal women, is neglected. Aboriginal women must be given opportunities, in a safe environment, to reflect and tell their stories about their thoughts, fears, and knowledge regarding Pap smear screening, prior to initiating the screening procedure. Understanding Aboriginal women's experiences and thoughts regarding Pap smear screening is incomplete unless an attempt is made to capture the subjective reality from the individual's perspective (Sims, 1998). By listening to Aboriginal women's stories regarding Pap smear screening, nurses and other health care providers will be better able to embrace ways of knowing from the Aboriginal perspective, in order to provide holistic care.

## EMOTIONAL DIMENSION OF THE MEDICINE WHEEL

The emotional dimension of the medicine wheel relates to the activities and potentials of the heart; the feeling self (Four Winds National Institute, 2006). Aboriginal people's sense of identity is altered when they lose or are unable to practice their indigenous beliefs and traditional ways (Anonymous, 2002). Self-concept and self-esteem are important aspects of the indigenous sense of identity and their sense of who they are in the world (Anonymous, 2002). With respect to emotions, Aboriginal women are more stoic, using self-control and meditation to cope (Callister, 2001). McIntyre (2003) conducted a Mi'kmaq Health Survey, which revealed the stress experiences of young females on the reserve as the most arresting finding. Stress was talked about by the young women as an internal emotional response, including irritability, frustration, and anxiety. Stress relief was experienced by communicating their feelings with others.

Aboriginal women experience loss of culture, historical trauma, and unresolved grief, which affects their interactions with health care providers and health care systems (Mitchell and Maracle, 2005). They often receive Pap smear screening from health care professionals who pay little or no attention to personal histories or previous personal trauma. Consider an Aboriginal woman who may be anxious, afraid, depressed or in pain, but who is stoic, not demonstrating emotions that mark Western ways of coping. The health care provider must understand and attend to the emotional dimension of the Aboriginal woman, as it relates to her culture and previous personal experiences (Mitchell and Maracle, 2005).

## SPIRITUAL DIMENSION OF THE MEDICINE WHEEL

Aboriginal beliefs and indigenous traditions in relation to the individual and health are deeply embedded in spirituality, which influences a person's entire existence within the world (Graveline, 1998). The dimension of spirituality encompasses the characteristics of relationship, unity, honour, balance, and healing (Lowe and Struthers, 2001). "A spiritual connection helps not only to integrate our self as a unified entity, but also to integrate the individual into the world as a whole" (Graveline, 1998, p. 55). Spirituality is an ongoing process, permitting the individual to move towards experiencing connection with families, communities, societies, and Mother Earth (Graveline). It encompasses all dimensions of being; a way of experiencing life, individuals, and the environment (Moore, 1992). Hence, spirituality is a dynamic force that keeps a person growing, changing, and emerging while transcending the self; a process giving meaning to life and a purpose for existence (Goddard, 1995).

The mind and the body are controlled by one's spirituality, which must be considered the primary locus of healing with the ability to affect general health (Neuman, 1989). Aboriginal philosophy maintains that existence consists of energy; all things are imbued with spirit and in constant motion (Little Bear in Battiste, 2000). Western European value systems are linear, singular, static and objective, which causes spiritual loneliness for Aboriginal people (Little Bear). Although spirituality is important for Aboriginal health and well-being, it is often neglected by physicians, nurses, and other health care providers as it is considered "beyond the bounds of objectivity and provability" (Goddard, 1995, p. 809). Goddard (1995) suggests that Western society has divided the person into biophysical, psychological, and spiritual components but banished the spiritual dimension to relative obscurity. Nursing theorists often neglect to incorporate spirituality as a human dimension of holistic care. Likewise, nurses are not inclined to incorporate spirituality as a dimension of holistic care in their practice (Goddard).

It is highly probable that Aboriginal women experience spiritual loneliness as a result of having Pap smear screening performed by non-Aboriginal health care providers, outside their communities. Nurses and other health care providers often feel inadequately prepared to address spiritual needs of Aboriginal women or feel "embarrassed to discuss a subject often considered to be highly personal or pseudoscientific" (Goddard, 1995, p. 810).

For this reason, it is essential that those performing Pap smear screening with Aboriginal women be knowledgeable about how Aboriginal women view spirituality and its overall impact on health and well-being.

## CONCLUSION

Aboriginal women live storied lives. Colonialism, revealed in economic, political, and social inequities, has affected Aboriginal women's traditional roles in the community and the physical, emotional, spiritual, and mental dimensions of their health (Dion Stout, Kipling, and Stout, 2001; Smylie et al., 2000). Aboriginal women, by virtue of being female and members of a marginalized group, experience oppression and discrimination (Dion Stout, Kipling, and Stout, 2001). Moreover, indigenous knowledge and traditional healing practices of Aboriginal people have been socially and culturally disrupted by Western health care systems (Browne and Smye, 2002), which are patriarchal and disembodiment of women.

Using components of the medicine wheel (physical, spiritual, mental, emotional) as a conceptual framework, would be a way to understand Aboriginal women in the context of Pap smear screening. It is imperative that nurses and other health care providers respect Aboriginal traditions and indigenous beliefs regarding the individual and health. Aboriginal health is holistic, balanced, and interrelated, not separate or distinct from other aspects of a person's life (National Aboriginal Health Organization, 2003). Aboriginal women are not to blame for their low rates of participation in Pap smear screening; their avoidance is due to health care systems that do not accept indigenous ways of knowing, spirituality, and holism (Browne and Fiske, 2001). The scared medicine wheel offers nurses and other health care providers a conceptual framework that will assist in understanding and incorporating indigenous beliefs and knowledge into Pap smear screening practices, producing culturally sensitive and relevant screening approaches for Aboriginal women.

## REFERENCES

- Alcoff, L.M. (2000). Merleau-Ponty and feminist theory on experience. In F. Evans and L. Lawlor (Eds.), *Chiasms: Merleau-Ponty's Notion of Flesh* (pp. 251–271). Albany, NY: State University of New York Press.
- Allen, D.G. (2006). Whiteness and difference in nursing. *Nursing Philosophy*, 7, 65–78.

- Anonymous. (2002). Aboriginal cultures and history. *The Aboriginal Nurse*, 3–17.
- Archibald, J., Jovel, E., McCormick, R., and Vedan, R. (2006). Indigenous education: Creating and maintaining positive health. *Canadian Journal of Native Education*, 29(1), 1–3.
- Battiste, M. (2000). *Reclaiming Indigenous Voice and Vision*. Vancouver: University British Columbia Press.
- Battiste, M. (2002). *Indigenous Knowledge and Pedagogy in First Nations Education: A Literature Review with Recommendations*. Ottawa: Indian and Northern Affairs Canada (INAC).
- Birke, L. (2000). *Feminism and the Biological Body*. New Brunswick, NJ: Rutgers University Press.
- Browne, A.J. and Fiske, J. (2001). First Nations women's encounters with mainstream health care services. *Western Journal of Nursing Services*, 23(2), 126–147.
- Browne, A. and Smye, V. (2002). A post-colonial analysis of healthcare discourses addressing Aboriginal women. *Nurse Researcher*, 9(3), 28–41.
- Callister, L.C. (2001). Integrating cultural beliefs and practices into the care of child-bearing women. In K.R. Simpson and P.A. Creehan (Eds.), *Perinatal Nursing* (pp. 68–93). Philadelphia: Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN).
- Connors, E. (1994). The role of spirituality in wellness or how well we can see the whole will determine how well we are and how well we can become. Paper presented at the Native Physicians Conference, Winnipeg, Manitoba.
- Davis, K. (1995). *Reshaping the Female Body: The Dilemma of Cosmetic Surgery*. New York: Routledge.
- Dion Stout, M., Kipling, G.D., and Stout, R. (2001). *Aboriginal Women's Health Research Synthesis Project*. Ottawa: Centres of Excellence for Women's Health.
- Ellerby, J.H., McKenzie, J., McKay, S., Garipey, G.J., and Kaufert, J.M. (2000). Bioethics for clinicians: 18 Aboriginal cultures. *Canadian Medical Association Journal*, 163(7), 845–851.
- Fleming, T.L., Kowalski, K.C., Humbert, M.L., Fagan, K.R., Cannon, M.J., and Girolami, T.M. (2006). Body-related emotional experiences of young Aboriginal women. *Qualitative Health Research*, 16(4), 517–537.
- Foucault, M. 1999. Domination and punishment. In D. Welton (Ed.), *The Body* (pp. 252–285). Malden, MA: Blackwell.

- 106 © Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health 6(3) 2008
- Four Winds International Institute. (2006). *Securing Human Well-being: Toward a Conceptual Framework*. Retrieved November 28, 2006, from <http://www.4worlds.org/4w/ssr/PARTI.html>
- Gadow, S. (2000). Philosophy as falling: Aiming for grace. *Nursing Philosophy*, 1, 89-97.
- Gadow, S. (1999). Relational narrative: The postmodern turn in nursing ethics. *Scholarly Inquiry for Nursing Practice: An International Journal*, 13(1), 57-70.
- Gadow, S. (1984). Touch and technology: Two paradigms of patient care. *Journal of Religion and Health*, 23(1), 63-69.
- Goddard, N. (1995). Spirituality as an integrative energy: A philosophical analysis as requisite precursor to holistic nursing practice. *Journal of Advanced Nursing*, 22(4), 808-815.
- Graveline, F.J. (1998). *Circle Works Transforming Eurocentric Consciousness*. Halifax: Fernwood Publishing.
- Health Canada. (2004). *An Overview of Women's Health*. Ottawa. Retrieved October 22, 2005, from Health Canada online.
- Johnson, G.M., Boyd, C.J., and MacIsaac, M.A. (2004). Community-based cultural predictors of pap smear screening. *Canadian Journal Public Health*, 95(2), 95-98.
- Long, D. and Fox, T. (1996). Circles of healing: Illness, healing and health among Aboriginal peoples in Canada. In D. Long and O. Dickason (Eds). *Visions of the Heart: Canadian Aboriginal Issues*. Toronto: Harcourt Brace.
- Lowe, J. and Struthers, R. (2001). A conceptual framework of nursing in Native American culture. *Journal of Nursing Scholarship*, 33(3), 279-283.
- McIntyre, L. (2003). A gender analysis of the stress experiences of young Mi'kmaq women. *Centres of Excellence for Women's Health Research Bulletin*, 4(1). Retrieved November 28, 2006, from [http://www.findarticles.com/p/articles/mi\\_qa4118/is\\_200307ai\\_n97297743](http://www.findarticles.com/p/articles/mi_qa4118/is_200307ai_n97297743)
- Mitchell, T.L. and Maracle, D.T. (2005). Healing the generations: Post-traumatic stress and the health status of Aboriginal populations in Canada. *Journal of Aboriginal*, 3, 14-20.
- Moore, T. (1992). *Care of the Soul*. New York: Harper Collins.
- National Aboriginal Health Organization (NAHO). (2003). *Ways of Knowing: A Framework for Health Research*. Ottawa: National Aboriginal Health Organization.

- Neuman, B. (1989). *The Neuman Systems Model*. 2nd. edition. Norwalk, CT: Appleton and Lange.
- Public Health Agency of Canada. (2006). *What is the Medicine Wheel?* Canadian Health Network. Retrieved October 22, 2006 from <http://www.canadian-health-network.ca/servlet/ContentServer?cid=1007040&pagename>
- Sandelowski, M. (1996). Truth/storytelling in nursing inquiry. In J.F. Kikuchi, H. Simmons, and D. Romyn (Eds.), *Truth in Nursing Inquiry* (pp. 111–124). Thousand Oaks, CA: Sage.
- Sims, J. (1998). Collecting and analyzing qualitative data: Issues raised by focus groups. *Journal of Advanced Nursing*, 28(2), 345–352.
- Smylie, J., Lessard, P., Bailey, K., Couchie, C., Driedger, M., Eason, E.L., Goldsmith, W.J., Grey, R., O’Hearn, T., and Seethram, K. (2001). A guide for health professionals working with Aboriginal peoples: Health issues affecting Aboriginal peoples. *Journal of Society of Obstetricians and Gynaecologists of Canada*, 23(1), 54–68.
- Smylie, J., Lessard, P., Bailey, K., Couchie, C., Driedger, M., Eason, E.L., Goldsmith, W.J., Grey, R., O’Hearn, T., and Seethram, K. (2000). A guide for health professionals working with Aboriginal peoples: The sociocultural context of Aboriginal peoples in Canada. *Journal of Society of Obstetricians and Gynaecologists of Canada*, 22(12), 1070–1081.
- Van Til, L., MacQuarrie, C., and Herbert, R. (2003). Understanding the barriers to cervical cancer screening among older women. *Qualitative Health Research*, 13(8), 1116–1131.
- Weber-Pillwax, C. (2004). Indigenous researchers and indigenous research methods: Cultural influences or cultural determinants of research methods. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 2(1), 81–90.
- Wilde, M.H. (1999). Why embodiment now? *Advances in Nursing Science*, 22(2), 25–38.
- Wilson, S. (2001). What is indigenous research methodology? *Canadian Journal of Native Education*, 25(2), 175–179.
- Young, I. (1990). *Throwing like a Girl and other Essays in Feminist Philosophy and Social Theory*. Indianapolis, IN: Indiana University Press.
- Young, T.K., Kliewer, E., Blanchard, J., and Mayer, T. (2000). Monitoring disease burden and preventive behavior with data linkage: Cervical cancer among Aboriginal people in Manitoba, Canada. *American Journal of Public Health*, 90(9), 1466–1468.

# APPENDIX A

